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

Abstract 4

Clinicians experiences of the implementation and sustainability of Child-Parent Psychotherapy (CPP) – preliminary results from a mixed methods study Pamela Massoudi ^{1,2} Mary Alåsen³, Anna Axhed⁴, Karin Pernebo^{1,5}

- ¹Department of Research and Development, Region Kronoberg, Växjö, Sweden
- ² Department of Psychology, University of Gothenburg, Gothenburg, Sweden
- ³ Child and adolescent mental health services, Region Kalmar län, Kalmar, Sweden
- ⁴ Habilitation center, Region Jönköpings län, Jönköping, Sweden
- ⁵ Department of Psychology, Linnaeus University, Växjö, Sweden

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.