



OVERVIEW

Vermont Statewide Learning Collaborative Cohort 2

Begins May 27-29, 2020

Child-Parent Psychotherapy Overview

CPP is an intervention model for children aged 0-5 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 our website: <http://childparentpsychotherapy.com/about/research/>

Child-Parent Psychotherapy Learning Collaborative Objectives

- Through an 18-month long training, 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 in the birth to six age range

Training Overview and Components

NFI Vermont, EasterSeals, and Howard Center will be holding an 18-month long Child-Parent Psychotherapy (CPP) Learning Collaborative centrally located in Vermont beginning May 27th-29th, 2020. Location to be determined.

The Learning Collaborative model is the dissemination strategy used by the National Child Traumatic Stress Network to support uptake of best practices. What sets an LC apart from traditional training is the intensive focus on learning-by-doing. An LC includes in-person trainings or "learning sessions", intensive consultation, and peer-to-peer learning within and across organizations. This training meets criteria for an Implementation-Level CPP Course. Participants who complete the training will be eligible for the roster of trained CPP clinicians.

Please ensure that your agency leadership and all members of your team who might be part of the training are aware of the core components and minimum training requirements for a CPP Implementation Level Course. They can do this by visiting our website: <http://childparentpsychotherapy.com/providers/training/lc/>

They will also be completing the CPP Training Agreement and should review it at:

<http://childparentpsychotherapy.com/wp-content/uploads/2018/03/ CPP-Training-Agreement-2018.pdf>

Training components include:

1. Participate in initial core CPP didactic training - 3 days
2. Read the CPP manual (see training materials below)
3. Provide CPP to children under age 6 who have experienced at least one trauma (see Training Agreement for specific details)
4. Participate in reflective CPP supervision
5. Participate in ongoing CPP consult calls - twice monthly phone or video-based consultation for 18 months conducted by an endorsed CPP consultant
6. Case presentation - prepare and present at least twice on consult calls
7. Participation in intensive CPP competency building workshops (2 days each, approximately 6 months and 12 months after the initial didactic training)
8. Fidelity monitoring - completion of CPP fidelity instruments and LC evaluation tools
9. Any additional learning collaborative metrics needed for this training
10. Supervisors: One a month supervisor calls to discuss CPP supervision
11. Senior Leaders: Quarterly calls with senior leaders to discuss CPP implementation issues. 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.

CPP Sustainability

Participants who are interested in learning how CPP may be sustained following the initial 18-month Learning Collaborative, may visit our website: <https://childparentpsychotherapy.com> and learn more about the CPP Agency Mentorship Model.

Training Faculty

Carmen Rosa Noroña, LICSW, MSW, MS. Ed., IMH-E® Infant Mental Health Mentor-Clinical is from Ecuador where she trained and practiced as a clinical psychologist. In the United States she obtained master's degrees in social work and in early intervention. For over 25 years, Carmen Rosa has provided clinical services to young children and their families in a variety of settings including early intervention, home-based and outpatient programs. She currently is the Child Trauma Clinical Services and Training Lead at Child Witness to Violence Project and is the Associate Director of the Boston Site Early Trauma Treatment Network at Boston Medical Center. She is a Child-Parent Psychotherapy National Trainer, an expert faculty of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Training (DC: 0-5) and one of the developers of the Harris Professional Development Network Diversity Informed Tenets for Work with Infants Children and Families Initiative (<https://diversityinformedtenets.org>) and of the Boston Medical Center Family Preparedness Plan. Her practice and research interests are on the impact of trauma on attachment; the intersection of culture, immigration, and trauma; diversity-informed reflective supervision and consultation; and on the implementation and sustainability of evidence-based practice in real world settings. She is a former co-chair of the Culture Consortium of the National Child Traumatic Stress Network, and has adapted and translated materials for Spanish-speaking families affected by trauma. Carmen Rosa has also contributed to the literature in infant and early childhood mental health, diversity and immigration.

