PRACTICE GUIDE:

The child–parent psychotherapy model in an Australian setting

ANROWS

This resource is a guide designed for policymakers and practitioners on the child–parent psychotherapy model, capturing the key insights from the ANROWS-funded research report *RECOVER – Reconnecting mothers and children after family violence: The child–parent psychotherapy model*.

The child–parent psychotherapy model

Child–parent psychotherapy (CPP) is an evidence-based intervention designed for parents and pre-school-aged children who have experienced trauma, including intimate partner violence (IPV). In this project, it brings children and mothers together in a single therapeutic setting and considers the mother–child relationship as central to a child's recovery and ongoing safety (Hagan et al., 2017; Lieberman et al., 2015).

Foundation phase

Treatment goals and plans are co-created using the CPP "Triangle of Explanations" (Figure 1), which links past trauma experiences. The triangle is developed with the mother and then, with her permission, communicated in an age-appropriate manner to the child directly.

The program logic model (Figure 2) outlines the problem, the consequences of the IPV on victims and survivors and associated factors, the impact of CPP intervention, and the proposed change expected for the mother and child.

Figure 1: The CPP Triangle of Explanations

An example of a triangle of explanation communicated to the child might be:

You saw mummy and daddy fighting. Daddy hurt mummy, and then he was gone [trauma/experience]. Since then, you can't sleep at night and don't want to leave mummy's side [behaviour]. You've been missing daddy while he is getting help with his angry feelings. And worried that you and your mummy will be safe and okay. Mummy and I will meet with you each week to talk and play to help you with big feelings so you can feel better inside [treatment plan].

Suggested citation

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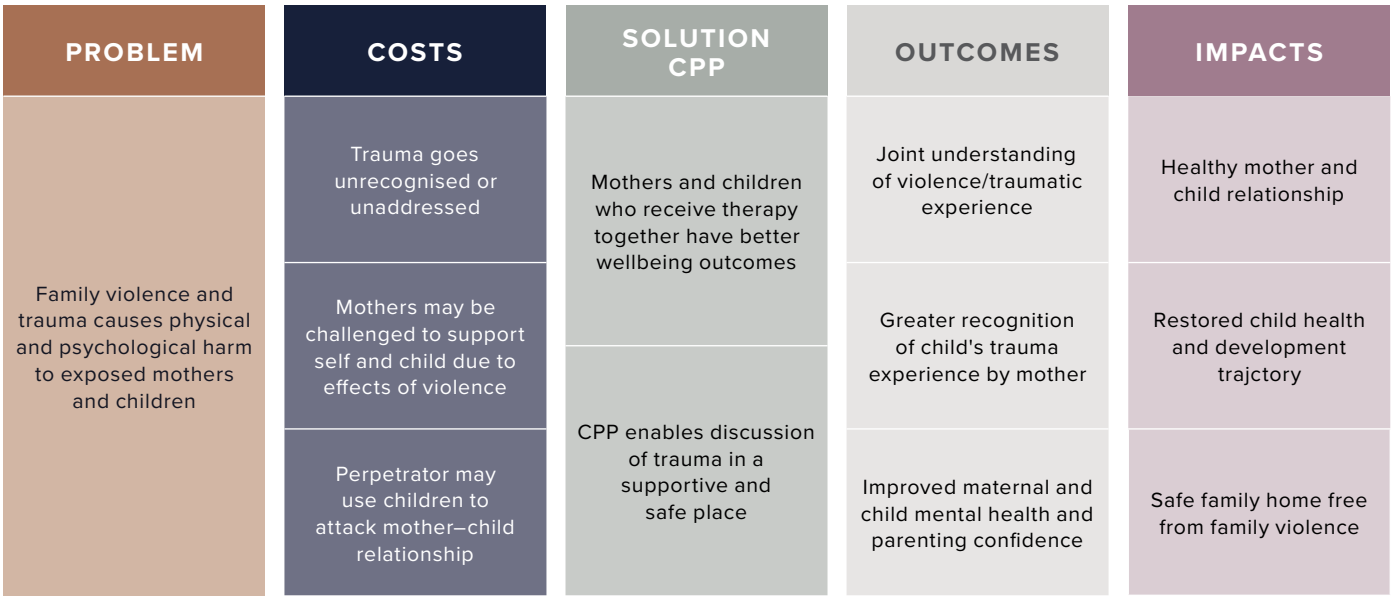
Figure 2: CPP Program Logic Model[a]



[a]Adapted from the United Kingdom's Domestic Abuse, Recovering Together (DART) program (Smith, 2016)

Core phase

The CPP model includes the following activities:

- Sessions with mother and child, as well as mother alone.
- Mothers' trauma response is normalised and information about normal toddler development provided; exacerbating external stressors, like housing or court demands, are considered.
- Therapist and mother work together to develop alternative ways to respond to child's feelings.
- The child's relationship with the parent using violence is honoured, understanding that children develop their sense of themselves through relationships with caregivers.
- Risk and safety are continually monitored and treatment, referral and advocacy are provided as needed.

Termination phase

Through CPP, children and mothers become more active in shaping their therapeutic narrative. As the relationship is repaired, the triangle changes, the trauma story recedes, and more hopeful and benevolent moments are built. The therapist's role becomes less active and eventually redundant. The mother's and child's recovery journey is honoured and therapy can safely end.

References

Hagan, M. J., Browne, D. T., Sulik, M., Ghosh Ippen, C., Bush, N., & Lieberman, A. F. (2017). Parent and child trauma symptoms during child–parent psychotherapy: A prospective cohort study of dyadic change. *Journal of Traumatic Stress, 30*(6), 690–697. https://doi.org/10.1002/ jts.22240

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Lieberman, A. F., Ghosh Ippen, C., & Van Horn, P. (2015). *Don't hit my mommy!: A manual for child–parent psychotherapy with young children exposed to violence and other trauma.* ZERO TO THREE.

RECOVER – Reconnecting mothers and children after family violence: The child–parent psychotherapy model

The study, *RECOVER – Reconnecting mothers and children after family violence: The child–parent psychotherapy model*, examined the effectiveness of CPP programs designed for young children and their mothers affected by IPV.

CPP is an evidence-based model that can be applied across Australia to provide early intervention pathways to prevent the long-term effects of IPV on families and developing children.

Key findings from the study

- The small-scale pilot was promising, finding CPP to be acceptable to families and therapists, and feasible in the Australian context.
- Positive outcomes for mothers and children were reported, including increased parental warmth and improved child emotions and behaviours. Women also experienced less IPV post-intervention.
- Clinicians who adhered most to the model were better able to build relationships with mother and child victims and survivors and convey a sense of hope.

Implications for policy and practice

CPP is an evidence-based model which this pilot evaluation has found practicable in the Australian setting. For CPP programs to work in a broader Australian context:

- Programs need to be located with established family violence system partnerships.
- Services need to have capacity to prioritise and deliver trauma- and violence-informed child mental health and wellbeing care for very young children (i.e. under 5 years).
- Services need to have strong clinical governance structures.
- Programs need to be resourced to ensure the intervention can run for a minimum of six months.

For relational models like CPP to work, systems reform is needed to facilitate better NGO and public child mental health partnerships and ensure all young children have equal access to mental health services.