# Interventions in Infant Parent Psychotherapy

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MARCH 25, 2021

# Infant Parent Psychotherapy (IPP) Definition

- IPP is a dyadic, relationship-based treatment for parents and infants, that is designed to repair and improve the parent-child relationship in the wake of incidences of domestic violence and trauma, including maltreatment and neglect of the child.
- IPP provides nurturing, consistent, predictable care through culturally sensitive, relationship-based, and developmentally informed psychotherapy. (Sage Neuroscience Center)

# What is Infant Parent Psychotherapy?

- Developed by Selma Fraiberg and colleagues to address mental health disturbances in the first 3 years of life through the treatment of parental psychological conflicts that are expressed through the parents attitudes and behaviors towards the infant.
- Consists of joint parent child sessions where the focus of therapeutic exploration is primarily directed towards how the parent's problems affect the parents feelings and behaviors towards the infant
- This model is most feasible in the first year of life while the parent is still navigating the developmental trajectory of new parenthood and prior to the developmental gains of the child that create a greater demand from the child for equal time in sessions.

# Theories that Contribute to IPP/CPP

- Attachment Theory
- Psychoanalytic Theory
- Developmental Psychopathology
- Stress and Trauma Theory
- Cognitive Behavioral Theory
- Social Learning Theory

# Difference Between Infant Parent Psychotherapy(IPP) and Child Parent Psychotherapy(CPP)

- IPP was developed for usage with children aged birth to 3 years old
- CPP extends the scope for intervention through age 6
- CPP is a descriptor for a treatment approach where the parent(s) and child are jointly present during the therapy sessions and the focus is on the emotional quality of the parent child relationship while also focusing on the individual contributions that each partner makes to the affective tone of the interactions.
- CPP emphasizes the central role of the child in the intervention as the child's sense of autonomous agency increases with age.
- CPP is an overarching term that includes the age specific label of IPP as well as toddler parent psychotherapy and preschool parent psychotherapy

# What Infant Parent Psychotherapy Is Not…

- Psychoanalysis of only infants/children
- Solely Individual therapy intervention for the parents/caregivers
- Playing with babies/children for an entire session

# Assessment Components of IPP

- Observation of the child in interaction with the primary caregiver
- Observation of the child with the assessor/clinician
- Observation of the child in different conditions (free play versus structured task, home versus childcare setting)
- Developmental history of the child including presenting symptoms
- Parental description of the child and the family situation
- Evaluation of the parent's psychological functioning and history
- Assessment of the family's cultural background, socioeconomic circumstances, and the implications of these factors for the family's child-rearing values and practices

# Assessment as an Early Form of Intervention

- Starting with the initial encounter with the family the clinician can begin to form important therapeutic alliances and act in collaboration with the family
- If the family is in a state of crisis or a significant trauma has just occurred the therapist may need to act quickly to help improve the family's situation even before a thorough assessment is completed
- Assessment is an ongoing process and treatment goals may change as quickly and dynamically as the child is developing.

# CPP/IPP Intervention Strategies How to Treat

- 1. Translating Between Parent and Child
- 2. Playing
- 3. Putting Feelings Into Words
- 4. Protective Physical Contact
- 5. Unstructured Reflective Developmental Guidance
- 6. Modeling Appropriate Protective Behavior
- 7. Insight Oriented Interpretation
- 8. Addressing Traumatic Reminders
- 9. Trauma Narratives and Storytelling
- 10. Retrieving Benevolent Memories
- 11. Emotional Support
- 12. Crisis Intervention, Case Management and Concrete Assistance

# 1. Translating Between Parent and Child

- Primary task of the clinician is to build bridges between the subjective experiences of the parent and the child by making the language and behavior of each partner more understandable to the other.
- The therapist guides the parent to observe the child's behavior and to reflect on it offering explanations framed within the child's developmental stage.
- "Speaking for the baby"
  - A technique that involves helping the parent to put herself in the baby's place by communicating what the baby would say if they could speak
  - Example: 8 month old throwing food on the floor repeatedly from high chair.

# 1. Translating Between Parent and Child

- Positively reframing parental motives during an exchange
- Ex: Parent telling 2 year old child that she has to put away toys at the end of a session
  - Therapist reframes to child that parent is trying to teach them something important about playing and toys.

# 2. Playing

- The centrality of play in young children's lives makes it the therapeutic medium of choice.
- Toys provided or used should be developmentally appropriate, responsive to the treatment goals and culturally sensitive.
- If there has been trauma or stressors that need to be revisited, toys should be specifically selected with this evocation in mind.
- CPP encourages play between the parent and the child as a way of building on both the therapeutic and developmental properties of play.
- Sometimes the clinician will participate in the play, other times they will observe. Other times they may serve as an interpreter between the parent and child during their play.

