

EARLY BRAIN &
BIOLOGICAL
DEVELOPMENT:
A SCIENCE IN
SOCIETY SYMPOSIUM

CHILD-PARENT PSYCHOTHERAPY WITH TRAUMATIZED YOUNG CHILDREN

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Overview

- Trauma's impact on the child and on the relationship
- Child-Parent Psychotherapy
 - Theoretical base
 - Goals of intervention
- Empirical support



Impact of Trauma on Child-Caregiver Relationship

- Loss of sense of caregiver as reliable protector
- Loss of capacity to sustain representations of caregiver as secure base
- Disturbed mental representations of who is safe and who is dangerous
- Often intense and contradictory emotions

Impact of Trauma on Caregiver-Child Relationship

- Either partner may develop new negative attributions based on trauma experience
 - Changes to internal working models
 - Traumatic expectations
- Caregiver and child may serve as traumatic reminders for one another

Pynoos, 1997

Impact of Trauma on Caregiver-Child Relationship

- Parent may no longer view herself as protective
- Child may not experience parent as a safe or protective person
- Affect dysregulation in each partner may interfere with the development of co-regulation in the dyad
- All of these put the child's development at risk

Child-Parent Psychotherapy

- Relationship-based dyadic intervention
- Ecologically valid
- Manualized treatment
- Home or office-based
- Bilingual capability in Spanish

Multi-Theoretical

- Developmentally Informed
- Attachment
- Trauma
- Psychoanalytic
- Social Learning
- Cognitive-Behavioral
- Culturally informed



Conceptual Premises

- The attachment system is the main organizer of children's responses to danger and safety in the first five years of life
- Emotional and behavioral problems in infancy and early childhood need to be addressed in the context of primary attachment relationships

Conceptual Premises

Promoting growth in the caregiver-child relationship supports healthy development of the child long after the intervention ends



Overarching Goal: *Restore Positive Developmental Trajectory*

- Encourage focus on growth-promoting present experiences
- Restore trust in relationships
- Acknowledge the experience of trauma
- Verbalize feelings and behaviors related to the trauma
- Help child understand s/he is not to blame for trauma
- Create a joint narrative

Therapeutic Objectives

- Affect Regulation
- Understanding the meaning of behavior
- Normalization of traumatic response
- Reciprocity in relationships
- Continuity of daily living
- Trust in bodily sensations
- Differentiation between remembering and reliving

Ports of Entry

- Not determined *a priori* by theory
- Clinically chosen in the moment
- Selected because the clinician believes that this particular point of intervention will help to advance the family's goals



Ports of Entry

- Parent's or child's individual behavior
- Interactive exchanges between parent and child
- Attributions: Mental representations of self or other
- Representations of absent parent
- Child's play
- Child's or parent's perceptions of the therapeutic relationship

Preventive Intervention with Anxiously Attached Dyads

- Subjects were 100 low SES, multiply stressed, recent Latina immigrants and their 11 – 14 month old children
- Assessed at intake using modified Strange Situation
- Anxiously attached dyads randomly assigned to intervention or control group
- Second control group of securely attached dyads (Lieberman, Weston & Pawl, 1991)

Preventive Intervention with Anxiously Attached Dyads

- Intervention lasted 12 months
- Monthly contact maintained with control groups via telephone calls
- All intervention was conducted by bi-cultural, bi-lingual interveners (Lieberman, Weston & Pawl, 1991)



Preventive Intervention with Anxiously Attached Dyads

- Anxiously attached intervention group differed significantly from anxiously attached controls
 - Increases in maternal empathy and interaction with child
 - Decreases in child avoidance, resistance and anger
 - Increased goal-corrected partnership
- No differences between intervention group and securely attached controls (Lieberman, Weston & Pawl, 1991)



Intervention with Toddlers of Depressed Mothers

- Subjects were mothers and their toddlers (18 – 24 months of age, mean age at intake 20 months)
- Three groups
 - Mothers with major depression – intervention
 - Mothers with major depression – controls
 - Mothers with no history of depression – controls (Cicchetti, Toth, & Rogosh, 1999)

