



# Understanding Child-Parent Psychotherapy (CPP) Intervention

NH CPP Provider Network

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You Have Our Trust



NEW  
HAMPSHIRE  
CHILDREN'S  
HEALTH  
FOUNDATION

# The Need for CPP

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# The Youngest Children Are The Most Vulnerable To Maltreatment

More than one quarter (28.6%) of victims are between birth and two years

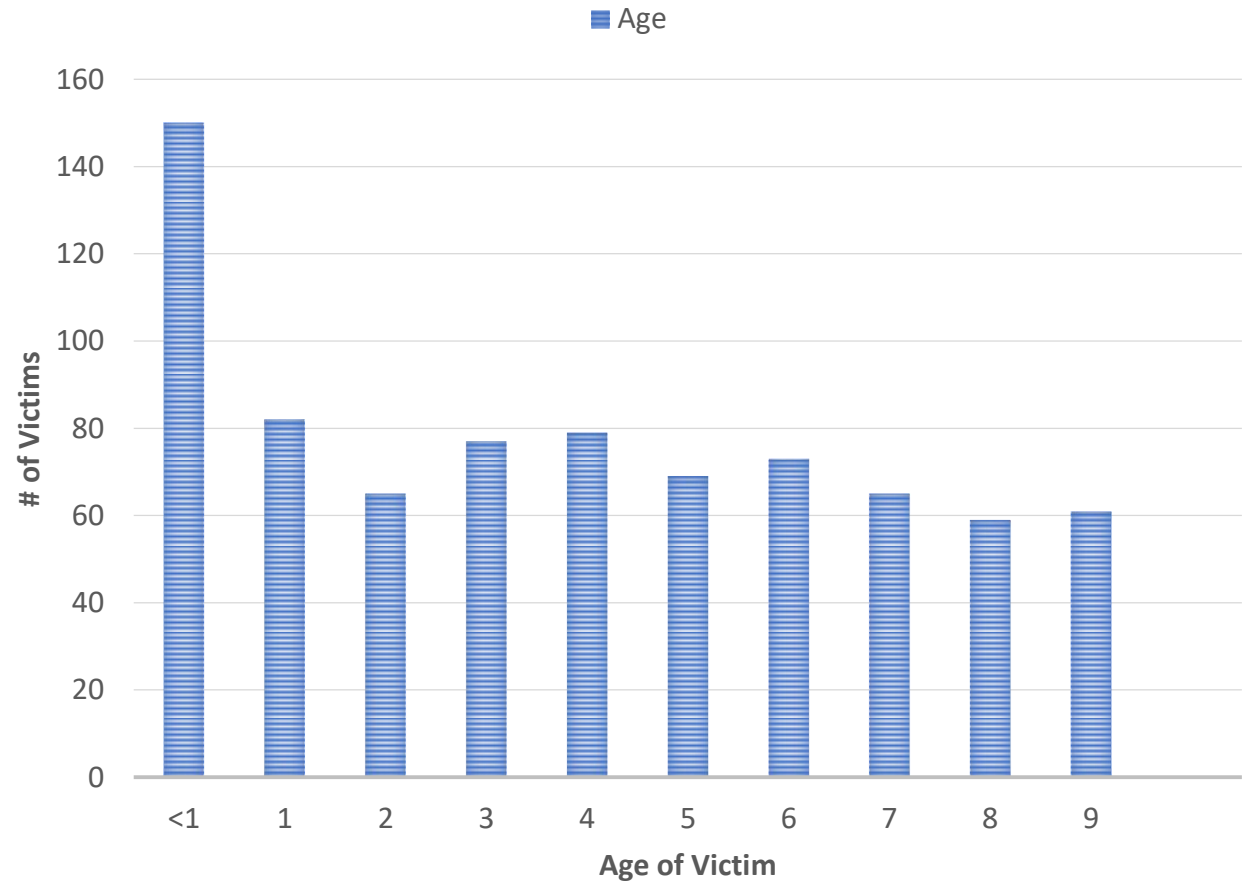
Children younger than one year make up 15.2% of all victims

The victimization rate is highest for children younger than one year old

Children who are 2 or 3 years old have victimization rates of 10.4 and 9.7 victims per 1,000 children

