

Child-Parent Psychotherapy Research Fact Sheet

◇ OVERVIEW

Child-Parent Psychotherapy (CPP) is an intervention model for children aged 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. 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 (e.g. cultural norms and socioeconomic and immigration-related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. 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 traumatic triggers that generate dysregulated behaviors and affect. Treatment is generally conducted by a master's or doctoral-level therapist and involves weekly hour-long sessions.

Five randomized trials provide support for the efficacy of CPP. There is also a published study of CPP implemented within a wraparound foster care program in Illinois. These trials are summarized below.

◇ CPP with Preschoolers Exposed to Domestic Violence: Initial Findings

Lieberman, A.F., Van Horn, P.J., & Ghosh Ippen, C. (2005). Toward evidence-based treatment: Child-Parent Psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44, 1241-1248.

Sample Characteristics

Children

- Age: 3-5 years old ($M = 4.06$; $SD = 0.82$)
- Gender: 36 boys and 39 girls
- Ethnicity: 37% mixed ethnicity (predominantly Latino/Caucasian), 28% Latino, 14.5% African American, 10.5% White, 7% Asian, and 2% of another ethnicity
- Trauma history:
 - All exposed to domestic violence
 - In addition, 49% experienced physical abuse, 46.7% community violence, and 14.4% sexual abuse

Caregivers (all biological mothers)

- Trauma history
 - All experienced domestic violence
 - Average number of stressful life events=12.36
 - As children, 48% witnessed domestic violence, 49% experienced physical abuse, 42% sexually molested, 44% experienced the sudden or traumatic death of someone close
- Education: average 12.51 years ($SD=3.96$)
- SES
 - Mean monthly income \$1,817 ($SD = \$1,460$)
 - 23% of families on public assistance
 - 41% had incomes below the federal poverty level

Treatment Groups

Randomly assigned to either

- CPP ($n = 42$)
- Services in the community plus monthly case management ($n = 33$)
 - 73% of mothers and 55% of children received individual treatment

Attrition and Attendance

- CPP Group
 - Attrition: 14.3%
 - Attendance: averaged 32.09 CPP sessions ($SD=15.20$)
- Comparison Group
 - Attrition: 12%
 - Attendance:
 - 50% of mothers and 65% of children who received treatment, received 20+ sessions
 - One child had <5 sessions
 - One mother attended 5-10 sessions
 - The remaining mothers and children attended between 11-20 sessions
- No difference between CPP and comparison group in terms of attrition

Outcome Measures

- *Child*
 - Child Behavior Checklist (CBCL: Achenbach and Edelbrock, 1983, Achenbach, 1991)
 - Structured Interview for Diagnostic Classification DC: 0-3 for Clinicians (DC: 0-3; Scheeringa et al., 1995).
- *Mothers*
 - Symptoms Checklist-90 Revised (SCL-90-R; Derogatis, 1994)
 - Clinician Administered PTSD Scale (CAPS; Blake et al., 1990)

Outcomes:

- CPP children showed greater reductions in total behavior problems ($d = .24$)
- CPP children showed greater reductions in traumatic stress symptoms ($d = .64$).
- At posttest, significantly fewer children who received CPP met criteria for PTSD (6%) compared to comparison group children (36%); Rates of PTSD at intake were 50% for the CPP group and 39% for the comparison group.
- CPP mothers showed significantly greater reductions in avoidant symptomatology ($d = .50$).

◆ CPP with Preschoolers Exposed to Domestic Violence: 6-month Follow-up

Lieberman, A.F., Ghosh Ippen, C., Van Horn, P.J. (2006). Child-Parent Psychotherapy: Six month follow-up of a randomized control trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(8), 913-918.

Sample Characteristics

Subset from sample described above (CPP with Preschoolers Exposed to Domestic Violence: Initial findings)

Children

- Age: 3-6 years old
- Gender: 22 boys and 28 girls
- Ethnicity: 38% mixed ethnicity (predominantly Latino/Caucasian), 28% Latino, 16% African American, 12% White, 4% Asian, and 2% of another ethnicity

Attrition

- Dyads lost to attrition did not differ from those who completed follow-up assessment on 12-month outcome variables
- CPP group
 - 2 dropped
 - 7 were treated before the inclusion of follow-up (not included in the follow-up study)
- Comparison group
 - 4 dropped
 - 1 removed from dataset (received CPP at another clinic)
 - 1 data were invalid (mother had postpartum psychosis)

Outcome Measures

- *Child*: Child Behavior Checklist (CBCL: Achenbach and Edelbrock, 1983, Achenbach, 1991)
- *Mothers*
 - Symptoms Checklist-90 Revised (SCL-90-R; Derogatis, 1994):Clinician Administered PTSD Scale (CAPS; Blake et al., 1990)

Outcomes:

- CPP children showed greater reductions in total behavior problems ($d = .41$)
- CPP mothers showed significantly greater reductions in general distress ($d=.38$).

