

Positive Parenting Program (Triple P - Level 4) Training Commitment

*Online Learning Collaborative
For Louisiana Medicaid Providers Serving Children and Families*



Sponsored by the Center for Evidence to Practice



Facilitated by the Triple P America Training Team

The Center for Evidence to Practice (at the LSUHSC – School of Public Health) has selected you and/or your agency to participate in the **Positive Parenting Program (Triple P – Level 4)** Online Learning Collaborative. This training is funded by Medicaid through a partnership with the Louisiana Department of Health – Office of Behavioral Health.

This agreement is between:

(Agency Name)

(Trainee Name)

and the Center for Evidence to Practice demonstrates an organizational commitment to offering a sustainable and high-fidelity Triple P program to children and their caregivers receiving Medicaid services in Louisiana. This commitment includes guidelines pertaining to: **Attendance dates and policies, confidentiality, informed consent, consultation, cooperation and participation, learning assessment, completion policy, use of copyrighted materials, and conditions for dismissal.**

TRAINING SCHEDULE

<u>EVENTS</u>	<u>DATE</u>
<u>TRAINING COMMITMENT DUE:</u>	May 12, 2025
<u>MANDATORY TRIPLE P ORIENTATION:</u>	May 14, 2025 from 12:00pm-1:15pm CDT
<u>TRAINING (PART 1) TRAINING:</u>	June 11-13, 2025 from 9:00am-4:30pm
<u>PART 1 CE EVALUATION DEADLINE:</u>	June 20, 2025
<u>PRE-ACCREDITATION (PART 2) TRAINING:</u>	July 16, 2025 from 9:00am-4:30pm
<u>PART 2 CE EVALUATION DEADLINE:</u>	July 23, 2025
<u>ACCREDITATION (PART 3) TRAINING:</u>	July 29-30, 2025 from 9:00am-4:30pm <i>*Each practitioner will be assigned a half-day time block to execute accreditation between these two (2) days.</i>
<u>MONTHLY CONSULTATION CALLS:</u>	1-Hour Monthly consultation calls for six (6) months

POLICIES AND TERMS

Initial ATTENDANCE POLICIES: The training program is held via Zoom. Attendance and participation are required for **all parts** of the lecture and group consultations. The training consists of a total of 4 days. Total hours include: 30.0 hours of lecture, 3.5 hours of accreditation, and approximately 6 hours of consultation. Attendance is actively monitored and recorded. Those missing more than 15 minutes per day of training will not receive CE credits. Upon completion of this training, you will be eligible to receive up to a total of 30.0 hours of continuing education (CE) credits. Missing any portion of the training will require the participant to take a later training within 1 calendar year of the first training. It is expected that **video cameras are to be turned on at all times** as per the attendance regulations of the governing bodies providing CE credit. Participants of virtual training must be alone and in a quiet, professional space appropriate for a clinical psychotherapy session.

Arrangements should be made in advance re: childcare, pet care, or excessive noise to prevent distractions or disruptions. In no circumstance may participants attend from a car or public space due to safety and confidentiality reasons. **Doing so risks your dismissal from the training.** In the event of internet connection or computer problems on the part of the participant, the participant may be dismissed from the training and asked to re-apply for future training if substantial portions of the training are missed. Ensuring that a stable internet connection and a working microphone and video camera are in place prior to the training is the responsibility of the participant. Additionally, please review the [Center's training expectations and guidelines.](#)

Initial CONFIDENTIALITY, RECORDING, & PERSONAL MATERIAL: To assure a positive experience for the entire training cohort, it is vital to ensure confidentiality amongst training participants throughout the training and consultation sessions. Any audio or video recording of any portion of the training is **strictly prohibited**. Neither lecture, videos presented for training purposes, nor consultation portions are allowed to be recorded in any format. Additionally, participants are required to maintain privacy during training and consultation sessions, **meaning no non-participants should be in the background at any time during the training or consultation.** The participant agrees to keep content discussed confidential. If it is suspected that a participant

is not maintaining the standards of confidentiality, they may be dismissed from the training at the discretion of the trainer(s) or the Center for Evidence to Practice.

