

# Infant-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.

**Infant-Parent Psychotherapy (IPP) is a psychoanalytic intervention targeting mother-infant dyads who may be at risk of an insecure attachment.**

Specifically, IPP aims to prevent insecure attachment or to 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 (< six months) for a period of 12 months or longer.

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.

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Evidence  
rating: **3+**

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Cost rating:  
**NA**

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## EIF Programme Assessment

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

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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.

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## Cost rating

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

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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 attachment security

#### Based on study 1

### Improved attachment security (% secure)

#### Based on study 2

40.9-percentage point increase in proportion of participants with secure attachment (measured using coded observation of Ainsworth's Strange Situation)

Improvement index: **+50**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 100% and worse outcomes than 0% of their peers, if they had received the intervention.

Immediately after the intervention

#### Based on study 2

28.7-percentage point increase in proportion of participants with secure attachment (measured using coded observation of Ainsworth's Strange Situation)

Improvement index: **+33**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 83% and worse outcomes than 17% of their peers, if they had received the intervention.

**Long-term** A year later

## Improved attachment security (% changing from insecure to secure)

### Based on study 2

38.6-percentage point increase in proportion of participants moving from insecure to secure attachment (measured using coded observation of Ainsworth's Strange Situation)

Improvement index: **+50**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 100% and worse outcomes than 0% of their peers, if they had received the intervention.

Immediately after the intervention

## Improved attachment security (% stable disorganised)

### Based on study 2

34.5-percentage point reduction in proportion of participants with stable disorganised attachment (measured using coded observation of Ainsworth's Strange Situation)

Improvement index: **+32**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 82% and worse outcomes than 18% of their peers, if they had received the intervention.

Immediately after the intervention

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.

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# Key programme characteristics

## Who is it for?

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

- Infants

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## How is it delivered?

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

- Individual

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## Where is it delivered?

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

- Home

The programme may also be delivered in these settings:

- Home

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## 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

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## UK provision

This programme has not been implemented in the UK.

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## UK evaluation

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

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## 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?

- IPP is delivered in 32 sessions of approximately 1 to 1.5 hours' duration each by one clinical practitioner.

### What happens during the intervention?

- IPP 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 her infant and appropriately interpret her infant's behaviours.

## What are the implementation requirements?

### Who can deliver it?

- The practitioner who delivers this programme is a clinical practitioner with NFQ-9/10 qualifications.

### What are the training requirements?

- The practitioner has 92 hours of programme training. Booster training of 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. There is no licensing requirement to run this programme.

## 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/infant 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 infant, reducing their ability to develop a secure attachment relationship.
- Parents receive therapeutic support to improve their ability to form positive representations of their infant and provide an appropriately nurturing and sensitive caregiving environment.
- In the short term, parents develop positive representations of their infant, their sensitivity increases and the infant is more likely to develop a secure attachment.
- 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

## Contact details

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## About the evidence

Infant-Parent Psychotherapy's (IPP) most rigorous evidence comes from two RCTs which were conducted in the US.

This studies identified statistically significant positive impact on child and parent outcomes.

This programme has evidence from at least one rigorously conducted RCT along with evidence from an additional comparison group study. Consequently, the programme receives a 3+ rating overall.

## Study 1

**Citation:** Lieberman et al (1991)

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**Design:** RCT

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**Country:** United States

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**Sample:** 100 Spanish-speaking mothers at risk of depression with a 12-month infant

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**Timing:** Post-test

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**Child outcomes:**

- Improved attachment security
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**Other outcomes:**

- Increased empathic behaviour
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**Study rating:** 3

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

Available at [https://www.jstor.org/stable/1130715?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/1130715?seq=1#page_scan_tab_contents)

**Study design and sample**

The first study is an RCT.

This study involved random assignment of mother-child dyads to an IPP treatment group or a control condition group involving no additional therapy. Also, securely attached children served as an additional 'secure' group as a point of comparison.

This study was conducted in the US, with a sample of 100 low-SES Spanish-speaking mothers with a toddler (aged 12 months to two years) who had immigrated to the United States from Mexico or Central America within the past five years.

**Measures**

Child attachment behaviours (angry behaviour, restricted affect, avoidance, resistance) were measured using Ainsworth's Strange Situation (expert observation of behaviour). Child attachment security was measured using the Attachment Q-sort (direct assessment). Dyadic partnership was measured using coded observation (expert observation of behaviour). Maternal empathic responsiveness and maternal initiation were measured using the coded observation of freeplay measures (expert observation of behaviour). Maternal child-rearing attitudes were measured using the Spanish version of the Maternal Attitude Scale (parent report).

**Findings**

This study identified statistically significant positive impact on one child and parent outcome, respectively.

Specifically, the child outcome is: Improved attachment security.

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## Study 2

**Citation:** Cicchetti et al (2006); Cicchetti et al (2011); Stronach et al (2013)

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**Design:** RCT

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**Country:** United States

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**Sample:** 189 mothers, 137 of whom were at risk of maltreating their child

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**Timing:** Post-test; one-year follow-up

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**Child outcomes:**

- Improved attachment security (% secure)
  - Improved attachment security (% changing from insecure to secure)
  - Improved attachment security (% stable disorganised)
  - Improved attachment security (% secure)
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**Other outcomes:**

- Increased empathic behaviour
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**Study rating:** 3

Cicchetti, D., Rogosch, F.A., & Toth, S.L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18, 623-649.

Cicchetti, D., Rogosch, F.A., Toth, S.L. & Sturge-Apple, M.L. (2011). Normalising the development of cortisol regulation in maltreated infants through preventive interventions. *Development and Psychopathology*, 23, 789-800.

Stronach, E.P., Toth, S.L., Rogosch, F., & Cicchetti, D. (2013). Preventive interventions and sustained attachment security in maltreated children, *Developmental Psychopathology*. 25, 919-930.

**Available at** <https://www.ncbi.nlm.nih.gov/pubmed/17152394>

<https://www.ncbi.nlm.nih.gov/pubmed/21756432>

<https://www.ncbi.nlm.nih.gov/pubmed/24229539>

**Study design and sample**

The second study is a rigorously conducted RCT.

This study involved random assignment of mothers-child dyads to an IPP treatment group, a variation called psycho-educational parenting intervention (PPI), and a control group involving standard care.

This study was conducted in the US, involving 189 infants (average 13.31 months of age) and their mothers who were predominantly of minority race/ethnicity (74.1%).

**Measures**

Child attachment organisation was measured using Ainsworth's Strange Situation (expert observation of behaviour). Child behaviour problems were measured using the Child Behavior Checklist (parent report).

**Findings**

This study identified statistically significant positive impact on one child outcome, specifically: Improved attachment security.



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## 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.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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

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## Disclaimer

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