Child-Parent Psychotherapy

Implementation-Level Trainings
Learning Collaboratives

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18-Month CPP Learning Collaborative Overview
Acknowledgements

- The CPP Learning Collaborative model was adapted from the National Child Traumatic Stress Network (NCTSN).
- For more information about the NCTSN Learning Collaborative model, please see the NCTSN TOOLCIT Curriculum: [http://learn.nctsn.org/course/view.php?id=101](http://learn.nctsn.org/course/view.php?id=101)
Learning Session 1
- 3 days (minimum)
- Core CPP didactics

Learning Session 2
- 2 days (minimum)
- Competency building
- Case-based
- Participant driven

Learning Session 3
- 2 days minimum
- Competency building
- Case-based
- Participant driven

End of Training
CPP Learning Collaborative Videos to Watch

- Team Approach
- Training Components
- Optional Components
- Rostering
Implementation-Level Training in CPP

Importance of Teams
CPP LC Teams

• Typically teams rather than individuals participate in CPP training
• A team ideally consists of
  – Psychotherapists/Clinicians: Ideally 3 or more
  – Supervisor(s): At least 1, ideally more (3 for future sustainability)
  – Senior leader(s): Ideally at least 1
Team Member Activities and Responsibilities

• Psychotherapists/Clinicians
  – Provide direct clinical service
  – Offer feedback about how model aligns with current agency
    • Client population
    • Needs
    • Policies and practices
Team Member Activities and Responsibilities

• Supervisors
  – Provide reflective supervision
  – Responsible for coordinating the learning of the team
    • Knowledge of early childhood development
    • Core skills (e.g. trauma screening)
  – Think with team about how trauma work impacts them and potential shifts in agency policies and practices that may support the work and the team
  – Critical for future sustainability within the agency
Team Member Activities and Responsibilities

• Senior Leaders
  – Individuals who are able to effect agency-level changes
  – Able to make changes to align agency and CPP practices and policies
  – Knowledgeable about funding sources and how current billing practices align with CPP practices
  – Attend any aspects of the LC they can
    • Ideally Learning Session 1 to understand CPP
    • Senior leader calls if included as part of this LC
Teams in Rural Areas

• In areas with limited services or where services are typically provided by private practitioners, individual practitioners may participate in CPP LC provided that:
  – They are licensed
  – They form teams and agree to meet with a partner for reflective CPP consultation for the duration of the LC, ideally once a week but a minimum of 2x per month (on weeks when there is no consultation call)
Rationale for Teams

- Reflective supervision is an integral part of CPP
- Therapists benefit from the support of a team as they learn a trauma treatment. The team works together to...
  - Prevent and address vicarious traumatization
  - Develop a culture of self care and team care
- Team members support each other in considering how historical, contextual, and socio-cultural factors shape perspective and behavior
- Sustainability
  - Particularly important to include multiple supervisors when the goal of participation is sustainability
  - See CPP Agency Mentorship Program (C.A.M.P.) video
Team Members

- Clinical team members must be masters or doctoral-level psychotherapists with a degree in a mental health discipline.
- Some trainers may accept MFTIs and Postdoctoral students, but they are not eligible for the roster until they are licensed.
- This training is not considered intensive enough for students (e.g. practicum students and psychology interns) to learn the model:
  - Students typically require more supervision, training, additional didactics, and more direct contact with families to learn the model.
  - CPP training is offered to students through endorsed CPP internships.
Team Members: Licensure Requirements

• Team members who are not yet licensed must be supervised by a licensed team member who is participating in the LC or who has completed an Implementation-Level CPP training before

• Should that supervisor leave the agency or end his/her participation in the LC, arrangements must be made to have non-licensed staff supervised by a licensed supervisor who has been or is being trained in CPP
Unlicensed Team Members: If Supervisors Leave

If there are no available licensed CPP supervisors within the agency, there are two options for continuing.

