NCTSN The National Child Traumatic Stress Network

CPP: Child-Parent Psychotherapy

GENERAL INFORMATION

Treatment Description	**Acronym** *(abbreviation)* **for intervention:** CPP **Average length/number of sessions:** 50 **Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, transportation barriers)***:** Integrates a focus on the way the trauma has affected the parent-child relationship and the family's connection to their culture and cultural beliefs, spirituality, intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices, and traditional cultural values. **Trauma type** *(primary)*: Domestic violence **Trauma type** *(secondary)*: Maltreatment **Additional descriptors** *(not included above)***:** Dyadic attachment-based treatment for young children exposed to interpersonal violence.
Target Population	**Age range:** *(lower limit)* 0 **to** *(upper limit)* 6 **Gender:** ❒ **Males** ❒ **Females** ☒ **Both** **Ethnic/Racial Group** *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)***:** Latino (Mexican, Central and South American) from a wide range of acculturation levels including recent immigrants and African-Americans **Other cultural characteristics** *(e.g., SES, religion)***:** Wide range of acculturation, parents with chronic trauma, children who have experienced multiple traumas, wide income range although predominantly lower-income **Language***(s)***:** English, Spanish **Region** *(e.g., rural, urban)***:** Urban **Other characteristics** *(not included above)***:** Has also been used with Whites, Asians, and Native Americans
Essential Components	**Theoretical basis:** Based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. **Key components:** Focus on safety, affect regulation, improving the child-caregiver relationship, normalization of trauma related response, joint construction of a trauma narrative, with the goal of returning the child to a normal developmental trajectory

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Outcomes continued	• Lieberman, Van Horn, & Ghosh Ippen (2005) conducted a randomized controlled trial of CPP for children referred because they had witnessed domestic violence. Ethnicity of children is reported in the table above. At posttreatment, CPP children showed significantly greater reductions in total behavior problems (d=.24) and traumatic stress symptoms (d=.64). CPP mothers showed significantly greater reductions in avoidant symptomatology (d=.50). Results from the 6-month follow up, suggest that improvements in children's behavior problems (d=.41) and in maternal symptoms (d=.38) continue after treatment ends (Lieberman, Ghosh Ippen & Van Horn, 2006). • Toth et al. (2002) examined the efficacy of CPP to alter preschoolers' representations of their mothers and themselves. They reasoned that these representations, also known as schema or internal working models, represent an important outcome as they form the basis of children's future relationship expectations. Maltreated preschoolers are likely to have negative models of relationships and to generalize them to others. The study included 112 maltreated preschoolers of whom 76.2% were reportedly ethnic minorities. Abuse types included physical abuse, sexual abuse, emotional maltreatment, and neglect, with 60% of children experiencing more than one form of maltreatment. Multiple findings suggest that the CPP intervention was more effective in improving representations of self and caregivers. • Cicchetti et al. (2006) conducted a study designed to examine the relative efficacy of a relationship-based versus a behavioral intervention in changing maltreated children's attachment classification. Participants included 137 12-month infants and their mothers. Of the mothers, 74.1% were reported to be ethnic minorities. Results indicate significantly greater change in attachment classification when compared to community standard treatment.
Implementation Requirements & Readiness	**Space, materials or equipment requirements?** No material requirements **Supervision requirements** *(e.g., review of taped sessions)***?** Process notes and/or taped sessions **To ensure successful implementation, support should be obtained from:** Child's parents

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Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** The citation for the treatment manual is: Lieberman & Van Horn, 2005 Guidelines for the treatment of Childhood Traumatic Grief using CPP have also been published: Lieberman, Compton, Van Horn & Ghosh Ippen, 2003 **How/where is training obtained?** Training depends on the needs of the participants. Training includes boosters and supervision (weekly, monthly or bimonthly). **What is the cost of training?** $1500/day **Are intervention materials** *(handouts)* **available in other languages?** ☒ **Yes** ❒ **No** **If YES, what languages?** Spanish (assessment tools are available in Spanish)
Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?** This is one of the few empirically validated treatments for children under the age of 6. In addition, it is one of the few empirically validated treatments that is routinely conducted with ethnic minorities. The treatment is flexible and allows for incorporation of a discussion of cultural values and culture-related experiences. The treatment appears to be well accepted by clinicians. **What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?** The treatment length is long compared to other treatments. Because of the nuances of working with young children, and the need for a flexible approach with this age group, the treatment is somewhat more difficult to learn than treatments that are manualized with a session by session approach.
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