

Service Name	<b>CHILD PARENT PSYCHOTHERAPY (CPP)</b>
Setting	Outpatient services are rendered in a professional office, clinic, home, or other environment appropriate to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health.
Basic Definition	An evidence-based service provided to children birth to age five, who have experienced at least one traumatic event (e.g. maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including post-traumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning.
Service Expectations basic expectations for more detail see Title 471 chapter 32	<ul style="list-style-type: none"> <li>• Services must be treatment focused and not rehabilitative or habilitative in nature.</li> <li>• Young children should receive CPP services only after a recent appropriate medical evaluation to rule out conditions of a general medical nature.</li> <li>• There shall be a reasonable expectation that CPP will improve the child's psychiatric symptoms so that the services will no longer be necessary.</li> <li>• An Initial Diagnostic Interview (IDI) must be completed prior to the beginning of treatment.</li> <li>• Assessment should be ongoing with treatment and reviewed each session.</li> <li>• Treatment planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual and the identified, appropriate family members as part of the initial assessment and outpatient family therapy treatment planning process; the treatment and discharge plan must be evaluated and revised as medically indicated.</li> <li>• Consultation and/or referral for general medical, psychiatric, and psychological needs.</li> <li>• Provided as family psychotherapy.</li> <li>• It is the provider's responsibility to coordinate with other treating professionals as needed.</li> </ul>
Length of Service	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the individual's ability to benefit from treatment. Average number of sessions is 50.
Staffing	<ul style="list-style-type: none"> <li>• All practitioners providing CPP must be certified or actively working towards certification as a CPP provider. Practitioners are responsible for submitting training information verifying their certification as a CPP provider.</li> <li>• Psychiatrist/ Physician</li> <li>• Physician Assistant</li> <li>• Advanced Practice Registered Nurse (APRN)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> </ul>
Staffing Ratio	One therapist to one family

Desired Individual Outcome	<ul style="list-style-type: none"> <li>• The family has met their treatment plan goals and objectives.</li> <li>• Family has support systems secured to help them maintain stability in the community.</li> </ul>
Admission guidelines	<ul style="list-style-type: none"> <li>• The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.</li> <li>• There are significant symptoms, caused by the behavioral health disorder diagnosis, that negatively impact a child's ability to eat, sleep, engage in age appropriate social behavior, and meet developmentally appropriate milestones.</li> <li>• This service is provided in the least restrictive setting that will produce the desired results in accordance with the needs of the individual.</li> <li>• CPP is supported by evidence that the treatment improves symptoms and functioning for the individual's mental health disorder diagnosis.</li> <li>• There is an expectation that the individual has the capacity to make significant progress toward treatment goals to where services are no longer necessary.</li> <li>• CPP is required for reasons other than primarily for the convenience of the individual or the provider.</li> <li>• Involve the individual and his/her family with a therapist for the purpose of changing a behavior health condition focusing on the level of family functioning as a whole and address issues related to the entire family system.</li> <li>• Family therapy is recommended through thorough assessments completed by licensed clinicians as medically necessary to achieve goals/objectives for treatment of a behavior health condition.</li> </ul>
Continued stay guidelines	<ul style="list-style-type: none"> <li>• Admission guidelines continue to be met.</li> <li>• Treatment planning is individualized and appropriate to the family's changing condition, with realistic and specific goals and objectives clearly stated.</li> <li>• All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</li> <li>• Progress in relation to specific dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident.</li> <li>• Care is rendered in a clinically appropriate manner and focused on the family's behavioral and functional outcomes as described in the discharge plan.</li> <li>• There is documented active discharge planning.</li> </ul>