



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

### About this application

This application is for individuals who would like to participate in the Learning Collaborative without the support of an agency team. If you are an agency applying please use the [agency application](#).

This application has two purposes:

- 1 ) to allow you and the learning collaborative team to assess readiness to implement Child-Parent Psychotherapy in your settings; and
- 2) to help us in planning 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)

NOTE: Learning collaboratives typically focus on training teams within agencies (e.g., a small group of clinicians and supervisors). Individuals who wish to participate in the learning collaborative must guarantee that they have a mechanism to achieve appropriate CPP-focused supervision by the beginning of the first learning session. This will be assessed in this application.

Instructions: This application will take some time to complete thoughtfully to ensure this collaborative will meet your needs. You will be able to return to your application to finish at a different time: if using the email link, you can click the same link to return where you left off, if using the website link you must use the same computer and browser to return. For review of this application prior to beginning, check out this [PDF](#).



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

Section A: Participant's Clinical and Agency Description

**1. Applicant's Name:**

**2. Primary Contact:**

Telephone Number:

Email address:

Mailing Address:

**3. Please select your current practice environment.**

- Private practice, self-owned
- Independent contractor
- An agency that is not participating in the learning collaborative
- Other, describe:

**4. Briefly describe your agency or practice and the clients served.**

**5. At present, what types of services does the agency/practice you work for typically provide to families seeking services for children birth to 5 years of age? (check all that apply)**

- Childcare/ child development or education services
- Child welfare
- Domestic violence
- General counseling/therapy services
- Other, describe:

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

**7. Of the children 0-5 years that you currently serve, what percentage do you estimate have experienced trauma?**

**8. Do you provide services to any of the following populations to a significant level:**

- |   |  |
|---|--|
| <input type="checkbox"/> Rural populations                        | <input type="checkbox"/> Children and families involved in child welfare |
| <input type="checkbox"/> Area with few mental health providers    | <input type="checkbox"/> Children from military families                 |
| <input type="checkbox"/> Children with developmental disabilities | <input type="checkbox"/> None of these                                   |
| <input type="checkbox"/> Other, describe:                         |  |

**9. Please identify the ethnicity of your clients:**

% African American

% Caucasian

% Latino

% Asian

% Native American

% Mixed

% Other, describe:

**10. Please identify the socioeconomic status of your clients:**

% Low (poverty level)

% Middle

% High

**11. Please identify in which languages you offer services:**

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

**12. 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:

**13. What types of treatment modalities do you currently use for families with 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:



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.

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

Range

**15. Any limit to the sessions you can provide?**

No

yes, (#session limited):

**16. Any time limits related to how long you can work with a family (e.g. 6 mo, 1 yr)?**

No

Yes, (time limit):

**17. 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.

**18. Current billing practices allow you to have the following types of sessions and/or activities:**

- |   |  |
|---|--|
| <input type="checkbox"/> Not billing at this agency/practice  | <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. caseworkers, daycares)   |

**19. Does the physical setting of your agency/practice allow for you 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 we offer
- 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

**20. Do you have links with child welfare; for example, can you obtain child protection reports, and do you have the capacity to participate in team meetings to coordinate care?**

- Yes, fully
- Yes, in part
- Unsure
- Not something I can currently do

**21. Do you 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 currently considered



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.

**22. Will you be available to participate in the work of the start-up phase?**

- 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.

**23. Please identify any of the following barriers that you may have in meeting minimum requirements:**

- Access to 0-5 clients
- Access to 0-5 clients with trauma symptoms
- I will not be able to dedicate caseload openings for these types of clients
- I do not have say over my new clients
- Other, describe:

**24. Will you be able to participate the initial 3-day learning sessions (June 27-29, Wednesday - Friday)?**

- Yes
- No, explain:

**25. Will you be able to participate the two follow up 2-day learning sessions (typically held Thursday – Friday, spaced 4-6 months apart, dates TBD)?**

- Yes
- No, explain:

**26. Will you be able to participate in a one-hour case consultation call two times a month between learning sessions?**

- Yes
- No, explain:

**27. Will you commit to presenting two cases on consultation calls during the collaborative process?**

- 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.

**28. Will you commit to completing these fidelity assessments?**

- Yes
- No, explain:



Section D: Caseload & Supervision

**29. How many cases do you typically carry?**

**30. How do you currently receive supervision?**

- My agency provides me with ongoing supervision.
- I have an established relationship with an outside supervisor.
- Other, please explain:

**31. How many hours of supervision each week you typically 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).

**32. Do you currently participate in any reflective supervision?**

- Yes
- No

**33. All learning collaborative participants are required to receive supervision by atrained CPP practitioner. Do you have someone that can provide this supervision?**

- Yes, definitely
- Yes, potentially
- No, but I have some ideas
- No, I will need some help finding supervision
- Other

Please explain choice above.

**34. Can you ensure that you receive at least one hour of reflective supervision 2 times per month, either group or individually, after completing the learning collaborative?**

Yes

No, explain:

**35. Please identify proposed supervisor. If you do not yet know who this person will be, please mark TBA.**

Supervisor's name:

Supervisor's title:

Supervisor's agency:

Has this supervisor received CPP training?

Is your supervisor currently providing CPP supervision?

Traditionally this learning collaborative is only offered to teams of 2-4 clinicians that are sponsored by their agency. In this cohort, we will work to group individual participants who are not already part of a training team, to ensure individuals are best supported through this collaborative and to best utilize supervisor resources.

**36. Do you have a team of clinicians who are interested in this Learning Collaborative and are applying to participate?**

No, I will need to be added to another team

Yes, their names are

**37. Please note if you have any other potential challenges related to meeting with other participants as part of a small team.**



Section E: Assessments

**38. Do you currently assess trauma history in the children you serve?**

- Yes
- No, but can make this possible
- No, and unlikely to change

**39. Do you currently assess trauma history of parents and caregivers?**

- Yes
- No, but can make this possible
- No, and unlikely to change

**40. Is trauma history assessed using formal instruments?**

- No, but we can make this possible
- No, and unlikely to change
- Yes, please list:

**41. Do you currently assess child's developmental functioning (using structured assessment or clinical observation)?**

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

**42. Do you currently assess quality of the child-caregiver relationship (using structured assessment or clinical observation)?**

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

**43. How do you currently track clinical change? If change is assessed using formal instruments, please note their names.**

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.

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

- Not a problem
- 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, as applicable, will be provided at that time.

If you have any questions, please contact [info@illinoiscpp.org](mailto:info@illinoiscpp.org) or 312-893-7232.