

Child-Parent Psychotherapy (CPP): AT-A-GLANCE

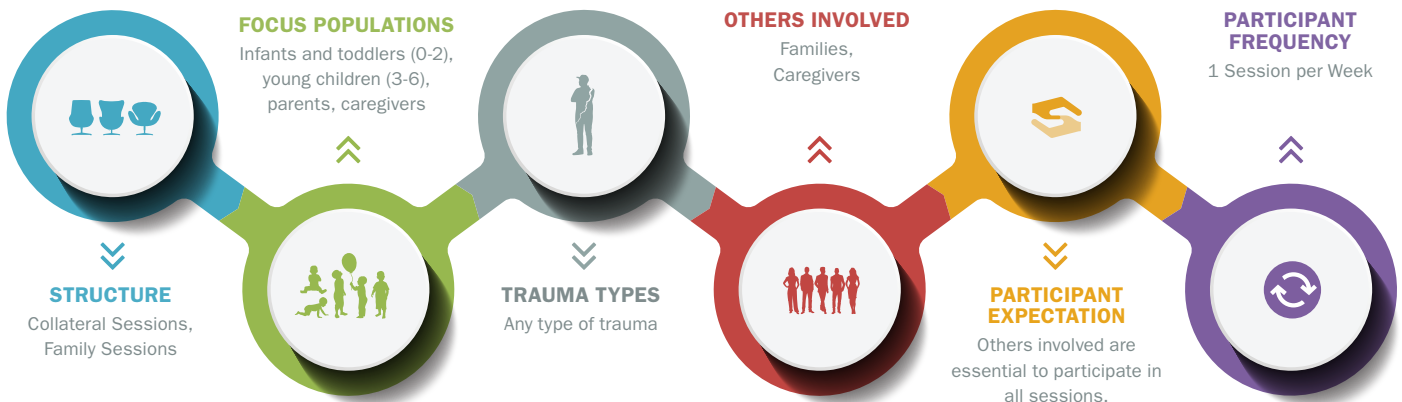
■ **What is CPP?**

CPP is an evidence-based treatment model for children aged 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child’s mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship, including sociocultural and historical trauma. For children exposed to trauma, caregiver and child are guided over the course of treatment to create a joint narrative of the traumatic event and to identify and address trauma reminders that lead to dysregulated affect and behavior. Therapeutic sessions typically include the child and primary caregiver. If clinically indicated, treatment may include multiple caregivers and/or siblings.

■ **What are the goals of CPP?**

1. Repair the impact of trauma to restore the child’s healthy social and emotional development.
2. Increase caregiver’s capacity to provide physical, relational, and emotional safety to the child.
3. Restore trust and safety in the caregiver-child relationship as a vehicle for promoting the child’s mental health.

■ **What does CPP look like?**



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■ Additional Information

CPP is a dyadic treatment where caregivers are typically involved in all sessions and children are involved in most sessions during the core and closing phases of treatment.

■ What is the commitment?

Treatment consists of three phases:

1. Foundational Phase: 4-8 weekly sessions to assess the family's needs, strengths, and trauma history and to enhance safety and stabilization. Sessions also focus on supporting the caregiver in understanding the impact of traumatic experiences on the child, parent, and family relationships and in developing a shared framework that will guide future sessions that involve the child. Most sessions are with the caregiver and therapist; the child participates in 1-2 observation sessions.
2. Core Intervention Phase: Weekly dyadic sessions and collateral parent sessions as needed. Duration varies based on severity and developmental needs, generally recommending at least 20 sessions followed by an assessment to determine if additional treatment would be beneficial. For single incident trauma that is resolved, this phase may be shorter.
3. Closing Phase: 4-8 sessions to assess and support treatment gains, 1-2 of which involve only the caregiver and the therapist.

LOCATION:

Anywhere you and your provider decide

■ How do we know it works?

CPP has Practice-based evidence and Research evidence from 5 randomized control trials and treatment effectiveness studies conducted in the United States, Israel, Sweden, and Australia to support its benefits.

■ For more information explore the next several pages or check out:

<https://childparentpsychotherapy.com>

CPP: THE EVIDENCE

■ What types of evidence are available for CPP?

- Best Practices
- Evidence-based Treatment
- Practice-Based Evidence
- Case Study
- Program Evaluation
- Randomized Clinical/Controlled Trial

■ Where can I learn more about the evidence?

- [Child-Parent Psychotherapy Website \(Research\)](#)
- [Child-Parent Psychotherapy Website \(About CPP\)](#)
- [California Evidence Based Clearing House](#)

■ How is CPP measured in real time?

The [CPP Assessment Measures Guide](#) (available on the CPP website) lists tools for assessing domains relevant to CPP goals and outcomes. Core domains include child and caregiver trauma history, trauma-related symptoms, and general symptoms, and the quality of the child-caregiver relationship.

“ . . . he knows now that he can talk to me, he can come to me, [and] he can trust me . . . And he really truly believes that; in the beginning, he didn’t. Big difference to the little boy who was afraid.”

■ What changes for the better as a result of CPP?

