

## Information Item A Training and Competency

### I. Cognitive Behavioral Therapy Competency Policy:

DSHS has developed a competency-based approach for the delivery of Cognitive Behavioral Therapy (CBT) in our community mental health service delivery system. Every practitioner that provides CBT for adult mental health services or children mental health services must comply with this policy.

#### **CBT Competency Standards:**

##### **A. Existing Staff**

1. Submission of a tape to be reviewed and rated by one of the following entities:
  - a) Beck Institute for Cognitive Behavioral Therapy <http://www.beckinstitute.org/>
  - b) Academy of Cognitive Therapy <http://www.academyofct.org/>
  - c) Reach Institute (Child & Adolescent Providers Only) <http://www.thereachinstitute.org/>
2. Existing practitioners shall score a 40 or greater to be considered competent (rating is done using the Cognitive Therapy Rating Scale by Beck). **This documentation should be maintained in the employee's personnel file.** All practitioners providing CBT must pass the competency review and are subject to limitations regarding their ability to continue to provide CBT services if they do not pass the competency review.
3. Practitioners who have submitted tapes for review to one of the endorsed entities, without passing with a score of 40 within the 12<sup>th</sup> month of eligibility to pass the CBT competency, will be allowed to provide CBT counseling services until they have gained competency under the following conditions:
  - a) The practitioner must attend and complete a DSHS approved CBT training conducted by The Academy of Cognitive Therapy (ACT), The Beck Institute, or the REACH Institute every year until practitioner gains CBT competence.
  - b) The practitioner must practice CBT under the supervision of a practitioner who has passed the CBT competency review. The supervision must include at least weekly supervision meetings that involve practice tape reviews with real clients. The supervision must be documented by supervisor, and must be available per request of DSHS.
  - c) The practitioner must attempt to pass the CBT competency review by submitting a tape (as indicated in A.1), at least every six months, until practitioner gains CBT competence.
4. A practitioner will be allowed an exception for approved leave, such as military duty, family and medical leave act (FMLA), or other approved leave. When

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approved leave has been granted, the practitioner will be allowed an extension equal to the time they were away for leave.

### **B. New Hires**

1. All new hires have one year from the date of hire to demonstrate competency as outlined in the competency standards. *(For the purposes of this Information Item section, a person is a new hire if they are an external hire or if they move from a different role within the organization to provide CBT counseling services).*
2. It is a best practice that new hires submit a tape for competency review within 6 months of hire.
3. Practitioners that have submitted tapes for review to one of the endorsed entities within 1 year, but have not passed with a score of 40 by the identified timeline are subject to items A.3 and A.4 of this policy.

### **C. Staff Pursuing Independent Licensure**

1. Staff with non-independent licenses (i.e. Licensed Professional Counselor-Intern, Licensed Master Social Worker, Licensed Psychological Associate, Licensed Marriage and Family Therapist-Associate) may provide CBT in the event they are under the supervision of a fully licensed clinician that meets the criteria to be a Licensed Professional of the Healing Arts (LPHA) and meets the supervisor requirements as outlined in this policy. Please reference Texas Administrative Code (TAC) Code §412.303 to determine the disciplines that meet the criteria for LPHA.
2. Staff with non-independent licenses must be actively seeking full licensure as a LPHA.
3. Staff with non-independent licenses should refer to their respective Texas state licensing board requirements regarding frequency of supervision.
4. Upon acquisition of full licensure staff will have 1 year to demonstrate competency per the competency standards as set forth in this document. If the practitioner has not obtained competency within one year, see items A.3 and A.4 above.

### **D. Grandfathering**

Grandfathering is permitted if there is documentation of any one of the following:

1. Any practitioner that has been trained as a **trainer** by Dr. Monica Basco. *Please note that practitioners that attended the CBT training workshops with Dr. Basco*

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*in the past do not meet this requirement. A practitioner must have been trained as a trainer in order to be grandfathered.*

2. Any practitioner that has been certified by the Academy of Cognitive Therapy.
3. Any practitioner that has been certified as a **trainer** by the REACH Institute.

### **E. Supervisors**

The following requirement(s) must be met to provide supervision to clinicians providing CBT:

1. Supervisors must have attended or viewed the webinar 'Demystifying the Tape Rating Process' or viewed the training video 'Cognitive Therapy Rating Scale (CTRS) Adherence Workshop' and meet one of the following requirements:
  - a) Supervisors must have attended the 3-day training in CBT by Dr. Basco or a Dr. Basco trainer; or
  - b) Supervisors must be trained by the Beck Institute, the REACH Institute, or certified by The Academy of Cognitive Therapy in CBT.

