

# Form 12 - PAIP Training (all in person)

## Tracking Documentation Form

**Agency Name:**

This document serves to verify that this staff/volunteer has completed the PAIP training, as required by the Illinois Certified Domestic Violence Professional requirements.			
Start Date:		Staff/Volunteer Name:	
Completion Date:		Approved by:	
CPAIP Required Topics	Agency Topic/ Time Frame	Date Covered	Trainer Initials
<b>Introduction (.25 hrs.)</b>			
• Define PAIP program			
• Overall objectives			
<b>Orientation to Group Process (0.5 to 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 victim/ survivors, children and society			
• Representing the victim/survivor 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			

