



## CLINICAL INFORMATION AND PROGRESS



**Developed for:**

**CYFD - Behavioral Health Division  
Infant Parent Psychotherapy: 0-5  
Trauma Focus Clinical Service Section**

**By:**

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DATE:

CLIENT'S NAME:

CURRENT CPP PHASE OF TREATMENT				
Foundation Phase <input type="checkbox"/>	Feedback Session(s) <input type="checkbox"/>	Core Intervention Phase <input type="checkbox"/>	Discharge Phase <input type="checkbox"/>	
SCORING				
<b>1</b> Rarely	<b>2</b> Seldom	<b>3</b> Sometimes	<b>4</b> Often	<b>5</b> Consistently

CLINICAL INFORMATION AND PROGRESS	SCORE
<p>1. Caregiver improves attachment relationship with the infant by actively modifying own behaviors.</p> <p style="margin-left: 40px;"><i>CPP Fidelity:</i> Dyadic Relational Fidelity <i>CPP Objective:</i> Promote Emotional Reciprocity</p>	
<p>2. Caregiver regulates own emotions and affect during stressful or unpredictable interactions with infant.</p> <p style="margin-left: 40px;"><i>CPP Fidelity:</i> Emotional Process Fidelity <i>CPP Objective:</i> Strengthen Dyadic Body-Based Regulation</p>	
<p>3. Caregiver demonstrates ability to regulate infant's stress responses to allow for exploration or social interaction.</p> <p style="margin-left: 40px;"><i>CPP Fidelity:</i> Emotional Process Fidelity <i>CPP Objective:</i> Strengthen Dyadic Body-Based Regulation</p>	
<p>4. Caregiver has realistic developmental expectations of the infant during play or social interactions.</p> <p style="margin-left: 40px;"><i>CPP Fidelity:</i> Dyadic Relational Fidelity <i>CPP Objectives:</i> Enhance Understanding of the Meaning of Behavior</p>	
<p>5. Caregiver addresses how own trauma experiences impact the relationship with the infant.</p> <p style="margin-left: 40px;"><i>CPP Fidelity:</i> Trauma Framework Fidelity <i>CPP Objectives:</i> Help Dyad Differentiate Between Then and Now</p>	
<p>6. Caregiver addresses how the infant's trauma impacts the infant's behaviors.</p> <p style="margin-left: 40px;"><i>CPP Fidelity:</i> Trauma Framework Fidelity <i>CPP Objective:</i> Support Dyad in Acknowledging Impact of Trauma</p>	

**Directions:** The CIAP (Clinical Information and Progress) is a clinical instrument that tracks changes to the parent-infant relationship. Changes to the parent-infant relationship are a key component of the Caregiver Functioning and Behaviors Outcome of the program. The initial CIAP is administered during the CPP Foundational Phase and provides a baseline from which clinicians can use repeated CIAP's at 90 day intervals to track progress and help with case conceptualization. Each of the 6 items is scored initially as a conceptualization of the case and then as a summation of each 90 day interval.

The term 'infant' includes *infants, toddlers and preschoolers* birth-to-5 years of age.

SCORING				
1	2	3	4	5
Rarely	Seldom	Sometimes	Often	Consistently

**1. Caregiver improves attachment relationship with the infant by actively modifying own behaviors.**

*Why it is important?*

- The first conceptual premise of CPP is that the attachment system is the main organizer of infant's responses to danger and safety in the first 5 years of life (Lieberman et al., 2015, p.7).
- Traumatic experiences, such as witnessing domestic violence and enduring maltreatment, damage the infant's developmentally appropriate expectation that the parents will be reliably available as protectors.
- When unmanageable fear becomes a feature of everyday experience, the infant's sense of self and others is mired with mistrust, apprehension, hypervigilance, and anger. These responses are in conflict with age-appropriate longings for closeness and safety with the parents.
- Caregivers who are open and willing to change and engage in the Child Parent Psychotherapy (CPP) treatment process help infant's modulate negative emotions, express feelings in socially acceptable ways, and learn age-appropriate ways of recognizing and respecting the parents' motivations and feelings (p.8).

<b>1</b>	Rarely	<b>Precontemplation</b> Caregiver improves attachment relationship with the infant by actively modifying own behaviors <i>up to 10% of time.</i>
<b>2</b>	Seldom	<b>Contemplation and Remembering</b> Caregiver improves attachment relationship with the infant by actively modifying own behaviors <i>up to 30% of time.</i>
<b>3</b>	Sometimes	<b>Preparation and Understanding</b> Caregiver improves attachment relationship with the infant by actively modifying own behaviors <i>up to 50% of time.</i>
<b>4</b>	Often	<b>Action and Applying</b> Caregiver improves attachment relationship with the infant by actively modifying own behaviors <i>up to 70% of time.</i>
<b>5</b>	Consistently	<b>Maintenance and Analyzing</b> Caregiver improves attachment relationship with the infant by actively modifying own behaviors <i>up to 90% of time.</i>

