

Child-Parent Psychotherapy

Evidence-Based Treatment for Young Children and Caregivers

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 - \$2500 per person usually!!
- All of you!



What is Child-Parent Psychotherapy?

- An evidence-based method of psychotherapy for young children ages birth to six years and their caregivers who have experienced trauma
- Traumatic exposure may include natural disasters, domestic violence, community violence, maltreatment, separation from caregiver, severe injuries, medical procedures

Lieberman & Van Horn, (2005); Lieberman, Ghosh Ippen, & Van Horn (2015)



What is Child-Parent Psychotherapy?

- Examines child - parent interactions and each person's thoughts, beliefs, attitudes, and attributions about the other
- The child and caregiver are seen together to address the trauma and restore the caregiver's protective capacity; treats child-parent relationship difficulties



What is Child-Parent Psychotherapy?

- Dyadic sessions are held weekly; sessions with the caregiver alone are held as needed
- Assesses for trauma in both children and caregivers to remove barriers to safety based on having experienced trauma
- Repairs any ruptures in relationship between caregiver and child

Lieberman & Van Horn, (2005); Lieberman, Ghosh Ippen, & Van Horn (2015)

How CPP Helps

- Decrease in children's symptoms of PTSD/Trauma
 - Decrease in behavior problems
 - Increase in secure attachment relationships
 - Increase in children's learning
 - Decrease in caregiver's PTSD and parenting stress
 - Improved mood in both children and caregivers
 - Improvement in physiological regulation and decreased cellular aging in infants and improvements in maternal cortisol regulation
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- <http://childparentpsychotherapy.com/about/research/>



CPP Learning Collaborative: Minimum Requirements

- Readings
 - Don't Hit My Mommy (Lieberman, Ghosh Ippen, & Van Horn, 2015)
 - Ghosts in the Nursery (Fraiberg, Adelson, & Shapiro, 1975)
 - Angels in the Nursery (Lieberman, Padron, Van Horn, & Harris, 2005)
- Team Participation
 - Therapists and supervisors participate in the training together as a team, unless there is an agency supervisor who has previously completed CPP training who will provide the supervision

CPP Learning Collaborative: Minimum Requirements

- Attend Three Learning Sessions
 - Session 1: Core Didactics (3-day, 18 hour minimum)
 - Session 2: Intensive CPP Competency Building Workshop (2-day, 12 hour minimum)
 - Session 3: Intensive CPP Competency Building Workshop (2-day, 12 hour minimum)



CPP LC: Minimum Requirements

Work with Families Using CPP

- Therapists: At least 4 parent-child dyads in the 18-month training period (at least one from “scratch”)
- Supervisors: At least 2 families in the 18-month period
- At least 2 of the four cases must be treated for at least 16 sessions
- Entered dyadic treatment stage (after assessment) for at least 2 cases
- Child must be under age 6 at INTAKE and experienced at least one traumatic event. Loss, neglect, and exposure to impaired caregiver qualify in addition to traditional “big T” traumas



Minimum Requirements

Participate on CPP Consultation Calls (attend a minimum of 23)

- Case-based learning
- Share your interventions (what you did and said), not just family history
- Consultation on the model, not just on the “case”
- Highlight strengths
- Conceptualize the case using CPP
- Look at where the work is reflective of CPP
- Look at divergences from CPP
- Explore alternative ways to intervene



Minimum Requirements

- Attend Consultation Calls

- 70% of calls
- Minimum 33 calls held

Present on Calls

- Present on two different cases over the training
be in Core Intervention or Closing Phase



Minimum Requirements



- Participate in Reflective CPP Supervision
- Consistent space where clinicians and supervisors can reflect on their work
 - Team members may contribute different perspectives and expertise
 - Develop a culture of team learning
 - Supervisors may be learning CPP at the same time as clinicians
 - Enhances sustainability
- Supervision Requirements
 - Group or individual
 - Ideally once a week for 1 hour for individuals; for groups 2-3 people for 1.5 hours, 2x per month
 - For larger groups up to 5 people, 2 hours 2x per month or 1 hour 4x per month

