

## **Symposium Frame**

### **Child-Parent Psychotherapy – Implementation, research, and clinical practice in the Nordic countries**

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Effective interventions for young children affected by child abuse and neglect exist and interventions offered are appreciated by families. Nevertheless, it has been concluded that support and interventions reach too few and many interventions are not effective enough. As a result, many children are not offered support and interventions and children and caregivers continue to struggle with remaining difficulties associated with relational challenges and post-traumatic stress. This is particularly true for the youngest children. While young children are at high risk of negative consequences of traumatic and adverse life events, they are also at an age where interventions can make a crucial difference for their health and development.

Child-Parent Psychotherapy (CPP) is a relationship-based trauma-focused intervention for children 0-6 years old and their caregivers. CPP has been developed, evaluated, and found effective for children and families affected by a broad range of traumatic and adverse life events. Since 2013 the method has been implemented in the Nordic countries in close collaboration with the developers at the Child Trauma Research Program, University of California, San Francisco. To date, clinicians have been trained in Sweden, Norway, including a few clinicians from Finland, some research has been completed and other is ongoing, and a Nordic network has been established to scaffold training, implementation, fidelity, sustainability, and research.

This symposium consists of four presentations mainly focusing on research. A short overview of the method and the overall solid process of working with implementation, combining clinical training and research, initiates the symposium. Following, are presentations of results from research on caregivers' and clinicians' experiences of CPP, preliminary results from a pre- post study on the effectiveness of the intervention, and from a study on implementation and sustainability.

## **Symposium Pernebo: Child-Parent Psychotherapy – Implementation, research, and clinical practice in the Nordic countries**

### **Abstract 1**

#### **Child-Parent Psychotherapy, a dyadic intervention for young traumatized children and their caregivers – overview of the treatment model and the dissemination process in Sweden and Norway.**

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### **Introduction**

This presentation will provide an overview of Child-Parent Psychotherapy (CPP), followed by a summary of the process of dissemination from the US to Sweden and Norway.

CPP is an evidence-based treatment for children under age 6 who experience mental health problems or whose relationship with their caregiver(s) is negatively affected by exposure to trauma. An underlying principle in CPP is that the attachment relationship is the main organizer of a young child's response to experiences, and treatment with young children is done in the context of attachment relationships. CPP integrates perspectives from theories such as attachment, developmental, psychoanalytic, family systems, cognitive behavioral, and trauma theory.

### **Methods**

Child-Parent Psychotherapy was initiated in Sweden in 2013 by professor Kjerstin Almqvist as part of a program initially funded by the Swedish National Board for Health and Welfare. A training program was developed in collaboration with the originators at UCSF (Alicia Lieberman & Chandra Ghosh Ippen). In the second cohort, two Swedish trainers were trained and five Norwegian colleagues joined, three of whom are now trainers in Norway. A Nordic network for CPP was initiated to scaffold training, research and clinical practice.

Simultaneously research has been realized: a feasibility study, an interview-study with caregivers, a study on implementation, and an effectiveness study. A follow-up study and a feasibility study of CPP for children in foster care are running.

### **Results**

CPP is spreading in Sweden and Norway, in child psychiatry, social services, and non-profit organizations. Currently the sixth Swedish training, held by Ericastiftelsen, and the third Norwegian training, organized by RBUP (Regional Children's Mental Health Center), are ongoing.

### **Conclusions**

The dissemination of CPP in Sweden and Norway has been successfully supported by 1) training national trainers and continuous training of therapists, 2) Nordic research studies, and 3) the formation of national and Nordic networks.

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### **Abstract 2**

**Providing and undergoing Child-Parent Psychotherapy in Sweden. Perspectives from clinicians and parents participating in treatment together with their child in the aftermath of intimate partner violence (IPV).**

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### **Introduction**

When disseminating psychotherapeutic methods developed in USA to other countries the feasibility in the new cultural context need to be investigated, especially when the relationship between parents and children is concerned as it is embedded in cultural values. Interventions have been shown to benefit by addressing barriers for implementation and context adjustments if needed.

The aim of this presentation is to combine and analyse data from two qualitative studies, with clinicians and parents respectively, to investigate the feasibility of Child-Parent Psychotherapy (CPP) when implemented in Sweden.