**2. Caregiver regulates own emotions and affect during stressful or unpredictable interactions with infant.**

*Why it is important?*

- The 6th conceptual premise of CPP is that treatment includes ‘speaking the unspeakable’ while promoting safety and hope (Lieberman et al., 2015, p. 14).
- The emphasis on speaking openly about traumatic events may reveal aspects of a parent’s life that may be experienced as shameful or emotionally unbearable.
- Bowlby (1979) spoke about the pressure that adults exert on infant’s to hide or deny themselves and others the adversities and traumas that happened to them. He said that “young infants often observe scenes their parents would prefer they did not observe; they form impressions their parents would prefer they did not form; and they have experiences their parents would like to believe they have not had” (p.101).
- Young infants, however, need adult acknowledgement of their experience in order to develop an accurate perception of reality.
- In CPP, the clinician provides a ‘holding environment’ that directs therapeutic attention to the emotional pain of trauma while also diverting therapeutic attention toward promoting well-being.

<b>1</b>	Rarely	<b>Precontemplation</b> Caregiver regulates own emotions and affect during stressful or unpredictable interactions with infant <i>up to 10% of time.</i>
<b>2</b>	Seldom	<b>Contemplation and Remembering</b> Caregiver regulates own emotions and affect during stressful or unpredictable interactions with infant <i>up to 30% of time.</i>
<b>3</b>	Sometimes	<b>Preparation and Understanding</b> Caregiver regulates own emotions and affect during stressful or unpredictable interactions with infant <i>up to 50% of time.</i>
<b>4</b>	Often	<b>Action and Applying</b> Caregiver regulates own emotions or affect during stressful and unpredictable interactions with infant <i>up to 70% of time.</i>
<b>5</b>	Consistently	<b>Maintenance and Analyzing</b> Caregiver regulates own emotions and affect during stressful or unpredictable interactions with infant <i>up to 90% of time.</i>

**3. Caregiver demonstrates ability to regulate infant’s stress responses to allow for exploration or social interaction.**

*Why it is important?*

- The 2nd CPP conceptual premise is that emotional and behavioral problems in infancy and early infancy are best addressed in the context of the infant’s primary attachment relationships (Lieberman et al., 2015, p.8).
- CPP helps the parent and the infant become more accurately attuned and responsive to the needs, feelings, and motivations of the other.
- Reflective function and mentalization (Fonagy, 2010) serve as underpinnings of secure attachment, which is promoted both by responsiveness to the young infant’s signals and by parental expectations of culturally sanctioned, age-appropriate behavior from the infant.
- The physiological or homeostatic state that is achieved when a caregiver can modulate an infant’s stress response and when an infant engages in appropriate interactions with the caregiver, is experienced as a pleasant state and emotionally safe (Hofer, 1995).

1	Rarely	<b>Precontemplation</b> Caregiver demonstrates ability to regulate infant's stress responses to allow for exploration or social interaction <i>up to 10% of time.</i>
2	Seldom	<b>Contemplation and Remembering</b> Caregiver demonstrates ability to regulate infant's stress responses to allow for exploration or social interaction <i>up to 30% of time.</i>
3	Sometimes	<b>Preparation and Understanding</b> Caregiver demonstrates ability to regulate infant's stress responses to allow for exploration or social interaction <i>up to 50% of time.</i>
4	Often	<b>Action and Applying</b> Caregiver demonstrates ability to regulate infant's stress responses to allow for exploration or social interaction <i>up to 70% of time.</i>
5	Consistently	<b>Maintenance and Analyzing</b> Caregiver demonstrates ability to regulate infant's stress responses to allow for exploration or social interaction <i>up to 90% of time.</i>

**4. Caregiver has realistic developmental expectations of the infant during play or social interactions.**

*Why it is important?*

- The 3<sup>rd</sup> conceptual premise of CPP is that the cultural and socioeconomic ecology of the family must be an integral component of clinical formulations and treatment plans (Lieberman et al., 2015, p.9).
- Risk factors in the first five years of life including developmental expectations and attachment disturbances transact between the infant and environment, including the family, neighborhood, community and larger society.
- The infant's parents or caregivers may live in circumstances that tax their resources and include, for example, racism, poverty, toxic living situations, poor nutrition and inadequate health care in addition to historical trauma.
- Faced with these stressors, parents are often unable to support their infant's development and may have unrealistic developmental expectations that are beyond the infant's ability or control.
- Parents exposed to traumatic events often experience a derailment in their capacity for affect regulation, comfort with body sensations, trust in interacting and problem solving with others, and feelings of safety in exploration and learning.
- CPP has the goal of improving the parent's psychological functioning and parenting competence by offering assistance, psychological exploration, and emotional growth as part of the therapeutic relationship.

