



Illinois Child-Parent Psychotherapy Learning Collaborative Agency Application: Cohort V: 2018-2019

About this application

This application is for agencies that wish to participate in the Learning Collaborative (LC) with multiple participants. If you are an individual clinician who is interested in the LC, please use the [individual application](#).

This application has two purposes:

- 1) to allow agencies and the learning collaborative team to assess their readiness to implement Child-Parent Psychotherapy in their settings; and
- 2) to assist in planning for the Learning Collaborative to meet the needs of its participants.

Child-Parent Psychotherapy (CPP) is an evidence-based treatment that works with caregivers and young children ages birth to five who have experienced trauma. The model focuses on the use of the child-parent relationship to reduce symptoms of trauma, promote child development, and identify how parents' early life experiences may impact their interactions with and expectations of their children. (Don't Hit My Mommy, 2nd Edition: Lieberman, Ghosh Ippen and Van Horn, 2015)

The goal of the learning collaborative is sustained implementation of CPP in your agencies. With continued training and supervision, CPP components can take hold within the agency and not simply among the participating team members, to best serve those in need.

Instructions: This application will take some time to complete thoughtfully to ensure this collaborative will meet your agency's needs. You will be able to return to your application and finish at a later time:

- a. If using a unique email link, you can just return by clicking on the same link; OR
- b. If using the website link you must use the same browser and computer with which you started the application.

We recommend that both directors and supervisors who will be involved in the LC review the application. A

[PDF](#) of the application is available. to aid in review of the questions.



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Section A: Agency Description

1. Agency Name:

2. Primary Agency Contact:

Name:

Title:

Telephone Number:

Email address:

Mailing Address:

3. Briefly describe your agency and the clients served.

Agencies may typically provide 3-5 participants in the learning collaborative, including both clinicians and supervisors. These participants typically (but not always) form a “team” of 2-4 clinicians and their supervisors from a unit within an agency. Agencies may have clinicians from multiple units participate.

4. How many clinicians are potentially interested in participating in this collaborative?

Full -Time Licensed:

Part-Time Licensed:

Full-Time Licensed-
Eligible:

Part-Time Licensed-
Eligible:

5. How many Supervisors are potentially interested in participating in this collaborative?

Full-Time:

Part-Time:

6. All team members must be able to provide an email address and have active internet access for communication and reporting during the learning collaborative. Do all proposed core team members have email and internet access?

Yes

No

7. At present, what types of services does your agency provide for families with children 0-5 years of age? (check all that apply)

Childcare/ child development or education services

Child welfare

Domestic violence

General counseling/therapy services

Other, describe:

8. How many children 0-5 does your agency overall serve per year in any capacity?

9. What is the total number of children 0-5 years that you currently serve in clinical capacity (e.g., provision of mental health services)?

10. Of the children 0-5 years that your agency currently serves, what percentage do you estimate have experienced trauma?

11. Is your agency already providing CPP? If yes what percentage of families seen at your clinic are treated using CPP?

Agency not currently providing CPP at this time.

Yes, please provide estimated % of clients receiving CPP

12. With which populations will agency staff participating in CPP training provide services at a significant level?

- Rural populations
- Area with few mental health providers
- Children with developmental disabilities
- Other, describe:
- Children and families involved in child welfare
- Children from military families
- None of these

13. Please identify your agency's approximate ethnicity demographics:

- % African American
- % Caucasian
- % Latino
- % Asian
- % Native American
- % Mixed
- % Other, describe:

14. Please identify your agency's approximate socioeconomic status:

- % Low (poverty level)
- % Middle
- % High

15. Please identify which languages you offer services:

- English
- Spanish
- Mandarin/Cantonese
- Polish
- Other, specify:

16. What are your current referral sources for families of children 0-5 years?

- Child welfare
- Court
- Childcare
- Domestic violence agencies
- Preschools
- Self-referral
- Early Intervention
- Other, describe:

17. What types of treatment modalities are currently used for families seeking services for children 0-5 years? (check all that apply)

- Individual therapy for caregivers
- Parenting groups
- Individual therapy for children
- Family therapy for caregivers and children
- Other, describe:



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Section B: CPP Therapy Requirements

CPP is designed to be provided to families over time. For fidelity requirements during training, each Learning Collaborative participants must provide CPP treatment to at least 4 clients (2 for supervisors), with at least one client seen for at least 11 sessions. It is not unusual for clients to be seen one year or more.

