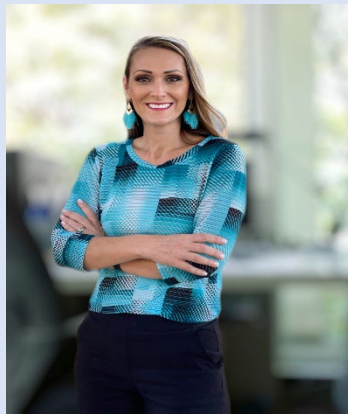


Is Your Agency Ready for Child Parent Psychotherapy?

Readiness to Implement CPP



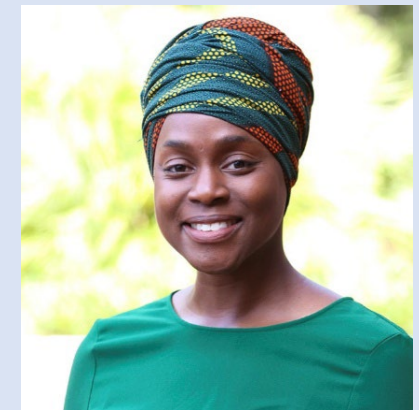
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Historical Roots



Selma Fraiberg

- Infant Parent Psychotherapy
- Ghost in the Nursery
- Understanding and preventing intergenerational transmission of negative relationship patterns during the first 3 years of life

Child Parent Psychotherapy – Developers

- Alicia F. Lieberman, Ph.D
- Patricia Van Horn, J.D., Ph.D D. 2014
- Chandra Ghosh Ippen, Ph.D
 - Evidence-based, culturally-informed approach to treating traumatic stress in young children and extending the basic principles of infant-parent psychotherapy to children aged 3 to 5.
 - Results from 3 studies showed that CPP helped reduce child and maternal symptoms even in children who had experienced multiple risks and those results endured over time

What is Child Parent Psychotherapy

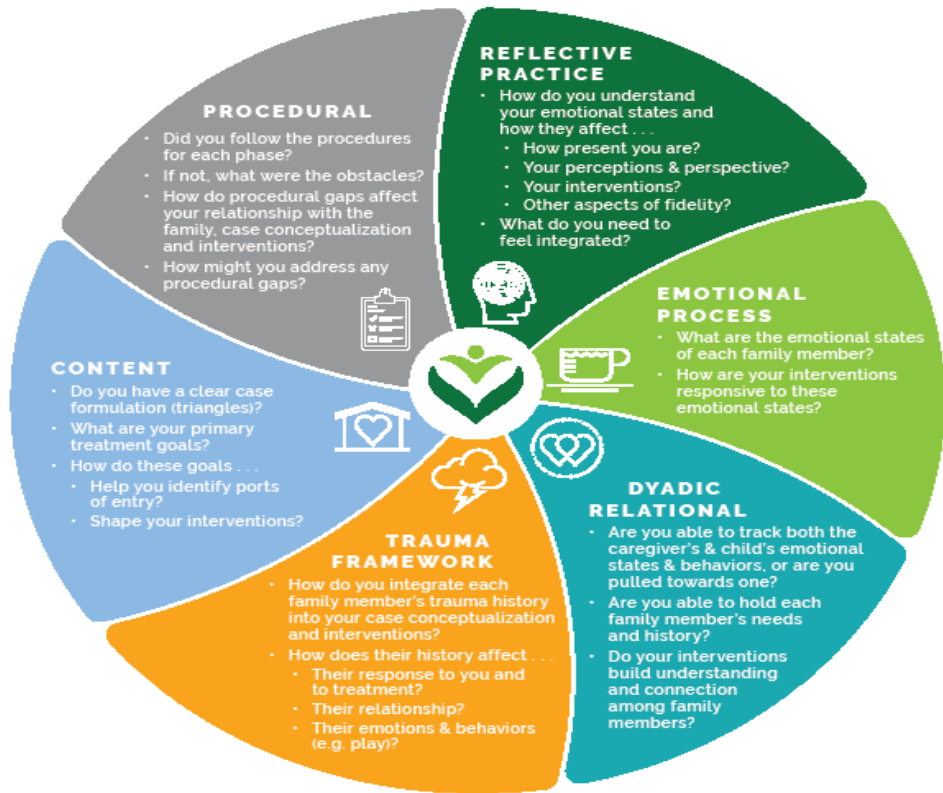
- CPP is an intervention model for children aged 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems.
- A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's 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).

What is Child Parent Psychotherapy

- 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.

