

Trauma Informed Child-Parent Psychotherapy (TI-CPP)

for

Infant and Early Childhood Mental Health Professionals

Wisconsin Learning Community

Application Guidance for 2016-2018

Thank you for your interest in the Trauma Informed Child-Parent Psychotherapy (TI-CPP) Training sponsored by:

- The Wisconsin Early Childhood Comprehensive Systems Project, is supported by a grant from the Health Services Resources Administration (HRSA), Maternal Child Health, U.S. Department of Health and Human Services to the Wisconsin Department of Health Services and administered through Children's Hospital of Wisconsin, and
- The UW Infant, Early Childhood and Family Mental Health Capstone Certificate Program, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health.

This training is for mental health clinicians working with young children (birth to 5) and their families. The goal of the training is to support the adoption, implementation, and expansion of the evidence-based child trauma treatment, TI-CPP, to serve and improve outcomes for Wisconsin's young children and their caregivers who have experienced traumatic events. Clinicians will be trained to implement TI-CPP with fidelity in the context of working collaboratively with their organizations.

For additional information and resources on TI-CPP visit:

- SAMHSA's National Registry of Evidence-based Programs and Practices: Child-Parent Psychotherapy (CPP)
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=194>
- The California Evidence-Based Clearinghouse for Child Welfare: Child-Parent Psychotherapy (CPP) - <http://www.cebc4cw.org/program/child-parent-psychotherapy/detailed>

TI-CPP Training Faculty

The training faculty are members of the National Child Traumatic Stress Network and experienced trainers who have successfully implemented and sustained CPP in their institutions' practice.

This Application Guidance contains critical information to help you understand the benefits of participating in this process, as well as important expectations to consider as you prepare to apply for the training.

Background and Overview

The sponsors are collaboratively offering this 18-month-long training focused on the adoption and implementation of TI-CPP for young children who have experienced trauma and their caregivers. Participants should be committed to implementing TI-CPP at their sites and evaluating their treatment effectiveness and fidelity. Participants will share their adoption and adaptation successes and challenges in real time to further accelerate this advancement.

It is critical that all participants are part of an identified Community Team of 2 to 4 members. Teams will include at least one Clinician, a Clinical supervisor, and a Senior Leader (who may also be the Clinical Supervisor). Applicants from organizations that ensure the involvement of an organization “Senior Leader” (i.e. an agency director or other management staff in a leadership position at the agency) and commitment to the sustainability of practices TI-CPP at their organizations will be given preference in the selection process.

Team members (other than the senior leader) will attend one 3-day training and two 2-day trainings, participate in conference calls two times a month, and be actively engaged in adoption efforts between trainings. They will also participate in two group Reflective Supervision calls provided by sponsors. In addition, Clinical Supervisors will participate on monthly conference calls to address issues regarding the supervision of CPP and its implementation in their agencies. Over the course of 18 months, teams will work together to learn the intervention as well as make changes to implement new systems to support the successful adoption of TI-CPP. The senior leader will be asked to participate on monthly conference calls with a faculty member and facilitate adoption and maintenance of TI-CPP in their organizations.

Prerequisite Qualifications

1. Clinicians and clinical supervisors should be experienced clinicians with a minimum of a Masters degree in a mental health/clinical field. Those not licensed must be supervised by a licensed clinician who is also receiving the training.
2. All participants must have experience and/or knowledge of infant/early childhood development and clinical issues that arise with young children, must work with young children (birth to 5) and their caregivers, and must be able to participate in weekly reflective practice (**NOTE:** The cost of the program may include two hours of reflective consultation a month). Knowledge and experience may be obtained through one or more of the following: Completion of the University of Wisconsin Infant, Early Childhood and Family Mental Health Certificate Program or equivalent training program or documentation by Endorsement, Certificate, transcript and description of coursework and considerable supervised work experience with infants, young children and their caregivers. This will be reviewed with applicants in phone interviews.

PLEASE NOTE: If you are unsure whether you meet the prerequisite qualifications described below, cannot identify a team within your organization/community, or otherwise have questions, please do not hesitate to

contact Carrie Finkbiner at cfinkbiner@wiaimh.org or Roseanne Clark, PhD at rclark@wisc.edu to discuss your options.

Training Requirements

Each selected team will be expected to both learn the TI-CPP intervention and use it in clinical practice. Applicants are asked to commit to full participation of a 2- to 4-member team (not counting the Senior Leader) for 18 months.

