

**Engaging Relationships to Treat Early Trauma:  
The Challenge and Promise  
of Scaling with Fidelity**

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# Changes in Parent-Child Relationship in the Context of Trauma

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- Trauma lives in the body: Mutually reinforcing affect dysregulation
- New negative attributions
  - Changes in child and parent mental representations
  - Negative child expectations: “You did not protect me”
- Parent and child may become traumatic reminders for one another



# Child-Parent Psychotherapy (CPP)

## “Speaking the Unspeakable”

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- Relationship-based, trauma-informed
- Over-arching theoretical integrations
  - Developmental and cultural frameworks
  - Psychodynamic clinical formulations: “Ghosts and Angels in the Nursery”
  - Versatile therapeutic modalities across theoretical models
- Initial foundational phase with the parent(s)
  - Assess strengths and vulnerabilities: Risk and protective factors:  
*Presenting problems, trauma exposure, family circumstances, development, mental health*
  - Engage the parent(s) as a partner in treatment
  - Co-create a clinical formulation and treatment plan
- Core treatment: Joint child-parent(s) sessions
  - Children birth-5 years
  - Dual lenses: Child and parent; Present and past

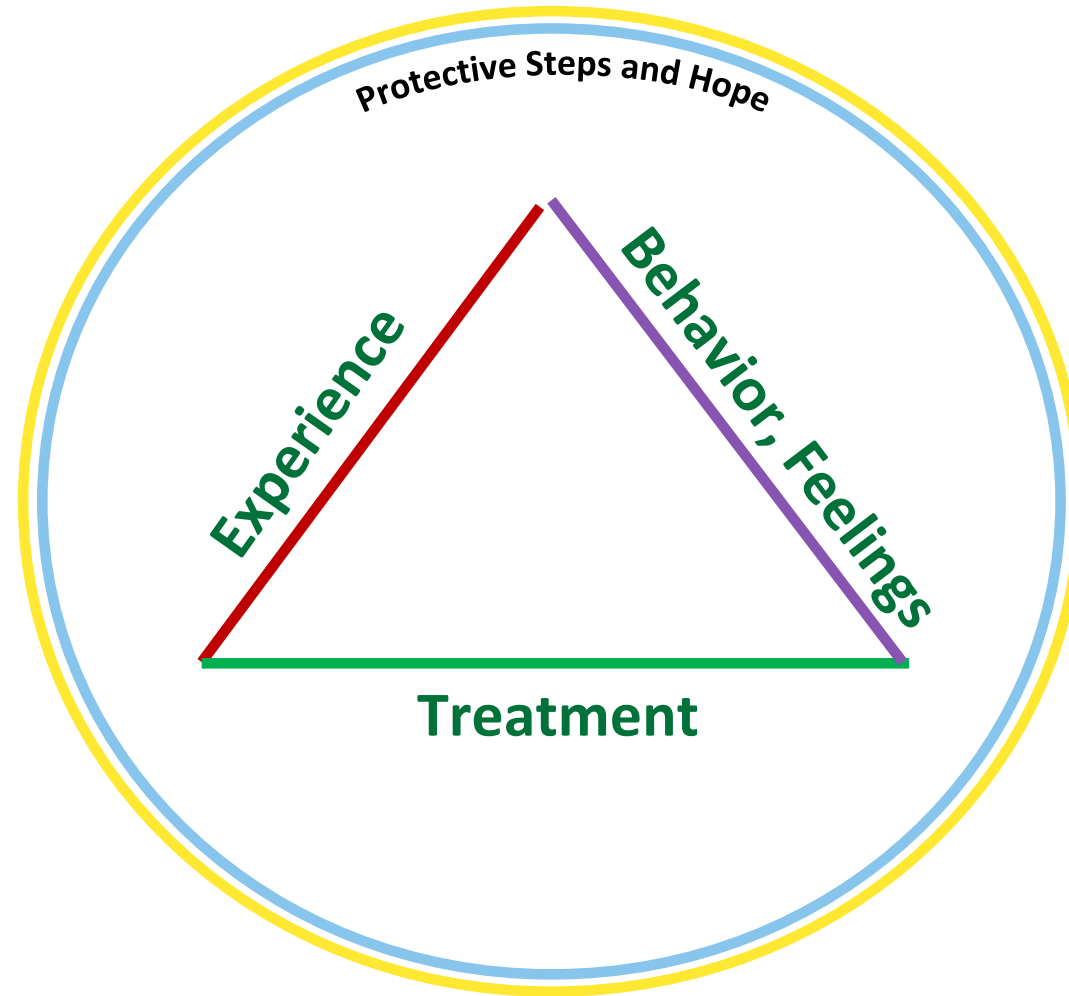
# The Clinical Formulation Triangle: Explaining the Internalization of Stress and Trauma

## Protective Steps:

Highlight when parent tried to help/created safety

## Experience:

--You saw...  
--You heard..