# 3. Putting Feelings Into Words

- Alexithymia
- A personality trait characterized by the inability to identify and describe emotions experienced by one's self or others.
- For children learning to translate bodily affective sensations into words is an important step in regulation of emotions.
- Interventions can include verbally suggesting a feeling after observing nonverbal signals from the child, asking a child or parent how they are feeling, usage of feelings charts, bibliotherapy, feelings flash cards, writing exercises.
- Parents learning how to correctly identify their feelings increases empathy and understanding within the parent child relationship.

# 4. Protective Physical Contact

- CPP therapist encourages age appropriate affection and protective touch between the parent and child. This is done in order to build an increased sense of protection and safety and to encourage loving and pleasurable body experiences which may have been lacking specifically if there is a trauma history in the family.
- The clinician's role is sometimes to discuss the protective and reassuring power of an act of physical contact such as picking up a baby when crying or allowing a toddler to sit on a parent's lap when afraid or upset. Other times the role may be to point out a subtle attempt at physical contact from the child that the parent may have missed.
- Generally speaking it is not the therapist's role to initiate physical contact with the child although the child may engage in this during the session.

# 5. Unstructured Reflective Developmental Guidance

- Offers the parent information about age appropriate children's behavior, needs and feelings as the child presents them during sessions.
- Can also be used by clinician in collateral sessions with parents to normalize and give legitimacy to their own childhood feelings and experiences. The hope is that these interactions will increase the parent's empathy for their own children.
- Reframing, empathy and appropriate limit setting are emphasized in this intervention.
- Preschool and toddler age children can benefit from the reassurance gained from developmental guidance that tells them that other children their age also feel the same as them.

# Twelve Principles of Early Childhood Development

- 1. Young children cry and cling in order to communicate an immediate need for parental proximity and care
- 2. Separation distress is an expression of the child's fear of losing the parent
- 3. Young children want to please their parents and fear their disapproval
- 4. Young children are afraid of being hurt and losing parts of their body
- 5. Young children imitate their parent's behavior because they want to be like them and assume that the parent's behavior is a model to emulate
- 6. Young children feel responsible and blame themselves when the parent is angry or upset for whatever reason

# Twelve Principles of Early Childhood Development Cont'd

- 7. Young children harbor a conviction that parents know everything and are always right
- 8. Young children need clear and consistent limits to their dangerous or culturally inappropriate behaviors in order to feel safe and protected.
- 9. Young children use the word "no" to assert and practice their individuality and autonomy
- 10. Memory starts at birth. Babies and young children remember experiences long before they can speak about them
- 11.Young children need adult support to express strong emotions without hurting themselves or others
- 12. Child-parent conflicts are inevitable due to their different developmental needs, but they can be resolved in ways that promote trust and support development.

# 6. Modeling Appropriate Protective Behavior

- In this modality the clinician takes an active role in stopping escalating behavior that is dangerous.
- The modeling should always be followed by an explanation about the reasons behind the action and processing with the parent about their reaction to the therapist's action(s).
- Reflection on what happened is encouraged by the clinician and emphasis is put on how much the parent and child care for one another and how sad they would be if the other were to be hurt.
- This modality is especially relevant for parents and children who have experienced trauma as they often hold distorted perceptions of safety and danger, minimize the realness of danger or overestimate the risk of safe situations.

# 7. Insight Oriented Interpretation

- Interpretation can be used with parents who are open to introspection and with children who have mastered receptive language skills.
- Interpretations can help parents to become more aware of the unconscious repetition of their past in the present.
- Interpretations in IPP/CPP often involves making clarifying links between the parent's sense of self, their feelings for their children, and their parenting practices.
- Interpretation in the presence of older children with more advanced receptive language can create clinical dilemmas for the therapist that must be addressed on a case by case basis.

# 8. Addressing Traumatic Reminders

- It is important to explore and address the following: traumatic play, traumatic re-enactments, traumatic dreams, avoidance of trauma reminders, dysregulation of biological rhythms, anniversaries of traumatic events and any other psychological processes and behaviors that are post traumatic manifestations.
- Traumatic events may happen to both the parent and the child and the parent's ongoing response may be a further trauma reminder for the child.
- Referrals for individual psychotherapy services for the parent may be appropriate concurrently while treating the traumatic reminders for the child.