In general, the rate of victimization decreases with the child's age

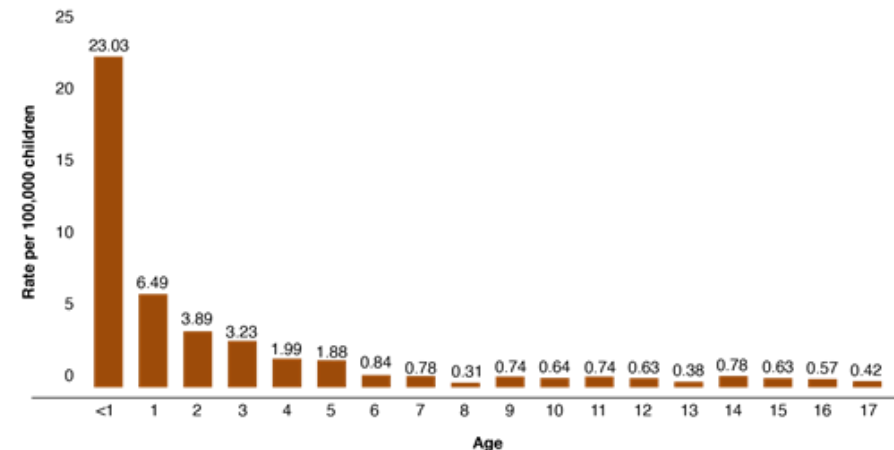
## NH CHILD MALTREATMENT VICTIMS BY AGE



# Younger Children Are The Most Vulnerable To Death As The Result of Child Abuse And Neglect

(NCANDS 2020)

- 68% of all child fatalities are younger than 3 years old
- Close to one-half (46%) of child fatalities are younger than 1 year old
- Children under one year old die at a rate of 3.6 times the rate of children who were one year old



# NH Infants with Prenatal Substance Exposure

(NCANDS 2020)

- There were 76 infants in NH identified with PSE
- 0 Screened-in infants with PSE with “Plan of Safe Care”
  - Plan of safe care: A plan developed as described in CAPTA sections 106(b)(2)(B)(iii) for infants born and identified as being affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The state plan requirement at 106(b)(2)(B)(iii) requires that a plan of safe care address the health and substance use disorder treatment needs of the infant and affected family or caregiver.
- 0 Screened-in infants with PSE who have a “referral to appropriate services”
  - ■ Referral to appropriate services—This field indicates whether the infant with prenatal substance exposure has a referral to appropriate services, including services for the affected family or caregiver. According to Administration for Children and Families, the definition of “appropriate services” is determined by each state.



