

Child-Parent Psychotherapy (CPP) is an effective and evidence-based treatment for young children who have experienced trauma and are exhibiting posttraumatic stress, emotional, attachment, or behavioral symptoms. It has been shown to reduce behavior problems, strengthen parent-child attachment, and improve mental health functioning. It is one of the most effective evidence-based treatments for children with these difficulties in this age range, and the one for which we have the strongest trainer resources in Arkansas.

RESOURCES

- *CPP reference manual*: Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). *Don't Hit My Mommy!* (2nd ed.). Washington, DC: Zero To Three.
- *CPP suggested toy list*: <https://www.amazon.com/hz/wishlist/ls/ODYA6JK9DEJ9?>

TRAINING REQUIREMENTS & PROCESS: Training requirements are determined by treatment developers.

Trainee Requirements: Trainees must have a Master's degree or higher in a mental health field, must be independently licensed as a mental health provider or be working under the supervision of licensed mental health service provider who is also participating in the CPP training, and must be actively treating children aged birth to 5.

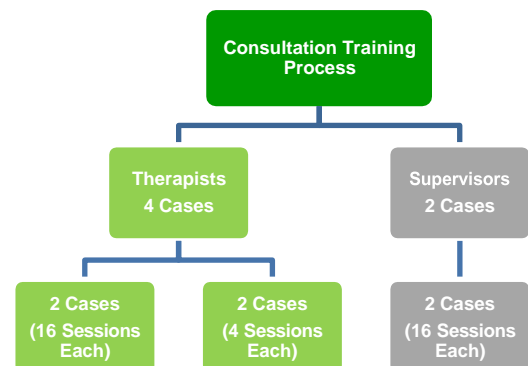
Note: There are two tracks within CPP trainings: Therapist and Supervisor. Agencies will need to designate whether each trainee is on the Therapist track or the Supervisor track, as tracks have different training requirements and expectations. The Supervisor track consists of 3 monthly, 1-hour long video calls and the completion of case requirements for two cases. The Therapist track consists of 2 monthly, 1-hour long video calls and the completion of case requirements for four cases. Both tracks have the same requirements for virtual training attendance, reflective supervision, and case presentations. Of note, at this time we anticipate that the full 18-month training will occur virtually. Trainees will be given notice if activities must change to require in-person participation. See below:

Virtual Training (same across tracks):

- Read CPP manual "Don't Hit My Mommy, 2nd Edition
- 5, half-day virtual training workshop
- 4, half-day follow-up virtual training workshop (approximately 4 months after initial workshop)
- 4, half-day follow-up virtual training workshop (approximately 12 months after the initial workshop)

Consultation Phase (varies by track):

- 18 months of video consultation calls (held twice monthly for therapists starting after initial workshop; Supervisors also have an additional monthly call)
 - All trainees present at least twice on video consultation calls or during virtual trainings
- Therapists treat a minimum of 4 cases during the 18-month consultation period; Supervisors treat a minimum of 2 cases during the 18-month consultation period
- All trainees must treat two families with at least 16 CPP sessions
- All trainees participate in bimonthly reflective supervision, at minimum. Occurs with trainees within the same agency or within a small group established by trainers and may occur in-person or via phone/video call
- All trainees complete fidelity forms for at least 2 CPP cases



CPP Implementation Overview – Virtual Training continued

AGENCY COMMITMENT

The CPP training process is both time- and skill-intensive due to the specialized set of skills trainees must develop. Long-term sustainability of CPP requires commitments from agencies, including support for trainees, maintenance of supplies, development of key infrastructure, and funding to cover trainers' time and expenses (if applicable). Agencies are required to provide space for treatment and reflective supervision, resources (e.g., appropriate toys, art supplies), and access to referrals of children birth to age 5.

AGENCY SUPPLIES AND INFRASTRUCTURE NEEDS

**Cost and setup will vary by agency and infrastructure needs will depend on agency rules related to remote work*

Supplies

- Ability to access Box and easily make copies of all required CPP assessment forms and required fidelity forms found at the CPP website
- Toys for the agency: Purchasing and maintaining age appropriate CPP toys such as trauma and creative toys that encourage non-directive play. Trauma toy selection will vary based upon child specific trauma exposure and may include child specific trauma toys such as police men, police cars, handcuffs, doctor kit, etc. A suggested CPP toy list may be found at: <https://www.amazon.com/hz/wishlist/ls/ODYA6JK9DEJ9?>

Therapy Room (if treating clients in clinic): Creating or repurposing a fully or partially dedicated CPP therapy room (could be the trainee's office): A safe, relatively low-stimulation room for a caregiver and a child to engage in play with a small selection of CPP appropriate toys

- Average-size therapy room; large enough to accommodate 3 people with enough open floor space to allow for floor play
- CPP appropriate toys should be selected in advance and brought in for each session.

Observation Room (if treating clients in clinic): A room allowing a CPP trainee to see and hear the caregiver and child playing, speak to the caregiver, and be out of the child's sight and hearing. CPP observation can be conducted through a live video feed from the therapy room or by using a one-way mirror with full view of the therapy room. Video equipment must be available by the start of training.

- Audio connection with therapy room
- Trainee needs to hear both parent and child
 - Standard setup: An area microphone in therapy room connected to amplifier in observation room
- Large enough to accommodate 3 people
- Recommended furniture/supplies in addition to audio equipment:
 - CPP appropriate selected toys
 - Small two drawer file cabinet to store specific toys used during parent-child observations
 - Cabinet or shelving for CPP toy storage if toys are not housed elsewhere including a posted developmentally ordered list of toys for children 12-months to 52+ months of age to be utilized during play situations during parent-child observations
 - Designated storage tub to store a small set of specific toys used at each parent-child observation is recommended

Virtual Therapy Capabilities (if treating clients remotely): CPP clinicians must be able to see parent-child interactions and families must be able to see the CPP clinician. Therefore, remote CPP must be conducted via secure video platform and the clinician must have access to a webcam so that the family can see the clinician during sessions. Your agency may have additional requirements related to remote work.