Intervention with Toddlers of Depressed mothers

- Intervention was child-parent psychotherapy (mean # of sessions = 46; mean length of intervention = 59 weeks)
- Outcome of interest: attachment security of toddler
- Measured using: Attachment Q Set completed by mothers at intake and when child reached 36 months (Cicchetti, Toth, & Rogosh, 1999)

Intervention with Toddlers of Depressed Mothers

- At intake: toddlers with insecure attachments
 - 44.4% of toddlers in the DI group
 - 36.1% of toddlers in the DC group
 - 13.3% of toddlers in the NC group
- After intervention
 - 25.9% in the DI group
 - 47.2% in the DC group
 - 20.0% in the NC group
 - 80% of the toddlers in the DI group classified secure at intake continued to be secure at 36 months (Cicchetti, Toth & Rogosh, 1999)

Intervention with Maltreated Preschoolers

- Subjects were children from child welfare roles (DSS and TANF)
- All children were approximately 4 years of age at baseline
- 34% of maltreated children had sustained physical or sexual abuse. The balance had sustained emotional maltreatment and/or neglect (Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002)

Intervention with Maltreated Preschoolers

- Four groups
 - Child-Parent Psychotherapy
 - Home visiting with skills training for mothers and therapeutic preschool for children
 - “Community Standard”
 - Non-maltreated controls (Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002)



Intervention with Maltreated Preschoolers

- Outcome measure for this study was a child story-telling task
- After treatment
 - CPP group: fewer negative maternal representations
 - Fewer negative self representation
 - Greater number of positive expectations of parent-child relationship (Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002)

Intervention with Maltreated Infants

- 122 children approximately 1 year old recruited from CPS identified maltreating families
- 66.4% directly experienced neglect or abuse. 33.6% were living in families where siblings had experienced neglect or abuse
- Majority (74%) of mothers were ethnic minorities
- Average family income was \$17,151 including welfare benefits
- Four groups
 - Child-Parent Psychotherapy
 - Psychoeducational Parenting Intervention
 - “Community Standard”
 - Non-maltreated controls

Cicchetti et al., 2006



Intervention with Maltreated Infants

- CPP and PPI had similar efficacy in terms of altering children's attachment classifications and were both significantly different from the comparison group
- Rate of secure attachment (pre to post)
 - CPP 3.1% to 60.7%
 - PPI 0% to 54.5%
- Similar findings for rates of disorganized attachment

Preschoolers Exposed to Domestic Violence

- NIMH manual development grant
- Participants randomized to Child-Parent Psychotherapy or Case Management plus standard community intervention
- Assessments at intake, 6 months, 12 months, and 6 months post treatment

Inclusion Criteria

- Child exposed to domestic violence
- Perpetrator of violence not living in home with mother and child
- Child age 3-6 years