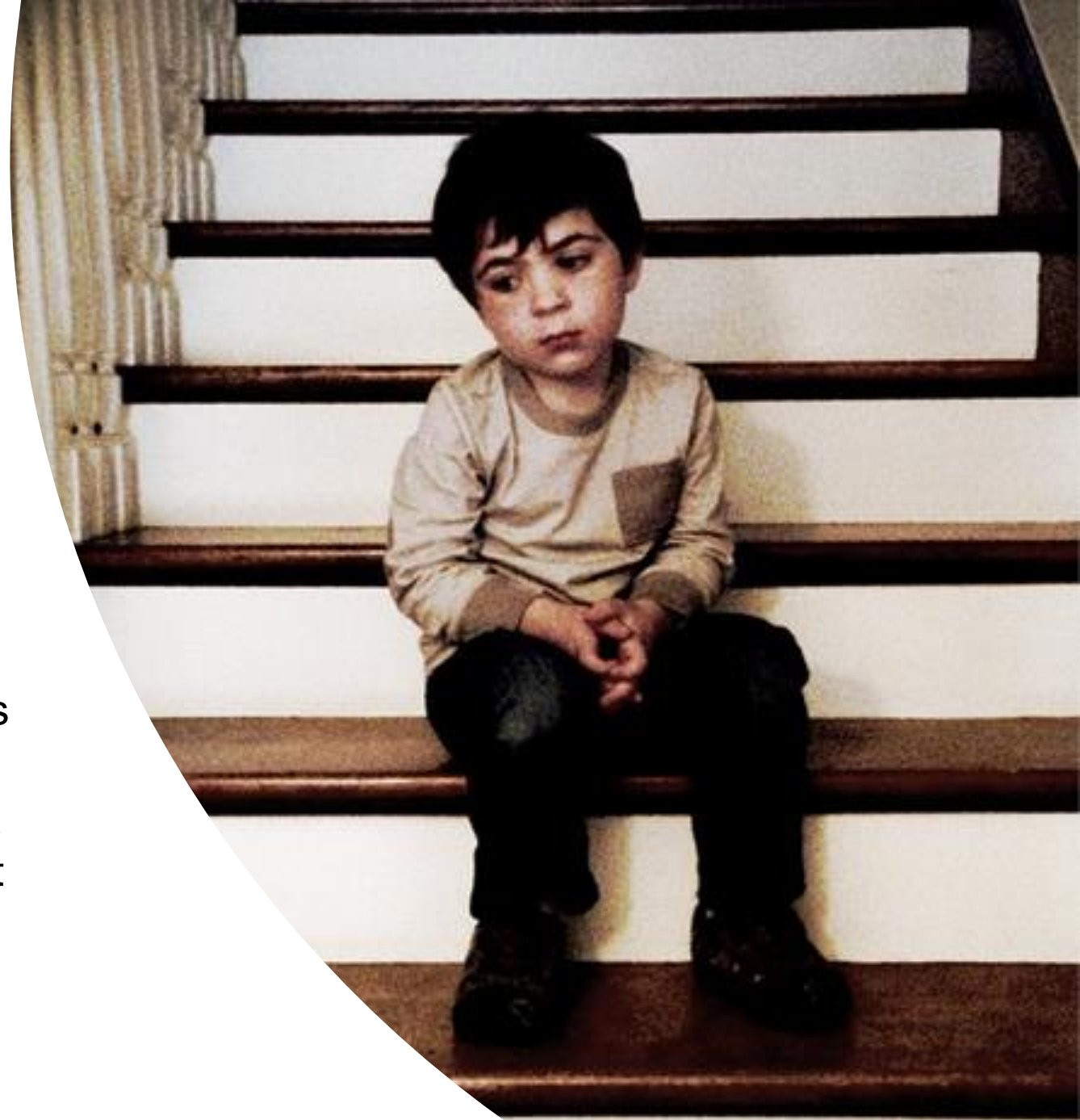
## Child Exposure to Violence

- Prior to age 4 years about a quarter of all children in the U.S. will experience a traumatic event (National Center for Mental Health Promotion and Youth Violence Prevention, 2012)
- 1 in 6 children receive a psychiatric diagnosis between the ages of 2-5 years (Duke Early Childhood Study: Egger, 2016)
- For youth in juvenile detention, the average number of traumatic exposures is 14 (Abram et al., 2004)

# Young Children and Mental Illness

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- Contrary to typical views, young children CAN suffer from mental health problems
  - **1 out of 7 U.S. children aged 2 to 8 years have a diagnosed mental, behavioral, or developmental disorder** (National Survey of Children's Health, 2012)
- Addressing mental health problems early is key to prevent disrupted brain development and hindered capacity to learn and grow