◆ CPP with Preschoolers Exposed to Domestic Violence: Children with 4+ Traumatic and Stressful Life Events

Ghosh Ippen, C., Harris, W.W., Van Horn, P., & Lieberman, A.F. (2011). Traumatic and stressful events in early childhood: Can treatment help those at highest risk? *Child Abuse and Neglect*, 35, 504-513.

Sample Characteristics, Attrition, and Outcome Measures

Same as above: CPP with Preschoolers Exposed to Domestic Violence: Initial findings

Description:

Reanalysis of data from the randomized control trial to examine CPP treatment effectiveness by level of child exposure to traumatic and stressful life events (comparing those children with <4 traumatic stressful life events with those with four or more [4+] traumatic or stressful life events).

Outcomes:

- For children in the 4+ risk group, those who received CPP showed significantly greater improvements in PTSD and depression symptoms, PTSD diagnosis, number of co-occurring diagnoses, and behavior problems compared to those in the comparison group.
- CPP children with <4 risks showed greater improvements in symptoms of PTSD than those in the comparison group. Mothers of children with 4+ TSEs in the CPP group showed greater reductions in symptoms of PTSD and depression than those randomized to the comparison condition.
- Analyses of 6-month follow-up data suggest improvements were maintained for the high risk group.

◆ CPP with Maltreated Preschoolers

Toth S.L., Maughan A., Manly J.T., Spagnola M., Cicchetti D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. *Developmental Psychopathology*, 14, 877-908.

Sample Characteristics

Children

Demographics were provided on children who completed the study. Initially 155 dyads were randomly assigned (see below), and 122 completed treatment.

- Age at intake (**or baseline evaluation**): 4 years old ($M = 48.18$ months, $SD = 6.88$)
- Gender: 68 boys and 54 girls
- Ethnicity: 76.2% ethnic minorities, predominantly African American (in the article, ethnicity is not specified)
- Trauma history:
 - All families in the maltreatment group had a documented history of maltreatment.
 - 60% of children experienced more than one form of maltreatment

Caregivers (all biological mothers)

- Trauma history – no data provided
- Education: by group CPP ($M=11.32$, $SD=1.91$); PHV ($M=11.22$; $SD=1.96$); CS ($M=11.53$; $SD=1.11$); NC ($M=12.11$; $SD=2.05$)
- SES
 - Average group income ranged from \$16,700-\$19,930

Treatment Groups

Randomly assigned to either

- CPP ($n = 31$) Note: In this study, CPP was called preschool-parent psychotherapy
- Psychoeducation home visitation; PHV ($n=49$)
- Community standard; CS ($n=33$)
- Also had a low-income normative comparison group; NC ($n=43$)

Attrition

- Dyads lost to attrition did not differ from those who completed treatment
- CPP
 - Attrition (25.8%)
 - Attendance: 11.63 months ($SD=3.13$) and 32.39 sessions ($SD=12.42$)
- PVH
 - Attrition (29.2%)
 - Attendance: 13.32 months ($SD=6.6$) and 31.09 sessions ($SD=14.30$)
- CS
 - Attrition (9%)
 - Attendance
 - 13% of children received individual therapy. Average length of treatment was 9.3 months.
 - Of mothers, 23% received individual therapy, 3% family or marital counseling, and 10% support group or day treatment. Additionally, 17% received some type of parenting service. Average length of treatment was 5.8 months.
- NC: Attrition (18.6%)

Outcome Measures

MacArthur Story Stem Battery (MSSB; Bretherton, Oppenheim, Buchsbaum, Emde, & The MacArthur Narrative Group, 1990).

Outcomes:

- Children who received CPP had significantly greater reductions in negative self-representations compared to children in the other three groups (PVH, CS, and NC).
- Children who received CPP showed significantly greater reductions in maladaptive maternal attributions compared to children in the NC group, with a trend for greater improvements compared to the CS group.
- Children who received CPP showed significantly greater improvement in relationship expectations compared with children in the NC group with a trend for greater improvement than the PHV group.