18. How many sessions do you typically provide to the children/families you serve?

Range

19. Is there any limit to the number of sessions clinicians can provide?

- No
- yes, (#session limited):

20. Are there any time limits to how long clinicians can work with a family (e.g. 6 months, 1 year)?

- No
- Yes, (time limit):

21. Please note funding sources for the Mental Health or Counseling services you provide to children and families. (check all that apply)

- Grant funding or private philanthropic support
- Medicaid
- Self-pay
- Client insurance coverage
- Other public funding
- Other, describe:

CPP requires sessions where children attend with their caregiver and other family members. Caregivers may also be required to attend sessions without children.

22. Agency billing practices allow therapists to have the following types of sessions and/or activities:

- | | |
|---|--|
| <input type="checkbox"/> Not billing at this agency | <input type="checkbox"/> Collateral sessions alone with the caregiver as needed, to help the caregiver better understand and support treatment |
| <input type="checkbox"/> Dyadic caregiver-child sessions | <input type="checkbox"/> Collateral sessions with other care providers |
| <input type="checkbox"/> Separate treatments with different caregivers if clinically indicated (e.g. child/mom and child/dad seen separately in cases with domestic violence, or child/bio parent and child/foster parent if indicated) | <input type="checkbox"/> Individual sessions with child |
| <input type="checkbox"/> Family Session | <input type="checkbox"/> Case management |
| <input type="checkbox"/> Collateral sessions alone with caregiver(s) to conduct initial and subsequent assessments | <input type="checkbox"/> Communication with other service providers (i.e. case management, daycare) |

23. If agency is not billing, how will this clinical work be supported?

24. Does your agency's physical setting allow for therapists to meet alone with the caregiver, or to meet with just one caregiver and one child in a family with multiple children?

- Yes, Childcare is an integrated part of what my agency offers
- Yes, as needed; we have flexibility to offer childcare as needed (e.g. other staff as available, arrangement with caregivers for individual session, vouchers for childcare as needed)
- No, and this may present as a challenge to doing CPP

25. Does this agency have the ability to connect families to other services (e.g. adult mental health, substance use, housing, case management)?

- Yes, fully
- Yes, in part
- Unsure
- Not something the agency currently considers

26. Does your agency have links with child welfare; for example, can it obtain child protection reports, and does it have the capacity to participate in team meetings to coordinate care?

- Yes, fully
- Yes, in part
- Unsure
- Not something the agency currently considers



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Part C: Training Expectations

Implementing a new practice requires planning and coordination that occur both prior to and following the actual training date. The “start up” phase of this collaborative, which will occur beginning about six weeks prior to the first learning session, will include readings and participation in 1-2 conference calls with the faculty and other members of the collaborative.

27. Will your clinicians and supervisors be available to participate in the work of the start-up phase?

Yes

No, explain:

28. Will you be able to meet as a team to discuss organizational readiness?

Yes

No, explain:

29. Will your agency's senior leadership participate in these discussions?

Yes

No, explain:

The minimum CPP Learning Collaborative requirements for training include that each clinician will see at least 4 CPP clients over the 18-month formal period of the collaborative, and each supervisor in the training will see at least 2 CPP clients. To qualify as a CPP case, the children involved should be 0-5 years and should have experienced at least one traumatic event.

30. Please identify any of the following barriers that your agency may have in meeting minimum requirements:

- Access to 0-5 clients
- Access to 0-5 clients with trauma symptoms
- Clinicians do not have dedicated caseload openings for these types of clients
- Clinicians do not have say over new clients
- Supervisors do not have say over clients for those they supervise
- Other, describe:

31. Will the clinicians and supervisors not previously trained in CPP be able to participate the initial 3-day learning sessions (June 27-29, Wednesday - Friday)?

