



## OVERVIEW

# Washington State 2019 CPP Learning Collaborative

Begins December 2nd - 4th, 2019

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### 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

A collaborative group of organizations, including King County Best Starts for Kids, Perigee Fund, the Barnard Center for Infant Mental Health and Development at the University of Washington, the Washington Association for Infant Mental Health, and the Child Trauma Research Program at UCSF, are working together to host an 18-month long Child-Parent Psychotherapy (CPP) Learning Collaborative in Washington state. The first learning session will be held in Tacoma, Washington, on December 2nd, 3rd, and 4th, 2019.

The Learning Collaborative (LC) 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. They can do this by visiting our website: <http://childparentpsychotherapy.com/providers/training/lc/>

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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 (December 2nd - 4th, 2019)
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. For supervisors: Monthly supervisor call to discuss CPP supervision
10. For senior leaders: 1 call every two months 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.
11. Any additional learning collaborative metrics needed for this training

## Training Eligibility

- We typically train agency teams rather than individual therapists as we feel that working with young children who have experienced trauma requires the support of a team. Moreover, ongoing reflective practice with a supervisor or colleague is a core part of CPP.
- Any private practitioners applying to a CPP training should form teams committed to supporting each other and meeting at least twice monthly for reflective consultation at least for the duration of the learning collaborative.
- 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:

## Training Cost

This training will be provided free of charge to all participating clinicians and agencies. Agencies will need to cover the cost of materials and travel to three in-person learning sessions over the course of the 18-month learning collaborative, and to budget appropriate release time for participating clinicians. If purchasing materials or funding travel presents a significant barrier to participation for agencies, there will be an opportunity to request supplemental funding at the end of the application process for this LC.

## Training Faculty

**Chandra Ghosh Ippen, Ph.D.** is Associate Director of the Child Trauma Research Program at the University of California, San Francisco and the Director of Dissemination and Implementation for Child-Parent Psychotherapy (CPP). She has spent the last 26 years conducting research, clinical work, and training in the

area of early childhood trauma, and has co-authored over 20 publications on trauma and diversity-informed practice, including the manual for CPP and a randomized trial documenting the efficacy of CPP. She is also the author of a number of children's books including *Once I Was Very Very Scared, You Weren't With Me*, and the *Trinka and Sam* story series, which has reached over 200,000 families across the world. She will join this training for Learning Session 1 and 2 and will serve as a mentor training on one of the consultation calls. Chandra is also fluent in Spanish.

**Alicia Lieberman, Ph.D.** is Irving B. Harris Endowed Chair in Infant Mental Health, Professor and Vice Chair for Faculty Development at UCSF Department of Psychiatry, and director of the Child Trauma Research Program at San Francisco General Hospital. She is the senior developer of Child-Parent Psychotherapy, a widely used evidence-based treatment for traumatized children aged birth-five and their families. Her research involves treatment outcome studies with traumatized young children from low-income and underrepresented minority groups. Born and raised in Paraguay, she received her professional training in Israel and the United States. This cross-cultural experience informs her commitment to culturally responsive services and to increasing access and raising the standard of care for low-income and minority children and families. She will join this training for Learning Session 3 and will serve as a mentor trainer on one of the consultation calls. Alicia is also fluent in Spanish.

**Haruko Watanabe, LMHC, IMH-E®** is a Washington Association for Infant Mental Health endorsed Infant Mental Health Mentor and Program Manager at Navos Infant and Early Childhood Mental Health Program in King County, WA. She has worked with families with young children within various systems (e.g. early intervention services, childcare/early learning, mental health) for the last 17 years. In addition to her Infant-Parent Psychotherapy and Child-Parent Psychotherapy work with Medicaid eligible families, she has also provided reflective supervision/consultation and early childhood mental health consultation to providers that work with young children and their families in King County. Her clinical perspective and practice have also been informed by her personal experiences as an immigrant and having lived in three different countries.

**Mindy Davis, LICSW**, is a Clinical Supervisor for Child and Family Counseling at Children's Home Society of Washington (CHSW) in Vancouver, WA. She oversees CHSW Vancouver's Child Parent Psychotherapy team, Infant Toddler Mental Health, Attachment Vitamins, and Triple P Parenting Programs. She also provides Reflective Supervision to various professional community members working with children 0-3 years old and is a trainer for the ASQ-3 and ASQ-SE2. She has presented at statewide Conferences and locally in the Vancouver area on Mitigating the Effects of Toxic Stress and Trauma in Children 0-6 years old. Mindy is a member of the Community Child Protection Team in Clark County, WA and Aces Alliance Trauma-Informed Schools Workgroup in Clark County WA. Mindy has over 20 years of experience working with children and families in the areas of child welfare, acute hospitalization, residential treatment, and community outpatient mental health.

**Debby Bassett, M.A.** has been an Early Childhood Mental Health Consultant and a Child and Family Therapist since 1992. She has provided training and consultation to clinicians, supervisors, teachers, home visitors and parents on trauma, attachment, brain development, child development, relationship-based treatment, parenting skills, and reflective practice. She served on the faculty of the Infant Toddler Mental Health Certificate program at Portland State University from 2008-2012. Debby has worked extensively with Early Head Start and Healthy Families of America home visitors. Debby has provided Child Parent Psychotherapy (CPP) training to hundreds of clinicians and clinical supervisors in Oregon and Washington for the last eight years. She continues to provide ongoing CPP Reflective Supervision to clinicians and supervisors post training.

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## 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
- Presenting on at least two consultation calls (including time to complete a write up)
- Participation in reflective CPP supervision in the agency, 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

## CEUs

CEUs will be provided for this training by the Washington Association of Infant Mental Health.

## 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. Once you complete this survey, a member of our team will reach out to you.. If you have any questions, please contact Carol Good at [goodc@uw.edu](mailto:goodc@uw.edu).

**Expression of Interest Survey:** <https://forms.gle/NyKMjERqLkXQHGDQ8>

## Next Steps

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

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