

WHAT IS CPP?

Child-Parent Psychotherapy (CPP) is an attachment and trauma-focused treatment for children ages 0-5 and their caregiver(s).

- Appropriate for children who have experienced a **traumatic event(s)** or who are experiencing **mental health, attachment, and/or behavioral problems**
- Therapeutic sessions include the child and primary caregiver
- Typical course of treatment: **weekly, 1-hour sessions over the course of one year**
- Average number of sessions: **32**
- **Strengthens child-caregiver relationship** to help restore the child's cognitive, behavioral, and social functioning



SERVICE DELIVERY

CPP has been successfully delivered in diverse settings, provided that the child is **living with a primary caregiver** (biological, adoptive, or foster):

- Outpatient
- In-home
- Residential treatment

CPP treatment can be authorized by Apple Health or private insurance for children 5 years of age and under.



Virtual Open House Dates:

(click to register)

- [Monday, August 26th Noon - 1pm](#)
- [Friday, September 13th 10am - 11am](#)

RETURN ON INVESTMENT

In the United States, 61% of children are affected by violence, abuse, or crime,¹ putting them at increased risk for:

- Depression
- Academic problems
- Violent behavior
- Substance use
- Delinquency
- Teen pregnancy
- Other emotional-behavioral challenges

Lifetime costs of childhood maltreatment are estimated at \$210,012 per case.² CPP uses the child-parent relationship to get the child back on a healthy developmental trajectory following trauma or early adversity.

OUTCOMES

- **Reduced foster care placement disruptions** among children with moderate to severe traumatic experiences
- **Improved cognitive ability**, on par with non-traumatized children
- **Improved attachment security** and organization
- **Decreased parental and child PTSD symptoms**
- **Decreased parental and child depression**³

¹ Finkelhor, D., Turner, H. A., Ormrod, R., & Hamby, S. L. (2010). *Trends in childhood violence and abuse exposure: Evidence from 2 national surveys*.

² Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention*.

³ Ghosh-Ippen, C (2011). *Child-Parent Psychotherapy Research Summary Fact Sheet*.

LEARNING COLLABORATIVE GOALS

- To improve access to CPP for young children (birth to age 5) and their caregivers across Washington, especially following significant traumatic experiences and exposures.
- To build the organizational capacity necessary to implement and sustain CPP across Washington.

BENEFITS OF PARTICIPATION

- Clinicians will train in CPP with nationally-recognized experts who are endorsed by the model developers.
- Clinicians who meet all Learning Collaborative requirements will be listed on a publicly-available national CPP roster.
- Once rostered, clinicians will be able to take advantage of advanced clinical trainings and graduate reflective CPP consultation.
- Senior Leaders will participate in a specialized track and will support implementation of CPP within their respective agencies/organizations, and within their communities.

TRAINING SCHEDULE

- Successful applicants will participate in an 18-month training process that includes:
- Learning Session 1: Three full days in-person sessions
- Learning Sessions 2: 2-day booster sessions 6 months after launch
- Learning Session 3: 2-day booster sessions 12 months after launch
- Case consultation in person or via telephone (2 times on average a month for 18 months)
- Supervisors will be required to attend once monthly supervisor calls (18 hrs total)
- Additional 1 hour per month release time for fidelity-related activities (i.e. completing forms, reviewing with supervisor)

Learn more about becoming a CPP provider in your community

- Attend the Virtual Open Houses or reach out to WA CPP Trainer Mindy Davis at mindyd23@gmail.com.

18-Month Learning Collaborative Overview

