Foundations
What Works Centre for Children & Families

Last reviewed: July 2016

Intervention website: https://childparentpsychotherapy.com/

GUIDEBOOK INTERVENTION INFORMATION SHEET

Toddler-Parent Psychotherapy

Please note that in the 'Intervention Summary' table below 'child age', 'level of need', and 'race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Toddler-Parent Psychotherapy (TPP) is a therapeutic intervention for mother–toddler pairs who may be at risk of an insecure attachment. Practitioners with a qualification in psychology or social work meet with individual families on a weekly basis for a period of 26 to 52 weeks. The practitioner also engages jointly with the mother and infant to model sensitive caregiving behaviour and suggest positive explanations for the child's behaviour.
Evidence rating	2+
Cost rating	N/A
Child outcomes	• Supporting children's mental health and wellbeing - Increased attachment security.
Child age (population characteristic)	1 – 2 years old
Level of need (population characteristic)	Targeted Indicated

Intervention summary	
Race and ethnicities (population characteristic)	White-American
Type (model characteristic)	Individual
Setting (model characteristic)	• Outpatient setting • Home.
Workforce (model characteristic)	• Social worker • Psychologist.
UK available?	No
UK tested?	No

Model description

Toddler-Parent Psychotherapy is one of three variations of the Lieberman model of child–parent psychotherapy for families with a child between 18 months and 3 years who may be at risk of an insecure attachment. This risk may be due to difficulties with the parent–child relationship stemming from the parent's own attachment history, complexities in the family's life, including parental mental health problems, or specific risks associated with child abuse and neglect.

Mothers identified as being depressed, anxious, traumatised, or at risk of maltreating their child attend weekly sessions with their infant for a period of 12 months or longer. The sessions are delivered by practitioners with a master's (or higher) qualification in psychology or social work.

During each session, the practitioner helps the mother reflect on her childhood experiences and differentiate them from her current relationship with her child through empathic, non-didactic support. The practitioner also engages jointly with the mother and toddler, so that they can model sensitive responding and suggest positive explanations for the child's behaviour. As the therapeutic relationship develops, the mother learns to appropriately interpret her child's behaviours and dissociate any negative attributions of her child from her own history of being parented.

Target population

Age of child	18 months to 3 years
Target population	Families where the toddler is at risk of an insecure attachment because the parent is experiencing mental health problems or other complex circumstances, or there are concerns about child abuse.

Please note that the information in this section on target population is as **offered/supported by the intervention provider.**

Theory of change

Why		Who	How	What		
Science-based assumption	**Science-based assumption**	**Science-based assumption**	**Intervention**	**Short-term outcomes**	**Medium-term outcomes**	**Long-term outcomes**
Attachment security lays the foundation for children to develop positive expectations about themselves and others. Positive and sensitive parent–infant interactions support the development of a secure attachment relationship.	Sensitive parenting behaviours are supported by positive representations of the child. Negative parental representations of the child place the attachment relationship at risk.	Parents experiencing multiple hardships and/or an insecure attachment relationship in their own childhood are less likely to develop positive representations of their child.	• Parents receive therapeutic support to improve their ability to form positive representations of their child • Parents learn how to respond more sensitively to their child's needs and create a nurturing and predictable caregiving environment.	• Parents develop positive representations of their infant • Parents are less likely to negatively attribute their child behaviour • Parents become more sensitive to their child's needs.	• Improved parent–infant interaction • Reduced risk of an insecure attachment relationship.	• Child develops positive expectations of themselves and others • Children are at less risk of mental health problems • Children are a less risk of child maltreatment.

Implementation requirements

Who is eligible?	Families with a toddler at risk of an insecure attachment because of the parents' attachment history, complex family circumstances (including parental depression), or specific, child maltreatment risks.
How is it delivered?	TPP is delivered in 32 sessions of approximately 1 to 1.5 hours' duration each by a single practitioner over the course of a year.
What happens during the intervention?	• During each session, the practitioner uses empathic, non-didactic support to help the mother reflect on her childhood experiences and differentiate them from her current relationship with her toddler. • The practitioner also engages jointly with the mother and infant, so that they can model sensitive responding and suggest positive explanations for the child's behaviour. • As the therapeutic relationship develops, the mother learns to appropriately interpret her infant's behaviours and dissociate any negative attributions of her child from her own history of being parented.
Who can deliver it?	A TPP therapist with a master's qualification or higher in counselling, psychology, or social work.
What are the training requirements?	Practitioners receive 92 hours of TPP training (seven days' face-to-face training with 36 hours of phone consultation). Booster training is recommended.
How are practitioners supervised?	Practitioners are supervised by one host-agency supervisor with 92 hours of TPP training who provides clinical, skills, and case-management supervision.
What are the systems for maintaining fidelity?	• Training manual • Booster sessions • Supervision.
Is there a licensing requirement?	No

***Contact details**	Contact person: Tuesday Ray Organisation: UCSF Department of Psychiatry, Child Trauma Research Program Email address: Tuesday.Ray@ucsf.edu Website: https://childparentpsychotherapy.com/ *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up-to-date contact details.