◆ CPP with Maltreated Infants

Cicchetti, D., Rogosch, F.A., & Toth, S.L. (2006). Fostering secure attachment in infant in maltreating families through preventive interventions. *Development and Psychopathology*, 18, 623-650.

Sample Characteristics

Children

- Age: Infants ($M = 13.31$ months, $SD = .81$)
- Gender:
 - 60 boys and 77 girls in maltreated sample
 - 28 boys and 24 girls in nonmaltreated sample
- Ethnicity: 60.3% African-American, 17.5% white, 5.8% Latino, 16.4% Biracial/Other
- Trauma history:
 - Recruited through a review of CPS records verifying infants were maltreated or living in maltreating families
 - 66.4% had directly experienced neglect or abuse
 - 33.6% living in families where their siblings had experienced abuse or neglect

Caregivers (all biological mothers)

- Age: 18-41 years ($M=26.87$, $SD=5.88$)
- Ethnicity: 53.9% African-American, 25.4% white, 12.2% Latino, 8.5% Biracial/Other
- Trauma history: 90% of mothers reported at least one traumatic event; 34% met DSM-IV lifetime criteria for PTSD; Mothers in the maltreatment group reported significantly greater childhood history of physical, emotional, and sexual abuse than mothers in nonmaltreating families
- Education: 41.8% had a high school education or less
- SES: Average group income was \$17,151, including welfare benefits

Treatment Groups

- 137 infants randomly assigned to:
 - CPP ($n = 53$) Note: In this study, CPP was called infant-parent psychotherapy
 - Psychoeducation parenting intervention; PPI ($n=49$)
 - Community standard; CS ($n=35$)
- Also had a low-income, nonmaltreating families comparison group; NC ($n=52$)

Attrition

- Dyads lost to attrition did not differ from those who completed treatment
- Attrition after initial randomization
 - 39.6% of CPP mothers
 - 51% of PPI mothers
 - Initial attrition was high perhaps due to fact that families were not seeking treatment
- Attrition following engagement
 - Overall attrition 21.7%
 - Greatest attrition in CS group: 42.9%
 - No difference in attrition between CPP and PPI groups
- Attendance
 - CPP: 46.4 weeks and 21.56 sessions
 - PPI: 49.4 weeks and 25.38 sessions
 - No difference in attendance between CPP and PPI groups

Outcome Measures

- Strange Situation

Outcomes:

- At intake, CPP, PPI, and CS groups did not differ in attachment classifications
- At intake CPP, PPI, and CS groups were more likely to have children classified as disorganized than the NC group.
- CPP and PPI both were significantly more effective than the CS group in altering children's attachment classifications, with no difference in efficacy between the CPP and PPI groups.
 - CPP group: rate of secure attachment changed from intake (3.1%) to post (60.7%)
 - PPI group: rate of secure attachment changed from intake (0%) to post (54.5%)
 - CS group: no change in secure attachment from intake (0%) to post (1.9%)
 - Similar results were found for rates of disorganized attachments, with greater improvements in the CPP and PPI groups compared to the CS group

◆ CPP with Anxiously Attached Latino Infants

Lieberman, Weston, & Pawl (1991). Preventive intervention and outcome with anxiously attached dyads. *Child Development*, 62, 199-209.

Sample Characteristics

Children

- Age: Infants aged 11-14 months ($M = 13.31$ months, $SD = .81$)
- Gender: 44% male
- Ethnicity: not specified, but all had Latina immigrant mothers
- Trauma history: not specified

Biological mothers

- Age: 21-39 years ($M=25.08$)
- Ethnicity: 100% Latina immigrants from Mexico or Central America who had been in the United States for less than five years ($M=3.10$ years)
- Language: All Spanish-speaking
- Trauma history: not specified, but mothers averaged 11.34 stressful events on the Life Events Inventory
- Education: Average 9.42 years of education
- SES: 71.4% of mothers were unemployed (35.4% of fathers were unemployed)

Treatment Groups

100 infants initially entered into study (7 dyads did not complete the initial assessment)

- Anxiously attached dyads ($n=59$) were randomly assigned to intervention or comparison group
 - CPP ($n=34$); Note: In this study, CPP was called infant-parent psychotherapy
 - Comparison group ($n =25$)
- Securely attached dyads formed a second control group ($n=34$)