1	Rarely	<b>Precontemplation</b> Caregiver has realistic developmental expectations of the infant during play or social interactions <i>up to 10% of time.</i>
2	Seldom	<b>Contemplation and Remembering</b> Caregiver has realistic developmental expectations of the infant during play or social interactions <i>up to 30% of time.</i>
3	Sometimes	<b>Preparation and Understanding</b> Caregiver has realistic developmental expectations of the infant during play or social interactions <i>up to 50% of time.</i>
4	Often	<b>Action and Applying</b> Caregiver has realistic developmental expectations of the infant during play or social interactions <i>up to 70% of time.</i>
5	Consistently	<b>Maintenance and Analyzing</b> Caregiver has realistic developmental expectations of the infant during play or social interactions <i>up to 90% of time.</i>

**5. Caregiver addresses how own trauma experiences impact the relationship with the infant.**

*Why it is important?*

- The 4<sup>th</sup> conceptual premise of CPP states that interpersonal violence is a traumatic stressor that has specific pathogenic repercussions on those who witness it and those who experience it (Lieberman et al., 2015, p. 10).
- Traumatic reminders may affect the quality of the infant-parent relationship by triggering traumatic stress responses that are misconstrued by the parent when the behavior appears unconnected with its origins in the traumatic moment.
- The CPP work tries to establish links between the parents’ early childhood experiences and their current feelings, perceptions, and behaviors towards their infant.
- The CPP clinician acts as a translator of the emotional experience of both parent and infant, attending carefully to the parent’s stressful life circumstances and culturally derived values.

<b>1</b>	Rarely	<b>Precontemplation</b> Caregiver addresses how own trauma experiences impact the relationship with the infant <i>up to 10% of time.</i>
<b>2</b>	Seldom	<b>Contemplation and Remembering</b> Caregiver addresses how own trauma experiences impact the relationship with the infant <i>up to 30% of time.</i>
<b>3</b>	Sometimes	<b>Preparation and Understanding</b> Caregiver addresses how own trauma experiences impact the relationship with the infant <i>up to 50% of time.</i>
<b>4</b>	Often	<b>Action and Applying</b> Caregiver addresses how own trauma experiences impact the relationship with the infant <i>up to 70% of time.</i>
<b>5</b>	Consistently	<b>Maintenance and Analyzing</b> Caregiver addresses how own trauma experiences impact the relationship with the infant <i>up to 90% of time.</i>

**6. Caregiver addresses how the infant’s trauma impacts the infant’s behaviors.**

*Why it is important?*

- The 5<sup>th</sup> conceptual premise of CPP is that the therapeutic relationship is a fundamental mutative factor in treatment (Lieberman et al., 2015, p. 13).
- CPP uses a dual attachment lens and a trauma lens to address distortions in the perceptions that the infant and the parent may have of each other following trauma.
- The dual lens enables the clinician to attend to the effect of trauma on the infant-parent relationship and to enhance the relationship as a protective mechanism to help the infant manage the fear and dysregulation associated with traumatic reminders.
- When the infant has experienced one or more traumatic events, creating a working alliance on behalf of the infant includes helping the parents understand how these events may be causally related to the infant’s presenting problems.
- In CPP, learns to take the infant’s perspective to help him/her heal from the impact of trauma or negative experiences
- “A core component of CPP is the creation of a trauma frame, giving parents’ compassionate, nonjudgmental explanations that: a) frightening events cause strong emotions of fear and anger at all ages; b) young infant and parents may express these emotions through behaviors such as aggression, dysregulation, or

withdrawal; and, c) the clinician wants to help the parent create safe conditions and support the parent and the infant in practicing ways of tolerating and transforming difficult emotions” (p 13).

- CPP addresses the critical need to understand and respond to the needs of infant experiencing trauma, not only to reduce possible negative effects but also to prevent later mental health challenges.

<b>1</b>	Rarely	<b>Precontemplation</b> Caregiver addresses how the infant’s trauma impacts the infant’s behaviors <i>up to 10% of time.</i>
<b>2</b>	Seldom	<b>Contemplation and Remembering</b> Caregiver addresses how the infant’s trauma impacts the infant’s behaviors <i>up to 30% of time.</i>
<b>3</b>	Sometimes	<b>Preparation and Understanding</b> Caregiver addresses how the infant’s trauma impacts the infant’s behaviors <i>up to 50% of time.</i>
<b>4</b>	Often	<b>Action and Applying</b> Caregiver addresses how the infant’s trauma impacts the infant’s behaviors <i>up to 70% of time.</i>
<b>5</b>	Consistently	<b>Maintenance and Analyzing</b> Caregiver addresses how the infant’s trauma impacts the infant’s behaviors <i>up to 90% of time.</i>

#### REFERENCES

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