Evidence summary

Toddler-Parent Psychotherapy's (TPP) most rigorous evidence comes from a single RCT conducted in the United States consistent with Foundations' Level 2+ evidence strength criteria.

The studies observed statistically significant increases in infant's attachment security in comparison to children whose mothers did not receive the treatment.

Toddler-Parent Psychotherapy has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.

Search and review

	Number of studies
Identified in search	1
Studies reviewed	1
Meeting the L2 threshold	1
Meeting the L3 threshold	0
Contributing to the L4 threshold	0
Ineligible	0

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	201 sample total: 131 depressed mothers with a 20-month old toddler; additionally, 70 non-depressed mothers served as a super control.
Race, ethnicities, and nationalities	93% European American
Population risk factors	Maternal depression; otherwise families were chosen specifically because they were low risk.
Timing	• Baseline • Post-intervention, • Two-year follow-up • Three-year e follow-up.
Child outcomes	Increased attachment security
Other outcomes	Improved maternal marital satisfaction
Study Rating	2+
Citations	**Study 1a:** Toth, S. L., Rogosch, F. A., Manly, J. T. & Cicchetti, D. (2006) The efficacy of toddler-parent psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: A randomised preventive trial. *Journal of Consulting and Clinical Psychology*. 74, 1006–1016. **Study 1b:** Cicchetti, D., Toth, S. L. & Rogosch, F.A. (1999) The efficacy of toddler-parent psychotherapy to increase attachment security in off-spring of depressed mothers. *Attachment and Human Development*. 1, 34–66. **Study 1c:** Peltz, J. S., Rogge, R. D., Rogosch, F. A., Cicchetti, D. & Toth, S. L. (2015) The benefits of child-parent psychotherapy to marital satisfaction. *Families, Systems and Health*. 33 (4), 372–382.

Brief summary

Population characteristics

This study involved 201 mothers with a 20-month-old toddler, including 131 who were recruited based on their meeting the Diagnostic and Statistical Manual of Mental Disorders (DSM–III–R) criteria for clinical depression. Mothers were also recruited specifically to be of medium socioeconomic status or higher, so that potentially confounding factors, such as poverty or low educational attainment, would not influence the intervention outcomes.

An additional 70 mothers without depression were recruited as a 'normal' comparison group.

Of the entire sample 72.7% of the families were in the two highest levels of Hollingshead's social status criteria, involving marital status, retired/employed status, educational attainment, and occupational prestige. 93% were European American, 88% (174) were married and 53% of the toddlers were boys.

Study design

67 of the depressed mothers were randomly allocated to TPP and 64 to the control group. Those in the control group may have sought treatment through their own means over the course of the study.

A randomised block procedure based on family demographic characteristics was conducted by the project coordinator and implemented progressively over the recruitment phase.

The treatment and control groups involving depressed mothers were equivalent on all baseline measures, including children's attachment security status.

Measurement

Participants were at baseline (pre-intervention), when the infant was 20 months old, immediately after intervention completion (12 months later), and then at the child's fourth and fifth birthdays (approximately two- and three-years post-baseline).

Pre-intervention (Studies 1a & 1b)

- **Parent-report** measures included the Beck Depression Inventory (BDI).
- **Researcher-led** assessments included video-taped and coded observations of the mother and child interacting during Ainsworth's Strange Situation, using the classification scheme developed by Gersten, Coster, Schneider-Rosen, Carlson, & Cicchetti. Additionally, researchers assessed a smaller sample with the Attachment Q-set (Study 1b). Researchers also conducted structured psychiatric interviews with the Diagnostic Interview Schedule (DIS-III-R) to assess mothers' symptoms of depression. Researchers were blind to group assignment for all measures.

Post-intervention (Study 1a & 1b)

- **Parent-report** measures included the Beck Depression Inventory (BDI) and the Dyadic Adjustment Scale (DAS; married couples only).

- **Researcher-led** assessments included videotaped and coded observations of the mother and child interacting during Ainsworth's Strange Situation, using the classification scheme developed by Gersten, Coster, Schneider-Rosen, Carlson, & Cicchetti. Researchers also assessed a smaller sample with the Attachment Q-set (Study 1b). Additionally, researchers conducted structured psychiatric interviews with the Diagnostic Interview Schedule (DIS-III-R) to assess mothers' symptoms of depression. Researchers were blind to group assignment for all measures.