NOTE: Supervisors may substitute the above requirement(s) by passing the competency review or if they meet any of the grandfathering requirements. If a supervisor has attended the CBT training facilitated by the Beck Institute and hosted by the Centralized Training Infrastructure for Evidence-based Practices (CTI-EBP), has been trained by the REACH Institute, or has been certified by The Academy of Cognitive Therapy, then he or she has fulfilled the training requirement outlined in item E.1.b. of this policy.

### **F. Additional Considerations**

1. It is a best practice that practitioners get training and supervision in CBT while preparing for their tape review.
2. Training requirements are left up to the discretion of each individual center for clinicians that will be delivering CBT.
3. Trainers in adult CBT may serve as a resource in preparing providers for the competency review.
4. The Centralized Training Infrastructure for Evidence-based Practices (CTI-EBP) will serve as a training resource for providers needing training in CBT.
5. For fully licensed staff we recommend a minimum of monthly supervision in CBT to ensure that there is minimal drift in delivery of CBT.

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**CONTACT INFORMATION FOR COMPETENCY TAPE REVIEW**

<b><u>Organization</u></b>	<b><u>Contact Person</u></b>	<b><u>Contact Information</u></b>	<b><u>Approximate Cost Per Tape (rates include narrative feedback)</u></b>
The Academy of Cognitive Therapy	<b>Troy Thompson</b> , Executive Director	260 South Broad Street 18th Floor Philadelphia, PA 19102 <a href="mailto:tthompson@academyofct.org">tthompson@academyofct.org</a> P: (267) 350.7683 F: (215) 731.2182	\$150
The REACH Institute	<b>Dr. Lisa Hunter Romanelli</b> , PhD, Executive Director	485 Seventh Avenue, Suite 1510, New York, NY 10018  <a href="mailto:lisa@thereachinstitute.org">lisa@thereachinstitute.org</a>  phone: 212.947.7322, ext. 227 fax: 212.947.7400	\$170-\$175
Beck Institute for Cognitive Behavior Therapy	<b>Dr. Daniella Cavenagh</b> , PhD, Director of Education	One Belmont Avenue, Suite 700 , Bala Cynwyd, PA 19004 phone: 610.664.3020  <a href="mailto:dcavenagh@beckinstitute.org">dcavenagh@beckinstitute.org</a>	\$300

- Contractors shall contract directly with one of the above named entities for tape review.

**G. CBT and Fidelity**

In an effort to align programming with evidence-based and best practices, DSHS is engaged in efforts to ensure that services are reflective of national standards. Although other evidence-based practices have accompanying fidelity instruments, there is no nationally recognized fidelity instrument for CBT. However, the Cognitive Therapy Scale (CTS) by Beck is a nationally recognized instrument in determining clinician competence and adherence to the CBT model. This is the instrument that the tape raters utilize in assessing a clinicians' competence. It is a best practice to use the CTS to guide supervision sessions and adherence to CBT.

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### **H. Additional Resources**

DSHS Cognitive Therapy Resources Page

<http://www2.hhsc.state.tx.us/CentralOffice/BehavioralHealthServices/CTMain.html>

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## **II. Adult Mental Health**

### **A. Cognitive Process Therapy (CPT) Training Requirements and Obtaining “Approved Provider” Status**

In order for practitioners to provide CPT they must complete the following multi-phase process:

1. Training Phase: Practitioners will complete the DSHS approved 2-Day classroom training on CPT or an equivalent training, such as Veteran’s Administration training on CPT.
2. Consultation Phase: Practitioners will participate in the consultation phase of the training process by attending the scheduled consultation calls with qualified trainers/consultants and concurrently conducting CPT with clients. To complete this phase, the clinician must document attendance of at least 19.5 hours of consultation calls during the consultation period within one year of the classroom training.
3. Counseling Phase: The counseling phase requires practitioners complete two 12-session cases of CPT during the consultation phase within one year of the training.

Following completion of the consultation phase and the required two cases, providers may apply to be added to the CPT registry in the DSHS Training Infrastructure. Once added to the CPT Registry, the clinician is now in approved status. Being added to the registry creates a permanent record of those practitioners approved to provide CPT in Texas.

