

Promoting Positive Parenting: *Perinatal Child-Parent Psychotherapy and its Impact*

What is Perinatal Child-Parent Psychotherapy (P-CPP)?

“P-CPP can provide mothers and fathers with the support they need when their adverse life circumstances and their emotional and interpersonal difficulties interfere with their abilities to give their baby the love, care, and protection needed to promote healthy development.”

P-CPP can be applied to the perinatal and post-partum period

- CPP is a trauma-informed treatment for children ages birth to five years and their parents/caregivers. CPP goals are to ease the burden of parental traumatic experiences, help prevent the intergenerational transmission of trauma, and to promote positive attachment.¹⁻²



- P-CPP begins during pregnancy to help support and prepare caregivers to become protective and loving parents, and takes into account:¹⁻²
 - child’s and parent’s developmental stages
 - family’s cultural background
 - interplay of risk and protective social factors
 - child rearing attitudes, values, and practices
- Pregnancy is a transitional and transformative time in one’s life. P-CPP addresses the pregnant person’s sense of:²
 - self
 - their own childhood and the ‘parenting’ they received
 - how they want to parent
- When providing P-CPP, the provider considers and processes with the client pregnancy time point and various other factors²
 - 1st Trimester: The circumstances by which the pregnancy happened, partner and family responses to the pregnancy, the impact of bringing a baby into their lives
 - 2nd Trimester: Positive and negative attributions to the fetus
 - 3rd Trimester: Fears about childbirth, conflicts about becoming a parent, and developing a birth plan
 - Postpartum: Experiences during labor and delivery, perceptions of the newborn baby

P-CPP and Project PROMISE

- The TRANSFORM Center’s Project PROMISE examines whether adding P-CPP to community home visitation (CHW) intensifies intervention results and positive outcomes compared with CHW support alone.
 - Developing early preventive interventions to reduce harsh/insensitive parenting, promote positive mother-child relations, and prevent child abuse and neglect are thus of high public health significance.
 - Child abuse and neglect create a toxic environment that undermines normal development and burdens children with serious emotional, mental, and physical health issues. These health issues cascade into problems throughout the affected child’s life.
- PROMISE examines when these interventions are optimally delivered (beginning prenatally or postnatally), the optimal duration of services (6 vs. 12 months), mechanisms of action, and which intervention strategy works best for mothers with varying risk factors.

Resources

- *Make room for baby: Perinatal child-parent psychotherapy to repair trauma and promote attachment*¹
- *Don't Hit My Mommy! A Manual for Child-Parent Psychotherapy With Young Children Exposed to Violence and Other Trauma* (2nd Edition)²
- [Make Room for Baby Webinar](#)
- [Perinatal Child-Parent Psychotherapy: Repairing the Emotional Burden of Trauma and Inequity Webinar](#)

References

1. Lieberman, A. F., Diaz, M. A., Castro, G., & Griselda Oliver Bucio. (2020). *Make room for baby: perinatal child-parent psychotherapy to repair trauma and promote attachment*. The Guilford Press.
2. Lieberman, A. F., Chandra Ghosh Ippen, & Patricia Van Horn. (2015). “Don’t hit my mommy!” : a manual for child-parent psychotherapy with young children exposed to violence and other trauma. Zero To Three.