Early Mental Health  
Intervention is  
Critical

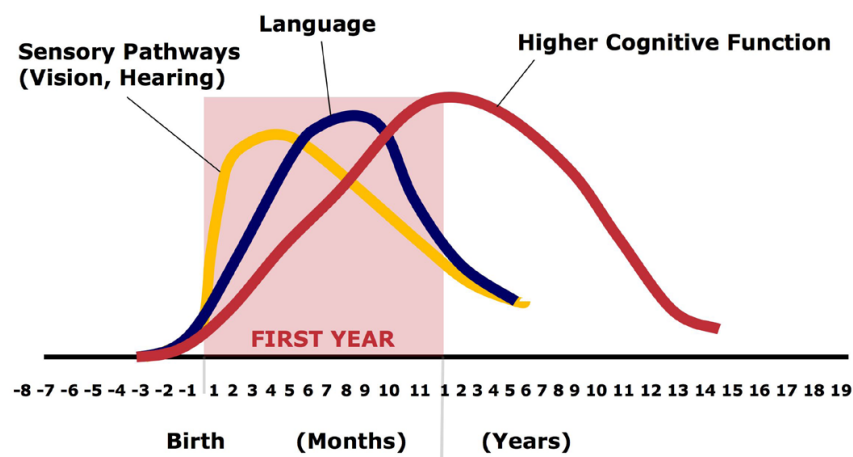




# What We KNOW About Early Childhood

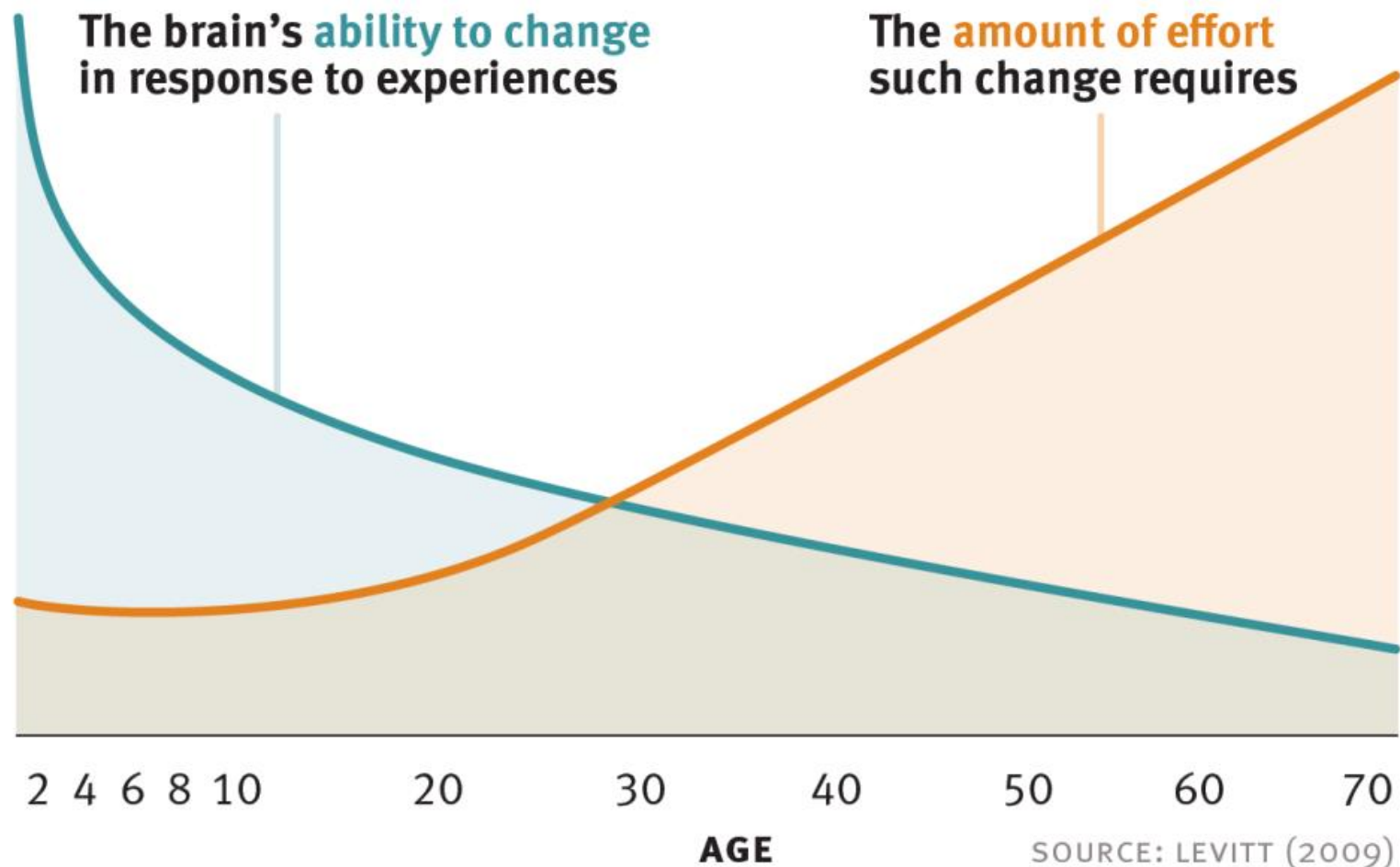


## Human Brain Development Neural Connections for Different Functions Develop Sequentially



Source: C.A. Nelson (2000)