- Yes
- No, explain:

32. Will the clinicians and supervisors not previously trained in CPP be able to participate the two follow up 2-day learning sessions (typically held Thursday – Friday, spaced 4-6 months apart)?

- Yes
- No, explain:

33. Will the clinicians and supervisors on your team be able to participate in a one-hour case consultation call two times a month between learning sessions?

- Yes
- No, explain:

34. Will each participant commit to presenting at least two cases on consultation calls during the collaborative process?

- Yes
- No, explain:

35. Will supervisors commit to participating in an additional monthly supervisor-only consultation call? This call is not mandatory but is highly recommended as an additional support for implementing CPP in their agency.

Yes

No, explain:

Participants are required to fill out periodic assessments of CPP fidelity, including: i) two forms during the initial engagement of families; ii) intervention forms for ongoing therapy; ii) a termination form when therapy ends; iii) supervision forms filled out every 6 months.

36. Will your agency ensure that participants will complete these fidelity assessments?

Yes

No, explain:



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Section D: Caseload & Supervision

37. How many cases does a full-time clinician at your agency carry?

38. How many hours of supervision each week does each clinician receive?

Individual: # hours / per

Group: # hours / per

A cornerstone of CPP is reflective supervision. We define this form of supervision to include regular meetings, a collaborative relational approach, and an emphasis on reflection (Heffron and Murch, 2010).

39. Does your agency currently provide reflective supervision to clinicians?

Yes

No

40. Can your agency ensure that each clinician receives at least one hour of reflective supervision 2 times per month, either group or individually?

Yes

No, explain:

41. Can your agency ensure that each clinician receives at least one hour of reflective supervision 2 times per month, either group or individually, after the clinician has completed the learning collaborative?

Yes

No, explain:

The expectation is that all clinicians participating will receive regular supervision from someone who either: i) successfully completed a previous CPP Learning Collaborative cohort (or is otherwise “rostered” by the Child Trauma Research Program); OR ii) is participating in the current cohort.

If a supervisor has successfully completed a previous CPP Learning Collaborative cohort, they do not have to participate in the current learning session. They are, however, strongly encouraged to participate in the monthly supervision support calls provided by CPP faculty.

42. Which of the following is true for your agency?

We have CPP-Rostered supervisors

We have supervisors who have attended CPP Training

We have supervisors who do not have CPP training, but will attend this Learning Collaborative

We do not have supervisors with CPP experience, but we have resources to ensure CPP supervision



Section E: Assessments

43. Does your agency currently assess child trauma history (using structured assessment or clinical observation)?

- No, and unlikely to change
- No, but we can make this possible
- Yes, clinical observation
- Yes, structured assessment (please list)

44. Does your agency currently assess parent or caregiver trauma history (using structured assessment or clinical observation)?

- No, and unlikely to change
- No, but we can make this possible
- Yes, clinical observation
- Yes, structured assessment (please list)

45. Does your agency currently assess child's developmental functioning (using structured assessment or clinical observation)?

- No, and unlikely to change
- No, but we can make this possible
- Yes, clinical observation
- Yes, structured assessment (please list)

46. Does your agency currently assess quality of the child-caregiver relationship (using structured assessment or clinical observation)?

- No, and unlikely to change
- No, but we can make this possible
- Yes, clinical observation
- Yes, structured assessment (please specify)

47. How does your agency currently track clinical change? If change is assessed using formal instruments, please note their name(s).

The assessment phase of CPP requires the therapist to meet with children's caregiver(s) individually and may require 2-6 of these individual sessions.

48. Please describe any challenges you may face with this requirement, including billing requirements. (check all that apply)

- Not a problem for us
- Billing challenges
- Caseload management challenges
- Other, describe:
- Caregivers will not be interested
- Clinicians comfort/experience
- No places for childcare during parent sessions



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End of Application

Thank you for completing the application. We will review your responses and follow-up with you as soon as possible. Information about registration and payment for the learning collaborative, will be provided at that time.

If you have any questions, please contact info@illinoiscpp.org or 312-893-7232.

