

# Child-Parent Psychotherapy (CPP) Agency Agreement

Upon completion of this application, please email a copy with signatures to [EvidenceToPractice@lsuhsc.edu](mailto:EvidenceToPractice@lsuhsc.edu)

## AGENCY INFORMATION

NAME OF APPLICANT AGENCY	
AGENCY STREET ADDRESS	
CITY, STATE AND ZIP CODE	
AGENCY NPI	

## TIME COMMITMENT

The Center for Evidence to Practice will be sponsoring one (1) cohort of CPP training in 2023. Applicants must commit to participating and attending **ALL training days and consultation calls**. **PLEASE CHECK OFF EACH BOX BELOW TO VERIFY COMMITMENT:**

**PRE-TRAINING INTRODUCTION:** The applicant(s) are able to attend **SEPTEMBER 14, 2023 from 11:00am-1:00pm CDT.**

**CPP LEARNING SESSION 1:** The applicant(s) are able to attend **OCTOBER 25-27, 2023 from 8:30am-5:00pm CDT.**

**CPP LEARNING SESSION 2:** The applicant(s) are able to attend **MARCH 14-15, 2024 from 8:30am-5:00pm CDT.**

**CPP LEARNING SESSION 3:** The applicant(s) are able to attend **SEPTEMBER 12-13, 2024 from 8:30am-5:00pm CDT.**

**WEEKLY CONSULTATION CALLS:** The applicant(s) are able to attend **weekly consultation/supervision calls for 18 months.**

## TRAINEES APPLYING FOR INTRODUCTION TO CPP TRAINING:

NAME	ROLE <i>(Clinician, Supervisor, Administrator, etc.)</i>	LICENSE TYPE <i>(LPC, LCSW, etc)</i>	EMAIL ADDRESS

## AGENCY QUESTIONS

CPP requires full agency support when participating in this training. For each response below, please answer in **250-300 words**.

<b>EXECUTIVE SUMMARY</b>	
<i>Please provide rationale why your agency and listed trainee(s) should be selected to participate in the CPP training.</i>	
<b>POPULATION SERVED</b>	
<i>Describe the geographic area and population served at your agency. Include an estimate of the number of children ages 0-5 years that are currently served. Additionally, please mention any unique characteristics of the population.</i>	
<i>Of children aged 0-5 served by your agency, what percentage have experienced trauma?</i>	
<i>CPP clients are expected to be seen weekly. Are weekly 45-60 minute sessions possible given agency policies and caseloads?</i>	
<i>How many sessions are you able to provide for children and caregivers served by your agency?</i>	
<i>Is there a limit to the number of sessions your agency can provide? If so, how many sessions are the maximum possible? CPP is a longer-term treatment.</i>	
<i>Is reflective supervision provided at your agency? If so, what is the frequency?</i>	
<b>REFERRAL PATHWAYS</b>	
<i>Describe your agency's current sources for clinical referrals. Do you anticipate any challenges in finding clients who would benefit from the CPP model?</i>	
<b>CASELOAD</b>	
<i>Please briefly explain how the CPP training can be incorporated into existing services being provided.</i>	
<b>TREATMENT MODALITIES AND OTHER EBP'S</b>	
<i>Please describe the services that are currently offered at your Agency. Please mention any evidence-based practices that your team implements (examples include EMDR, TF-CBT, etc.)</i>	

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**Name of Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_

***Note: This confirms that the supervisor is consenting the agency and individual trainee(s) to participate in this training opportunity. \*Electronic signatures are acceptable\****

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**Name of Administrator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Administrator:** \_\_\_\_\_

***Note: This confirms that the administrator is consenting the agency and individual trainee(s) to participate in this training opportunity. \*Electronic signatures are acceptable\****

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