PLEASE NOTE: Should an agency Clinician or Clinical Supervisor leave their position during the course of this training, it is not possible for another staff person to be substituted in unless this person attends the required learning sessions, conducts the full supervised CPP clinical work with 4 families and participates in the required number of fidelity phone calls.

The team *must* have the following expertise/experience represented among its members:

- ✓ *Clinical Supervisor (at least one per team):* Clinical supervisors should include individuals who, with appropriate training, could and are willing to provide TI-CPP supervision to the clinicians on the team. Clinical supervisors with the authority to make systemic changes at their site (e.g., promote the integration of TI-CPP at their site) will be given preference in the selection process.
- ✓ *Clinicians:* Clinicians should be individuals who have infant/early childhood mental health and development background(see below) and are willing to implement TI-CPP at their site.
- ✓ *Clinical Supervisors and Clinicians* must provide a portion of their clinical services for young children (birth to 5) and caregivers.
- ✓ *Senior Leader:* This individual should have administrative responsibility within the larger organization (e.g., agency director, management staff) and the influence and authority to make systemic changes (e.g., to make changes to agency policies and procedures, to allocate funds from the agency budget). **Note:** This senior leader will not count toward one of your team members. However, the senior leader may be a clinical supervisor.

Clinicians and Clinical Supervisors on the team are required to:

- ✓ Attend all three training sessions.
- ✓ Participate in twice-monthly conference calls for 18 months. Present at least twice during TI-CPP consultation calls (as group size allows).
- ✓ Participate in weekly Reflective Supervision.
- ✓ Have regular team meetings to assess progress.
- ✓ Collect and use data to measure fidelity, assess progress of learning, and guide future improvements.
- ✓ Participate in the training evaluation.
- ✓ Implement CPP cases.
- ✓ Between the first and second training sessions, each clinician will be asked to have begun at least *two* CPP cases. The first case should be open within 3 weeks of the first training session, as possible. Over the course of the training, all clinicians will have a minimum of **4** cases and clinical supervisors a minimum of **2** cases. Following assessment, at least **1** CPP case must have at least 11 treatment sessions.

- ✓ Administer clinical assessments.
- ✓ Identify CPP cases with unique clinical implementation challenges for case presentation at learning sessions and on conference calls.
- ✓ Videotape CPP assessment and treatment sessions for review (if possible).
- ✓ Videotape pre- and post-assessment (if possible).

In addition to the expectations listed above, *clinical supervisors* on the team should:

- ✓ Provide weekly CPP reflective supervision or consultation for clinicians on the team.
- ✓ Ensure completion of clinical data regarding client progress through the implementation of CPP.
- ✓ Ensure completion of all fidelity forms regarding each clinician's implementation of CPP.
- ✓ Participate on a monthly conference call for Clinical Supervisors with faculty to address issues regarding supervision of CPP.

Clinical Supervisors are responsible for engaging agency senior leaders/administrators to direct their team's efforts and help assure success of the training and implementation of CPP.

The *Senior Leader* is responsible for leading this initiative in their agencies. A senior leader is responsible for directing her or his team's efforts and helping assure its success.

Senior Leaders are asked to:

- ❖ Participate in a call on their role in the Learning Community prior to Learning Session 1;
- ❖ Participate in senior leader conference calls on a regular (*monthly*) basis;
- ❖ Identify team-specific goals based on an organizational assessment and connect the Learning Community goals to strategic initiatives of the agency;
- ❖ Ensure that the agency provides time for all team members to attend all three learning sessions;
- ❖ Ensure that all team members have regular access to and use of email and the Internet for ongoing support, information, and communication among teams;
- ❖ Identify a *data manager* to coordinate certain tasks for the fidelity and the training evaluation. This role can be filled by a team member (e.g., a clinical supervisor) or other agency staff;
- ❖ Ensure the team has resources necessary to collect data for fidelity and encourage team members to submit these data on a regular basis;
- ❖ Review fidelity measures and progress reports with their team each month;
- ❖ Help team members obtain the resources, including time, materials and equipment, and support from agency leadership, necessary to make the changes that are necessary for effective implementation of CPP in their agency;
- ❖ Ensure the team fully participates in the training evaluation; and
- ❖ Provide continuing opportunities to disseminate what has been learned throughout the agency and to sustain and spread CPP after the end of the training.

