









We want to do therapy with babies and their parents in your court...

Child Parent Psychotherapy:

- The National Child Traumatic Stress Network defines Child-Parent Psychotherapy (CPP) as:
- “CPP integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach designed to restore both the child-parent relationship and the child’s mental health and developmental progression that have been damaged by the experience of family violence. Child-parent interactions are the focus of the intervention.”
- Originally designed for children exposed to family violence but has been adapted for other types of trauma and loss

Goals of CPP:

- **Address issues of safety**
 - Focus on safety issues in the environment, model and encourage safe behavior, limit setting for the child that is appropriate, establish clear parent-child roles
- **Improve affect regulation (feelings control)**
 - Developmental guidance about how children regulate affect and emotional reactions, label affective experiences, facilitate the parent in learning appropriate and helpful ways to respond to the child, discover barriers to the parent responding to the child in an appropriate way, help child learn how to use the parent as a secure base, help the child learn ways to regulate their own affect if possible (children that are closer to 4-5)
- **Improve the child-parent relationship**
 - Interactions that are pleasant and rewarding for both, developmental guidance about the child’s expressions of love for the parent, guidance about appropriate expectations for the relationship, assisting the parent and child in understanding each other’s perspective

Goals Continued:

- **Normalize trauma related response**
- **Allow the parent and child to jointly construct a trauma narrative**
 - Assist the parent in acknowledging the trauma and what the child witnessed or has been through, developmental guidance about responding to trauma behaviors (e.g. for example how to respond to the child re-enacting the traumatic event, fears when memory of the trauma is triggered), help link the past and the present for the parent, provide a safe place for the child to express him/herself through symbolic play, assist parent in being supportive of the child, decrease the intensity of emotions experienced when presented with reminders of the trauma
- **Return the child to a normal developmental trajectory**
 - Provide guidance for the parent about routine, consistency in discipline, engagement in appropriate activities, appropriate expectations for child's age

Child-parent interaction assessment

- An Assessment based upon work by Judith Crowell that was originally developed to assess how mother's models of attachment are reflected in interactions with their children. Modified for use and uses rating scales developed by Joy Osofsky and Mindy Kronenberg.
- Done prior to CPP
- Additional developmental information, history both physical and mental health for parent and child, interview with the parent, any records of the traumatic event if they exist

What an Assessment Looks like:

- Parent and child are together
- 8-10 minutes of free play
- Clean Up
- Bubbles
- 3-4 structured tasks that are based upon the age of the child
- Separation
- Reunion

What is being observed:

- Is there mutual positive engagement?
 - Referencing caregiver (looks to, points to, shows things)
 - Physical closeness with caregiver
 - Caregiver's response to child's attempts to engage them
 - Mutual positive affect – do they laugh together?
 - Interaction during play versus parallel play (next to each other or together)

What is being observed:

- Caregiver's awareness of the child's developmental needs
 - Allowing child to choose toys during free play
 - Expanding play themes during free play
 - Praise
 - Providing age appropriate assistance
 - Intrusiveness – physical (unwanted kisses or in the child's face) or verbal (repeating things over and over to the child)
 - Directing the play at the appropriate developmental level in free play

What is being observed:

- Child's reaction to the caregiver and Caregiver's reaction to the child
 - Does the caregiver ignore the child, tease the child, handle the child harshly or speak harshly to the child?
 - Does the child keep a physical distance from the caregiver, reject the caregiver's attempts to engage him/her, show aggression or non-compliance?

Separation and Reunion

- How does the caregiver prepare the child?
- How does the child react?
- How does the caregiver react?
- What are they both like upon reunion?

Judicial Perspective – What an Assessment Tells the Court

Assessment Portion

What a CPP session looks like:

- Some examples of types of interventions:
 - Symbolic play to create trauma narrative
 - Touch to help restore physical contact
 - Parental guidance in appropriate expectations for the child's developmental stage
 - Modeling protective behavior in play or when safety issues present themselves
 - Providing emotional support for the parent while the child acts out the trauma narrative
 - Concrete assistance for basic needs – referrals to agencies that can assist with basic needs
 - Helping to link the past and the present for parents – their trauma linked to their parenting

Session

Does CPP work?

- California Evidence-Based Clearinghouse for Child Welfare gives ratings to programs/practices.
- CPP gets a rating of “2” (best rating is a 1) meaning it is “supported by research evidence.”
- Its relevance to child welfare is a “1” or High
- Osofsky, J., Kronenberg, M., Hayes Hammer, J., Lederman, C., Adams, S., Graham, M., and Hogan, A. (2007) The Development and Evaluation of the Intervention Model for the Florida Infant Mental Health Pilot Program. *Infant Mental Health Journal*, Vol. 28 (3), 259-280.

Judicial Perspective – Does it Work?

References

- Osofsky, J., Kronenberg, M., Hayes Hammer, J., Lederman, C., Adams, S., Graham, M., and Hogan, A. (2007) The Development and Evaluation of the Intervention Model for the Florida Infant Mental Health Pilot Program. *Infant Mental Health Journal*, Vol. 28 (3), 259-280.
- Presentation by Joy D. Osofsky Ph.D. from April 20-21, 2009 in Lincoln, Nebraska
- Presentation by Paula Zeanah Ph.D., M.S.N, and Julie Larrieu, Ph.D. March 1-2, 2010 in Lavista, Nebraska

References and Websites

- www.childtrauma.org (Bruce Perry)
- www.aeratahree.org
- www.nctsn.org
- www.developingchild.harvard.edu
- Lieberman, Alicia and Van Horn, Patricia (2005). *Don't Hit My Mommy*. Washington D.C., Zero to Three Press.
- Video "Trauma Brain and Relationships: Helping Children Heal."

Questions?



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