

Child Parent Psychotherapy (CPP)

Target Population

CPP is appropriate for **children birth through 5 years old** that have experienced one or more traumatic events, such as: maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence and/or neighborhood violence. CPP may also be appropriate for a child who is older than five years old and has developmental delays.

Treatment Setting

This is a clinic based service.

Length/Frequency of Treatment

Sessions occur at least once per week. The average length of treatment is 12 months.

Referral Process

CPP is delivered in an outpatient setting and can be accessed by calling the providers listed in the provider directory.

Website:

<http://www.childtrauma.ucsf.edu/resources/index.aspx>

Overview

CPP targets **families with young children** who have experienced at least one traumatic event and, as a result, are experiencing mental health, attachment, and/or behavioral problems. For caregivers who have also experienced trauma, the therapist helps them understand how their own trauma affects their perceptions of, and interactions with, their child. Treatment focuses on the caregiver-child relationship as the way to restore and protect the child's mental health and sense of attachment and safety.

Core Components

- Treatment focuses on safety, affect regulation, normalization of trauma related responses, and joint construction of a trauma narrative. The following methods provide an example of how this is accomplished:

- **Safety:** a) Focus on safety issues in the environment; b) Promote safe behavior; c) Legitimize feelings while highlighting the need for safe/appropriate behavior.

- **Affect regulation:** a) Guidance on children's developmentally appropriate affect regulation; b) Support and label affective experiences; c) Foster parent's ability to respond in helpful, soothing ways to children's emotional reactions.

- **Reciprocity in Relationships:** a) Highlight parent's and child's love and understanding for each other; b) Support expression of positive and negative feelings for important people; c) Foster ability to understand the other's perspective; d) Highlight how parent and child are different and autonomous; e) Develop interventions to change maladaptive patterns of interactions.

- **Focus on the traumatic event:** a) Help parent acknowledge what child has witnessed and remembered; b) Help parent and child understand each other's reality regarding the trauma; c) Guidance on developmentally appropriate response to trauma

- **Continuity of Daily Living:** a) Foster prosocial, adaptive behavior; b) engagement in appropriate activities; c) Development of daily predictable routine.

CPP in the DBHIDS network

The Health Federation of Philadelphia (HFP) received a 5 year, \$3 million grant from the Children's Bureau to develop and lead a collaborative effort involving the City of Philadelphia's Departments of Human Services, Behavioral Health and Intellectual disAbilities Services, and the Family Division of the Philadelphia Court. Through this grant opportunity NET, CCTc, and the Health Federation received training and consultation in CPP. Currently, the Health Federation offers CPP in the context of a research study while NET and CCTc deliver CPP in their outpatient programs.