

APPLICATION

2018-2019 Child-Parent Psychotherapy (CPP) Training

Participant

Name _____

License # _____

Agency/Practice Name _____

Agency/Practice Address _____

Tax ID _____ NPI _____

Phone _____ Fax _____

Please provide a brief answer to the following:

1. Please describe your understanding of CPP and how you envision this evidence-based treatment being implemented in your practice.

2. At the start of, during, halfway and at the conclusion of the CPP training, you will be asked to conduct a brief, early childhood screening assessment of all children and caregivers receiving CPP. Do you foresee any difficulties in obtaining or scoring the measures? ☐ Yes ☐ No

3. At present, what type of therapy do you typically provide for families seeking treatment for their young children and/or for families seeking assistance with trauma-related symptoms or experiences?

4. After completing CPP training, how would you identify potential CPP patients and when would you commence the process for identifying and screening [potential CPP] clients?

5. Have you received any other training, coaching or instruction that would prepare you for this CPP training? ☐ Yes ☐ No
 - a. *If yes*, please describe.
 - b. *If no*, please describe how you would prepare.