

Making Room for Baby: Perinatal Child-Parent Psychotherapy

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TTAC
A COLLABORATION
BETWEEN

**NEW YORK
CENTER FOR CHILD
DEVELOPMENT**

McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH

NYU | **SILVER SCHOOL
OF SOCIAL WORK**

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded through ThriveNYC, in partnership with the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>




Visit our Website

TTACNY.org
ttac.info@nyu.edu

NYC Early Childhood Mental Health TTAC Training and Technical Assistance Center

TTAC is funded by the New York City Department of Health and Mental Hygiene through [ThriveNYC](#).

ASK TTAC 

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Events

Thursday, April 2, 2020
TTAC Webinar: Supporting Families and Caregivers of Infants and Young Children Affected by the COVID-19 Pandemic

Wednesday, May 20, 2020
Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part I

Friday, May 29, 2020
Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part II

Thursday, June 4, 2020
Beginning at the Beginning: Early Childhood Mental Health Consultation in Infant & Toddler Care - Part III

Wednesday, June 10, 2020
TTAC Webinar: The Loss and Grief of COVID-19: Real Challenges and Practical Suggestions

Friday, June 12, 2020
TTAC Webinar: Reducing Bias during COVID-19 using the Crawford Bias Reduction Theory & Training

[view more >](#)



NYC DOHMH Bureau of Early Intervention E-Learning Modules



Foundations of Social-Emotional Development in Infants and Toddlers
[Learn More](#)

NYC Early Childhood Mental Health Network COVID-19 Resource Guidance



Self-care resources for child serving professionals and resources to inform your work with children and families.
[Learn More](#)

The Early Childhood Mental Health Network



Get to know the Early Childhood Therapeutic Centers (ECTCs)! Available in both English and Spanish.
[Learn More](#)

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Why Starting Treatment in Pregnancy Matters

- Physiological and psychological challenges increase stress
 - Couple conflict and Intimate Partner Violence
 - Substance abuse
 - Lack of social supports
 - Re-creating a new identity as mother and father
- Sociological realities
 - Maternal mortality in the U. S. **doubled** in last 30 years
 - Increasing in racial and ethnic groups
 - Higher mortality rate in Black mothers and Black babies

Intergenerational Transmission of Trauma

- Women with histories of child maltreatment and IPV are more likely to experience postpartum depression
- Comorbidity of postpartum depression and PTSD in mothers with histories of childhood trauma
- These mothers are more likely to engage in child abuse
- Their babies more likely to have poor perinatal outcomes

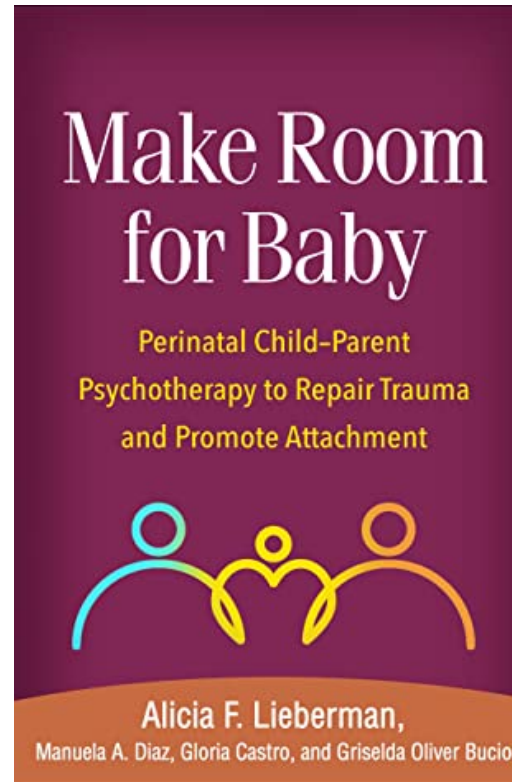
Impact on Babies of Maternal Risk Factors

- “Fetal Programming”

Prenatal maternal stress is linked to alterations in fetal development

- Placental-fetal stress physiology
- Newborn brain structure
- Respiratory Sinus arrhythmia (RSA), marker of self-regulation
- Long-term risk for psychiatric conditions

P-CPP Manual



Perinatal CPP Model



- ♦ Multitheoretical, integrative approach:
 - Attachment, psychodynamic, trauma, CBT, social learning, multicultural theories
- ♦ Therapeutic focus:
 - Psychogenic beliefs, distorted perceptions, negative attributions
- ♦ Relationship-based, trauma focused
 - Attention to impact of past adversity and relational experiences on current mental health