Costs Associated with Participation and Support for Teams:

The cost of participating in this learning community, in the adoption and implementation of an evidence-based child trauma treatment, TI-CPP, is provided at a rate of \$6000.00 per participant (Clinicians and Clinical Supervisors). This cost includes:

- Initial in-person three day Learning Session June 2016
- Two additional in-person two day Learning Sessions six months apart
- Twice monthly telephone consultation calls with Training Faculty
- An additional monthly call for supervisors with Training Faculty
- Technical assistance to ensure adoption and maintenance of TI-CPP in your organization (Senior Leader monthly calls with Training Faculty and additional support by sponsors)
- Becoming rostered as a TI-CPP provider (so long as all training requirements are met)
- UW Extension CEUs (based on amount of participation)

For applicants who do not have a reflective supervisor within their organization, Reflective Supervision/Consultation will be available from a professional with training in TI-CPP and who also meets requirements for Infant Mental Health Endorsement at Level III or Level IV. Whether or not this support is needed will impact the cost and scholarships available.

Thanks to the support of the Wisconsin Department of Children and Families and the Wisconsin Early Childhood Comprehensive Systems Project, there is a unique opportunity for participants to receive this state-of-the art training at a reduced cost through scholarships depending on evaluation of their unique situations described in their application and in phone interviews, including applicants' ability to pay, employer professional development contributions and need for reflective supervision.

In addition to this cost per individual, all participants and/or their organizations will be responsible for providing certain resources in order to be involved in this training. Additional costs associated with participating in the TI-CPP training include the following:

- ✓ Travel, lodging, meals, and associated expenses for all team members to participate in the three learning sessions.
- ✓ Purchase of required books and materials on child-parent psychotherapy.
- ✓ Staff time to engage in the following activities throughout the 18-month-long training:
 - ✓ Completion of work prior to first training session;
 - ✓ Participation in one 3-day and two 2-day learning sessions;
 - ✓ Participation in twice a month conference calls;
 - ✓ Collection of clinical data, fidelity data, and evaluation of the training;
 - ✓ Provision of additional resources as needed including materials and equipment.

Key Training Elements

Key elements of the training process include:

Pre-work phase. Teams participate in a pre-work phase. The purpose of pre-work activities is to ensure sufficient exposure to the practice of CPP prior to Learning Session 1 and to prepare the organization to fully participate in the Learning Community (e.g., assess organizational capacity in relation to the goals of the CPP Learning Community).

Requirements include that all team members read the following:

Lieberman, A. F., & Van Horn, P. (2005). *Don't Hit My Mommy! A Manual for Child-Parent Psychotherapy With Young Witnesses of Family Violence*. Washington, D.C.: Zero to Three Press.

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: Guilford Press.

- ❖ **Learning sessions.** Teams will come together in 3 learning sessions over the course of 12 months. Learning sessions emphasize active learning and cross-team sharing and will include break-outs for participants in different roles (i.e., clinicians and clinical supervisors).
- ❖ **Action periods, including consultation calls.** Periods between learning sessions are referred to as action periods. During the action periods, clinicians and clinical supervisors on the teams are asked to participate in twice-monthly consultation calls, participate in weekly reflective supervision/consultation, collect fidelity data (see below), and work together to practice new skills, implement and spread the practice, and develop the organizational capacity to sustain it. **Senior leaders** participate in monthly consultation calls, ensure implementation and dissemination of the practice and ensure the organizational capacity to sustain CPP with fidelity.
- ❖ **Fidelity Forms.** Achieving fidelity in implementing CPP is essential for effective and responsible conduct of the intervention. Instruments to measure fidelity have been developed and are used at different stages during the intervention (e.g., assessment/engagement, first treatment session, termination). These fidelity forms assist in monitoring the different processes that have been found to be associated with the uptake of an intervention model: intervention, supervision, and consultation. Completion of these forms will help teams gauge whether their efforts are resulting in progress toward the training goals. Teams are asked to collect fidelity data and regularly review them.
- ❖ **Training evaluation.** The CPP Learning Community Training will be evaluated through measures completed by participants. The purpose of the evaluation is to continuously improve the application of the Learning Community approach to child trauma practices and to evaluate the extent to which the Learning Community meets its goals. Teams are asked to participate in all aspects of the evaluation process.