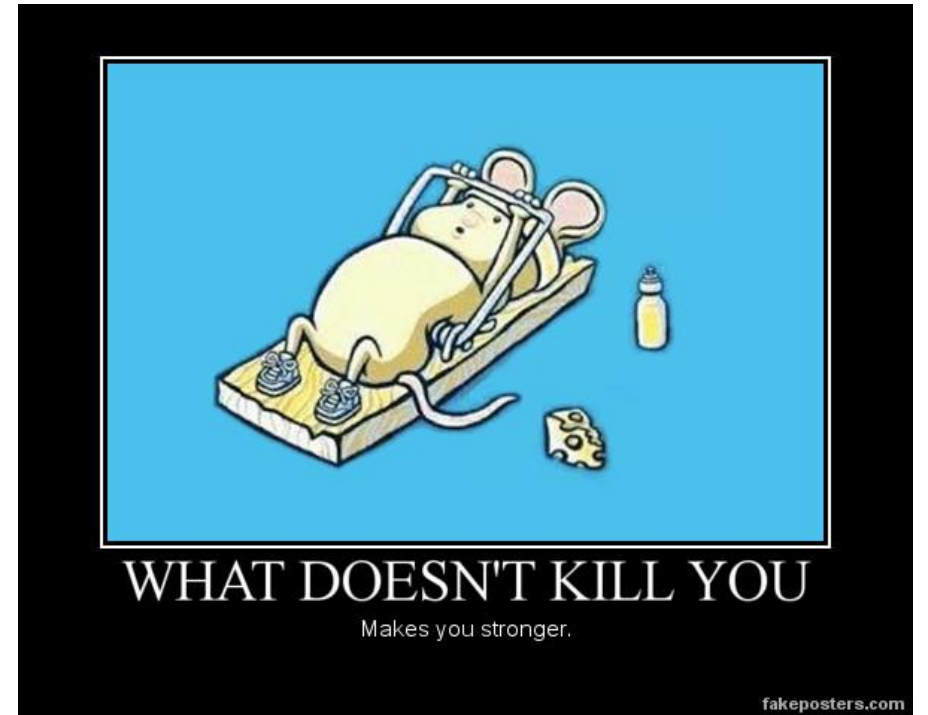
- Every second more than a million new neural connections are created during the first few years of life
- Both genes and the baby's experiences form these connections
- Built through serve and return interactions
- These connections form the "brain architecture – the foundation upon which all later learning, behavior, and health depend."



SOURCE: LEVITT (2009)

# What We Believed About Young Children

- Young children are resilient
- Adversity makes you stronger
- The child won't remember what happened
- It might be distressing or re-traumatizing to bring it up



# Speaking the Unspeakable



- Contrary to common belief, talking about trauma can be healing in itself without any other intervention
- Research indicates that people experience minimal to moderate distress when talking about trauma, while also reporting that the BENEFIT they would rate as moderate to high
- For individuals, avoiding talking about trauma leaves experiences implicit, unknown, and uncontrollable
- In families and systems, avoiding talking about trauma diminishes awareness of trauma and its impacts and allows for the multigeneration transmission of such experiences

# Why Talk About Trauma?

- It helps with healing
- Reduces shame
- Normalizes behavior
- Changes the perceptions and behaviors of others
- You might be the only one who asks
- It can change brains!



WHY? why? why? why? WHY?

Adversity/Trauma

Relationships



Adversity & Relationships

A close-up photograph of a brass key inserted into a lock. The key is positioned horizontally, with its bit end on the right, partially inside the lock. A bright, warm light shines through the keyhole, creating a strong glow and a lens flare effect. The background is dark and out of focus, emphasizing the key and the light. The text "Key Features of CPP" is overlaid in white, centered on the image.

# Key Features of CPP

# CPP is an Evidence-Based Intervention

- Five randomized control trials (RCTs)
- CPP is demonstrated to be effective with:
  1. Preschoolers exposed to domestic violence
  2. Maltreated preschoolers
  3. Infants from families with a history of maltreatment
  4. Anxiously attached infants of Latina immigrant moms
  5. Toddlers with depressed moms





# CPP is an Evidence-Based Practice (EBP)



- Together the findings studies show:
  - CPP is effective across cultural backgrounds and with complex trauma
  - Both members of the dyad (caregivers and child) are impacted
  - The improvements span a range of measures from biological to behavior, from internal working models and representations to attachment security
  - Clinicians trained in CPP also report positive changes in how they practice



# Child-Parent Psychotherapy (CPP)

CPP is an evidence-based, trauma-focused, dyadic, relationship-based treatment for infants, toddlers, and young children under six years old and their caregivers.