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**III. Child and Adolescent Mental Health**

**Contractor shall meet and require Texas Resilience and Recovery (TRR) services subcontractors to meet the following training requirements for the DSHS-approved evidence-based practices prior to the provision of these services and supports. Completion of the requirements listed below shall be documented and maintained by Contractor or subcontractor. DSHS-approved evidence-based practices and training requirements are as follows:**

**Training and Competency Standards:**

**A. Skills Training and Development**

1. Aggression Replacement Techniques utilizing the Aggression Replacement Training® curriculum: Aggression Replacement Techniques are required for the delivery of skills training and development in all CMH Levels of Care in which skills training and development services are available. Aggression Replacement Techniques shall be used as outlined in the TRR Utilization Management Guidelines. To deliver skills training and development services utilizing Aggression Replacement Techniques the following training requirements must be met:
  - a) Completion of at least a one-day live training hosted by any of the following: The Behavioral Institute for Children and Adolescents, G&G Consultants, Education and Treatment Alternatives, Inc., or an individual or entity designated as approved trainers by the aforementioned institutes;  
*or*
  - b) Documented completion of the “Aggression Replacement Training® DVD and the first five DVDs of the 6-DVD set workshop series [“Teaching Prosocial Behavior to Antisocial Youth: A Live Workshop Presentation” by Dr. Arnold P. Goldstein,](#)” as evidenced by signature of CMH Director (or designee) in the employee file, *and*
  - c) Completion of one of the following A.R.T.® curriculum fidelity observation forms within one year of completion of training: Anger Control Fidelity Form, Skillstreaming Fidelity Form, Moral Reasoning Fidelity Form.
2. Barkley’s Defiant Child and Barkley’s Defiant Teen: This protocol is currently required and shall be used as outlined in the TRR Utilization Management Guidelines. It is recommended for providers to complete a 6 hours training on this protocol by an approved trainer by Dr. Russell A. Barkley developer of this protocol.
3. Nurturing Parenting: Nurturing Parenting is a required protocol and shall be used as outlined in the TRR Utilization Management Guidelines. To deliver this protocol, completion of a 3-day training on Nurturing Parenting by a

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trainer who has been certified as an Organizational Trainer or National Trainer by Nurturing Parenting Programs® is required.

4. **Seeking Safety:** Seeking Safety is a required protocol and shall be used as outlined in the TRR Utilization Management Guidelines. To deliver this protocol, the following training requirements must be met:
  - a) Attendance at a 1-day live training on Seeking Safety by a trainer or training entity that has been designated as a trainer by Seeking Safety®;  
*or*
  - b) Documented completion of the 4 DVD set “Video Training Series on Seeking Safety” workshop as evidenced by signature of CMH Director (or designee) in the employee file; *and*
  - c) Completion of the fidelity form “Seeking Safety Adherence Scale” within one year of completion of training.
5. **Preparing Adolescents for Young Adulthood (PAYA):** PAYA is a required protocol and shall be used as outlined in the TRR Utilization Management Guidelines. There are no training requirements for this contracting period.
6. **Wraparound Planning Process:** Wraparound care planning process is required for Level of Care (LOC) 4 and the provision of Intensive Case Management (ICM). Facilitators must meet the following training requirements:
  - a) Ensure that Wraparound Process Planning is provided by an employee of the provider who is a QMHP-CS, CSSP, or LPHA. Providers must ensure that the employee has achieved Wraparound Facilitator training through a DSHS approved entity; *and*
  - b) Providers must ensure that Wraparound Facilitators have completed, or are in the process of completing, each of the core trainings listed below in the order in which they are listed. These trainings must be provided by a person/entity that has been certified as a training entity by the National Wraparound Initiative (NWI) standards:
    1. Introduction to Wraparound
    2. Engagement in the Wraparound Process
    3. Intermediate Wraparound: Improving Wraparound Practice
  - c) At least once per month, Wraparound Facilitators must receive ongoing Wraparound supervision from a Wraparound Supervisor who has completed the following training which must be provided by a person/entity that has been certified as a training entity by the National Wraparound Initiative (NWI):
    1. Advancing Wraparound Practice—Supervision and Managing to Quality

### **B. Counseling**

Counseling services shall be provided by an LPHA, practicing within the scope of a license, or when appropriate and not in conflict with billing requirements, by an individual with a masters degree in human services field (e.g., psychology, social

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work, counseling) who is pursuing licensure under the direct supervision of an LPHA. The allowable models of counseling and practice requirements are:

