Private Practitioner Child-Parent Psychotherapy Training Learning Collaborative Application

The first training session will take place on May 14th in Wasilla, AK

Alaska's Child-Parent Psychotherapy Learning Collaborative offers each clinician an opportunity to participate in a self-reflective process to assess their readiness to implement Child-Parent Psychotherapy into their organization.

*Please read the attached training document and participant agreement for a complete description of the 18 month Learning Collaborative and required commitment. Please download this document before completing.

Pleases email completed applications to: Aaron Clements at Aaron Cacodi-ak.org

OR Fax to (907)745-4897 ATTN: Aaron Clements For questions, please contact: Chris Gunderson at CGunderson@denalifs.org			
I) APPLICANT INFORMATION			
Name:			
Current Position:			
Licensure:			
CV/Resume attached with additional professional information?			
Yes No Are you a member of the Alaska Association for Infant and Early Childhood Mental Health (AK-AIMH)? ¹			
Yes No Are you currently working toward endorsement through AK-AIMH?			
Yes No Years of residency in Alaska:			
II) PRACTICE INFORMATION			
Practice name and address:			
Practice overview:			
Number of clinical staff:			
Client populations served:			

¹ Membership in AK-AIMH will not impact review or selection of applications.

Total number of children/families served each year:
Children age birth to three served each year:
Children age three to five served each year:
Families seeking trauma-focused service each year:
At present, what types of therapy do you typically provide to families seeking treatment for their young children and/or to families seeking assistance with trauma related symptoms or experiences (e.g. individual parent, individual child, group, or family treatment)? Please note if models used are evidence-based.
Do you provide additional services beyond therapy for these families? If yes, please list.
What barriers have you experienced in being able to successfully treat young children, trauma related symptoms, and/or parent-child relationship issues?
III) SUPERVISION
The CPP learning collaborative is designed to facilitate implementation in an agency environment. However, for the purposes of this initiative, we are also working to accommodate private practitioners. While it is not expected that solo practitioners will be members of a formal CPP team, it is essential that they have access to high quality clinical supervision. It is expected that, at a minimum, clinical supervisors will meet the following criteria:
 Interest in the CPP modality; Clinical expertise with trauma and/or young children; and, Ability to support the practice of CPP through training and supervision.

Primary referral sources:

Do you currently have access to a clinical supervisor who meets these criteria?²

No

Yes

² If you do not have access to a clinical supervisor, the project organizers may be able to help with identifying a suitable candidate.

Name of clinical supervisor:
Title:
Telephone number:
Fax number:
Email address:
Mailing address:
Formal training and professional experience:
Interest in treatment of trauma, young children, and parent-child dyadic therapy:
IV) YOUR PARTICIPATION IN THE LEARNING COLLABORATIVE SHORT ANSWER QUESTIONS: Please answer the following questions using the space provided.
1) Do you have email and internet access?
Yes No 2) Are there specific populations or issues that you would like to be addressed in the Learning Collaborative? If so, please describe:
Implementing a new practice requires planning and coordination both prior to and following the actual training date. The "start-up" phase of this collaborative, beginning about six weeks prior to the first Learning Session, will include readings and participation in 2-3 consultation conference calls with the faculty and other members of the collaborative.
3) Will you be available to participate in the work of the start-up phase?
Yes No 4) Do you anticipate being able to recruit families of traumatized children age birth through five prior to the first Learning Session? This is important so that all participating clinicians will be able to treat <i>at least two</i> caregiver-child dyads beginning within three to four weeks of the first Learning sessions.
Yes No 5) Will you be able to participate in a one-hour case consultation call two times a month between Learning sessions?

Yes

No

6)	Will you commit process?	to presenting one or two cases on consultation calls during the collaborative
	Yes	No
7)	For each of these	cases, will you be able to prepare and distribute to call participants a summary of the and and presenting program and a process note describing at least one clinical session?
	Yes	No
8)		nave a clinical supervisor, describe the model for clinical supervision:
9)	How many client	es do you serve and how many hours of supervision each week do you receive?
10) Is the supervision	n individual or group?
11	,	we supervision ³ is integral to the Child-parent Psychotherapy model. Are you u can commit to least one hour of reflective supervision each week, either group or
12		No g in learning sessions, telephone consultation, and supervision represent a financial? If so, how will you manage that challenge?
		D EVALUATION ESTIONS: Please answer the following questions using the space provided.
1)	Do you currently	assess the trauma history of the children/parents or caregivers you serve?
2)	Yes Is trauma history	No assessed using formal instruments? If so, which instruments?
3)	How do you curr which instrument	rently track clinical change? Is change assessed using formal instruments? If so, ts?
4)	intervention for e	to conduct assessments typically used as part of the Child-Parent Psychotherapy each child-parent dyad prior to and following intervention (these include brief trauma s and self-report questionnaires)?
	Yes	No

³ A collaborative relationship between supervisor and supervisee where clinicians are encouraged to reflect on the progress of their work with children and families and on their own personal and professional development

5)	Are you willing to complete short assessments evaluating the fidelity of your implementation of Child-parent Psychotherapy?		
6)	Yes No Will you commit to collecting and transmitting data to Erikson Institute, the host agency for the Learning Collaborative?		
	Yes No ARRATIVE AND CONTINUED CPP IMPLEMENTATION provide a narrative that answers the following questions in no more than ten pages.		
1)	Learning and implementing a new intervention takes extra time, planning, and consultation. How will you adjust your schedule or responsibilities in order to allow time to a) implement a new practice, b) recruit potential clients, and c) evaluate the program? If you have not previously served children under five or traumatized children, please give special attention to how you will work with referral sources to reach out to this new population.		
2)	How will you work to ensure that Child-Parent Psychotherapy is implemented with sufficient fidelity <i>after</i> the learning collaborative ends? Please describe the challenges to implementation that you anticipate and how you plan to meet these challenges.		
3)	Will your current reimbursement mechanisms cover Child-Parent Psychotherapy? If not, what are your plans for obtaining the funding that will allow you to implement and sustain the practice?		
4)	What challenges do you hope to address through participation in the learning collaborative? What changes or insights do you hope to accomplish in the services that you provide to young children and their families?		

VII) FINANCIAL SUPPORT

 If selected, the cost to participate in the learning collaborative is \$1,000. scholarship to support your participation? If yes please explain.	Will you need a tuition

2) Will you need a travel scholarship in order to attend the didactic learning sessions? If yes please explain.

Thank You!