Because CPP focuses on trauma and the caregiver-child relationship, it is ideal/the treatment of choice for young children involved with child welfare.

CPP supports the child's return to a normal developmental trajectory by healing the relationship and reestablishing a sense of safety and trust within the caregiver-child relationship.



# Past, Present and Future

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CPP explores the impact of multigenerational, cultural and historical trauma with the intention of understanding what has happened to a child and the family.

# Caregivers are Key

- Caregivers, the most important people in children's lives, are central to CPP.
- When difficult things happen, young children need parents and caregivers to help them feel calm, to make sense of what happened, and to restore the protective shield.



# Importance of Healthy Attachments with Primary Caregivers

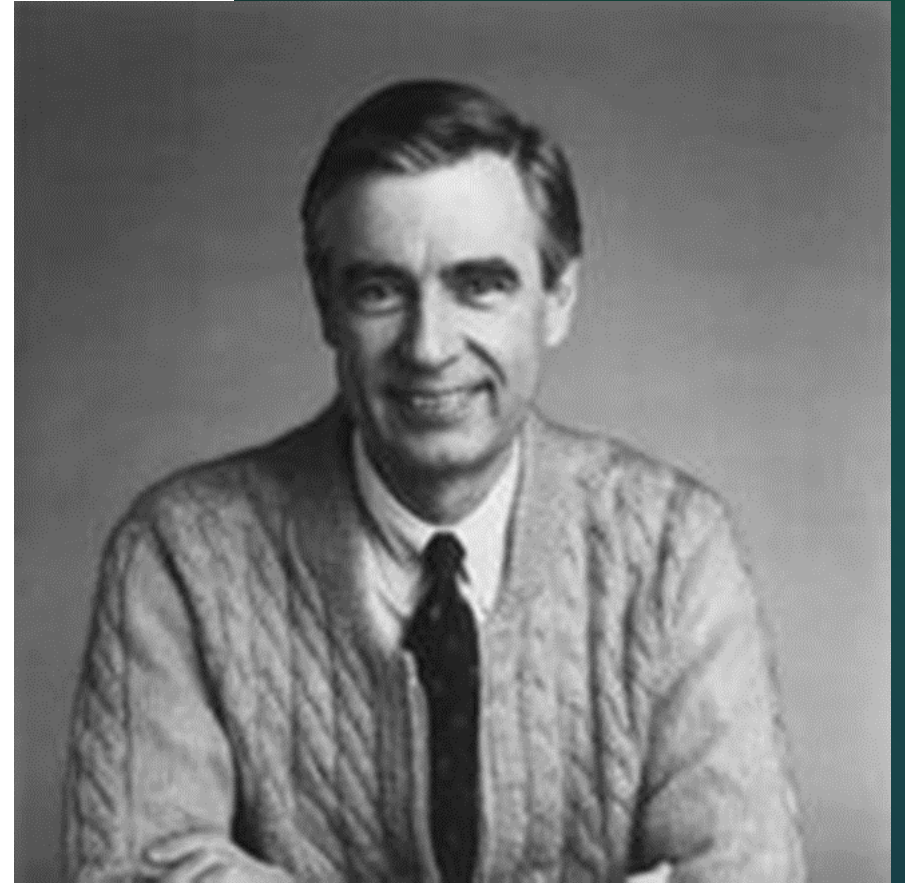


- Our safety as young beings is dependent upon our caregivers' ability to make us feel safe
- We feel safe when our caregivers accurately read our cues and meet our needs for regulation
- A caregiver's ability to provide a sense of safety for children—to observe, mirror, and co-regulate for them—is reliant upon their own brain development (and caregiving history)

# Opening the Door to Speaking the Unspeakable

- “Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.”

