

Child-Parent Psychotherapy

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

Child-Parent Psychotherapy (CPP) is a psychoanalytic intervention targeting mothers and preschool children (aged three to five) who may have experienced trauma or abuse (eg domestic violence), or are otherwise at risk of an insecure attachment and/or other behavioural and emotional problems.

Specifically, CPP aims to improve children's representations of their relationship with their parent and reduce maternal and child symptoms of psychopathology.

Mothers and their child attend weekly sessions for a period of 12 months or longer. The sessions are delivered by practitioners with a Masters (or higher) qualification in psychology or social work. 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 child.

Parent sessions are interspersed with sessions involving the child where the mother, therapist and child jointly engage in structured play aimed at eliciting trauma-related feelings and behaviours. This allows the therapist to help the mother and child develop a joint narrative around the traumatic events and bring them to their resolution. Mothers also receive support in appropriate discipline and an increased awareness of their child's moods and emotional states.

Evidence
rating: **3+**

Cost rating:
NA

EIF Programme Assessment

Child-Parent Psychotherapy has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence
rating: **3+**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

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

Improved representations of the mother-child relationship - based on **study 1**

Improved expectations of the mother-child relationship - based on **study 1**

Reduced depressive symptoms - based on **study 2**

Reduced PTSD symptoms - based on **study 2**

Preventing crime, violence and antisocial behaviour

Improved behaviour - based on **study 2**

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:

- Preschool

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:

- Home
 - Children's centre or early-years setting
 - Primary school
 - Secondary school
 - Sixth-form or FE college
 - Community centre
 - In-patient health setting
 - Out-patient health setting
-

How is it targeted?

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

- Targeted indicated
-

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.

About the programme

What happens during delivery?

How is it delivered?

- CPP is delivered in 32 sessions of approximately 1 to 1.5 hours' duration each by one clinical practitioner with QCF-7/8 qualifications (and 92 hours of programme training).

What happens during the intervention?

- CPP is delivered by a practitioner with a Masters (or higher) qualification in psychology or social work. Mothers and their child 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 child.
- Parent sessions are interspersed with sessions involving the child, where the mother, therapist and child jointly engage in structured play aimed at eliciting trauma related feelings and behaviours. This allows the therapist to help the mother and child develop a joint narrative around the traumatic events and bring them to their resolution.
- Mothers also receive support in appropriate discipline and an increased awareness of their child's moods and emotional states.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a Masters level clinical practitioner with QCF-7/8 qualification.

What are the training requirements?

- The practitioners have 92 hours of programme training (seven days' face-to-face training with 36 hours of phone consultation). Booster training of practitioners is recommended.

How are the practitioners supervised?

- Practitioners are supervised by one host-agency supervisor with QCF-level 7/8, who provides clinical, skills and case-management supervision.

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 respond sensitively and appropriately to their child's behaviour.
- 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.

Contact details

Chandra Ghosh University of California San Francisco
chandra.ghosh@ucsf.eduwww.ucsf.edu/

About the evidence

CPP's most rigorous evidence comes from two RCTs, both of which were conducted in the USA.

Study 1

Citation: Toth et al (2002) | **Design:** RCT

Country: United States

Sample: 155 mother-child (aged four) pairs, 112 where there was a known incident of child maltreatment

Child outcomes:

Improved representations of the mother-child relationship

Improved expectations of the mother-child relationship

Other outcomes:

None measured

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. *Development and Psychopathology*, 14, 877-908.

Available at <http://europepmc.org/abstract/med/12549708>

Study 2

Citation: Lieberman et al (2005); Lieberman et al (2006); Ghosh et al (2011) | **Design:** RCT

Country: United States

Sample: 75 mother-child (aged three to five) pairs who have witnessed trauma or domestic violence

Child outcomes:

Reduced depressive symptoms

Reduced PTSD symptoms

Improved behaviour

Other outcomes:

Reduced symptoms of PTSD

Reduced symptoms of PTSD (maintained for high-risk group at six-month follow-up)

Reduced depressive symptoms (maintained for high-risk group at six-month follow-up)

Lieberman, A.F., van Horn, P., & Ghosh Ippen, C. (2005). Toward evidence-based treatment: Child-parent psychotherapy w
Psychiatry, 44, 1241-1248.

Lieberman, A.F., Ghosh Ippen, C., & van Horn, P. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized c

Ghosh Ippen, C., Harris, W.W., Van Horn, P. I., & Lieberman, A.F. (2011). Traumatic and stressful events in early childhood:

Available at [http://www.jaacap.com/article/S0890-8567\(09\)62235-8/fulltext?refuid=S0890-8567\(10\)00082-1&refissn=08](http://www.jaacap.com/article/S0890-8567(09)62235-8/fulltext?refuid=S0890-8567(10)00082-1&refissn=08)
<http://www.sciencedirect.com/science/article/pii/S0145213411001499>

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.

www.EIF.org.uk | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

10 Salamanca Place, London SE1 7HB | +44 (0)20 3542 2481

Disclaimer

The EIF Guidebook is designed for the purposes of making available general information in relation to the matters discussed in the documents. Use of this document signifies acceptance of our legal disclaimers which set out the extent of our liability and which are incorporated herein by reference. To access our legal disclaimers regarding our website, documents and their contents, please visit <http://www.EIF.org.uk/terms-conditions/>. You can request a copy of the legal disclaimers by emailing info@eif.org.uk or writing to us at Early Intervention Foundation, 10 Salamanca Place, London SE1 7HB.