# Stress Versus Trauma, Specific Considerations for Young Children

- "Stress becomes trauma when the intensity of frightening events becomes unmanageable to the point of threatening physical and psychological integrity" (Lieberman & VanHorn, P. 35)
- "The consequences of stress and trauma for the child involve the intersection of three factors: the nature and the severity of the stress, the parent's capacity to help, and the child's ability to rely on the parent for reality testing and protection" (Lieberman & VanHorn, P. 39)

# 9. Trauma Narratives and Storytelling

- Infants that are preverbal tell their trauma narratives through their bodies and primarily manifest in disruption in their abilities to regulate body functions, relate to others and explore their worlds.
- Toddlers and preschoolers often use fragmented speech and play to express their trauma narratives. This often happens in incoherent pieces due to immature cognition and because trauma by definition disrupts coherence.
- The concept of a trauma narrative for a young developing child must be understood as a dynamic and evolving process that happens concurrently with the child development and the course of treatment.
- Trauma narratives for children often involve joint story telling with the therapist and the parent as well as re-enacting a narrative through play with a safe and protective resolution.

# 10. Retrieving Benevolent Memories

- "Angels in the Nursery" include early positive experiences that children have with caregivers. These can serve as powerful protective forces in the face of stress and trauma
- The clinician's role is to assist parents and children in bringing these benevolent memories to the present and acknowledging these interactions when they take place in sessions.
- The therapist can sometimes unknowingly minimize the protective and transformative nature of such memories by over focusing on the problems, things that feel bad or "Ghosts in the Nursery"
- Providing a link between past and present is just as important for protective experiences as it is for non protective ones. Bringing these experiences to the conscious memory of a parent can be a powerful motivator for them to provide a similar experience to their own children.

# 11. Emotional Support

- All therapeutic interventions must include the component of emotional support and empathic communication.
- Emotional support can include these forms: conveying through words and actions a realistic hope that the treatment goals can be achieved, sharing in the satisfaction of achieving personal goals and developmental milestones, helping to maintain effective coping strategies, pointing out progress, encouraging self expression, and supporting reality testing (Luborsky,1984; Wallerstein, 1986)
- Parallel process takes place when the clinician provides emotional support and uses empathic communication
- Parents and children's self worth has often been eroded by factors such as poverty, racism, discrimination, and powerlessness. Empathy and emotional supportiveness can serve as affirmations of their human dignity.

# 12. Crisis Intervention, Case Management and Concrete Assistance

- Although this set of interventions is listed last they are often the first interventions utilized by a therapist in working with parents and children.
- When basic needs are not being met or there is ongoing crisis, parents and children will likely be unable to engage in more emotionally taxing intervention strategies until the therapist addresses the client's reality.
- Modalities of intervention may include advocating for the family with other agencies, consultation with a child care or medical provider, linking or referral to other services or providers, and communication with Child Protective Services in cases of abuse and neglect.

# Overarching Goals of Child Parent Psychotherapy

- To provide for both parent and child, a model of relationship in which new ways of understanding risk and danger can be talked about and practiced in which protection becomes possible again.
- The child's mental health is the ultimate goal of CPP and the parent child relationship is used as the mechanism for achieving this goal because parents are the primary contributors to both behavior and development of their children.
- Treatment is flexible and modified based on the family's culture, the child's ongoing development and the changing dynamics of the parent child relationship.
- The treatment is not prescribed or manualized and the therapist brings all of their experiences with them to the treatment setting.

# LET'S TAKE A BREAK

- Return to the training in 10 minutes

# Ports of Entry: What to Treat?

- "The component of the parent child system that is the immediate object of clinical attention" (Stern, 1995)
- Sometimes the port of entry is chosen by the therapist using clinical judgement about what is taking place in the moment, if it is particularly emotionally charged, or it is likely to have long term implications on the child or parent's mental health if not addressed.
- A parent or child may decide what the most important or likely port of entry will be for the therapist.
  - Example: A verbal child telling the therapist "I threw my toy at my sister and it broke"
- Clinician stays open and flexible to the port of entry that is the most likely to produce positive change in the child.

# 1. Child and/or Parent Individual Behavior

- Reflecting on what a baby's cry might mean, how it makes the parent feel and how the parent responds to the crying
- This port of entry can include reflecting on the inaction on the part of a parent in response to a child's specific behavior.

# 2. Interactive Exchanges Between Parent and Child

- Reflecting back to a parent what could be going on developmentally for a 10 month old baby that takes her bottle in and out of her mouth while feeding and the parent assumes that she is not hungry and takes the bottle from her.
- There are likely many of these ports of entry to choose from that are present in any given session with a family.

# 3. Interactive Exchanges Between the Parents

- This port of entry can be an emotionally charged interaction between any two adult caregivers in the child's life including the child's parents.
- An example could be a mother and her aunt with whom she and the children live having an argument about bills in the household while a toddler child is watching. The child may get scared and begin to try and self soothe or become upset.
- The clinician is able to reflect back to the caregivers how the child is feeling and the impact that the interaction is having on the child's behavior via the parental exchange which is the port of entry.