— Fred Rogers



# Basic Elements of the CPP Model

- Caregiver only foundational phase for screeners and relationship-building
- Caregiver-child play therapy sessions
- Caregiver-only reflection sessions (collaterals) to process treatment experience
- Closing phase to promote sustainability of progress

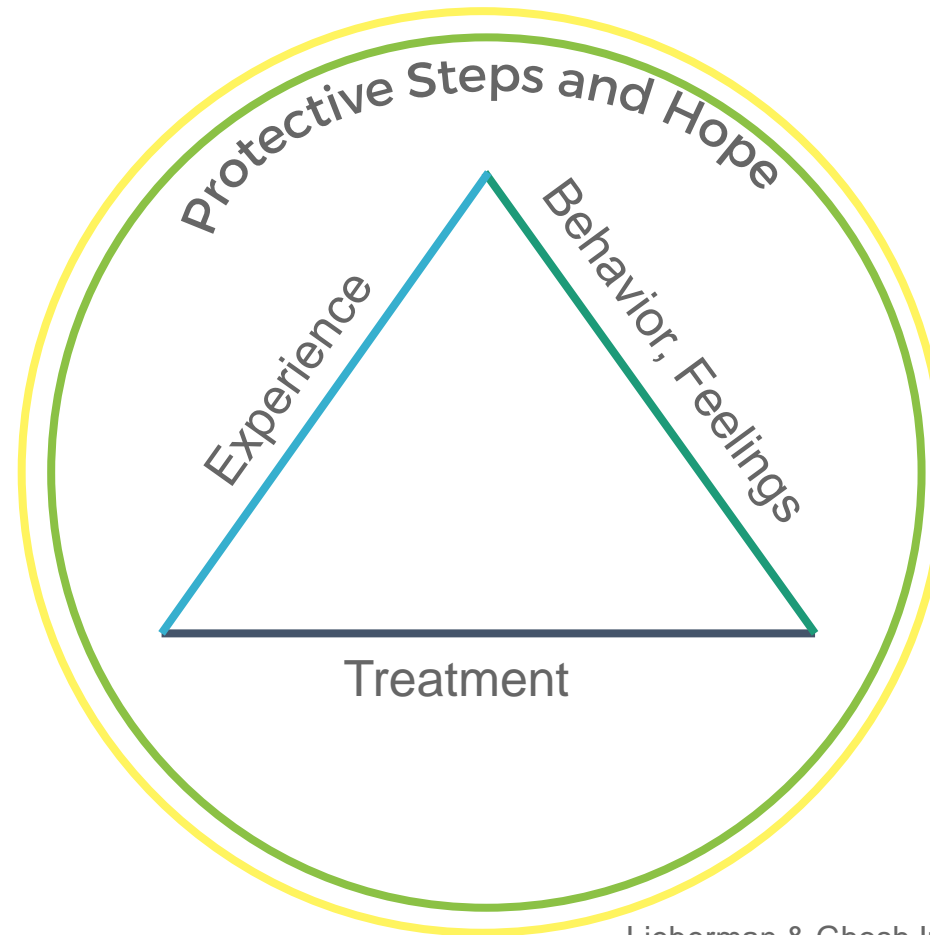
\*Average length of treatment is 50 sessions

# CPP: Triangle of Explanations

Protective Steps  
Highlight when caregiver  
tried to help or created  
safety

Experience

- You saw . . .
- You heard . . .



Hope  
Things can change for the  
better

Behavior, Feelings  
And now you . . .

Treatment  
This is a place where . . .

