

Child-Parent Psychotherapy (CPP) Agency Agreement

Upon completion of this application, please email a copy with signatures to 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**.

EXECUTIVE SUMMARY	
<i>Please provide rationale why your agency and listed trainee(s) should be selected to participate in the CPP training.</i>	
POPULATION SERVED	
<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>	
REFERRAL PATHWAYS	
<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>	
CASELOAD	
<i>Please briefly explain how the CPP training can be incorporated into existing services being provided.</i>	
TREATMENT MODALITIES AND OTHER EBP'S	
<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>	

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*

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*