### **Methods**

In two qualitative studies semistructured interviews focusing feasibility aspects were made with 12 clinicians delivering CPP and 11 parents undergoing CPP together with their child. Data from both studies were combined for an analyse of acceptans and potential barriers for implementation.

### **Results**

Both providers and parents appreciated CPP. Working together in dyadic sessions focusing the traumatic experiences as well as the attachment relationship appealed to clinicians as well as to parents. CPP was described as a joyful and engaging experience for children and parents and professionally stimulating for the clinicians. Some potential barriers were, however, identified, such as the predominance of joint physical custody for children with separated parents leading to conflicting parental commitments, and lack of organizational support was experienced by the clinicians.

### **Conclusion**

CPP is a method well adjusted for the target group in Sweden (traumatized children 0-6 years) with only minor culturally induced adaptations. Organizational prerequisites for provision need, however, to be strengthened in Child Mental Health Care Services.

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### **Abstract 3**

#### **A pre-post study on the effectiveness of Child-Parent Psychotherapy (CPP) in a Swedish naturalistic clinical context – preliminary results.**

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#### **Introduction**

Many victims of severe childhood adversities and abuse are under the age of six, yet few interventions are designed for this age-group and treatment for traumatized preschoolers is rarely offered by Swedish Child and Adolescent Mental Health Services (CAMHS). Child-Parent Psychotherapy (CPP) is a trauma focused treatment designed for the target group. The treatment is attachment based and dyadic. Data from RCTs and observational studies in the US have demonstrated positive treatment effects of CPP.

#### **Methods**

The aim of the current study was to evaluate the effectiveness of CPP in a Swedish cohort of preschool children taking part of the treatment together with their caregiver. Fifty-seven children aged 2-5 years, with trauma-related symptoms and their caregivers (i.e., biological, or foster parent) participated in the study. The study has a one-group, pretest-posttest design, conducted in a naturalistic clinical setting, with assessment before therapy and at 20 dyadic sessions. Effects on child and caregiver mental health and post-traumatic stress were evaluated and caregiving capacities were assessed.

#### **Results**

Reductions in post-traumatic stress and general psychological symptoms with small and medium effect sizes were found in both children and caregivers. The improvements of child symptoms were associated with improvements in corresponding symptomatology in caregivers. Caregivers reported increased ability to control their child, and less experiences of helplessness and fear in the relationship. Children living in foster care benefited equally as children living with biological parents. The indicated effects shown are comparable with previous research.

#### **Conclusions**

The study supports that CPP address and reduces both symptoms of the individual child and the caregiver and improve the child – caregiver relationship. Further, the dyadic model addresses the association between child traumatic stress and caregiving capacities. The findings support that CPP is a promising method for traumatized preschool children, possible to implement in regular Swedish CAMHS.

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### **Abstract 4**

#### **Clinicians experiences of the implementation and sustainability of Child-Parent Psychotherapy (CPP) – preliminary results from a mixed methods study**

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### **Introduction**

Trauma-informed evidence-based treatments for young children are insufficiently and unevenly implemented, and access to effective interventions for young children and their families is scarce in Sweden and internationally. Child-Parent Psychotherapy (CPP) is one of few treatment models for trauma-exposed children under the age of 6 years. The aim of this study was to explore the extent to which clinicians trained in CPP continued to work with the model after training and how they experienced its implementation and sustainability over time.

### **Methods**

A mixed-methods design was used. A survey was distributed to all 66 clinicians in Sweden trained in CPP and interviews were conducted with a sample of 12 clinicians. Qualitative data was analyzed with Thematic Analysis.

### **Results**

Most clinicians continued to work with CPP after the training, they found the model enjoyable and rewarding, and they were confident that CPP was effective. Few young children, however, seemed to access treatment, and few clinicians had treated enough cases to acquire extended experience or expertise. The organization's readiness to implement new methods, collegial support, and legal processes involving the child were factors that were described as affecting implementation and sustainability. Reflections concerning factors supporting or negatively affecting fidelity to the CPP-model were specifically mentioned by many clinicians.

### **Conclusions**

The implementation and sustainability of CPP seemed to be both facilitated and hindered by factors at a systems-level, within the organization, and by individual factors. It is particularly worrying that few young children affected by trauma access evidence-based treatments, and that serving this population is often not a priority at a systems and organizational level.