

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

### **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.