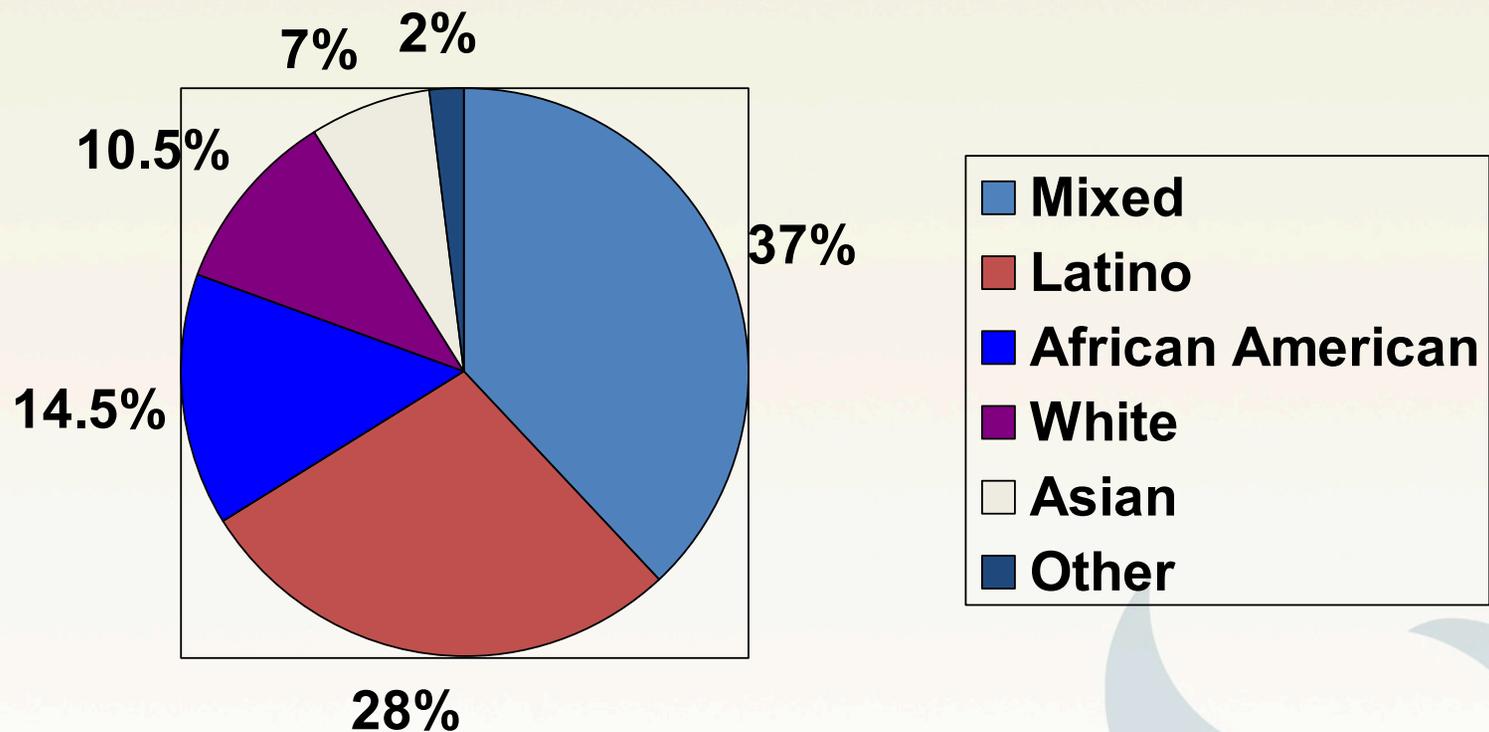
Exclusion Criteria

- Mother
 - Documented child abuse
 - Mental retardation
 - Psychosis
 - Life threatening medical illness
 - Homelessness
- Child
 - Mental retardation, autism, or pervasive developmental disorder (PDD)