## Hope:

Things can change for the better

## Behavior, Feelings:

--And now you...

## Treatment:

This is a place where...

Lieberman & Ghosh Ippen, 2014

# Functions of Play in CPP

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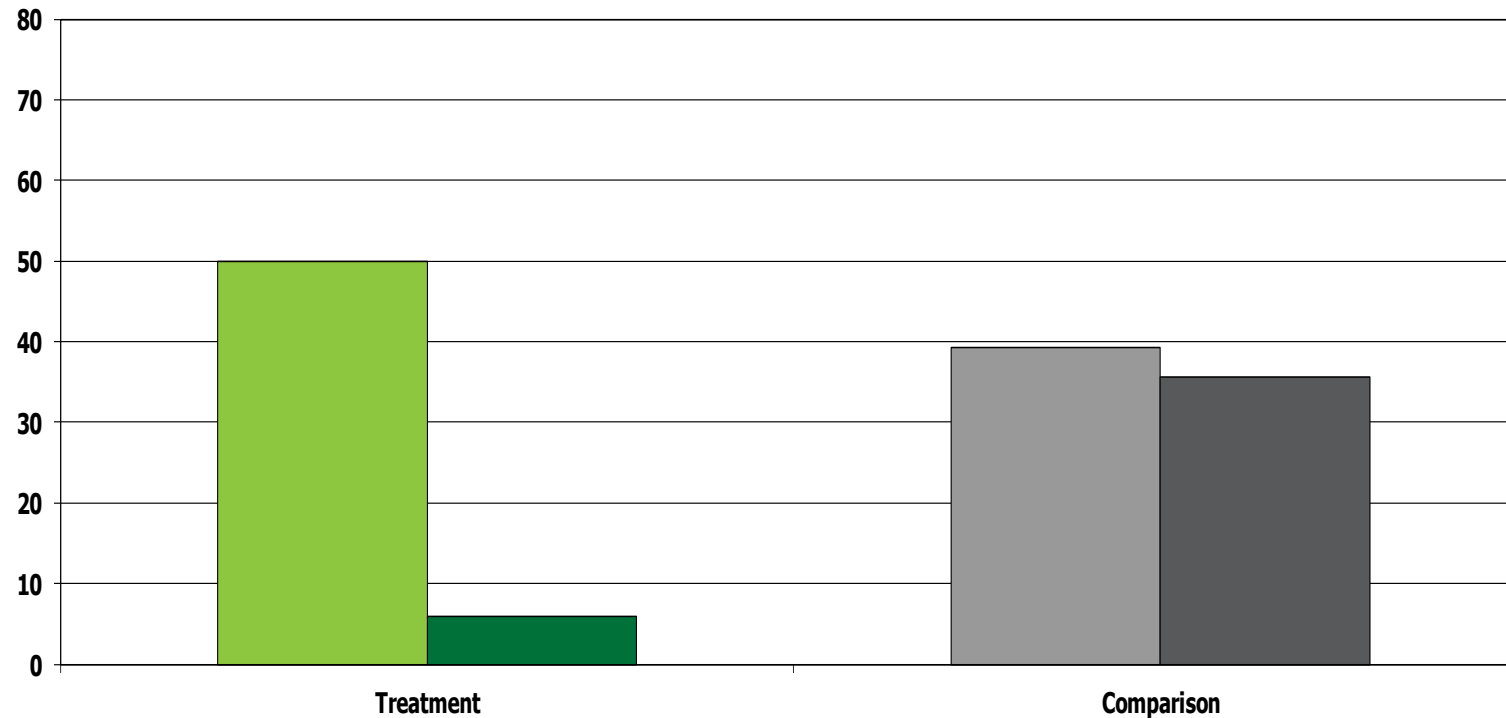
*“Psychotherapy is a form of play” (Winnicott, 1971)*

- Symbolize reality
- Infuse safety into an anxiety-provoking situation
- Imagine how things should be
- Communicate the unspeakable
- Disruption of play by trauma and anxiety
- Build child-parent intimacy
- Repair trust

