Child Parent Psychotherapy: What You Need to Know

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Welcome and Overview

This presentation will help you make a successful referral for Child Parent Psychotherapy

- You will learn the signs and symptoms shown by infants and young children who are experiencing toxic levels of stress
- You will gain an understanding of the CPP model
- You will be able to engage a parent and help them understand the benefits of CPP
- You will be able to explain the benefits of CPP to other case professionals
• *when we attempt to enter into a small child’s world, we come as foreigners who have forgotten the landscape and no longer speak the native tongue...*

• Selma Fraiberg

A Moment Without Words
How Do Infants Let Us Know They Need Help?

Do infants and young children “remember” traumatic events or early losses?

Real Things People Say About Babies

• “She is three. She won’t remember leaving these foster parents. She’ll get over it.”
• “Attachment Problem? I don’t think so. He walked right up and hugged me like I was his best friend”
• “How can a two year old benefit from therapy? No insight whatsoever”
• “This baby is an unreliable witness. What happened was pre-verbal”
“Troubled Family Life Changes Kids’ Brains”

- fMRI scan of sleeping infants’ brains
- Played audio recordings of adult voices speaking in an angry tone
- Uptick in brain activity clustered in parts of the brain responsible for regulating emotions and stress
- Those infants living in families with elevated stress and conflict were more sensitive to aggressive or angry voices

- Study by Alice Graham: Oregon Health Sciences University
Somatic and Non Verbal Memories

- Young infants who experience pain may show heightened reactions even years later
- Children may remember, and re-enact, traumatic experiences that occurred in infancy
- A child’s re-enactment of a trauma may not exactly replicate the event; and may change over time
- Imitation or reenactment is a fundamental biologically programmed mechanism by which children learn about themselves and each other

Telling Their Stories: Representation and Reenactment of Traumatic Experiences Occurring in the First Year of Life. Theodore Gaensbauer; Zero to Three; May 2004

Screen. Assess. Treat.

All children who have been maltreated should be screened for trauma, assessed by a trained provider if needed, and treated through appropriate therapy.
Basic Questions

- Was there trauma exposure?
- Are there symptoms of trauma?
Child Welfare Trauma Referral Tool

- Available from the National Child Traumatic Stress Network
What is Child Parent Psychotherapy?

A therapeutic intervention model for children 0 – 5 who have...

- Experienced traumatic events such as child maltreatment, witness to domestic violence; traumatic loss of a caregiver; disruptions of caregiving; serious accident or injury
- Are experiencing mental health, attachment, and/or behavioral problems
- May have diagnosis of PTSD, Anxiety, Depression, Adjustment; Attachment related; other
Theoretical Foundations of CPP

Attachment

Attachment

Cognitive Behavioral

Psychodynamic

Social Learning

Developmental

Trauma

How Does it Work?

By supporting and strengthening the parent child relationship as a vehicle for restoring and protecting the child’s mental health

By helping parent and child resolve shared trauma by creating a joint narrative (usually in play)

By helping parent and child identify and address traumatic triggers that set off dysregulation of feelings and behavior
What Does it Look Like?

- Sessions include child and caregiver(s)
- Therapist attention is focused on the parent-child relationship
- TOYS TOYS TOYS Everywhere! Play is the language
- Therapist is attuned to the context of the relationship
  - Cultural beliefs about parenting
  - Environmental factors such as poverty, immigration stressors
  - Parent’s own early attachment history and trauma history if present
CPP Triangle

Experience:
“You saw, you heard....”

Behavior and Feelings:
“And now you sometimes.....”

Treatment:
“This is a place where....”