Lieberman & Ghosh Ippen 2014



# The NH CPP Provider Network

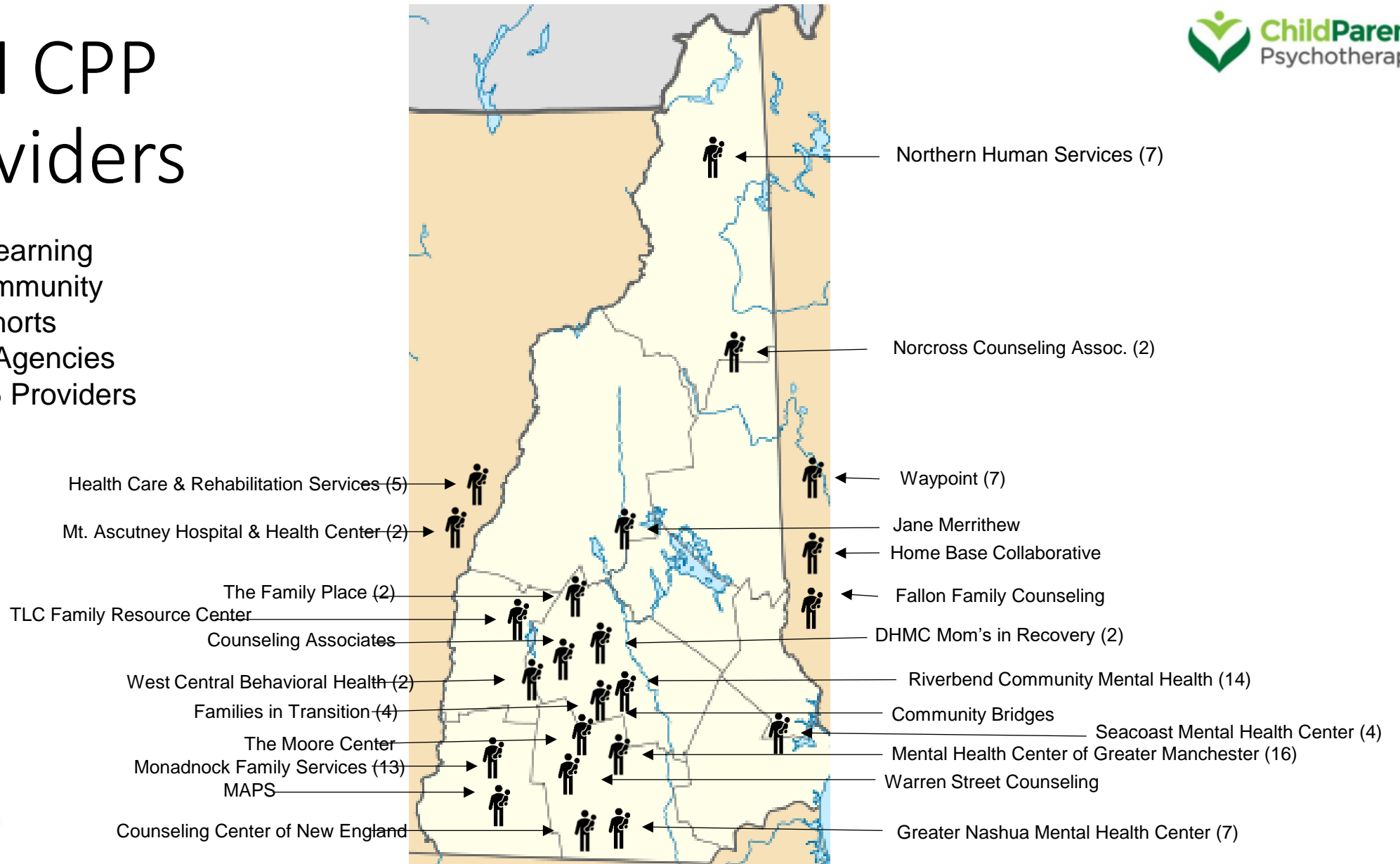
The CPP Network is a thriving, reflective, committed group of clinicians that work together to increase accessibility & fidelity to CPP, & to support each other in working toward healing the impacts of multigenerational trauma and systemic oppression.

*How you are is as important as what you do*



# NH CPP Providers

- 7 Learning Community Cohorts
- 42 Agencies
- 125 Providers





## Our Providers

- 125 Clinicians Practicing
- All 10 Community Mental Health Centers
- ISO/HBT Providers (DCYF contracted providers)
- Family Resource Centers/Early Supports and Services
- Medical Settings/FQHCs
- SUD Treatment
- Private Practitioners

# CPP Clients Served (2017-2022)

A total of 686 clients (dyads)

Average age of 4.7 years

- Youngest = 1 month of age
- Oldest = 8.5 years of age

Gender about equal

- Females = 329
- Males = 355

# CPP Referral Facilitation

- CPP Provider Network Manager: Jennifer Comeau, LICSW, rostered CPP clinician
- Initiated “facilitated referral process” for CPP
- Database of CPP Provider Network intake procedures
- CPP Supervisor contacts at agencies
- Purposes:
  - Improve cross-system collaboration
  - Increase access to CPP
  - Enhance engagement
  - Improve continuity of care (CPP)



# Finding A CPP Provider

## The NH CPP Provider Network

[www.nhchildparentpsychotherapy.com](http://www.nhchildparentpsychotherapy.com)

[www.centerfortraumaresponsivepracticechange.com](http://www.centerfortraumaresponsivepracticechange.com)

## National CPP Provider Roster

[www.childparentpsychotherapy.com](http://www.childparentpsychotherapy.com)