Attrition

- Overall attrition for the study was 18% (including all 100 dyads who entered the study)
- Overall attrition of the 93 dyads who completed the initial intake assessment was 9%
- No difference in attrition between CPP and comparison group
 - CPP attrition: 3%
 - Comparison group attrition: 8%
 - Securely attached comparison group attrition: 12%

Outcome Measures

- Observational data gathered from coding of free play interactions

Outcomes:

- At post, CPP toddlers scored lower than comparison group toddlers in avoidance, resistance, and anger and scored higher in partnership with mother
- At post, CPP mothers had higher scores in empathy and interactiveness with children
- At post, CPP group did not differ from securely attached comparison group on any outcome measures

◆ CPP with Toddlers of Depressed Mothers

- Cicchetti D., Toth S.L., Rogosch F.A. (1999). The efficacy of toddler-parent psychotherapy to increase attachment security in offspring of depressed mothers. *Attachment and Human Development* 1, 34-66.
- Cicchetti, D., Rogosch, F.A., & Toth, S.L. (2000). The efficacy of Toddler-Parent Psychotherapy for fostering cognitive development in offspring. *Journal of Abnormal Child Psychology*. 28, 135-148.
- Toth, S. L., Rogosch, F. A., & Cicchetti, D. (2006). The efficacy of Toddler-Parent Psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: A randomized preventive trial. *Journal of Consulting and Clinical Psychology*, 74(6), 1006-1016.

NOTE: Similar procedures for all studies. Cicchetti, Toth & Rogosch (1999) and Cicchetti, Rogosch, & Toth (2000) are subsamples of the Toth, Rogosch, & Cicchetti (2006) study. Sample characteristics, treatment group, and attrition information are from Toth, Rogosch, & Cicchetti (2006).

Children

- Age: Toddlers ($M = 20.34$ months, $SD = 2.50$)
- Gender: 52.8% boys and 47.2% girls
- Ethnicity: not specified but most had Caucasian mothers
- Trauma history: not specified

Biological mothers

- Age: 22-41 years ($M = 31.68$, $SD = 4.48$)
- Ethnicity: predominantly Caucasian (92.9%)
- Trauma history: 25% of depressed mothers met DSM-IV lifetime criteria for PTSD
- Education: 54.5% were college graduates or had received advanced degrees
- Marital status: Majority married (87.9%)
- SES: 72.7% were ranked in the two highest socioeconomic status levels (IV and V) based on Hollingshead's four-factor index

Treatment Groups

- Entry criteria
 - Child approximately 20 months of age
 - Mother met DSM-III-R criteria for major depressive disorder occurring during child's life (mothers meeting criteria for bipolar disorder were not retained)
- Originally recruited 130 depressed moms and 68 non-depressed moms
- Mothers with depression history randomly assigned to CPP ($n=66$) and comparison ($n=64$)

Attrition

- CPP: 30%
- Comparison group: 16%
- No maternal depression comparison group: 6%
- Final sample CPP ($n=46$); comparison ($n=54$); non-depressed control ($n=63$)

Outcome Measures and Outcomes

Cicchetti, Toth, & Rogosch, 1999

- Sample note: Subsample of those described above, included 27 dyads assigned to CPP, 36 dyads in the no treatment comparison group, and 45 dyads where the mother had no current or past mental disorder.
- Outcome measure: Attachment Q-set
- At intake, CPP and comparison showed greater insecurity of attachment than nondepressed controls.
- At post, CPP children showed significant improvements in attachment security (74.1% CPP group rated secure compared to 52.8% of comparison group); no difference between CPP children and nondepressed controls in rate of insecure attachment

Cicchetti, Rogosch, & Toth, 2000

- Sample note: Subsample of those described above, included 43 dyads assigned to CPP, 54 dyads in the no treatment comparison group, and 61 dyads where the mother had no current or past mental disorder.
- Outcome measure: Bayley Mental Development Index
- At intake no difference between the three groups on cognitive scores
- At post, comparison group showed significantly lower scores than the intervention group and the non-depressed controls

- At post, no difference between CPP group and nondepressed controls in cognitive scores.

