



## NFI, VT, EasterSeals, VT, and HowardCenter are pleased to sponsor a **Child-Parent Psychotherapy Learning Collaborative** **May 2020**

*If you are interested in this evidence-based model of parent and child treatment for trauma-related challenges, please call Tina Bleau, MA at 802-951-0450 X 1043*



### Child-Parent Psychotherapy

CPP is an intervention model for children aged birth to six who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors). For children exposed to trauma, caregiver and child are guided over the course of treatment to create a joint narrative of the traumatic event and to identify and address trauma triggers that lead to dysregulated affect and behavior.

Therapeutic sessions include the child and parent or primary caregiver. If clinically indicated, treatment may include multiple caregivers and/or siblings with the format of sessions determined jointly with the caregivers after learning about the needs of different family members during the Foundational Phase of treatment.

For information about the research on CPP, including the five randomized trials conducted on the model, please visit the Child-Parent Psychotherapy website: [www.childparentpsychotherapy.com](http://www.childparentpsychotherapy.com)

## **Child-Parent Psychotherapy Learning Collaborative**

### Objectives

- Participants will gain core CPP knowledge and competencies to enable them to adopt CPP
- Participating agencies will increase their capacity to provide an evidence-based trauma treatment for children aged birth to six

### Key Components

This 18-month Learning Collaborative will include:

- Three face-to-face learning sessions
  - Session 1: 3-day Core CPP Didactics
  - Session 2: 2-day Intensive CPP Competency Building Workshop
  - Session 3: 2-day Intensive CPP Competency Building Workshop
- Twice-monthly phone or video case-based consultation conducted by an endorsed CPP consultant
  - Each participant will present their work twice.
- Agency-based CPP reflective supervision.

Reflective supervision provides the supervisee and supervisor with an opportunity to think about the family, the CPP model, the emotional content of the work, the supervisee's emotional reactions, the case conceptualization, specific intervention reflection and planning, new skills, and knowledge.

Supervision can take place either individually or in groups. Meetings ideally occur weekly and at a minimum of twice per month (on weeks when there is no consultation call).

- Supervisor call to discuss CPP supervision
- Reading the CPP manuals
- Conducting CPP with families
- Completion of CPP fidelity instruments and evaluation tools
- Calls with senior leaders to discuss CPP implementation.

Senior leaders are those individuals within an organization with the capacity to effect agency-level changes that may be needed to align agency and CPP practices and policies.

### Training Eligibility

- All clinical agency team members/private practitioners seeking to complete training and be eligible for the CPP roster must be master's or doctoral-level psychotherapists with a degree in a mental health discipline.
- If any participating team members are not yet licensed, they must be supervised by a licensed team member who also participates in the training.
- An agency's full participation means that one or several clinicians **and** a supervisor participate in the in-person trainings and the consultation calls. Clinicians are required to carry at least 4 CPP cases and supervisors carry at least 2 CPP cases during the 18 month period.
- Agencies must have a Senior Leader/Administrator who participates in periodic calls to discuss implementation and sustainability concerns.

*If you do not have capacity for a full team to participate,  
there may be opportunities for a single clinician to join another team.*