Protective Steps and Hope

Goals of CPP

- Encourage return to normal development
- Help with adaptive coping
- Help with engagement with present activities and future goals
- Maintain regular levels of affective arousal
- Restore reciprocity in intimate relationships
- Place a traumatic experience in perspective
Treatment Intensity and Duration

Sessions are typically held weekly

Intervals may increase between sessions as family stabilizes

Duration may be up to one year depending on parent level of functioning

NE Project Safe Start found that a typical course of treatment was 16-20 weeks

Contra-Indications

When serious family violence is ongoing (exposure therapies can be harmful at this stage)

Serious mental health or substance abuse impairment of a parent to the degree they cannot be dependable or cannot focus on the needs of the child

When a child has a strong reaction of distress in the presence of the parent that cannot be mitigated
Engaging Parents in CPP

THE HORIZON QUESTION

• What do you consider “success” in regard to the raising of your child?
• What kind of person do you hope they will be when they are grown?
• What do you hope your child will say about you when he or she is grown, about the kind of parent you have been?
Pre-Treatment
The Treatment Process

Understand connection between traumatic experience, emotions & behavior

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Evidence of Effectiveness
Multiple studies looking at measures such as PTSD symptoms in children, child behavior problems, parent-child relationships

Some Key findings

- Preschool children exposed to violence – those with CPP had significant decrease in PTSD symptoms relative to comparison group
- Preschool children exposed to violence – those with CPP had significant decrease in behavior problems
• Study of maltreated preschool children – those receiving CPP had less negative representations of their mothers, reductions in negative self-representations, and significantly more positive expectations of the mother child relationship
• Children with clinically depressed mother who received CPP had better attachment security after CPP than before – similar to those children in control who had mothers who were not depressed
• Studies also show decrease in maternal PTSD symptoms

Project Safe Start Data

• Data from October 2010- January 2014
• Lancaster, Sarpy and Douglas County
• Family Treatment Drug Court setting
• Intensive Case Coordination
• Cases most often involved long term methamphetamine usage by the parent
Cumulative Service Numbers

- **Children**: 144
- **Parents**: 121
- **Families**: 94

Program Discharge Numbers

- **Successful**: 58.0%
- **Unsuccessful**: 23.5%
- **Did Not Enter Program**: 11.1%
- **No Treatment Recommendation**: 6.2%
- **Transfer**: 1.2%
Reunification Rate for Discharged Cases

- Reunification: 75%
- Adoption: 19%
- Transfer: 5%
- Living with Relatives: 2%

Time from Removal to Physical Reunification

- Median Length of Time to Reunification: 8.3 months
- Physically Reunified within 12 months: 18%
- Physically Reunified within 18 months: 60%
Recurrence of Maltreatment

- 7.8% Recurrence of Maltreatment
- 92.2% No Recurrence

How Might “Success Data” Help You Promote CPP to Referral Sources and Parents?
TIPPING Points
Engaging the Parent Step By Step

THE HORIZON QUESTION:
Start with the End in Mind

• What do you consider “success” in regard to the raising of your child?
• What kind of person do you how they will be when they are grown?
• “What do you hope your child will say about you when he or she is grown, about the kind of parent you have been?”
• What is making it difficult for you to be the kind of parent you want to be?
Motivational Strategies

- Horizon question: future focus
- Invite and encourage
- Elicit parent questions and concerns
- Validate concerns and opinions
- Find areas of common ground as well as difference
- Consider language used
  - Cultural familiarity
  - Fluency
  - Reduce complexity of words and concepts
- Watch for "AHA" Moments and turning points
- Inform and Educate when “the door is open”
Finding a CPP Provider

https://www.nebraskababies.com/new-resource-online-ne-child-parent-psychotherapy-provider-list

“The Class of 2019”
Resources

- National Child Traumatic Stress Network
  - https://www.nctsn.org/
- Child Parent Psychotherapy Web Page
  - http://childparentpsychotherapy.com/
- Nebraska Resource Project for Vulnerable Young Children
  - https://www.nebraskababies.com/
  - THE PATH To Trauma Therapy: A Guide for Getting Traumatized Children the Help They Need
    - https://www.nebraskababies.com/sites/default/files/downloadables/PATHtoTraumaTherapybrochure.pdf
  - Child Parent Psychotherapy in Nebraska: Building the Relationship Between Parent and Child