*Play is children’s road to the unconscious*

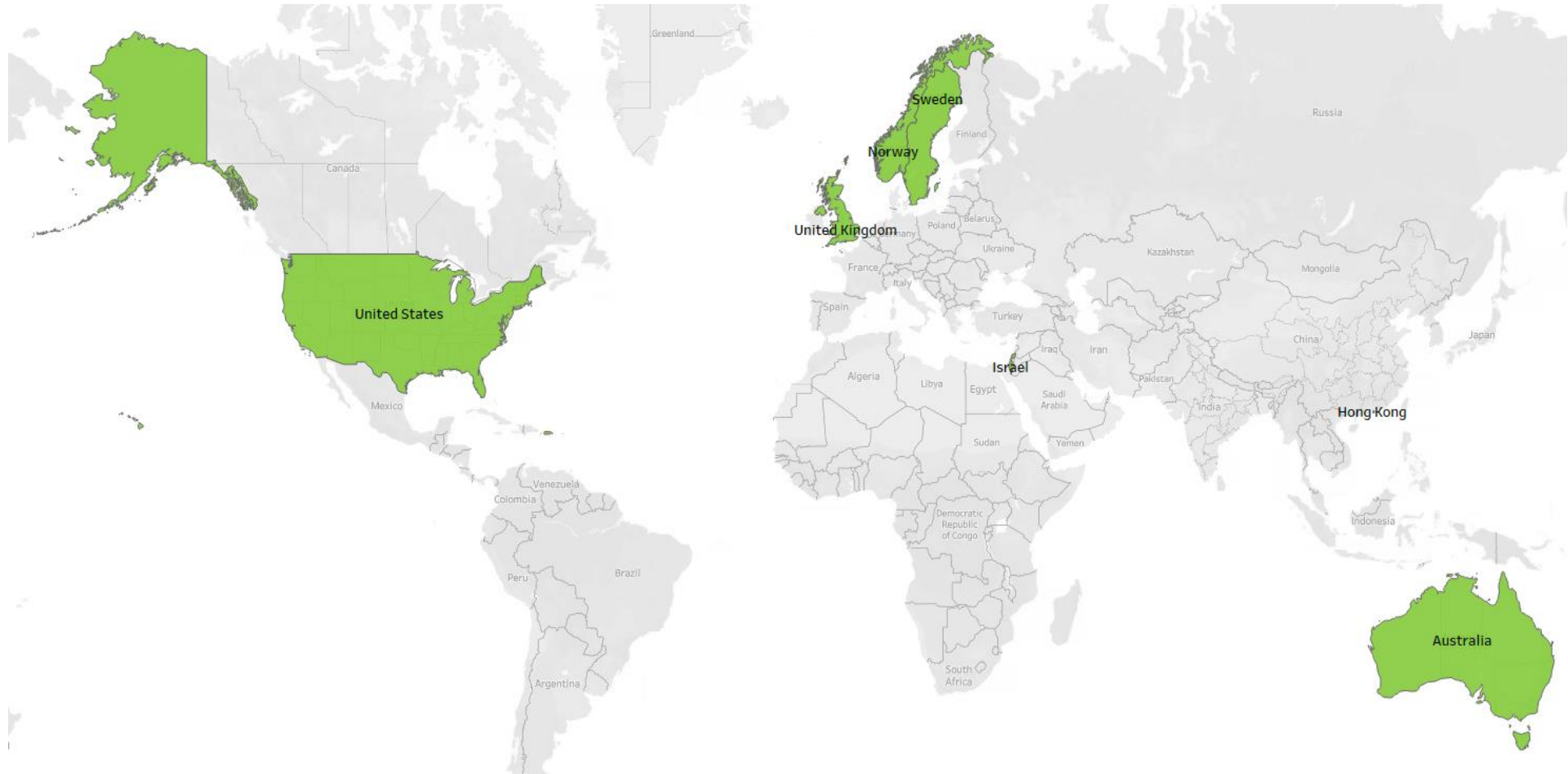
# It Works!

