Early Childhood Trauma Treatments: How to Decide Amongst CPP, PCIT, & TF-CBT

Child Parent Psychotherapy (CPP) – an evidence-based treatment for children (ages 0-5) that has been shown to reduce emotional and behavioral difficulties associated with trauma, enhance safe caregiving practices, and strengthen the parent-child relationship.

Parent-Child Interaction Therapy (PCIT) – an evidence-based treatment for children (ages 2- 7) with disruptive behavior, including those who have experienced trauma, that has been shown to reduce behavior problems, strengthen parent-child attachment, and improve trauma symptoms.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – an evidence-based treatment for children and adolescents (ages 3-18) that has been shown to successfully resolve emotional and behavioral difficulties associated with trauma.

Clinical Questions that Inform Treatment Selection: Josiah

Consideration	Clinical Question	CPP	PCIT	TF-CBT
Child 	Can the treatment be used with a child this age? Can the treatment be used with the child's current speech and language functioning? Can the treatment be used with a child this size? Will the treatment address the current most impairing symptoms (e.g., posttraumatic stress, emotional, behavioral, relationship)? Think: Does the child demonstrate trauma-related symptoms that may be an important focus of treatment? Yes_____ No _____ (If no, all three treatments may be appropriate. If yes, consider CPP/TF-CBT over PCIT) Can the treatment be used with the child's ability to verbalize memories of the trauma?			
Caregiver 	Is there a supportive caregiver able to participate in treatment with the child? Who? Think: Will an offending caregiver participate in treatment? Yes_____ No _____ (If no, all three treatments may be appropriate. If yes, consider CPP/PCIT over TF-CBT) Does the treatment address the primary concern of the caregiver(s)? Can the treatment be used with the current level of impairment of the caregiver's symptoms? Can the treatment be used with the caregiver's current ability to hear the child's trauma?			
Environmental 	Is the child's placement stability conducive to treatment? Is the child's case plan goal conducive to treatment? Are the child's visitation schedule & symptoms surrounding visits with biological family conducive to treatment? Can the treatment be used effectively with other trauma treatments currently implemented with the family?			

Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2018). Treatments for early childhood trauma: Decision process considerations for clinicians. *Journal of Child and Adolescent Trauma.* doi: 10.1007/s40653-018-0244-6