







## Nebraska Child-Parent Psychotherapy Learning Collaborative

Letter of Recommendation Components Guide

Thank you for agreeing to write a letter in support of your colleague.

## Overview of CPP

CPP is an intervention treatment modality 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.

## **Helpful Information**

In addition to providing your relationship to your colleague, we collect helpful information in determining readiness for training.

The National Child Traumatic Stress Network (NCTSN) released a position statement that standardized, effective, trauma-informed clinical interventions is a central means to advance the standard of care for traumatized children and that safe and effective implementation of these interventions, like CPP, requires proficiency in several basic areas of clinical competency. We are asking that you ensure these clinical competencies are present:

 Basic Assessment: The clinician can efficiently and accurately gather the relevant clinical information to determine the appropriate problem(s) to be addressed in treatment and the various factors that may facilitate or impede a child's likelihood to benefit from treatment. This assessment includes identifying the ability of caregivers—and others in the child's environment—to support the child's specific needs.

- 2. Risk Assessment: The clinician can efficiently and accurately gather clinical information to determine (a) a child's likelihood to harm him or herself and/or others, (b) a child's likelihood to be harmed by others, and (c) the ability of caregivers—and others in the child's environment—to protect the child given his or her level of risk; the clinician has the knowledge and experience to use all this information to preserve safety.
- 3. Case Conceptualization: The clinician can integrate the assessment information to form an understanding of the child's key problems and strengths, including the developmental and sociocultural factors of race, ethnicity, culture, socioeconomic status, gender identity and expression, immigration status, and spirituality that may affect intervention.
- 4. Treatment Planning: The clinician can use the case conceptualization to determine treatment goals, selecting the most effective and feasible clinical approaches to address the child's identified clinical problems, including the referral to appropriate providers.
- 5. Treatment Engagement: The clinician can form a working alliance with the child and his or her family based on a treatment plan to address a set of problems that are meaningful to the child/family.
- Treatment Implementation: The clinician can consistently deliver a course of treatment based on a defined treatment plan to meet the identified goals and objectives.
- 7. Treatment Quality Monitoring: The clinician can appraise progress and outcomes of treatment based on objective information and can adjust the treatment approach as needed to meet treatment goals.

In addition, please rate the clinician's Foundational Knowledge as Beginner, Intermediate or Advanced in the following areas:

- Early Childhood Development and Understanding Play
- Adult Development
- Working with Adults with SPMI & Substance Use
- Understanding Trauma
- Integrating a Focus on Culture, Diversity & Context
- Treatment with children under age 6
- Dyadic or family treatment
- Treatment with populations who have experienced trauma
- Conducting a trauma treatment
- Conducting a trauma treatment with children under age 6
- Participating in reflective supervision
- Reporting Laws and Ethics
- Address risks to safety

Thank you for taking the time to recommend your colleague for CPP training! You may provide the letter directly to them to upload with their CPP registration. If you have any questions, please contact Samantha Byrns, Nebraska CPP Trainer, at <a href="mailto:sbyrns2@unl.edu">sbyrns2@unl.edu</a>.