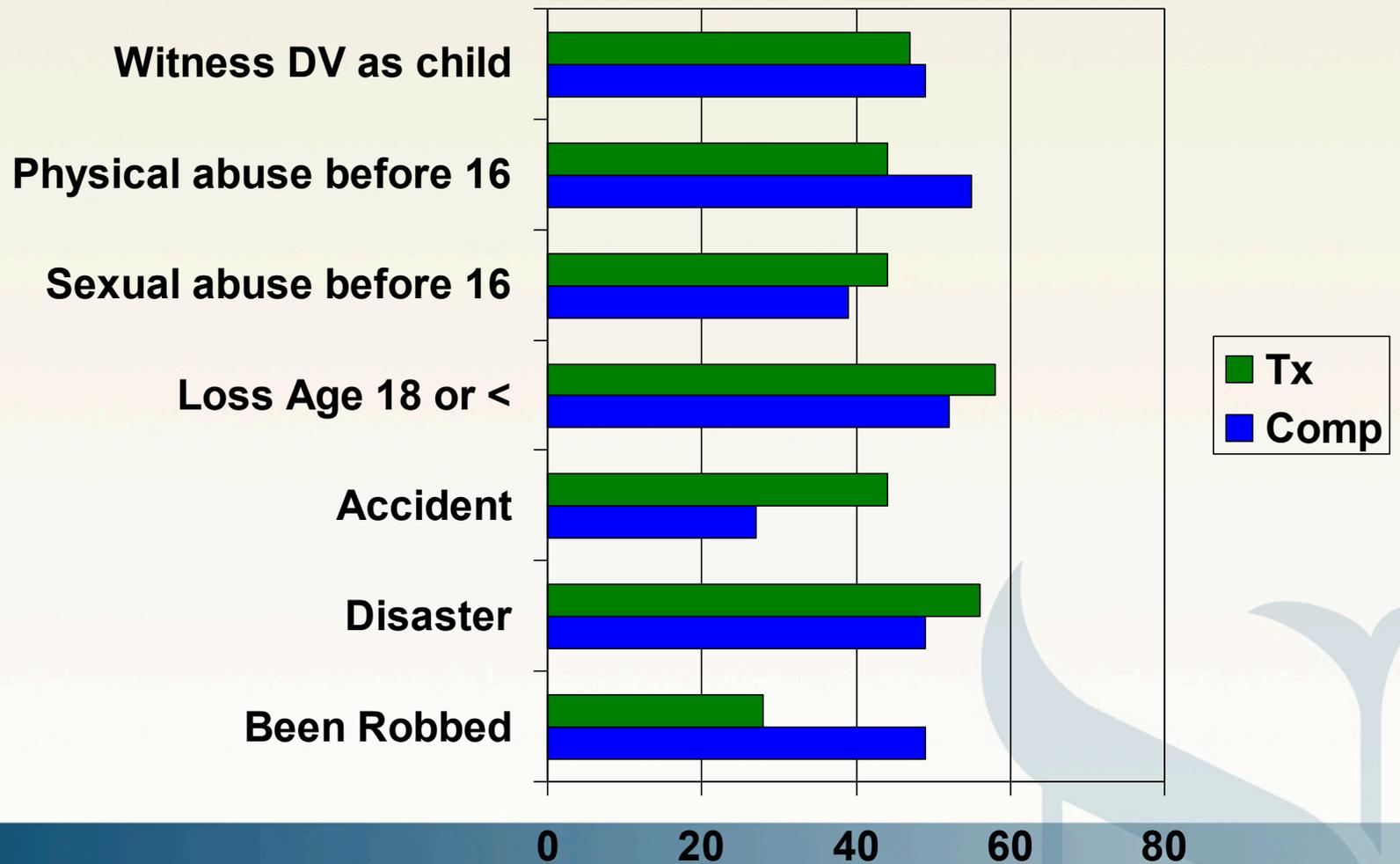
Participants:

Group	Gender		Age	
	Girls	Boys	<u>M</u>	<u>SD</u>
Treatment	26	17	4.06	.86
Comparison	13	20	4.07	.77

Ethnicity of Children



Maternal Trauma History



Attrition

- 6 drop-outs from treatment (14%)
- 4 drop-outs from comparison (12%)
- Attriters tended to be older ($t(74)=-2.01$, $p<.05$)
- No other differences on demographic or outcome variables

