

## Form 14

### PAIP Training (all in person)

### Tracking Documentation Form

**Agency Name:**

This document serves to verify that this staff/volunteer person has completed the PAIP training, as required by the Illinois Certified Domestic Violence Professional requirements.			
Start Date:	Staff/Volunteer Name:		
Completion Date:	Approved by:		
<b>CPAIP Required Topics</b>	<b>Agency Topic / Time Frame</b>	<b>Date Covered</b>	<b>Trainer Initials</b>
<b>Introduction (.25 hrs.)</b>			
• Define PAIP program			
• Overall objectives			
<b>Orientation to Group Process (1.0 hrs.)</b>			
• Understanding group cohesiveness			
• Creating a learning atmosphere			
• Assessing group effectiveness			
• Utilizing the control log in group			
<b>Domestic Violence Information (1.0 to 1.75 hrs.)</b>			
• Characteristics of abusers and their role in the group process			
• Impact of abuse on victims, children and society			
• Representing the victim in group			
<b>PAIP issues (2 hrs.)</b>			
• Historical development of PAIP			
• Key components of effective PAIPs			
• Theoretical components			
• Compare and contrast PAIPs with therapeutic interventions			
• Components of a Protocol Approved PAIP			
• Intake/referral process			
• Assessment procedures including exclusion requirements			
• Effective PAIP evaluation			

