

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: CPP</p> <p>Average length/number of sessions: 50</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): Integrates a focus on the way the trauma has affected the parent-child relationship and the family's connection to their culture and cultural beliefs, spirituality, intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices, and traditional cultural values.</p> <p>Trauma type (primary): Domestic violence</p> <p>Trauma type (secondary): Maltreatment</p> <p>Additional descriptors (not included above): Dyadic attachment-based treatment for young children exposed to interpersonal violence.</p>
<p>Target Population</p>	<p>Age range: (lower limit) 0 to (upper limit) 6</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): Latino (Mexican, Central and South American) from a wide range of acculturation levels including recent immigrants and African-Americans</p> <p>Other cultural characteristics (e.g., SES, religion): Wide range of acculturation, parents with chronic trauma, children who have experienced multiple traumas, wide income range although predominantly lower-income</p> <p>Language(s): English, Spanish</p> <p>Region (e.g., rural, urban): Urban</p> <p>Other characteristics (not included above): Has also been used with Whites, Asians, and Native Americans</p>
<p>Essential Components</p>	<p>Theoretical basis: Based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories.</p> <p>Key components: Focus on safety, affect regulation, improving the child-caregiver relationship, normalization of trauma related response, joint construction of a trauma narrative, with the goal of returning the child to a normal developmental trajectory</p>

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<p>Clinical & Anecdotal Evidence</p>	<p>Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 4</p> <p>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Lieberman, Van Horn & Ghosh Ippen, 2005; 2006</p> <p>Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Academy of Child and Adolescent Psychiatry (AACAP): Lieberman, 2005 NCTSN All-Network Meeting: Lieberman & Ghosh Ippen, 2006</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: The citation for the treatment manual is: Lieberman & Van Horn, 2005 Guidelines for the treatment of Childhood Traumatic Grief using CPP have also been published: Lieberman, Compton, Van Horn & Ghosh Ippen, 2003</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other clinical and/or anecdotal evidence (not included above): The treatment has been conducted and studied by an independent research team. Randomized trials conducted by this team are cited below.</p> <p>Cicchetti, Rogosch, & Toth, 2006; Toth, Rogosch, & Cicchetti, 2006; Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002; Cicchetti, Rogosch, & Toth, 2000; Cicchetti, Toth, & Rogosch, 1999</p> <p>In an independent research study (Weiner, Schneider, & Lyons, 2009), CPP was found to be equally effective across racial groups.</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Published Case Studies</p>	<p>Lewis & Ghosh Ippen, 2004; Van Horn & Lieberman, 2006</p>	

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<p>Randomized Controlled Trials</p>	<p>N=75 By gender: 48% boys; 52% girls</p>	<p>Lieberman, Van Horn & Ghosh Ippen, 2005; 2006 (Please see notes below for description of other randomized trials).</p>
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Randomized Controlled Trials continued</p>	<p>By ethnicity: 37% mixed ethnicity (predominantly Latino/Caucasian), 28% Latino, 14.5% African American, 10.5% White, 7% Asian, and 2% of another ethnicity</p>	
<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any? Assessment measures vary by study and include:</p> <ul style="list-style-type: none"> • Child trauma symptoms (Trauma Symptom Checklist for Young Children, Posttraumatic Stress Disorder Semi-structured Interview and Observational Record) • Child trauma exposure (Traumatic Events Screening Inventory) • Child symptoms (CBCL 1 ½ - 5) • Child developmental functioning (Ages and Stages Questionnaire, WPPSI-III) • Caregiver trauma history (Life Stressors Checklist–Revised) • Caregiver trauma symptoms (Davidson Trauma Scale or Clinician Administered PTSD Scale, Trauma Related Dissociation Scale) • Caregiver other symptoms (SCL-90-R, Beck Depression Inventory, Beck Anxiety Inventory) • Parent child relationship (Parenting Stress Index–Short Form; Crowell Observation Procedures) <p>If research studies have been conducted, what were the outcomes? There have been three randomized control trials of CPP with trauma-exposed children. These trials are summarized below. In addition, four published studies provide support for the efficacy of relationship-based models with at risk samples, including anxiously attached dyads (Lieberman et al., 1991) and children of depressed mothers (Cicchetti et al., 2000; Cicchetti et al., 1999; Toth et al., 2008). The Lieberman et al. (1991) study involved a sample of low-income Spanish speaking women and their babies.</p>	

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<p>Outcomes continued</p>	<ul style="list-style-type: none"> Lieberman, Van Horn, & Ghosh Ippen (2005) conducted a randomized controlled trial of CPP for children referred because they had witnessed domestic violence. Ethnicity of children is reported in the table above. At posttreatment, CPP children showed significantly greater reductions in total behavior problems ($d=.24$) and traumatic stress symptoms ($d=.64$). CPP mothers showed significantly greater reductions in avoidant symptomatology ($d=.50$). Results from the 6-month follow up, suggest that improvements in children’s behavior problems ($d=.41$) and in maternal symptoms ($d=.38$) continue after treatment ends (Lieberman, Ghosh Ippen & Van Horn, 2006). A reanalysis of these data showed that CPP children with four or more traumatic or stressful life events showed significantly greater improvements in PTSD and depression symptoms, PTSD diagnosis, number of co-occurring diagnoses, and behavior problems. The mothers of these same children showed greater reductions in symptoms of PTSD and depression, as well (Ghosh Ippen, Harris, Van Horn & Lieberman, 2011). Toth et al. (2002) examined the efficacy of CPP to alter preschoolers’ representations of their mothers and themselves. They reasoned that these representations, also known as schema or internal working models, represent an important outcome as they form the basis of children’s future relationship expectations. Maltreated preschoolers are likely to have negative models of relationships and to generalize them to others. The study included 112 maltreated preschoolers of whom 76.2% were reportedly ethnic minorities. Abuse types included physical abuse, sexual abuse, emotional maltreatment, and neglect, with 60% of children experiencing more than one form of maltreatment. Multiple findings suggest that the CPP intervention was more effective in improving representations of self and caregivers. Cicchetti et al. (2006) conducted a study designed to examine the relative efficacy of a relationship-based versus a behavioral intervention in changing maltreated children’s attachment classification. Participants included 137 12-month infants and their mothers. Of the mothers, 74.1% were reported to be ethnic minorities. Results indicate significantly greater change in attachment classification when compared to community standard treatment.
<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? No material requirements</p> <p>Supervision requirements (e.g., review of taped sessions)? Process notes and/or taped sessions</p> <p>To ensure successful implementation, support should be obtained from: Child’s parents</p>

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<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. The citation for the treatment manual is: Lieberman & Van Horn, 2005</p> <p>Guidelines for the treatment of Childhood Traumatic Grief using CPP have also been published: Lieberman, Compton, Van Horn & Ghosh Ippen, 2003</p> <p>How/where is training obtained? Training depends on the needs of the participants. Training includes boosters and supervision (weekly, monthly or bimonthly).</p> <p>What is the cost of training? \$2000-\$3500/day</p> <p>Are intervention materials (handouts) available in other languages?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what languages? Spanish (assessment tools are available in Spanish)</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? This is one of the few empirically validated treatments for children under the age of 6. In addition, it is one of the few empirically validated treatments that is routinely conducted with ethnic minorities. The treatment is flexible and allows for incorporation of a discussion of cultural values and culture-related experiences. The treatment appears to be well accepted by clinicians.</p> <p>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? The treatment length is long compared to other treatments. Because of the nuances of working with young children, and the need for a flexible approach with this age group, the treatment is somewhat more difficult to learn than treatments that are manualized with a session by session approach.</p>
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References

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