Michelle Acker, PsyD is a clinical psychologist with over 20 years of experience working with children and families impacted by trauma and loss. Since 2008, she has served as the Director of Training and Clinical Services for Strong Families Strong Forces, a relationship-based, reflective parenting program for military families with very young children. In that role she has trained multiple cohorts of military providers and has supervised and consulted on a weekly basis with clinicians implementing the Strong Families intervention model. In addition, Dr. Acker served as the Associate Site Director for the Boston site of the Early Trauma Treatment Network from 2001-2009, and was faculty to pilot the first Child-Parent Psychotherapy (CPP) Learning Collaborative in 2005. She has provided CPP training and consultation through learning communities and collaboratives in Ohio, Colorado, Massachusetts, and Vermont. Her clinical and

research interests have focused on the impact of stress and trauma on young children and families and the role of reflective practice in training and supervising mental health providers. Dr. Acker received her master's in child development from Tufts University and her doctorate from the University of Denver. She completed pre- and post-doctoral training in childhood trauma.

Training Eligibility

- We typically train agency teams rather than individual therapists but we are willing to consider clusters of private practitioners as teams and agency-private practitioner partnership teams within this training initiative given the unique needs of practitioners and families in Vermont. (Please see CPP Learning Collaborative Model video for additional information).
- Private practitioner-Agency Partnership teams are expected to be committed to supporting each other and meeting at least twice monthly for reflective consultation at least for the duration of the learning collaborative. (Just as Agency teams are required).
- All clinical team members 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
- A CPP LC is not considered intensive enough for an intern to learn CPP. Implementation-level training for interns is available through endorsed CPP internships: <http://childparentpsychotherapy.com/providers/training/internships/>

Training Cost

Members sent from designated agencies will only be responsible for the cost of books, materials, travel and hotel costs when needed. Other members (non-DA's and Private Practitioners) will discuss final cost with site hosts related to tuition, books, and supervision). Tuition is non-reimbursable once paid.

CEUs

CEUs will be available for all licensed clinicians from all disciplines.

Training Materials

Participants are required to have access to the required materials during the 18-month training period. It is preferable if they can read the manual prior to beginning training. During training, CPP trainers provide participants with electronic links to training handouts and to other free CPP materials, including the fidelity instruments and evaluation tools.

- **Required:** Child-Parent Psychotherapy Manual
Lieberman, A.F., Ghosh Ippen, C., & Van Horn (2015). *Don't hit my mommy: A manual for Child-Parent Psychotherapy with young children exposed to violence and other trauma*, Second Edition. Washington, DC: Zero to Three.
- **Strongly Recommended:** Book Describing Conceptual Framework, Intervention Modalities and Case Examples
Lieberman, A.F. & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: The Guilford Press.
- **Optional:** Adaptation of CPP for Traumatic Bereavement
Lieberman, A.F., Compton, N.C., Van Horn, P., Ghosh Ippen, C. (2003). *Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy*. Washington D.C.: Zero to Three Press.

Training Time

Participating sites should budget time for the following activities:

- Reading the manuals
 - Participation in 7 face-to-face days of training (spread out over the 18-month period)
 - Participation in twice monthly hourly case consultation calls
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- Presenting on at least two consultation calls (including time to complete a write up)
- Participation in reflective CPP supervision in the agency or community, ideally weekly but at a minimum *twice a month*
- Completion of clinical measures, fidelity forms, and evaluation of the training
- Provision of CPP services
- Data collection and learning collaborative metrics

If Interested

Please complete the expression of interest survey to indicate your interest and to acknowledge that you have reviewed and are able to engage in all the training components and that you believe your team members meet eligibility criteria. A member of our team will follow up with you.

Expression of Interest Survey: <https://forms.gle/mawcFQSLP9rXvR6H9>
Use google Chrome for best results.

Next Steps

We will be reviewing expressions of interest and will contact you. There may be an additional application to assess organizational and individual readiness to implement CPP.