2-year and 3-year post-baseline follow-up (Study 1b)

- **Parent-report** measures included the Beck Depression Inventory (BDI) and the Dyadic Adjustment Scale (DAS; married couples only).

Study retention

Post-intervention (Study 1a)

81% (163) of the sample participated in the Strange Situation assessment post-intervention, including 70% (46) from the TPP group, 84% (54) from the control and 93% (63) from the non-depressed comparison group.

Complete pre and post sets of the Attachment Q-set were available for 54% (108) of the mother–toddler pairs, representing 51% (27) of the depressed mothers receiving TPP, 56% (36) of the depressed mothers in the control group and 64% (45) of the non-depressed mother–infant pair.

72% (143) of the mothers from all three groups completed the Beck Depression inventory, 71% (124) of the married mothers completed the Dyadic Adjustment Scale. No further information is provided about the retention of families across the treatment and control groups.

There were no significant differences identified based on demographic characteristics, baseline maternal depression or outcome measures between those who attrited and participants who remained in the study at post-intervention.

Two-year post-baseline follow-up (Study 1c)

75% (130) of the married mothers from all three groups completed the Beck Depression inventory, 60% (119) of the married mothers from all three groups completed the Dyadic Adjustment Scale. No further information is provided about the retention of families across the treatment and control groups.

There were significant differences between the groups at this timepoint. Mothers in the super control group were older, had higher incomes, and had more children. They also reported feeling more satisfied in their relationships and had fewer depressive symptoms throughout the study. Fathers in the super control group reported higher relationship satisfaction and lower depressive symptoms in the first two waves. These factors were taken into account in the analysis.

Three-year post-baseline follow-up (Study 1c)

68% (119) mothers from all three groups completed the Beck Depression inventory and 51% (89) of the mothers from all three groups completed the Dyadic Adjustment Scale. No further information is provided about the retention of families across the treatment and control groups.

Results

Post-intervention (Studies 1a and 1b)

Data-analytic plan
Chi-squared analyses were used to assess attachment classification change across the three group pre- and post-intervention for the analyses involving the coded observations of the Strange Situation and the Attachment Q-sort from a subsample of the original study (n = 159). T-tests were used to compare pre–post change on the depression scores of the mothers in both groups. The extent to which intent-to-treat analysis was used is not reported.

Findings

The study observed a marked decrease in the number of TPP infants assessed as having an insecure attachment compared to children in the depressed control group. The percentage of insecure attachments in the TPP group decreased from 44.4% to 25.9%, while in the depressed control group, it increased from 36.1% to 47.2%.

Over the same time period, there was a slight decrease in attachment security within the normal comparison group of toddlers (56% to 48%).

These changes were corroborated by the findings involving the Attachment Q -sort, showing significant decreases in the number of TPP infants assessed as having a disorganised attachment (38% to 11%) in comparison to those in the depressed control group.

There were no changes in the mothers' symptoms of depression in any of the three groups.

Two- and three-year post-baseline follow-up

Data-analytic plan
Hierarchical linear modelling (HLM) with an actor-partner interdependence modelling (APIM) framework was used to analyse change over time in both parents' assessments of couple satisfaction and married mothers' assessment of depression.

Findings
The analyses observed that the depressed mothers' symptoms did not change over time. However, TPP mothers were more likely to report relationship satisfaction in comparison to mothers in the other two groups (depressed controls and non-depressed controls). Specifically, marital satisfaction increased slightly for TPP mothers, while it diminished over time for the other two groups.

Limitations
The conclusions that can be drawn from this study are limited by methodological issues pertaining to high differential attrition and a lack of intention-to-treat analysis, hence why a higher rating is not achieved.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Increased attachment security	Ainsworth's Strange Situation (researcher led)	h = 1.11	Yes	100	Post-intervention
Increased attachment security	The Attachment Q-set (researcher led)	.025	Yes	108	Post-intervention
Parent outcomes					
Maternal depression	Diagnostic Interview Schedule (DIS-III-R) (research-led assessment	N/A	No	100	Post-intervention
Maternal depression	Beck Depression Inventory (Parent report)	N/A	No	100	Post-intervention
Maternal depression	Beck Depression Inventory (Parent report)	N/A	No	130*	Two-year post-baseline follow-up
Maternal depression	Beck Depression Inventory (Parent report)	N/A	No	119*	Three-year post-baseline follow-up
Relationship satisfaction	Dyadic Adjustment Scale	ß = .299**	Yes	Not reported	Three-year change over time

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
*Sample includes depressed mothers in TPP and control groups, as well as non-depressed mothers. **Results of the comparison between all three study groups, showing improvements for TPP mother–toddlers only.					

Other studies

No other studies were identified for this evidence assessment.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.