



## OVERVIEW

# Washington State 2026 CPP Learning Collaborative

Begins Spring 2026

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### Child-Parent Psychotherapy Overview

CPP is an intervention model 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.

Therapeutic sessions include the child and parent or primary caregiver. If clinically indicated, treatment may include multiple caregivers and/or siblings with the format of sessions determined jointly with the caregivers after learning about the needs of different family members during the Foundational Phase of treatment.

For information about the research on CPP, including the five randomized trials conducted on the model, please visit our website: <http://childparentpsychotherapy.com/about/research/>

### Child-Parent Psychotherapy Learning Collaborative Objectives

- Through an 18-month long training, participants will gain core CPP knowledge and competencies to enable them to adopt CPP
- Participating agencies will increase their capacity to provide an evidence-based trauma treatment for children in the birth to six age range

### Training Overview and Components

A collaborative group of organizations, including the Barnard Center for Infant and Early Childhood Mental Health at the University of Washington and the Child Trauma Research Program at UCSF, are working together to host an 18-month long Child-Parent Psychotherapy (CPP) Learning Collaborative in Washington state. The first learning session will be held in Seattle, Washington, in the Spring of 2026.

The Learning Collaborative (LC) model is the dissemination strategy used by the National Child Traumatic Stress Network to support uptake of best practices. What sets an LC apart from traditional training is the intensive focus on learning-by doing. An LC includes in-person training or "learning sessions", intensive consultation, and peer-to-peer learning within and across organizations. This training meets criteria for an Implementation-Level CPP Course. Participants who complete the training will be eligible for the roster of trained CPP clinicians.

Please ensure that your agency leadership and all members of your team who might be part of the training are aware of the core components and minimum training requirements for a CPP Implementation

Level Course. They can do this by visiting our website:

<http://childparentpsychotherapy.com/providers/training/lc/>

They will also be completing the CPP Training Agreement and should review it at:

<http://childparentpsychotherapy.com/wp-content/uploads/2018/03/ CPP-Training-Agreement-2018.pdf>

Training components include:

1. Participate in initial core CPP didactic training
  - o Spring 2026
2. Read the CPP manual (see training materials below)
3. Provide CPP to children under age 6 who have experienced at least one trauma (see Training Agreement for specific details)
4. Participate in reflective CPP supervision
5. Participate in ongoing CPP consult calls - twice monthly phone or video-based consultation for 18 months conducted by an endorsed CPP consultant
6. Case presentation - prepare and present at least twice on consult calls
7. Participation in intensive CPP competency building workshops (2 days each, approximately 6 months and 12 months after the initial didactic training)
8. Fidelity monitoring - completion of CPP fidelity instruments and LC evaluation tools
9. For supervisors: Monthly supervisor call to discuss CPP supervision
10. For senior leaders: 1 call every few months to discuss CPP implementation issues. Senior leaders are those individuals within an organization with the capacity to effect agency-level changes that may be needed to align agency and CPP practices and policies.
11. Any additional learning collaborative metrics needed for this training

## CPP Sustainability

Participants who are interested in learning how CPP may be sustained following the initial 18-month Learning Collaborative, may visit our website: <https://childparentpsychotherapy.com> and learn more about the CPP Agency Mentorship Model.

## Training Eligibility

- We typically train agency teams rather than individual therapists as we feel that working with young children who have experienced trauma requires the support of a team. Moreover, ongoing reflective practice with a supervisor or colleague is a core part of CPP.
- Any private practitioners applying to a CPP training should form teams committed to supporting each other and meeting at least twice monthly for reflective consultation at least for the duration of the learning collaborative.
- All clinical team members seeking to complete training and be eligible for the CPP roster must be master's or doctoral-level psychotherapists with a degree in a mental health discipline
- If any participating team members are not yet licensed, they must be supervised by a licensed team member who also participates in the training
- A CPP LC is not considered intensive enough for an intern to learn CPP. Implementation-level training for interns is available through endorsed CPP internships:  
<https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=194>

## Training Cost

This training is approximately \$3,500 per clinician. Fee waivers are available dependent on funder support. In addition, agencies will need to cover the cost of materials and travel to three in-person learning sessions over the course of the 18-month learning collaborative, and to budget appropriate release time for participating clinicians. If purchasing materials or funding travel presents a significant barrier to participation for agencies, there will be an opportunity to request supplemental funding at the end of the application process for this LC.