## CPP Improves Biological Markers, Child PTSD Diagnosis, Behavioral Problems, and Maternal Psychiatric Symptoms

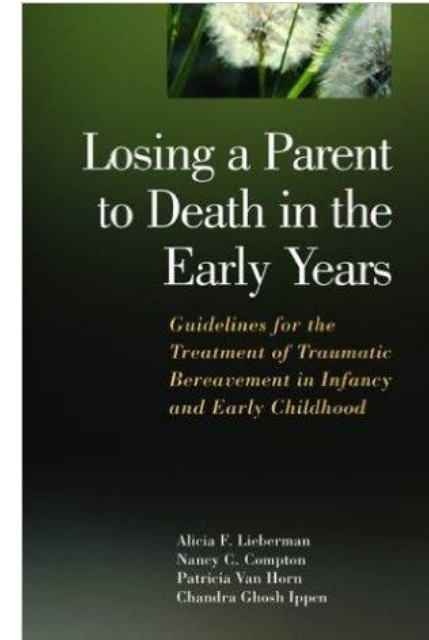
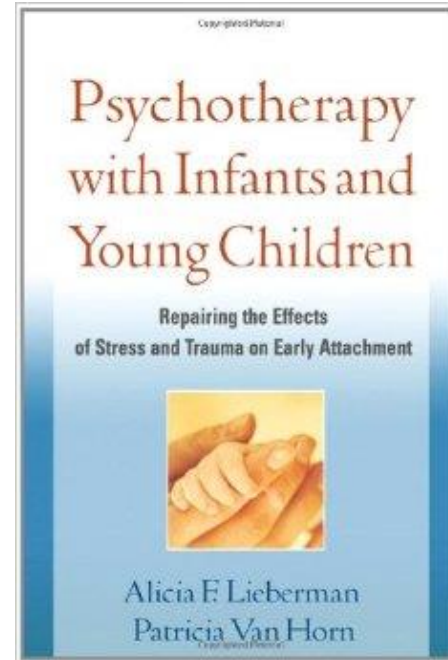
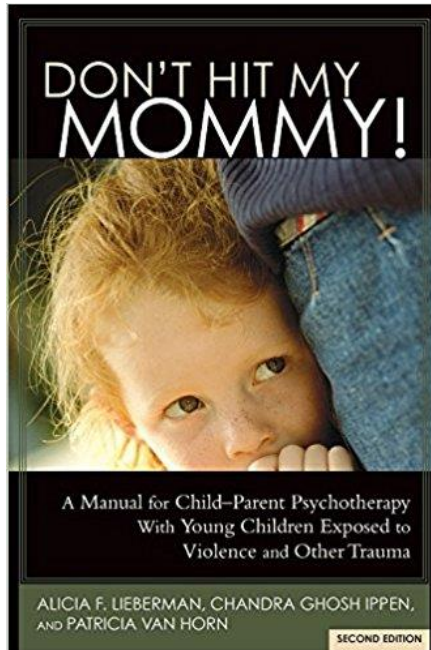


**Children Diagnosed with PTSD Before and After Treatment**  
(Lieberman, Van Horn & Ghosh Ippen, 2005)

# CPP Across the World



# CPP Books and Manuals





# Beginning at the Beginning: Perinatal CPP

- **Ghosts invade the womb/nursery**

*Predominant negativity to the pregnancy*

*Regret, shame, guilt*

*Negative parental attributions to the unborn baby*

*Permeable boundaries: Self, Pregnancy, Baby*

- **Context matters**

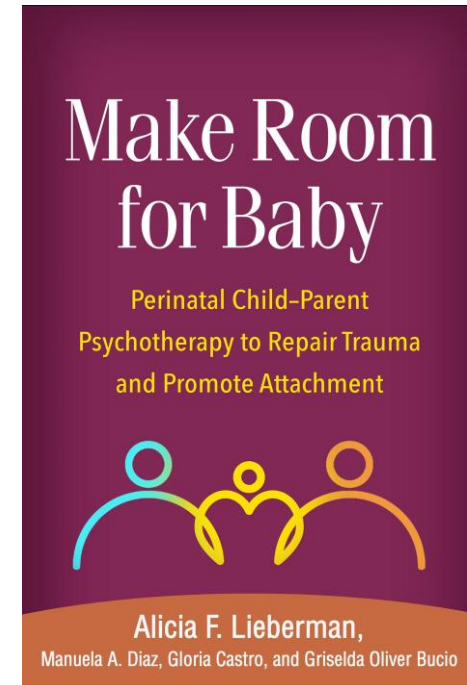
*Are material needs met?*

*Is there concrete and emotional support?*

*How responsive is medical care?*

*Access to reproductive health services*

*Lethal impact of systemi racism/unconscious bias*



# CPP Fidelity: Parallel Process



Support the Child



Support the Parent



Support the Provider

## Fidelity Applies To

- Therapists
- Supervisors, Trainers, Consultants
- Agencies
- Systems

# CPP Fidelity: Six Interconnected Strands

## Six Strands of Fidelity

- Reflective Practice
- Emotional Process
- Dyadic Relational
- Trauma Framework
- Procedural
- Content



# Reflective Practice Summary

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## Guiding questions:

- Am I aware of my own emotional responses to
- the clinical moment?
  - the child?
  - the parent(s)?