_____ **Initial INFORMED CONSENT – REVIEWING VIDEO-AUDIO MATERIAL OF ACTUAL TRIPLE P SESSIONS WITH FORMER RECIPIENTS OF THE TRIPLE P MODEL:** The training consists of review of video-audio material of Triple P sessions with former recipients of the model. Viewing this material may potentially elicit unexpected or intense emotional responses as themes of trauma may come up.

In committing to training, you acknowledge that you have adequate self-soothing skills to cope with potential emotional reactions from both the viewing of this material and lecture. **It is expected that the participant will be able to employ self-soothing skills as necessary during and following Triple P training. It is the responsibility of the participant to seek and obtain appropriate professional assistance if needed. Providing such assistance is not an extension of the training and will not be provided by the Triple P instructors.**

_____ **Initial COOPERATION AND PARTICIPATION:** Maintaining a safe and supportive group environment is key to a successful training experience. Participants are expected to maintain a spirit of professionalism, safety, and mutual support in the training. The trainer has the right to dismiss anyone from training who is disruptive at any time.

_____ **Initial CONSULTATION & TRAINING RESTRICTIONS:** This training is meant to prepare clinicians solely for the utilization of TRIPLE P in clinical practice. This training *does not* prepare nor is intended to allow the participant to provide consultation in Triple P nor to train others in Triple P as defined by the Triple P International regulations.

_____ **Initial CONSULTATION PARTICIPATION:** Consultation is intended to support the Triple P therapist in establishing the application of newly acquired skills. You are asked to prepare and present case material related to your use of Triple P for group discussion. Please safeguard client confidentiality by not mentioning clients' names or identifying information. It is recommended that you obtain consent from the clients you intend to discuss. **Triple P case consultation is not a substitute for supervision.**

_____ **Initial COMPLETION:** To receive a certificate of completion, participants must complete the entire training, which consists of lecture and the 1-hour monthly consultation calls for the duration of six (6) months, completion of the readings, and all other training components. All training requirements can be completed up to ONE (1) YEAR from the start of training.

_____ **Initial USE OF COPYRIGHTED MATERIALS:** The printed and PDF versions of the course slides and other original materials for Triple P training are copyrighted. **The training participant is granted a limited permission to copy these copyrighted materials for their own study and use in their own clinical practice. The training**

participant agrees not to distribute these materials or physical or digital copies of these materials to anyone without written permission.

_____ **Initial** CONDITIONS FOR DISMISSAL: Failure to comply with the above issues may potentially 1) place you at risk and/or 2) negatively impact you and/or other training participants and/or diminish your or others' overall benefit from the training. Training participants who are disruptive to the training will discuss the situation privately with the trainer and may be dismissed and ineligible for future trainings with the Center if there is a recurrence.

Terms and Conditions:

1. I agree to **commit the time and effort** required for completing **all Triple P training components**.
2. I understand that I am responsible for any **additional costs** related to Triple P training, such as travel (if in-person) and time spent out of the office.
3. I approve the Center for Evidence to Practice providing a roster of clinician names, agency, email, and phone numbers amongst all trainees to facilitate collaboration and connection throughout the training period.
4. I agree to be professional when participating in online training and follow the [Center's EBP Training Guidelines and Expectations](#) so I can obtain my CE certificate(s).
5. When I become TRIPLE P Rostered, I will provide the Center for Evidence to Practice with a copy of my certificate so that I can be mapped as a verified Medicaid Triple P provider at:
<https://laevidencetopractice.com/interactivemap/>
6. I will continue to provide Triple P to children and families via Medicaid for at least two years upon receiving my training.
7. Should I not complete the Triple P training and consultation requirements, I will inform my agency and the Center for Evidence to Practice.
8. I agree to participate in an end-of-training **Evaluation Survey** with the Center for Evidence to Practice.

By signing below, the trainee agrees to the above terms and conditions.

Triple P Trainee Information:	
<i>Please type NA if the content is not applicable</i>	
Printed Name:	License Type:
License Number:	NPI Number:
Signed:	Date:
Email Address:	

Please review the full details of this Training Commitment, review and sign by May 12, 2025, to verify your participation in this training.

Electronic signatures are accepted.