CPP improves child-level functioning (e.g., PTSD symptoms, behavioral challenges), caregiver-level functioning (e.g., PTSD symptoms and general symptoms), and relationship quality between child and caregiver. CPP also slows down epigenetic age acceleration in young children who have been exposed to trauma.

■ What do the numbers tell us (i.e., quantitative data)?

Research on CPP has shown improvements in 1) children’s mood, problem behaviors, learning, trauma symptoms, and biological stress response (cortisol), epigenetic age acceleration, 2) caregivers’ mood, parenting stress, trauma symptoms, and partner relationship, and 3) child-caregiver relationship quality. Explore the full evidence base on the CPP website.

■ What do the stories tell us (i.e., qualitative data)?

As we progressed through therapy, I witnessed her transformation. Each small victory—a smile, a laugh—felt like we were piecing together her spirit. [My CPP therapist] taught me how to nurture her with patience and understanding, fostering an environment where she could feel secure. - Grandmother.

CPP: ADAPTABILITY AND ACCESSIBILITY

■ What is the history of CPP?

CPP was developed at the UCSF Child Trauma Research Program (CTRP) and evolved from the Ghosts in the Nursery infant-parent psychotherapy model created by Selma Fraiberg in the 1970s. CPP integrates trauma theory with an ecological transactional framework to address the impact of traumatic experiences on birth-five year olds and to support caregivers in reducing the impact of intergenerational and historical trauma. In 1998, CTRP received NIMH funding to develop the CPP manual and conduct an RCT with racially diverse preschoolers and mothers who had experienced intimate partner violence. In 2001, CTRP joined the National Child Traumatic Stress Network and soon began disseminating CPP using their Learning Collaborative model. CPP is now implemented in 40 states and 5 countries by a roster of 2,000+ CPP clinicians. Research efforts continue, with 3 Randomized Controlled Trials conducted by the University of Rochester and feasibility, effectiveness, cost effectiveness, and case studies conducted around the world.

■ How did CPP developers proactively seek, incorporate, and learn from the perspectives of individuals and communities to ensure the model reflects the experiences of those most affected by trauma and system challenges?

N/A

■ What is the role of CPP providers in tailoring the model for individuals, families, and communities?

CPP includes focused attention to diversity-related and language-specific clinical issues in order to tailor treatment strategies to the sociocultural makeup and linguistic needs of the family. CPP clinical formulation for each case includes considerations of the family's current sociocultural context, ACEs exposure, and historical and sociocultural trauma.

■ How are lessons learned from individuals, families, communities and providers used to keep improving CPP?

At CPP research centers, family-level data, including client satisfaction, are regularly collected to assess CPP effectiveness. During the closing phase, feedback is gathered to gauge family perception of treatment effectiveness. Trainers collect data after each training day on the material's utility and emotional impact, using this feedback to adjust the training to better meet provider needs.

■ Resources and materials are available:

- CPP manual available in Japanese and Dutch. Components of training content available in Arabic, Hebrew, Norwegian, Spanish, & Swedish. Translations are conducted by teams of bilingual native language speakers with expertise in CPP.
- Materials are available in written, video formats.
- For more information on adaptation and access, please contact us at cypall@childtraumasf.com.

CPP: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING



CPP: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE CPP

- **Training cost:** Training costs vary depending on training cohort size, but approximate current cost is \$2500 for an 18-month training. There are also additional agency resource costs (e.g., supervision time, productivity loss).
- **Time Commitment:** Reading the CPP manual, 42 didactic content hours spread over 18 months, Twice/month one-hour consultation calls, Completing write-ups for two case presentations (4 hours each), Reflective CPP supervision, ideally weekly but at a minimum of twice per month.
- **Additional Details:** The CPP website contains information about the model and manuals, details about the training process and a survey to request training. To find out more, visit www.childparentpsychotherapy.com.

SUPERVISE CPP

- **Training cost:** There are no additional trainings at this time to be a CPP supervisor.
- **Time Commitment:** n/a
- **Additional Details:** n/a

TRAIN CPP

- **Training cost:** Training costs differ depending on individual training plans. Nominations are required to become a CPP trainer.
- **Time Commitment:** n/a
- **Additional Details:** n/a

SUSTAIN CPP

- **Training cost:** Training costs differ depending on cohort size. Training cost information can be found on the CPP training webpage.
- **Time Commitment:** Reading the CPP manual, 42 didactic content hours spread over 18 months, Twice/month one-hour consultation calls, Completing write-ups for two case presentations (4 hours each), Reflective CPP supervision, ideally weekly but at a minimum of twice per month.
- **Additional Details:** n/a

To learn more about providing, supervising, training, or sustaining, please see <https://childparentpsychotherapy.com/about/contact/> or email: cppall@childtraumasf.com

The Child Parent Psychotherapy (CPP): At-A-Glance was reviewed and approved for accuracy by the UCSF Child Trauma Research Program (CPP developer) in October, 2024.

Chu, A., Ghosh Ippen, C., Lieberman, A. (2024). *The Child Parent Psychotherapy (CPP): At-A-Glance*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.