P-CPP Intervention Modalities

- Developmental guidance
- Cultural values and practices, historical trauma
- Body-based interventions
- Insight-oriented interpretation
- Trauma-informed interventions
- Emotional support/empathic communication
- Concrete assistance with problems of living
- Crisis intervention



P-CPP Format: Foundational Phase

Assessment and Engagement: 3-5 sessions

- Who are we working with?
 - Current life circumstances: Safety? Danger? Violence?
 - Pregnancy: How it happened and its meaning
 - Ghosts in the Nursery: Adversity and Trauma
 - Angels in the Nursery: Strengths and Hope
- Case Formulation & Feedback: Co-creating a treatment plan
 - Establishing priorities
 - Who will participate

Presenting Treatment: The CPP Formulation Triangle

Protective Steps:

Highlight when people have

- Acknowledged what happened
- Created physical or emotional safety

Experience:

- You've been through . . .
- You saw . . .
- Your parents used to . . .

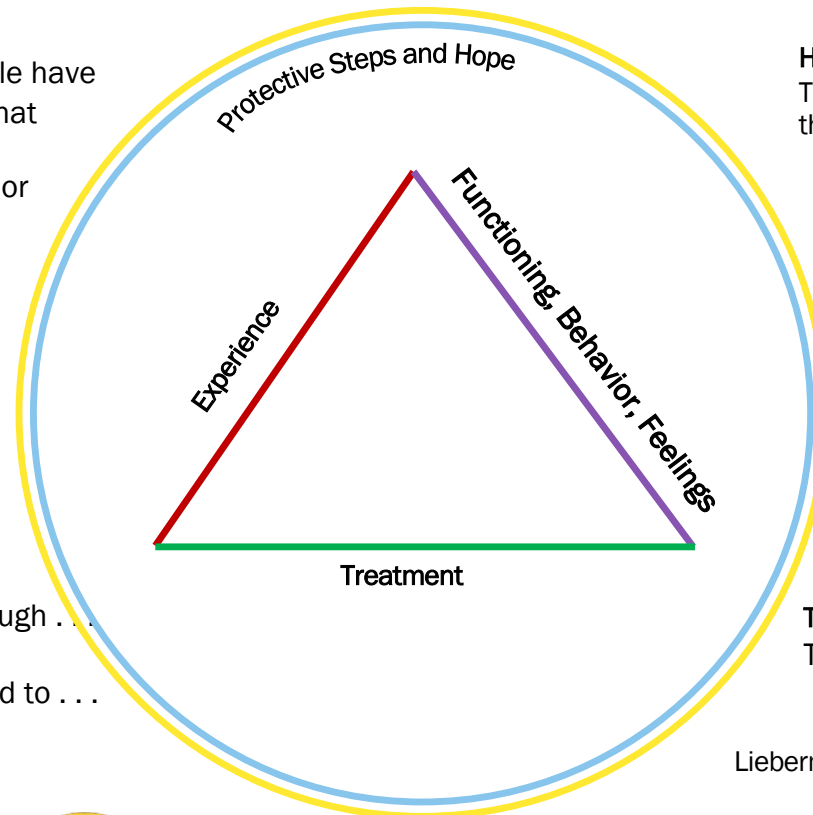
Hope:

Things can change for the better

Functioning Behavior, feelings:
And now you . . .

Treatment:

This is a place where. . .