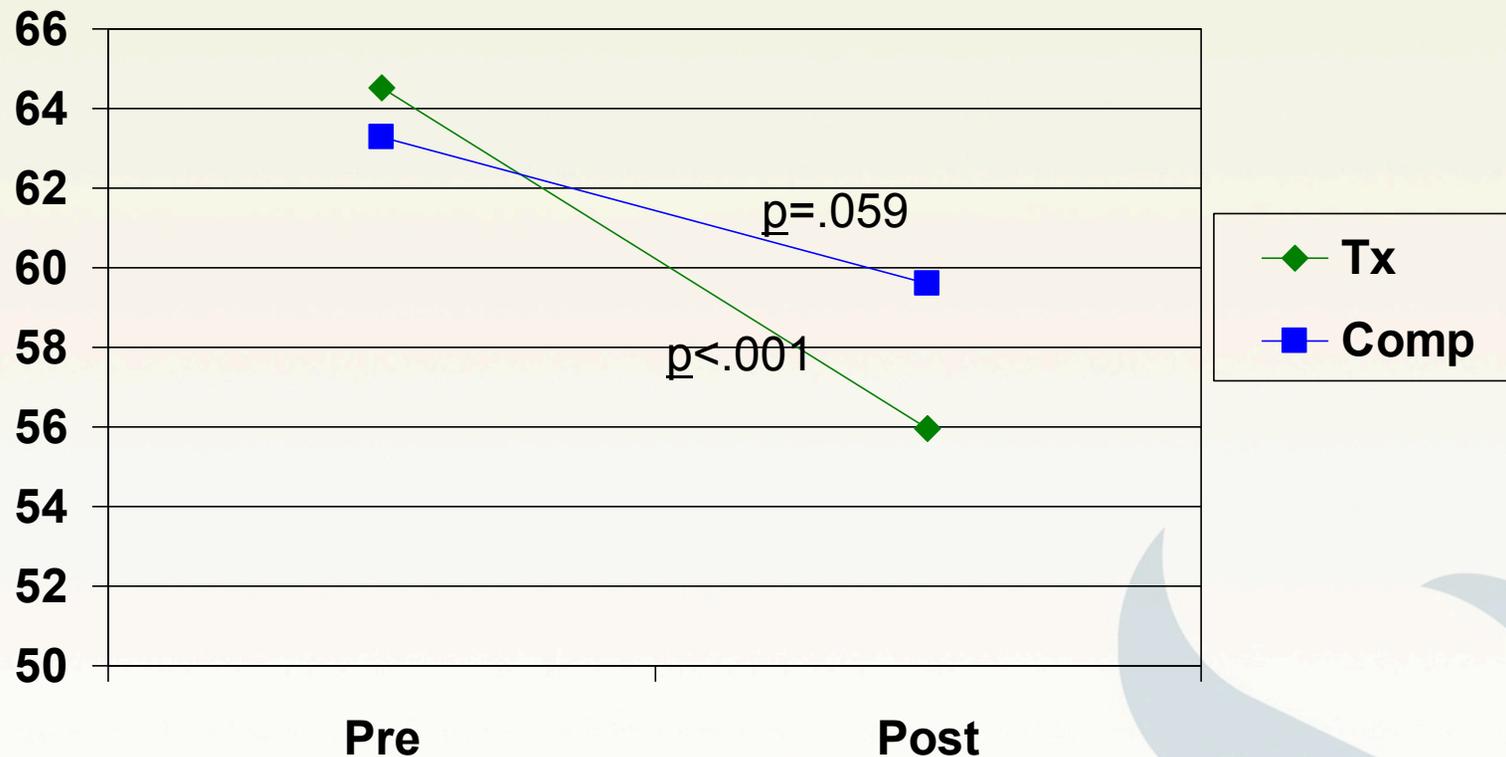
Treatment Dosage – Comparison Group

- Monthly phone support and case management from a CTRP clinician
- Treatment in the Community
 - 73% of mothers received treatment
 - 55% of children received treatment

