



Oregon Virtual CPP LC 2026

Learning Session 1:
April 30 & May 1, May 7 & May 8
9am-2pm

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.

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/>

Training Overview and Components

The Greater Oregon Behavioral Health, Inc. in partnership with Oregon Health Authority will be holding an 18-month long virtual CPP Learning Collaborative beginning in late April/early May..

The Learning Collaborative 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 "learning sessions", intensive consultation, and peer-to-peer learning within and across organizations. Participants who complete 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 for a CPP Implementation Level Course. They can do this by visiting our website:

<http://childparentpsychotherapy.com/providers/training/lc/>

They will also be completing the CPP Training Agreement and should review it at:

<https://childparentpsychotherapy.com/wp-content/uploads/2024/01/6c.-CPP-LC-Participant-Training-Agreement-Nov-2023.pdf>

Training components include:

1. Participate in initial core CPP didactic training - 18 content hours
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 (12 content hours 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. Any additional learning collaborative metrics needed for this training

Training Faculty



Katherine Martinez Eide, LCSW, is a Licensed Clinical Social Worker in Oregon. She currently works as a child and family therapist at Kinship House, which provides comprehensive outpatient therapy and advocacy for children experiencing foster care and adoption. She supports families with children aged 0-18, with a focus on improving attachment and helping process and decrease the impact of trauma. Kate has worked in varied therapeutic sites since receiving her MSW from UCLA over 20 years ago, including schools, a hospital, and outpatient community mental health settings. Kate attended a learning collaborative with Dr. Alicia Lieberman and Dr. Patricia Van Horn in 2006 to learn about Child-Parent Psychotherapy (CPP). She felt an instant connection with CPP's focus on relationships and trauma, and has been using skills learned in therapy ever since. Kate is a Trainer for CPP in the state of Oregon.



Ann Chu, PhD, started with the University of California San Francisco Child Trauma Research Program (CTRP) as a pre-doctoral intern in 2008 when she first trained in Child-Parent Psychotherapy. After completing her internship and a post-doctoral fellowship with CTRP, she went on to a faculty position at the University of Denver. After three years of working with adolescents in the prevention of dating violence, she returned to the San Francisco Bay Area as program director of a non-profit community mental health agency providing services to children and families involved in the child welfare system. She rejoined the CPP Mothership again in 2017 as clinical faculty and CPP Trainer. Currently, she trains in CPP nationally and leads the CPP Dissemination and Implementation Team at CTRP.

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.

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- 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:
<https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=194>

Training Cost

This training is free of charge to providers serving Oregon state. There will be data monitoring requirements for participating in the training.

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 52 hours of didactic 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; 4 hours prep per case)
- Participation in reflective CPP supervision in the agency, ideally weekly (1 hour) but at a minimum twice a month (2-3 hours)
- Completion of clinical measures, fidelity forms, and evaluation of the training
- Provision of CPP services