## Stance:

- Cultivate emotional regulation and clinical purposefulness before intervening.

# Emotional Process Summary

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## Guiding Questions:

- Am I emotionally attuned to the parents and to the child as separate individuals?
- Do I keep each of their experiences in mind?
- Am I forgetting one of them because I am so focused on the other?

## Stance:

- Pay attention to each individual and deploy attention flexibly to include all the participants.

# Dyadic Relational Summary

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## **Guiding Question:**

Do I build bridges between the child's and the parents' feelings and needs that promote benevolent mutual perceptions and conflict resolution?

## **Stance:**

- Seek the benevolence in the conflict.
- Remember the suffering under the rage.
- Promote mutuality to heal fragmentation.

# Trauma Framework Summary

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## **Guiding question:**

Do I remember to use a trauma lens to identify potential triggers to dysregulated affect?

## **Stance:**

--Traumatic reminders operate outside consciousness and may offer the clue to seemingly irrational emotional reactions.

# Content Fidelity Summary

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## Guiding Question:

Do I organize my interventions around core areas:

- Protection and Safety
- Truthfulness
- Identifying triggers
- Differentiating between reliving and remembering
- Integrating emotional polarities
- Empathy
- Reciprocity
- Problem solving
- Concrete assistance
- Care Coordination
- Hope

## Stance:

--Use clinical conceptualization as a foundation but be open to pivot in response to new information and changed circumstances



# Procedural Fidelity Summary

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## Guiding question:

Am I following the CPP structure to provide a foundational phase, feedback, treatment plan, and clear clinical formulation triangle?

## Stance:

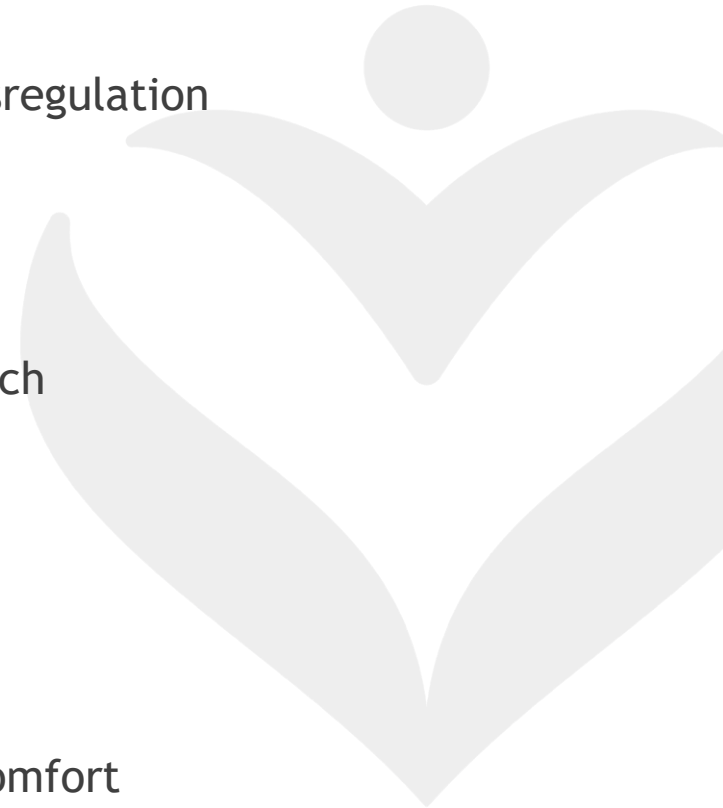
Hold the other fidelity strands in mind while upholding CPP procedures

- Reflect
- Follow affect
- Promote mutuality
- Explore links between past and present
- Help create trauma and protective narratives

# Practicing CPP during Mass Community Trauma: The Challenge and Promise of Scaling with Fidelity

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- **Essence of CPP while “Standing on One Foot”:**
  - Speaking the Unspeakable in emotionally manageable bits
  - The body speaks eloquently: Strive for regulation but accept/lean into dysregulation
- **How?**
  - Learn with the family what the adults and the child know
  - Create a hierarchy of clinical priorities
  - Respond to the affect of the moment: Affect always has something to teach
  - “Give time to time”: The trauma narrative grows organically
    - As clinical trust grows
    - As the child grows and the family grows
- **Think of each session as perhaps the last one:**
  - Weave in protective themes of love, togetherness, coping, and goodness
  - Try to provide a summary recapitulation of the session that ends with comfort
  - “Don’t let the perfect be the enemy of the good” (Voltaire, as quoted by Patricia Van Horn)



***And if not now, then when?***

**(Pirkey Avot)**