

## GUIDEBOOK

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Downloaded from <http://guidebook.eif.org.uk/programme/infant-parent-psychotherapy>

# Infant-Parent Psychotherapy

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

**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.

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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**

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## 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, study 2**

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*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:

*Not available*

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### 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

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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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## 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 QCF-7/8 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 QCF-7/8 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.

## Contact details

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## About the evidence

The Lieberman model of IPP has evidence from two RCTs. Both of these were conducted in the USA.

### Study 1

**Citation:** Lieberman et al (1991) | **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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**Child outcomes:**

Improved attachment security

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**Other outcomes:**

Increased empathic behaviour

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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 2

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

Improved attachment security

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**Other outcomes:**

Increased empathic behaviour

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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>

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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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