# 4. Child Mental Representations of Self or Parent

- This port of entry is found with children who are old enough to have some expressive language.
- An example could be a child stating "I am bad" while attempting to complete a challenging task or game.
- The therapist is able to reframe the child's mental representation of themselves back to the parent and child and offer a more comforting explanation for the events such as "this puzzle is hard and you are worried that you might be in trouble if you cannot figure it out"
- This port of entry allows the therapist to explore with the parent how the child views themselves through the lens of the parent child relationship

# 5. Parental Mental Representations of the Self or the Child

- This port of entry can often look like the developmentally inappropriate perceptions or expectations of children shared by parents during sessions.
- An example of a parental mental representation port of entry is a father that insists that his 2 year old son is knowingly and purposefully trying to prevent him from getting his work done by refusing to go down for a nap.
- The therapist can explore this representation further with the father and can possibly uncover some of the deeper fears or parenting struggles that the father may be having and explore ways that he can respond in a developmentally appropriate way to his child in that moment.

# 6. Child or Parent Perceptions of the Therapeutic Relationship

- A common example of this is at the end of a session a toddler aged child telling the therapist and or the parent that they want to go home with the therapist.
- Another example of this is a parent telling the therapist that the child only behaves a certain way when the therapist is present or not present.
- There are often perceptions of the therapeutic relationship that are expressed along with a parental representation of the child.
- The therapist is able to reflect back to the parent and the child what their role is and explore the uniqueness of the time that they all spend together during sessions.

# Clinical Case Presentation

- What were the main interventions used by the clinician when working with this family?
- What were some common points of entry with this family?

# Being a "Good Enough" Therapist

- There will inevitably be times throughout the treatment process when the therapist's strong emotions will cloud clinical judgement and the therapist will do or say things that are a hindrance or damaging to the clinical progress.
- These hindrances can manifest themselves in the form of omissions, misunderstandings, poorly timed or executed intervention strategies and distortions in the clinicians work.
- It is less important that these things happen and more important how they are repaired or recovered from.
- A "good enough" therapeutic intervention happens in the constant context of self scrutiny and reasonable awareness of rigid positive or negative feelings towards different family members

# Parallel Process, Clinical Feedback and Reflective Supervision

- As a clinician doing this work you should stay receptive to feedback about both the successes and failures in your work.
- Keeping a balance of self compassion and self assessment are crucial for the clinical momentum forward.
- The parallel process that can be explored via clinical/reflective supervision is a valuable intervention strategy for clinicians when doing IPP/CPP with a family.
- Clinical feedback from trusted colleagues whether in a group supervision setting or one on one interaction can help bring clarity and additional clinical feedback to cases.

# Reflective Supervision is Part of the Intervention in IPP/CPP

- Therapists working with young children are particularly vulnerable to experiencing primitive feelings from their own early childhoods
- Reflective clinical supervision can provide a safe psychological space for clinicians to discuss and receive non judgmental feedback on the clinical interventions that they are implementing with families on their caseload. It is also a place to process their own feelings about the families and the work and receive emotional support that via the parallel process allows them to continue supporting the parents and children on their caseload.
- Therapists often need assistance in maintaining the course of treatment and navigating the various obstacles to positive therapeutic outcomes that they often encounter.

# Vicarious Traumatization and Burnout in IPP/CPP

- Clinical work with at risk parents and young children is extremely difficult work and often happens in highly flawed service systems
- Knowing the signs and symptoms of vicarious traumatization, moral injury and burnout are important in caring for oneself while doing this work.
- The COVID-19 Pandemic has created additional grief/loss and trauma for each and every one of us and we need to honor what our bodies and brains are telling us that we need
- Be mindful of your own trauma narrative, traumatic reminders and anniversaries of significant events.
- Self compassion and self acceptance are key factors in maintaining longevity in clinical therapeutic work.

# Taking Care of Yourself

- Take a moment to think about what you might need to honor and care for your body and mind in the coming days or weeks…

# Suggested Readings and Resources for IPP/CPP

- Psychotherapy with Infants and Young Children by Alicia F. Lieberman and Patricia Van Horn
- Don't Hit My Mommy!: A Manual for Child Parent Psychotherapy for Young Witnesses of Domestic Violence by Alicia Lieberman and Patricia Van Horn
- Losing a Parent to Death in the Early Years: Guidelines for the Treatement of Traumatic Bereavement in Infancy and Early Childhood by Alicia F. Lieberman, Nancy C. Compton, Patricia Van Horn, and Chandra Gosh Ippen
- www.childparentpscyhotherapy.com and CPP Facebook page
- www.nctsn.org

# Contact Information


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- For questions regarding this training please reference the date and name of the training in the subject line of the email