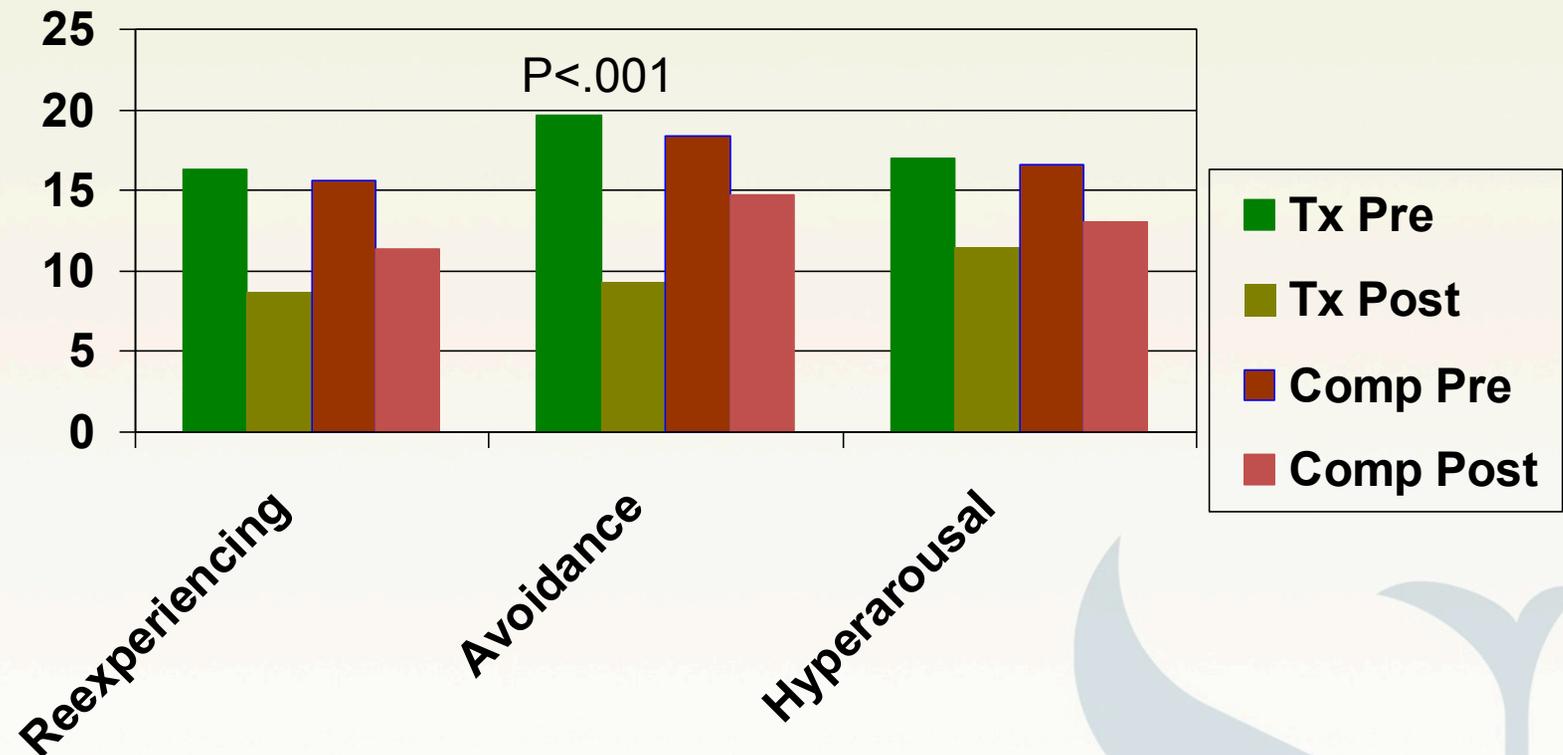
Intervening Events

- New Traumas
 - 38% treatment
 - 35% of comparison
- CPS Involvement
 - 27% treatment
 - 21% comparison
- Involvement in relationship with domestic violence
 - 8% of treatment
 - 14% comparison