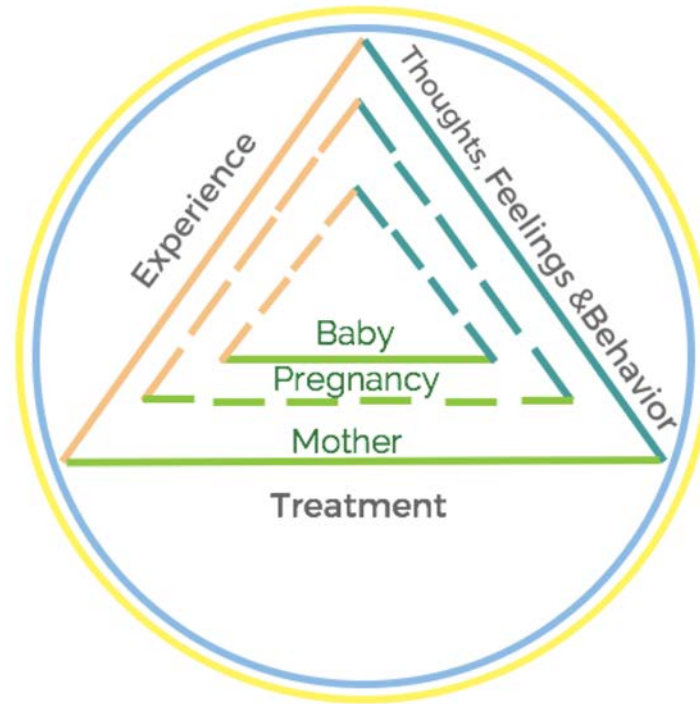
Lieberman & Ghosh Ippen, 2014

NCTSN

The National Child
Traumatic Stress Network

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Permeable Membranes: Self, Body, Baby



Core Treatment: Deepening the Foundational Work

- Back and forth between present, immediate past, and childhood loneliness, fear and rage: Seeking the emotional meaning of **specific** memories and fears
- “I always had this fear that I would squish a little puppy or a little kitten, or a baby, squish them real hard and kill them. I’ve always been scared of that impulse. I am terrified I will do that to my baby”.
- “And you want to protect the baby from that impulse”

Speaking the Unspeakable: Dispelling Harmful Beliefs

- Shame and self-blame are universal responses to trauma
“I am bad” “I made it happen” “I will cause harm”
- Identifying and dispelling pathogenic beliefs is a core strategy of successful treatment regardless of theoretical orientation
- “It is such a relief to know that I am afraid of hurting this baby because I really want to protect it. That means that I really love it. I didn’t know I could feel that”.

Making Room for the Real Baby

- Matches and mismatches: Baby as individual
 - “She is pretty, but she is very greedy”
 - “She doesn’t let me eat”
- Enlisting coping skills and external help
 - “I can feed her when you are hungry, honey”
- Separate agendas: Tolerating ambivalence
 - “I want to leave her on the steps of a church”
 - “I need to get out, but can she manage without me?”



Termination: Saying Goodbye

- Recapitulating treatment

“I can’t believe there was a time when I did not love her”

- Mindful reflection

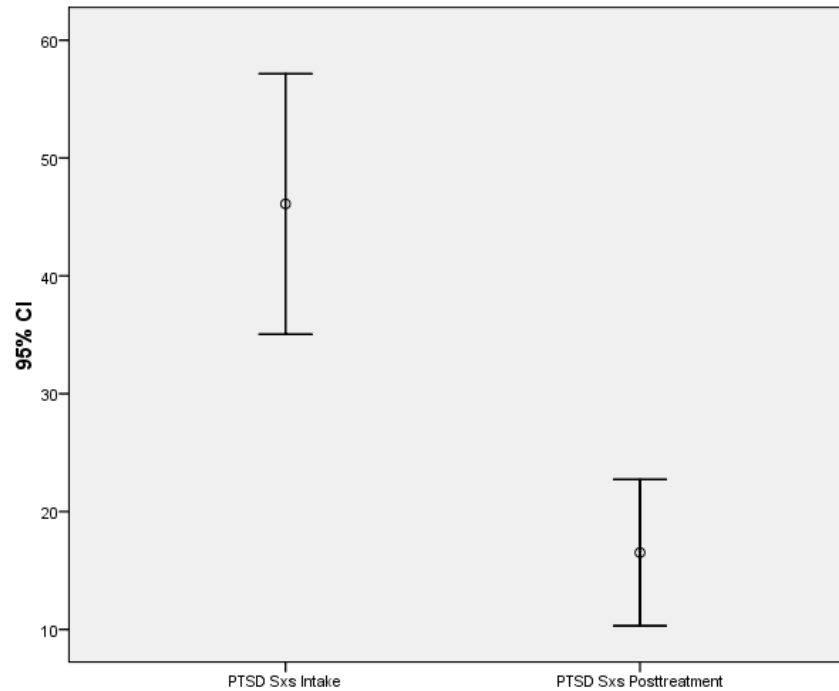
“I still get angry at her, but I tell her afterwards it is not her fault”

- Anticipating the future

“She is like me. She can be very manipulative, but I won’t let her do things that will make her get hurt”