CPP Fidelity Compass

CPP FIDELITY COMPASS: OVERVIEW



Capacity to Serve

- Senior Leaders
- Supervisors
- Therapist

Readiness to Implement CPP

- CPP involves teams
 - Reflective Practice
 - Case Consultation
 - Vicarious Trauma

Readiness to Implement CPP

- Private Practitioners
 - Working in rural or underserved areas
 - Licensed
 - Agreement to be apart of a reflective supervision/consultation group for the 18 months of the LC

Educational and Licensure Requirements

- Master's or doctoral level psychotherapist with a degree in a mental health discipline
- Unlicensed participants at the start of the LC
 - Licensed agency staff member who offers supervision AND participates in the LC for the duration OR
 - Licensed agency supervisor who is already trained in CPP who is willing to supervise.
 - Cannot be fully rostered until they have completed licensure

CPP Training as a Time Commitment

- Learning Session
- Consultation Calls
- Preparation time for Consultation Calls
- Supervisor Call
 - How will productivity requirements be adjusted
 - Participants expected to complete this on their own time

Learning Collaborative as a Time Commitment

- Pre-Training day 9-5 (virtual)
- Learning Session 1 – 4 half day trainings 9-2pm (virtual)
- Learning Session 2 – 3 half day trainings 9-2pm (virtual)
- Learning Session 3 – 3 half day trainings 9-2pm (virtual)
 - Learning Sessions are 6 months apart

Consultation Calls

- Case Consultation Calls
 - Twice a month for 1 hour for 18 months
 - Time to prepare for a case call

 - Supervisor Consultation Call
 - 1 hour a month
 - No need to prepare

Required Reading

- **Reading the Manual**
 - **(Required)** Lieberman, A.F., Ghosh Ippen, C., & Van Horn, P. (2016). 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)** 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.

Minimum Requirements for CPP Training

- Clinicians will see at least 4 CPP Clients
- Supervisors will see 2 CPP Clients
 - Children should be birth to age 5 and experienced trauma

Access to Technology

- Virtual Training – reliable internet connection
- Would there be difficulties with staff video recording session to share with CPP trainers
 - Updating consents for families
- An email address that plays well Google
 - Drive for documents
 - Access to Google Groups

Toys and supplies

- Play and toys help children process and make sense of traumatic experiences
- Learn new skills
- Regulate emotions
- Age appropriate
- Goals of treatment to address trauma that child has experienced

Toys and supplies

- Does your agency already have these toys
- Are clinicians responsible for their own materials that will conduct CPP with
- How can we be creative with obtaining what we need

Toys and supplies



Weekly Caseloads

- The ability to see CPP Clients at least once a week
- Longer Term Psychotherapy if Needed
 - How many session do you typically provide to children/families
 - Is there a limit to sessions you can provide
 - Any time limits that on how long you can work with families e.g. 6 months – 1 year

Referrals

- How many children birth to 5 are you currently serving?
- Is your agency already serving this population?

Referrals

- If your agency is serving children birth to age 5, how many do you think have experienced trauma?
- Who are your current referral sources
 - Self referrals
 - Child welfare
 - Preschools
 - Courts
 - Primary care offices

Who will be accepting Referrals

- Who will accept the referral
- How will families be assigned to CPP Clinicians

Determination of Appropriateness of CPP

- Allowing the therapist to use the Foundation Phase/assessments
 - Safe & appropriate to involve the child in CPP
 - Referrals to other treatments
 - Referrals to other clinics

Where will Treatment be offered

- Office
- Home
- Community setting
- Virtual
 - Consistency in treatment
 - Transportation support
 - Flexibility in Treatment setting

Meeting with Caregivers Alone

- Child trauma history
- Child trauma symptoms
- Caregiver trauma history
- Caregiver symptoms
- Collateral Sessions

Childcare Emotional Process

- Meeting with the caregiver alone
 - Collateral meetings to discuss child's trauma, developmental history, caregiver's experiences of trauma or critical safety concerns not appropriate for the child to hear
 - How is your agency structured to support the therapist meeting with the family alone
 - Caregiver having a strong emotional reaction

Dyadic Relationship Fidelity

- CPP is a Dyadic model - caregiver and child are seen jointly together
- How will your agency recognize family outcomes in addition to child outcomes

Billing Procedures

- What sources of funding will you use to pay for CPP
 - Medicaid
 - Home visiting dollars
 - Grants
 - Private funding dollars
 - Other

Agency Billing Considerations

- Dyadic Caregiver-Child Sessions
- Separate treatments with different caregivers if clinically indicated
 - Child/mom – child/dad or child/bio parents – child/caregiver
 - Family Sessions
 - Collateral session with the caregiver alone – assessments
 - Collateral session with the caregiver alone – as needed
 - Case management

Agency Reflective Practice

- All CPP Learning Collaborative participants need to meet **twice monthly (for at least an hour)** in CPP supervision or consultation within their own agency
 - Separate from CPP Consultation Calls with Trainers
 - Private practice practitioners – joining a CPP peer supervision team
 - Consider a plan for after training

Case Assignments and Caseloads

- How trauma affects therapist
- Therapist history – therapist interest in providing CPP
- Caseloads
 - How many case
 - Cases with multiple caregivers
 - Cases with multiple children

Support for Gaining Core Knowledge

- Knowledge in early childhood development
- Sociological and cultural influences
- Trauma theory
 - Understanding on how trauma impacts development, functioning and relationships
- Diagnostic classification systems for adults and children