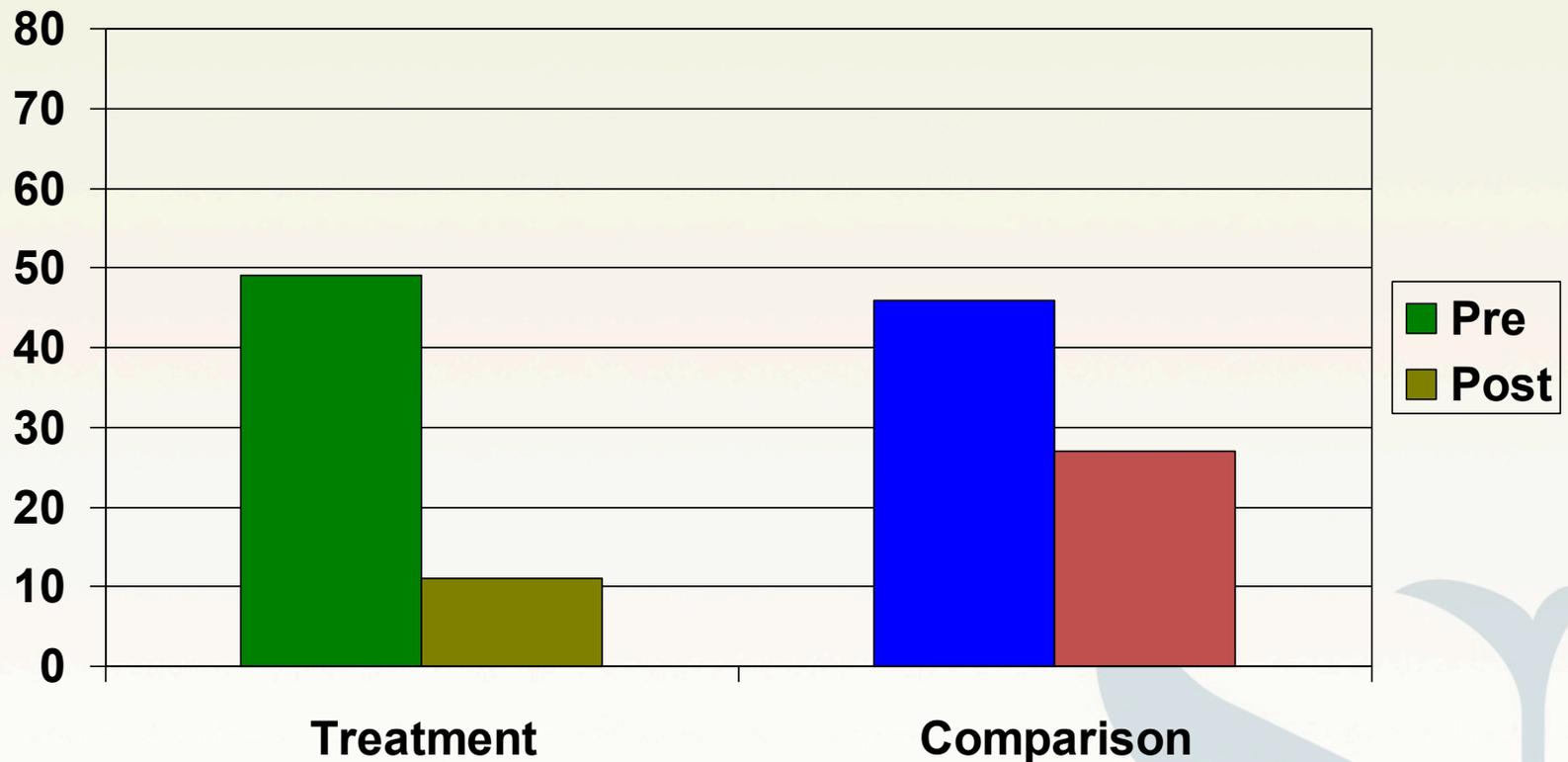
Maternal Symptomatology: Global Distress SCL-90-R