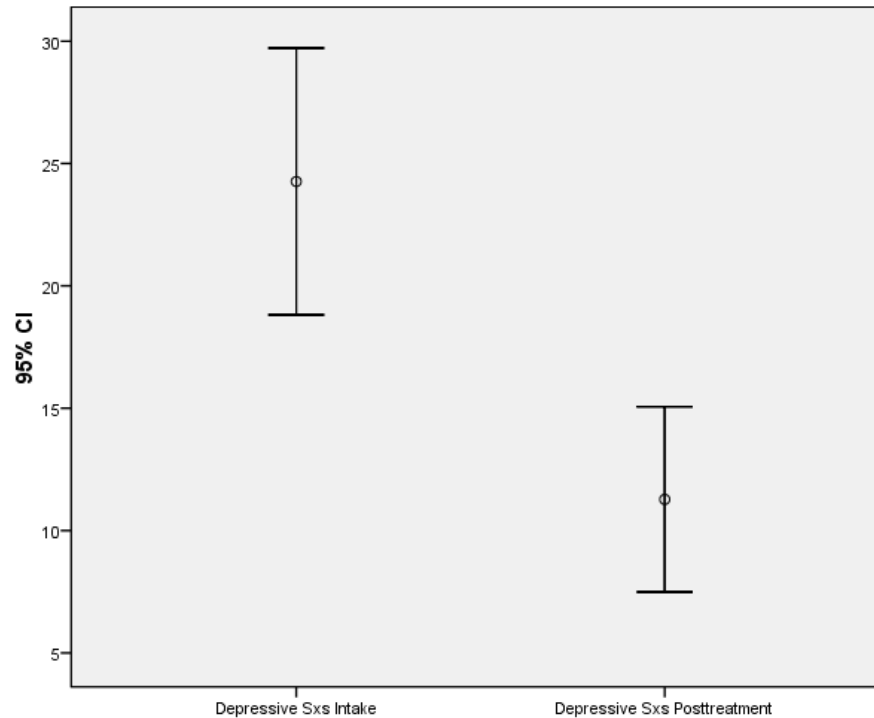
Outcomes: Maternal PTSD Symptoms

N=114



DTS: $F(1, 28)=22.88, p=.000$

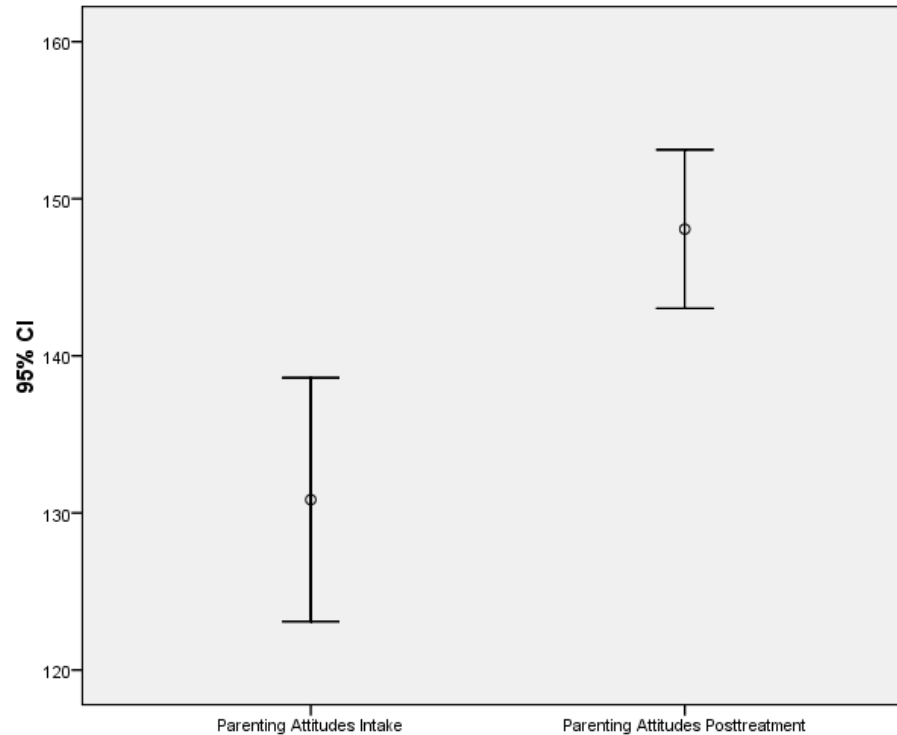
Maternal Depressive Symptoms N=114



CES-D: $F(1, 28)=13.49, p=.001$

Parenting Beliefs and Attitudes

N=114



$$F(1, 30)=48.30, p=.000$$

THANK YOU!!!

Patricia Van Horn, J. D., Ph.D. In Memoriam

Manuela Diaz, Ph.D.

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