## Training Faculty

**Haruko Watanabe, MA, LMHC, IMH-E®** identifies as a cisgendered woman and an immigrant from Japan, who is committed to promoting healing-centered work in communities and organizations through building relationships. Haruko began studying parent-child interactions in 1998 under the mentorship of the late Dr. Kathryn Barnard. Over the last 20+ years, Haruko has worked with Early Supports for Infants and Toddlers (ESIT), early care and learning, child-welfare, and community mental health systems in King County, seeking to understand the impact of adversity and individual differences on early relationships and child development. She has partnered with other champions in the community to advocate for system-level transformation on behalf of young children and families. Her clinical work and workforce development efforts have been influenced by her lived experiences and teaching from the communities she has served, many of whom are low-income and families of color, as well as her ongoing learning from her ancestors, mentors, and colleagues. In addition to her primary work as the Clinical Director at Cooper House, Haruko trains Infant and Early Childhood Mental Health clinicians across Washington State and is a Washington State trainer on Child-Parent Psychotherapy. She is a former Board Member for the Center on Early Relational Health (formerly known as Washington Association for Infant Mental Health).

**Mindy Davis, LICSW**, is a Clinician in Private Practice serving primarily children 0-6 years old. She also provides Clinical and Reflective Supervision in the community to various professionals serving children 0-6. Mindy currently is participating in meetings to help launch Clark County's Safe Baby Court. Mindy also is a trainer for Attachment Vitamins (parenting program) and the ASQ-3 and ASQ-SE2. In the past, Mindy has worked as a Clinician and Clinical Supervisor in community mental health for 20 years. She has presented at statewide Conferences and locally in the Vancouver area on Mitigating the Effects of Toxic Stress and Trauma in Children 0-6 years old.

## Training Materials

Participants are required to have access to the required materials during the 18-month training period. It is preferable if they can read the manual prior to beginning training. During training, CPP trainers provide participants with electronic links to training handouts and to other free CPP materials, including the fidelity instruments and evaluation tools.

- **Required:** Child-Parent Psychotherapy Manual  
Lieberman, A.F., Ghosh Ippen, C., & Van Horn (2015). *Don't hit my mommy: A manual for Child-Parent Psychotherapy with young children exposed to violence and other trauma*, Second Edition. Washington, DC: Zero to Three.
- **Strongly Recommended:** Book Describing Conceptual Framework, Intervention Modalities and Case Examples  
Lieberman, A.F. & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: The Guilford Press.

- **Optional:** Adaptation of CPP for Traumatic Bereavement  
Lieberman, A.F., Compton, N.C., Van Horn, P., Ghosh Ippen, C. (2003). *Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy*. Washington D.C.: Zero to Three Press.

## Training Time

Participating sites should budget time for the following activities:

- Reading the manuals
- Participation in either: a) 7 face-to-face days of training (spread out over the 18-month period) for in-person participants; or b) 13 half-day virtual sessions (spread out over the 18-month period) for virtual participants
- Participation in twice monthly hourly case consultation calls
- Presenting on at least two consultation calls (including time to complete a write up)
- Participation in reflective CPP supervision in the agency, ideally weekly but at a minimum *twice a month*
- Completion of clinical measures, fidelity forms, and evaluation of the training
- Provision of CPP services
- Data collection and learning collaborative metrics

## If Interested

Please complete the [expression of interest survey](#) to indicate your interest and to acknowledge that you have reviewed and are able to engage in all the training components and that you believe your team members meet eligibility criteria. Once you complete this survey, a member of our team will reach out to you. If you have any questions, please contact Joyce Yang at [joycehc@uw.edu](mailto:joycehc@uw.edu).

**Expression of Interest Survey:** <https://forms.gle/vnqgmtLEESo4oedM8>

## Next Steps

We will be reviewing expressions of interest and will contact you. There will be an additional application your organization will complete to assess organizational and individual readiness to implement CPP.