• Option 1: A licensed supervisor who has not yet been trained in CPP may serve as supervisor of record
  – At a minimum, supervisor needs to participate in CPP consult calls with supervisee so as to become aware of the model and understand how CPP may influence supervisee’s clinical work.
  – New supervisor would not be eligible for the CPP roster unless s/he completes a full CPP Implementation Level course.
  – Unless specific exceptions have been made in consultation with the CPP Development Team, participation in consult calls is not counted towards an Implementation Level Course until after a participant attends the Initial CPP didactic training.
Unlicensed Team Members: If Supervisors Leave

- Option 2: The agency could contract separately with a licensed clinical supervisor who is trained in CPP, resides within that state, and is willing to provide clinical supervision and serve as the supervisor of record.
CPP Learning Collaborative
Training Components
18-Month CPP LC Overview

Learning supported by 8 required learning components
1. Didactics (18 hour minimum)
2. Read CPP manual
3. Conduct CPP
   • 2 cases for Supervisor Participants; 4 cases for Clinician Participants
4. Reflective CPP supervision within the agency
5. Ongoing consultation calls
6. Case presentation
7. Intensive CPP competency building workshops
8. Fidelity monitoring
Training Components

• Required learning components for CPP Learning Collaboratives organized after April 2018
• Trainings arranged prior to 2018 may have slightly different requirements
CPP LC Components: Didactics

1. Participate in Core CPP Didactics
   • 18-hours of didactics
   • Typically conducted through a 3-day training
   • May be broken into smaller segments
CPP LC Components: Read the Manuals

2. Read the Manuals


CPP LC Components: Provide CPP

3. Work with Families Using CPP

• Clinician Participants: At least 4 cases in the 18-month period
• Supervisor Participants: At least 2 cases in the 18-month period
• At least two cases must be treated for at least 16 sessions
  – At least 1 of these must have started from the beginning and included the foundational phase
  – Both must have included dyadic sessions
• For Clinician Participants, the other two families must be seen for at least 4 face-to-face sessions in any treatment phase
CPP LC Components: Provide CPP

3. Work with Families Using CPP (continued)

• For each family
  – Child is under age 6 (at intake)
  – Child has experienced at least one trauma (may include separation from a primary caregiver)
  – For those working with at least 4 families, for one case, one exception can be granted
    – child who is age 6
    – pregnant mother or baby under age 18 months where the caregiver’s trauma history is the primary reason for referral
CPP LC Components: Provide CPP

3. Work with Families Using CPP (continued)

• Requirement typically completed during the course of the 18-month LC
• May grant an extension provided that:
  – The participant treated at least one case for at least 16 sessions during the LC
  – The person has completed most of the other components of the LC
  – The person continues in CPP supervision (minimum twice monthly) at their agency with a supervisor trained in CPP until they complete this requirement
  – This requirements is completed within 3 years of finishing an LC
CPP LC Components: Reflective CPP Supervision

4. Participate in Reflective CPP Supervision
   • Consistent space where clinicians and supervisors can reflect on their CPP work within their own agencies
   • Discuss
     – Impact of trauma on the provider
     – Alignment of CPP and agency procedures
     – Support for learning core CPP competencies (e.g. screening for trauma)
   • Team members contribute different perspectives and expertise
   • Develop a culture of team learning
   • Enhances sustainability
4. Participate in Reflective CPP Supervision (continued)

- Agency supervisors provide CPP supervision
  - Individual or group
  - Ideally once a week
  - Minimum 2x per month
    (on weeks when there is no consultation call)
- Supervisors may be learning CPP at the same time as clinicians
- Agency supervisors also benefit from reflective consultation and ideally should reflect with either their teams or with another CPP supervisor
5. Participate in CPP Consultation Calls

- Case-based learning
- Share interventions (what you did and said), not just family history
- Not expected to be doing CPP yet
- Consultation on the model not just on the “case”
- Highlight strengths
- Conceptualize the case using CPP
- Look at where the work is reflective of CPP
- Look at divergences from CPP
- Explore alternate ways to intervene
5. Participate in CPP Consultation Calls (continued)

- Attend at least 70% of calls during the 18-month period
- Minimum of 23 calls
- Consultants will make every effort to provide a minimum of 33 calls
- Expected to take vacations for self-care
CPP LC Components: Case Presentation