Toth, Rogosch, & Cicchetti, 2006

- Outcome measure: Strange Situation
- At intake, few children of depressed moms found to be securely attached (CPP=16.7% comparison=21.9%) compared to children of non-depressed mothers (55.9%)
- At post, rate of secure attachment in CPP group increased significantly in CPP group (67.4%) and declined slightly in comparison (16.7%).

◆ CPP Within a Wraparound Foster Care Program in Illinois

- Lyons, J. (2008). Evidence-based trauma interventions for foster children in Illinois. Presentation to funders and stakeholders, Chicago, IL.
- Weiner, D.A., Schneider, A., & Lyons, J.S. (2009). Evidence-based treatments for trauma among culturally diverse foster care youth : Treatment retention and outcomes. *Children and Youth Services Review*, 31, 1199-1205.

NOTE: This study examined the implementation of three evidence-based treatments addressing traumatic stress symptoms within a wraparound foster care program in Illinois. The study involved a racially diverse group of children approximately 46% of whom had experienced complex trauma. CPP was conducted with children under age 6. Trauma-focused cognitive behavioral therapy (TF-CBT) and Structured Psychotherapy for Adolescents Responding to Stress (SPARCS) were implemented with older children. Data are reported here for the CPP group.

Sample Characteristics

CPP Group

- Age: $M = 3.7$; $SD = 1.6$
- Gender: 33 boys and 32 girls
- Ethnicity: 43% African American, 25% White, 18% Hispanic, and 14% biracial
- Trauma history: All had experienced a moderate or severe traumatic experience

Attrition

- CPP Group: Attrition: 22.6%
- No difference between CPP, TF-CBT, and SPARCS groups in terms of attrition

Outcome Measures

- *Child*
 - Child and Adolescent Needs and Strengths (CANS: Lyons, 2004)

Outcomes for CPP Group:

- Compared to children in the traditional system of care (SOC), CPP resulted in greater improvements in all five domains assessed: traumatic stress symptoms, strengths, life domain functioning, behavioral emotional needs, and risk behaviors.
- CPP was found to be universally effective across racial/ethnic subgroups.
- "Among comparable youth in SOC (a program which improves stability) CPP significantly reduced all placement interruptions" (Lyons, 2008).

◆ REFERENCES

Randomized Trials Conducted at the Child Trauma Research Program, University of California San Francisco

- Lieberman, A.F., Ghosh Ippen, C., Van Horn, P.J. (2006). Child-Parent Psychotherapy: Six month follow-up of a randomized control trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(8), 913-918.
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- Lieberman, Weston, & Pawl (1991). Preventive intervention and outcome with anxiously attached dyads. *Child Development*, 62, 199-209.

Research on Child-Parent Psychotherapy Conducted at Mt. Hope Family Center, University of Rochester

- Cicchetti, D., Rogosch, F.A., & Toth, S.L. (2000). The efficacy of Toddler-Parent Psychotherapy for fostering cognitive development in offspring. *Journal of Abnormal Child Psychology*, 28, 135-148.
- Cicchetti, D., Rogosch, F.A., & Toth, S.L. (2006). Fostering secure attachment in infant in maltreating families through preventive interventions. *Development and Psychopathology*, 18, 623-650.

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- Toth, S. L., Rogosch, F. A., & Cicchetti, D. (2006). The efficacy of Toddler-Parent Psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: A randomized preventive trial. *Journal of Consulting and Clinical Psychology*,74(6), 1006-1016.
- Toth S.L., Maughan A., Manly J.T., Spagnola M., Cicchetti D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. *Developmental Psychopathology*, 14, 877-908.

Dissemination Study Conducted by

- Lyons, J. (2008). Evidence-based trauma interventions for foster children in Illinois. Presentation to funders and stakeholders, Chicago, IL.
- Weiner, D.A., Schneider, A., & Lyons, J.S. (2009). Evidence-based treatments for trauma among culturally diverse foster care youth : Treatment retention and outcomes. *Children and Youth Services Review*, 31, 1199-1205.

EXTERNAL REVIEWS OF THE RESEARCH ON CPP

The following organizations have conducted independent reviews of the research on CPP, have listed CPP as an evidence-based practice, and have posted summaries on their websites.

- The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP): <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=194>
- The California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org/program/child-parent-psychotherapy/>
- Oregon.gov Addictions and Mental Health Approved Practices and Process: <http://www.oregon.gov/OHA/mentalhealth/ebp/practices.shtml>

Fact sheet last updated October, 2011