Minimum Requirements

- What is Reflective Supervision???
 - <https://www.allianceaimh.org/reflective-supervisionconsultation>
 - <https://www.first3yearstx.org/reflective-supervision>



Minimum Requirements

Complete CPP Fidelity Measures

- 2 fidelity clients (minimum)
- Ideally one high challenge and one low challenge
- Review measures for each phase with a supervisor or colleague
- Complete supervision fidelity
- Complete consultation fidelity



CPP Foundational Knowledge



- Infant and early childhood development
- Adult development
- Sociocultural influences on functioning
- Developmental psychopathology and diagnostic frameworks
- Reporting laws and ethics
- Trauma theory

(Lieberman, Ghosh Ippen, & Van Horn, 2015)

Provider Qualifications



- Masters or doctoral-level licensed psychotherapists with a degree in a mental health discipline
 - If not independently licensed, **supervisor is already CPP trained or participating in the CPP training**
 - Supervisor **must** attend when non-licensed clinician presents their own cases on consultation calls
- Meeting minimum requirements for rostering results in being named on a National Registry of Rostered Clinicians developed and maintained at the University of California, San Francisco

Agency Considerations

- Do you serve children and caregivers birth – 6 years?
- Do you receive referrals due to trauma?
- Are there sufficient numbers of referrals to ensure each clinician and supervisor who participates in the training can receive the necessary number of cases to be rostered?
- Can you accommodate time for clinicians and supervisors to participate in the multi-day workshops, twice-monthly consultation calls, supervision, and documentation required?



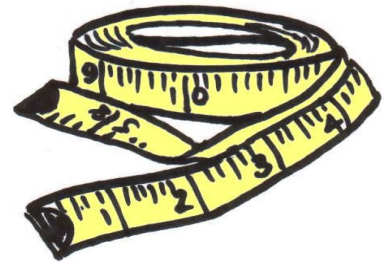
Agency Considerations



- Are clinicians given the time & resources to conduct comprehensive assessments?
- Can toys be provided that allow for processing trauma?
- Can childcare be provided if caregivers need to be seen alone?
- Is transportation for weekly sessions available?
- Can long-term therapy be offered?
- Does the agency have the capacity to provide reflective supervision to clinicians?

Learning to Implement CPP: Considerations and Challenges

- High level treatment model that requires an intensive training period with a focus on fidelity
- Participants need strong base of foundational knowledge and skills as prerequisites
- Intervening at the level of the relationship between the child and caregiver as the focus of treatment is often novel to many clinicians



Considerations in Implementing CPP



- One cannot conduct this trauma treatment in less than weekly sessions, as young children cannot process trauma and hold it for a 2-3 week interval before being seen again
- Consistency in treatment is essential
- The clinician needs to feel comfortable “speaking the unspeakable,” or naming the trauma, early in the intervention

Considerations in Implementing CPP



- Reflective practice is a core component of the model and is required for implementing CPP with fidelity
- Clinician requires ongoing reflective supervision/consultation, both during training and afterward
- Ongoing reflective consultation is associated with maintenance of the practice as well as reducing turnover of clinicians/supervisors

Considerations in Implementing CPP

- CPP requires processing trauma from different lens (caregiver, child, attachment, development, relationship)
- Agency supported self-care is paramount
 - Not the clinician's sole responsibility to recognize and meet needs related to doing trauma and attachment work



KEEPING IN TOUCH: USEFUL RESOURCES



NCTSN.org

<http://learn.NCTSN.org>

<http://www.facebook.com/ChildParentPsychotherapy>

<http://www.childparentpsychotherapy.com>

<http://tinyurl.com/cppresources>

Thank You

- Questions?

