



DO FIRST > Watch the CPP via Telehealth Webinar Series developed by the CPP Dissemination Team (see link in resources).

This webinar provides greater detail regarding considerations for implementing CPP than can be provided here. CPP Trainers will share future webinars when available.

The ARBEST Child-Parent Psychotherapy (CPP) Training Team is committed to supporting your ongoing transition to CPP delivery via telehealth services. Because of its flexibility, CPP is an excellent tool for clinicians to use when providing ongoing care to families who may need to move to a telehealth platform. Regardless of the modality (in-person or telehealth), the CPP fidelity compass and strands provide a framework for implementing the model. Because many clinicians are new to providing CPP via telehealth, we would like to provide some considerations for beginning your telehealth practice.



LOGISTICAL CONSIDERATIONS

Follow discipline and agency rules, regulations, and ethics for telehealth, even if they conflict with CPP consultation guidance. Follow best practices for telehealth services (e.g. American Psychological Telepsychology Best Practice 101 Series <https://apa.content.online/catalog/product.xhtml?eid=15132&eid=1921>)

Consider family's level of access and comfort with telehealth platforms.

- Do families have access to smartphones/tablets with video capabilities? If not, can we help them to access them?
- Does the telehealth platform allow the clinician to see both members of the dyad?
- Remember, telehealth may feel like a barrier for some or be more comfortable for others.

Develop a plan for managing safety with families that includes how to best intervene should it become necessary.



CONSIDERATIONS for CLINICIANS

- Proceeding in CPP treatment with families will depend on the treatment phase and goals, caregiver's regulation capacity, and whether the family's basic needs are being met. Reflective process and consultation with your cohort/CPP Trainers can help you to make case-specific decisions regarding treatment.
- Consider helping clients and systems personnel with whom they interact (e.g., DHS caseworkers) understand the current plan for treatment, including any changes in treatment delivery or goals (e.g., working more on enhancing safety). Some goals of CPP may not be able to be accomplished at this time.
- Consider ways in which additional concrete assistance could be particularly helpful for families during this time; get familiar with local resources.
- Consider where the child is throughout treatment and what they may be hearing, even in parent-only sessions (e.g., "He's hearing us talk. How do you think you might explain to him what we're talking about?").
- Consider how past history intersects with current reality and how this may affect symptom presentation (e.g., do children's feelings of fear/worry now remind them of previous times when they've felt fearful or worried?).

CONSIDERATIONS for CLINICIANS cont.

- Develop a triangle of explanations (or “mini triangle,” as appropriate) with caregivers to discuss current potentially traumatic events. *For instance, when considering the Experience side of the triangle, you might say, “You and your mom are going through...” or the caregiver might say, “We are going through...” to describe the family’s exposure to current possible trauma, including secondary effects such as poverty and loss of job as appropriate. Then, you or the caregiver can describe how it has impacted the family and/or the child (e.g., fears and worries about danger getting closer, behavior, sadness due to no longer having visits with biological parent in person, etc.). Finally, you or the caregiver can describe how treatment will help (e.g., this is a place where families can listen to each other, get connected with resources, etc.).*
- Share with caregivers the dilemma about toys (i.e., children missing toys that are usually in session, not having toys at home to play with) and work together to acknowledge this, first, and then creatively find ways for children to use play to communicate (e.g., using rocks, crayons, toilet paper rolls, or other household objects to become their toys).



CONSIDERATIONS for TRAINEES

- Zoom consultation calls will continue as scheduled.
- Good CPP work cannot be done alone. Small-group reflective supervision should continue via video or phone conference during the training period regardless of whether therapy sessions are held in person or via telehealth. Let your trainers know if you or your small group are having difficulty maintaining CPP reflective supervision.
- Self-care is incredibly important for doing all CPP work, particularly during times of ongoing stress. Take time for yourself and to support one another during this time.
- Your CPP Trainers are available to support your implementation of CPP via telehealth. Remember that with any new skill, it takes time and effort, and it gets easier.
- Try not to worry about how these current parameters will affect your ability to meet training requirements by the end of the 18-month period. Your CPP Trainers will do their best to offer you additional opportunities to meet requirements beyond the 18-month period if needed.



CPP GUIDING MANTRAS PERTAIN to TELEHEALTH

- How you are is as important as what you do
- Simply being present with others is a powerful intervention
- Hold people in your mind and in your hearts, and take action (even simple ones) to let them know we are thinking and caring about them
- What is shareable can become more bearable
- It’s difficult to regulate others when you, yourself, are not regulated. If possible, the first affect to regulate is your own. Be mindful of the way your affect impacts others
- Support caregivers so they can support children
- We speak the unspeakable
- Your ability to successfully target something for change is limited for things you do not yet understand
- Do not let the perfect be the enemy of possible



CPP RESOURCES

CPP Dissemination Team Webinar:

<https://youtu.be/kHUju1XLS-w>. Slides: <http://childparentpsychotherapy.com/wp-content/uploads/2020/03/ CPP-and-Telehealth-module1.pdf>

Child Trauma Research Program:

<https://childtrauma.ucsf.edu/covid-19-resources>

Piplo Productions: Stories, handouts to talk about emotions, free finger puppets:

<https://piploproductions.com>

Zero to Thrive: <https://zerotothrive.org/covid-19/professionals/>

Zero to Three:

<https://www.zerotothree.org/resources/3210-tips-for-families-coronavirus>

CPP Providers Facebook Page:

<https://www.facebook.com/groups/ CPPProviders/>