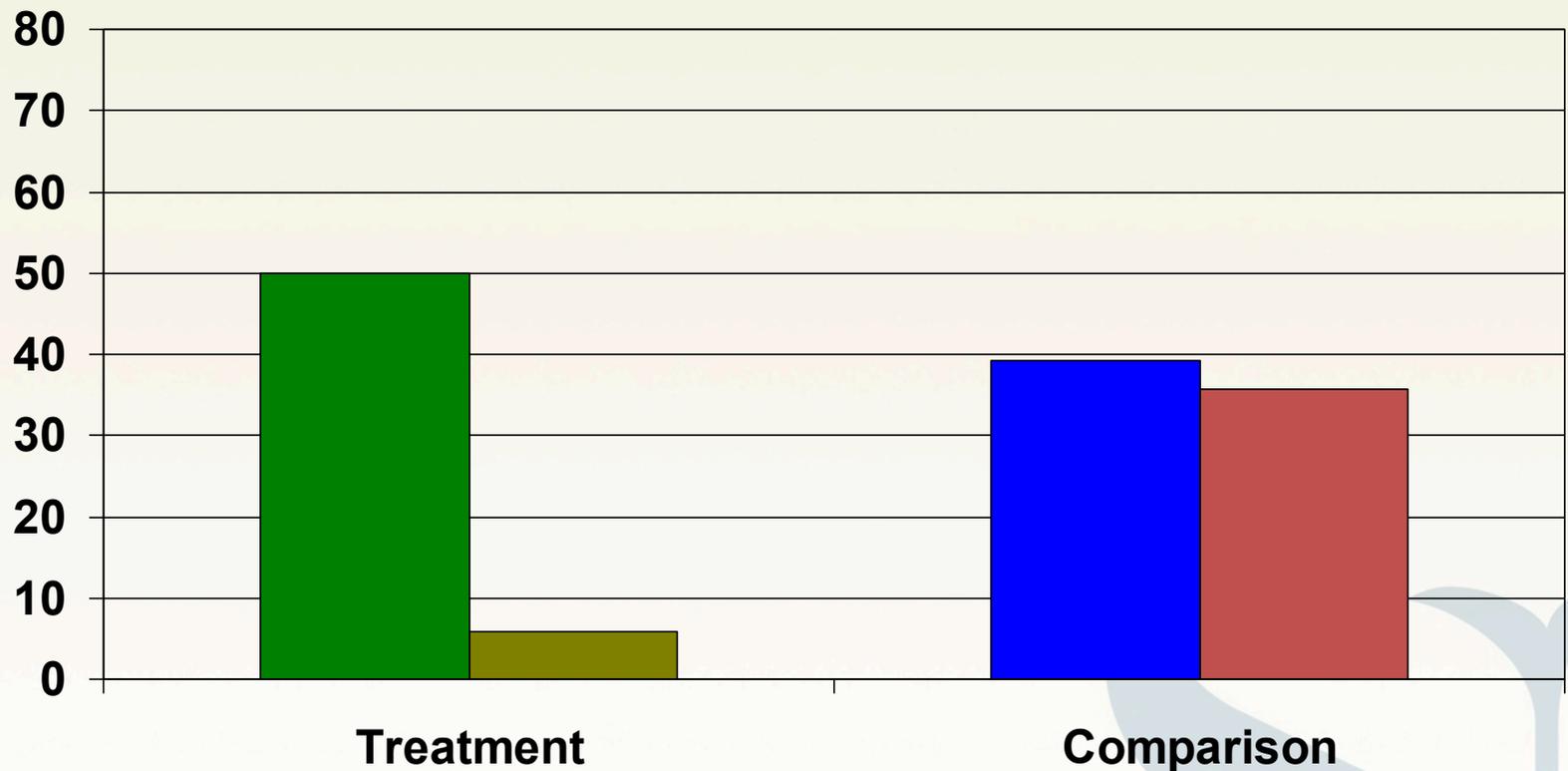
Maternal Symptomatology: PTSD (CAPS)



Maternal PTSD Diagnosis



Child Diagnosis: Traumatic Stress Disorder



Summary of Findings

- Two labs
- A range of positive findings associated with CPP
 - Increased attachment security
 - Favorable changes in children's internal representations
 - Decreased behavior problems
 - Decreased PTSD symptoms for children
 - Decreased PTSD symptoms and general distress for mothers