

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
Program Support Bureau-MHSA Implementation & Outcomes Division

SUMMARY FOR:
Child Parent Psychotherapy (CPP) Learning Network
September 4, 2013

Location:

LACDMH Headquarters
550 South Vermont Avenue, 2nd floor conference room
Los Angeles, CA 90020

Facilitator:

Valerie Curtis, L.C.S.W., Training Coordinator

Practice Lead:

Seth Meyers, Psy.D., Clinical Psychologist II

Participants:

Chantal Abukutsa, VIP CMHC
Mark Burns, Starview
Joshua Cornell, MHSA Implementation & Outcomes
Shefali D'Sa, Hathaway Sycamores
Sandra Davis, VIP CMHC
Daisy Dsul, Para Los Niños
George Eckart, MHSA Implementation & Outcomes
Mari Gregory, Starview
Monica Guggenheim, The Help Group
Nancy Gussin, SFVCMHC
Jenna Haeflinger, LA Child Guidance
Marta Lear, Providence Community Services
Casey Meinster, HillSides
Nicole Morris, HillSides
Lorena Navarro, DMH
Marilou Nguyen, MHSA PEI Admin

Sherry Nourian, Hollygrove
Preston Opatik, St. Anne's
William Peters, Foothill Family Services
Kari Rehmman, SFVCMHC
Martin Ribeiro, Children's Bureau
Ellen Rogelberg, The Help Group
Dustin Schiada, VIP CMHC
Mercedes Serafini, Childnet Youth & Family Services
Maricela Mendez-Sherwin, Children's Institute
Alex Silva, MHSA Implementation & Outcomes
Stephanie Spektor, MHSA PEI Admin
Toya Swan, DMH WLA Administration
Beatriz Teroy, Bienvenidos
Eugenia Tsao, UCLA TIES For Families
Julia Tucker, Prototypes
Michael Villaescusa, MHSA Implementation & Outcomes

I. Updates and Announcements

- Action item follow-up and announcements since previous meeting

Participants introduced themselves and described their work roles.

II. Review of Reports (Aggregate Data)

- Review of available reports
- How can the reports/data inform clinical practice?
 - a. What specific information, from a report, might be helpful in treatment planning: i.e., developing treatment goals, selecting interventions, collateral treatment, etc.
 - b. What information is unexpected?
 - c. What information would you or your clinical supervisors want to share during clinical supervision? And how would you approach this subject in supervision?

G. Eckart compared data in the current CPP Aggregate Report to data from the last one, with particular attention paid to the large increase in matched pairs.

III. Training

- Update on Consult Calls and Boosters for cohorts 4-6
- Dr. Maricela Mendez-Sherwin: Readiness Questionnaire and information about future trainings
- CIITrainingCenter@childrensinstitute.org
- Follow-up of “T” scores for TSCYC

M. Mendez-Sherwin reviewed supervision requirements in order to be certified as a CPP provider. Per participant request for clarification, M. Mendez-Sherwin and S. Meyers stated that at this time certification is not required in order to provide CPP, though it may be required in the future; S. Meyers will inform providers if certification becomes required. Regarding TSCYC profile forms question from the previous LN, use the profile form that corresponds to the client’s age at the time the TSCYC outcome measure is administered. In response to participants’ inquiry about supervision requirement, M. Mendez-Sherwin and S. Meyers stated CPP supervisors need to be trained in CPP and carry a professional license.

IV. Open Forum

- Provider questions

Participants asked if “pre” outcome measures should be administered for children in foster care since the client’s primary caregiver is likely to change during the course of treatment; the MHSA Implementation and Outcomes staff answered “pre” treatment outcome measures should be administered at the beginning of treatment whenever possible, and if the same caregiver is not available during later outcome measure collection time points, Unable to Collect would be entered into PEI OMA instead of numeric scores since outcome measure scores cannot be compared if the measure is not completed by the same individual at both time points.

Participants discussed aspects of CPP for children in foster care including: clinical concerns when the client’s primary caregiver changes during the course of treatment; other EBPs to consider if the client’s foster care situation does not seem to fit the CPP model; working with foster parents who do not want to participate; assessing the appropriateness of PEI CPP for children in foster care who often need a higher level of treatment than PEI. S. Meyers encouraged participants to carefully consider, prior to the start of treatment, whether CPP is an appropriate treatment for a child in foster care.

A participant asked if group treatment should be billed using the family therapy group billing code or multifamily therapy group code. S. Meyers answered that the family therapy code should be used.

V. Next PPLN Meeting

- Future agenda items

Date/Time/location of next meeting TBD.