Protecting children begins with healing parents

Child–Parent Psychotherapy helps caregivers move from fear to love

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As the parent of a newborn baby or young child, you are not alone in the nursery: there are ghosts and angels with you. These are memories from growing up that may at times fill you with dread and at other times uplift you with hope and joy. In my 40 years of studying trauma, I learned that for traumatised parents, "uncovering angels as growth-promoting forces … is as vital to the work of psychotherapy as is the interpretation and exorcizing of ghosts" (Lieberman et al., 2005).

Becoming a mother or a father is both a profoundly personal and a deeply social experience. For parents, creating and raising a young child is a time of transformation in body, mind and soul, coloured by their past and present cultural, socioeconomic and interpersonal life circumstances. When these circumstances aren't good, parents can develop acute and chronic stress that shapes their brain architecture, physiology, mood, and energy levels. Fears about their ability to care for their child do battle with their hopes. We have learned that "angel" moments are a powerful antidote to these fears and that these moments can be retrieved from the past or created anew in the here and now.

Traumatic events, from family violence to war, affect us long after the events have ceased. Life-threatening danger has long-term effects on how we perceive the world. Danger may seem to lurk everywhere. Seemingly harmless situations may trigger a vivid re-living of the traumatic event. A pervasive sense of vulnerability can make it difficult to trust other people and even oneself.

Caring for an infant often feels like an impossible burden when one has lost confidence in oneself. Fortunately, however, personal history is not personal destiny. The pain of trauma can heal and evolve into compassionate loving kindness towards oneself and others.

Thirty years ago, Patricia Van Horn and I developed Child–Parent Psychotherapy (CPP) at the University of California San Francisco to help parents in such circumstances. Based on attachment theory, CPP helps parents reclaim their capacity to love, transforming the fear and anger from traumatic experiences into a passionate commitment to protect and nurture their children and themselves.

CPP has since evolved in response to evidence from clinical and scientific developments. Five randomised controlled studies with diverse ethnic and racial groups show significant improvements in parent and child mental health, quality of attachment, and biological markers of stress. Today, CPP is disseminated by more than 2,000 clinicians in six countries and 40 US states (Child–Parent Psychotherapy, 2022).

Giving meaning to the pain of trauma

Practitioners from different disciplines – including healthcare and childcare providers, community agencies, and the legal system – can refer parents for Child–Parent Psychotherapy when their child has been physically or emotionally harmed by traumatic events and the parents feel unable to give them protective and nurturing care. Sometimes the parents themselves inflicted the trauma. CPP is based on the understanding that traumatised children frequently have traumatised parents whose caregiving difficulties mirror their own painful experiences while growing up.

Parents whose childhood cries were met with punishment, for example, often punish their own children for crying. The anguish of their punished early cries is too painful to remember and put into words that could give it meaning. It instead becomes a "ghost memory" that manifests as a stark, action-based lesson from the past: "Crying is unacceptable and will be punished." This is how trauma gets transmitted from generation to generation.

CPP begins the process of healing by meeting with the parent alone. Parents are often surprised by the clinician's interest in their own lives: we ask them about their childhoods, what happened to them, who hurt them and who helped them, how it affected them, their sorrows and their joys. They tell us they are used to being treated only as parents who failed their children. We explain that raising children is a challenge, and parents seldom get the support they need.

As trust grows, the clinician guides the parents to describe, feel, and give words to their frightening early experiences. Speaking what was previously unspeakable opens the parents' hearts to the memory of their loneliness, fear and sorrow as helpless, unprotected young children. The clinician also guides them into remembering childhood moments of feeling loved and cared for – "angel memories" that balance the "ghosts", offering comfort and hope.

CPP in action

The treatment of Anita, her partner Raul, and their 3-month-old baby Andrés is an example of the CPP model. Anita and Andrés were referred by a pædiatric social worker at a San Francisco hospital who was concerned about the baby's lack of weight gain and Anita's inconsistent attendance at pædiatric appointments. After Anita also missed her first CPP appointments, the CPP clinician managed to connect with Anita in her native Spanish. Anita explained that she was avoiding contact because of stress about her fears of deportation.

The clinician offered to meet jointly with Anita and Raul to listen to their concerns and plan how to help them achieve their goals as individuals, parents, and a couple. Anita spoke about their precarious financial situation: she was not working because childcare was too expensive, and Raul's income was not enough to cover the family's expenses. She was diluting the baby's formula with water to make it last longer. In subsequent sessions, the clinician gradually learned about the strains between the couple. Andrés was the result of an unplanned pregnancy a few months into their relationship, and Raul resented his new responsibilities as a father. They disclosed with shame that they had fights that involved screaming, pushing and shoving.

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The clinician commented supportively that Anita and Raul were only beginning to know each other as romantic partners when they were thrust into their roles as parents, and that pushing and shoving often happen when couples feel overwhelmed by stresses they can't put into words. She suggested that they talk to each other about their lives before they met each other, and offered to serve as a mediator as they practised talking. The clinician also commented on their shared love for Andrés as an incentive to collaborate in ensuring his healthy development.

Over a year of treatment, the parents described with much pain their difficult experiences of physical abuse while growing up. Both had witnessed horrific violent crime in their countries of origin

and they frequently experienced discrimination as recent immigrants. They found mutual support in discovering that they had these experiences in common. They learned to understand the connections between their past trauma, current stressors, and their present enactment of these experiences in their feelings of isolation and despair and in their fights.

The clinician also helped in practical ways, connecting them with community food banks, attending court hearings with Anita, and enlisting a pro bono immigration attorney to help with immigration proceedings. The weight of little Andrés normalised and he was showing a healthy developmental trajectory by the time he was 6 months old.


Photo: Isolde Woudstra

Meeting trauma with love

Interpersonal childhood trauma is very common, with more than two-thirds of children reporting at least one traumatic event by age 16 in the USA (Substance Abuse and Mental Health Services Administration (SAMHSA), no date). Family trauma is often the enactment in the private realm of social violence targeting marginalised and oppressed racial and ethnic communities. This violence could have happened in the past, in the present, or both – such as when immigrants flee violence only to find racism, bigotry and xenophobia. It calls for a clinical lens that encompasses historical, social and individual circumstances in tailoring mental health treatments that support parents in the multiple facets of their lives.

In learning to know themselves, parents gain a new understanding of their young children's emotional needs. Shame and self-blame are transformed into self-understanding and compassion for themselves and their children.

Research evidence supports this two-generation approach (as described by Catherine Monk on pages 30–33). A recent study shows that trauma-exposed young children who participated, alongside their parents, in CPP treatment showed significantly less accelerated epigenetic ageing – a biological stress marker that predicts adult medical and psychiatric problems – than a comparison group (Sullivan et al., 2024). This study adds to extensive scientific evidence showing that the entire family benefits when parents grow in their knowledge of themselves. Parents' love for their children is a powerful incentive to overcome trauma and transform pain into love. We found that parents and children build trust in themselves and rejoice in each other when they create angel moments together. Humans need safe, loving relationships, and healing their relationship helps both parents and children thrive in their new capacity to love and learn together.

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