6. CPP Case Presentation

• Present at least twice during ongoing CPP consult calls unless group size does not permit this

• Complete case presentation template & provide clinical material for reflection 48 hours before presenting
CPP LC Components: CPP Competency Workshops

7. Participate in Intensive CPP Competency Building Workshops

- Learning Session 2
  - Typically 2-days (12 hours minimum)
  - Approximately 6 months after the core CPP didactic training (Session 1)

- Learning Session 3
  - Typically 2-days (12 hours minimum)
  - Approximately 12 months after the core CPP didactic training (Session 2)
7. Participate in Intensive CPP Competency Building Workshops (continued)

• Content tailored to the needs of participants
• Case-based learning
• Multiple case presentations
• Active dialogue and practice
CPP LC Components: Fidelity Monitoring

8. Fidelity Monitoring

• Two fidelity clients
  – Ideally one high challenge and one low challenge
  – If a fidelity case ends prior to completing 16 sessions, begin fidelity monitoring with another case
  – Review measures for each phase with a supervisor or colleague

• As required by your LC Trainer
  – Complete supervision fidelity
  – Complete consultation fidelity
18-Month Learning Collaborative Components

- Senior Leader Involvement
- Begin Working with Families
- Begin Using Fidelity Measures
- CPP Supervision in Agency
- Consult Calls

Standard CPP Learning Collaborative Path ➔

End of Training

Ghosh Ippen, Van Horn, Lieberman, 2016
Optional but Highly Recommended Training Components
Optional but Highly Recommended Components

1. Support during Pre-Work Phase
   - Think about the LC application procedure
   - Identify agency teams that are most likely to sustain the model and to serve families in need
   - Think about any knowledge gaps that may need to be addressed
     • Knowledge of infants, toddlers, and preschoolers
     • Relationship assessment
     • Sociocultural considerations
     • Trauma-informed systems
     • Interfacing with specific systems
Optional but Highly Recommended Components

2. Supervisor Call

– Held only with supervisors
– Supervisors present supervision cases and discuss CPP supervision
– Typically once a month (schedule determined with trainer)
– Particularly helpful when supervisors are learning at the same time as supervisees
– Support future sustainability
Optional but Highly Recommended Components

3. Senior Leader Call

- Recommended particularly for large systems
- Typically one call every quarter or every 6 months (schedule determined with trainer)
- Think together about:
  - Any challenges aligning CPP and systems' policies and procedures
  - Match for client population
  - Ways to support learning
  - Sustainability
Optional but Highly Recommended Components

4. Foundational Trainings
   • Offered by some trainers to help participants gain knowledge core to CPP
   • Different CPP trainers have different areas of expertise
Optional but Highly Recommended Components

4. Foundational Trainings (continued)

• Potential topics
  – Child development
  – Reflective supervision
  – Caregiver-child relationship assessment
  – Partnering with specific systems (child welfare, courts)
  – Early childhood trauma
  – Trauma-informed systems
  – Diversity-informed practice
  – Engagement
DO WE CERTIFY IN CPP?
What do CPP and the insanity workout have in common?
Results may vary based on...
WE DO NOT CERTIFY, BUT WE DO ROSTER
CPP Roster

- Therapists who complete the minimum requirements for an Implementation-Level Course are invited to be on the CPP roster.
- To be rostered, therapists must also:
  - Have a Master’s degree or above in a mental health discipline.
  - Hold professional licensure in home state and any state that therapist lists on the roster as part of a clinical practice.
CPP Roster

• Therapist enters own information
  – Photo
  – Brief Bio
  – Contact information (for multiple sites)
  – Insurance
  – Languages spoken
• Therapist is able to update information if therapist changes jobs or moves
• Information is shared via public websites, searchable maps
• Families and systems can easily find CPP therapists
CPP Map: Locating Trained Providers
Implementation-level CPP Training

- 18-Month CPP Learning Collaborative
- CPP Agency Mentorship Program (C.A.M.P.)
- Endorsed CPP Internship