

Toddler-Parent Psychotherapy

Review: [Foundations for Life](#), July 2016

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Toddler-Parent Psychotherapy (TPP) is a psychoanalytic intervention targeting mother-infant dyads that may be at risk of an insecure attachment.

Specifically, the programme aims to prevent or shift an insecure to a secure attachment, as measured by Ainsworth's Strange Situation. Mothers identified as being depressed, anxious, traumatised or at risk of maltreating their child attend weekly sessions with their infant (approximately 20-months old at the beginning of the programme). The sessions are delivered by practitioners with a Masters (or higher) qualification in psychology or social work.

During each session, the practitioner helps the mother reflect on her own childhood experiences and differentiate them from her current relationship with her child through empathic, non-didactic support. The practitioner also engages jointly with the mother and infant, so that they can model sensitive responding and suggest positive explanations for the child's behaviour. As the therapeutic relationship develops, the mother learns to dissociate negative feelings informed by her own childhood from her interactions with her infant, and appropriately interpret her infant's behaviours.

Please note that this Guidebook page describes the evidence for a specific programme that makes use of psychotherapy. It does not describe the evidence for psychotherapy with children as a broader practice.

Evidence
rating: **2+**

Cost rating:
NA

EIF Programme Assessment

Toddler-Parent Psychotherapy has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence
rating: **2+**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

Cost rating

NA indicates that the information required to generate a cost rating is not available at this time.

Cost rating:
NA

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Attachment security

Based on study 1

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Toddlers

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Children's centre or early-years setting

The programme may also be delivered in these settings:

- Children's centre or early-years setting

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated
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Where has it been implemented?

United States

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

- TPP is delivered in 32 sessions of approximately one to 1.5 hours' duration each by one clinical practitioner with QCF-7/8 qualifications.

What happens during the intervention?

- TPP is delivered by a practitioner with a Masters (or higher) qualification in psychology or social work. Mothers and their toddler attend weekly sessions for a period of 12 months or longer.
- During each session, the practitioner uses empathic, non-didactic support to help the mother reflect on her childhood experiences and differentiate them from her current relationship with her toddler.
- The practitioner also engages jointly with the mother and infant, so that they can model sensitive responding and suggest positive explanations for the child's behaviour.
- As the therapeutic relationship develops, the mother learns to dissociate negative feelings informed by her own childhood from her interactions with their infant and appropriately interpret her infant's behaviours.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is one clinical practitioner with NFQ-9/10 qualifications (and 92 hours of programme training).

What are the training requirements?

- Practitioners have 92 hours of programme training. Booster training for practitioners is recommended.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host-agency supervisor (qualified to NFQ-9/10 level) with 92 hours of programme training.

What are the systems for maintaining fidelity?

Not available

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Positive and sensitive parent/child interactions increase the likelihood of a secure parent/child attachment relationship.
- Parents experiencing multiple hardships and/or an insecure attachment relationship in their own childhood are less likely to develop positive representations of their child, reducing their ability to develop a secure attachment relationship.
- Parents receive therapeutic support to improve their ability to form positive representations of their child and provide an appropriately nurturing and sensitive caregiving environment.
- In the short term, parents develop positive representations of their child, their sensitivity increases and the child experiences greater attachment security.
- In the longer term, children will develop positive expectations of themselves and others, demonstrate improved mental health and be at a reduced risk of child maltreatment.

Intended outcomes

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About the evidence

Toddler-Parent Psychotherapy's (TPP) most rigorous evidence comes from an RCT which was conducted in the US.

This study identified statistically significant positive impact on a number of child and parent outcomes.

This programme is underpinned by one study with a Level 2+, hence the programme receives a Level 2+rating overall.

Study 1

Citation: Cicchetti et al (1999), Toth et al. (2006), Peltz et al (2015)

Design: RCT

Country: United States

Sample: 201 mothers at risk of depression with a 20-month infant

Timing: Post-test

Child outcomes:

- Attachment security

Other outcomes:

- Increased relationship satisfaction

Study rating: 2+

Cicchetti, D., Toth, S.L. & Rogosch, F.A. (1999). The efficacy of toddler-parent psychotherapy to increase attachment security in off-spring of depressed mothers. *Attachment and Human Development*, 1, 34-66.

Toth, S.L., Rogosch, F.A., Manly, J.T., & Cicchetti, D. (2006). The efficacy of toddler-parent psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: A randomised preventive trial. *Journal of Consulting and Clinical Psychology*, 74, 1006-1016.

Peltz, J.S., Rogge, R.D., Rogosch, F.A., Cicchetti, D. & Toth, S.L. (2015). The benefits of child-parent psychotherapy to marital satisfaction. *Families, Systems and Health, Advanced on-line publication*: <http://dx.doi.org/10.1037/fish00000149>.

Available at <http://www.tandfonline.com/doi/abs/10.1080/14616739900134021>

<http://psycnet.apa.org/psycinfo/2006-22003-003> <http://psycnet.apa.org/journals/fsh/33/4/372/>

Study design and sample

The first study is an RCT.

This study involved random assignment of mothers and toddlers to a TPP treatment group, depressed control group, and a non-depressed control comparison.

This study was conducted in the US, with a sample of 201 mothers and toddlers (during baseline, the infants were 20-months old).

Measures

Child attachment security was measured using Ainsworth's Strange Situation coded observation (expert observation of behaviour).

Maternal depression symptoms were measured using the Diagnostic Interview Schedule, 3rd edition – Revised (diagnostic interview) and the Beck Depression Inventory (parent report).

Quality of marital relationship was measured using the Dyadic Adjustment Scale (parent report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes. Child outcomes include:

- Improved attachment security

The conclusions that can be drawn from this study are limited by methodological issues pertaining to high overall attrition and a lack of intention-to-treat analysis, hence why a higher rating is not achieved.

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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