- a) Cognitive Behavioral Therapy (CBT): CBT is a required protocol. Providers of CBT must deliver the approved protocols as outlined in the TRR Utilization Management Guidelines *and* must meet the CBT Competency Policy outlined in Section I : Cognitive Behavioral Therapy Competency Policy of this Information Item;
- b) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a required protocol. To deliver this protocol, the following training requirements must be satisfied:
  - i. Documentation of completed training from the DSHS TF-CBT Training (2009, 2010 Trainings) with Dr. Susana Rivera; *or*
  - ii. Completion of Basic Online Training on TF-CBT *Web*© from the Medical University of South Carolina; *and*
  - iii. Completion of Online Training on Complex Traumatic Grief on TF-CBT *Web*© from the Medical University of South Carolina; *and*
  - iv. Completion of at least 2 days of face-to-face TF-CBT training by a National Approved TF-CBT Trainer as designated by the Medical University of South Carolina or the developers of TF-CBT (Dr. Judith Cohen, Dr. Anthony Mannarino, or Dr. Esther Deblinger), *and*
  - v. Completion, or in process of completion, of 12 clinical consultation calls as required by the trainer. During the clinical consultation calls, the trainee must do at least one case presentation. Trainees are required to provide TF-CBT to at least one client during their clinical consultation period. A provider must have trainer approval of completion of all requirements or exceptions. A nationally approved trainer may require additional clinical consultations of a provider who does not demonstrate competency during the clinical consultation training period. Providers who complete the required two days of live-training after December 31, 2014 must complete the clinical consultation requirements within 12 months of the end of their live-training.
  - vi. Grandfathering consultation calls: Providers who completed TF-CBT training and clinical consultations prior to FY 13 (September 1, 2012) will be grandfathered if they completed the clinical consultation requirements that were the national standards during their training period.
    2. Providers who completed TF-CBT training between FY 13 and FY 14 are required to complete a minimum of 9 of their 12 consultation calls, as was required nationwide during that period.
    3. TF-CBT Providers who completed the live-training prior to December 31, 2014 but did not complete the required consultation calls or did not participate in clinical consultation calls after their live-training must complete the 12 clinical consultation call within 12 months after December 31, 2014.

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- i. Supervisors: Staff in a supervisory role who do not provide TF-CBT or counseling services are required to participate in the trainings and clinical consultation calls but are not required by DSHS to do a case presentation. However, staff in supervisory roles are not allowed to provide TF-CBT counseling services unless they have completed clinical consultation according to subsection III.B.2.v of this information Item. If a staff member in an administrative supervisory role with required credentials wants to provide TF-CBT, the staff member must complete an additional 12 clinical consultation calls inclusive of a case presentation and provide TF-CBT during the consultation period according to national standards.
  - ii. National Certification: DSHS does not require TFCBT National Therapist Certification. A national certification as a TF-CBT certified therapist, approved by the national developers of TF-CBT, surpasses and supersedes all DSHS training and competency requirements for TF-CBT. More information about national certification can be found at: <https://tfcbt.org/>
  - iii. Providing TF-CBT services: A provider is allowed to start providing TF-CBT once he or she has completed all the online and live-training requirements while they complete the clinical consultation requirements as stated in this Information Item.
- c) Parent-Child Psychotherapy (Dyad Therapy): This is an allowable model of counseling that may be delivered to children 3-7 years of age. To deliver this protocol, Contractor shall document completed training in one of the following DSHS approved models of Parent-Child Psychotherapy:
- i. Certificate for training from the DSHS/Early Childhood Mental Health Training with Dr. Sarah Hinshaw-Fuselier (2006-2009 Trainings); *or*
  - ii. Certificate for training from the Early Childhood Mental Health Online Training with Dr. Neil Boris and Dr. Hinshaw-Fuselier (2011); *or*
  - iii. Parent-Child Psychotherapy certification from a DSHS approved university based institute, program; *or*
  - iv. Certified in Parent-Child Interaction Therapy (PCIT) by a PCIT International Certified Trainer or training entity that follows the current PCIT training guidelines as outlined by PCIT International® or by the developer of PCIT (Dr. Sheila Eyberg from the University of Florida).

### **C. Supervision**

Supervisors of services and supports within TRR must be trained as trainers in the DSHS-approved evidence-based practices, be trained in evidence-based practices, or have provided the evidence-based practices prior to the supervision of the evidence-based practices. Supervisors must complete this requirement within 180 days of assuming a supervisory position. If supervisors are unable to complete this requirement within 180 days of assuming the supervisory position, the LMHA must submit a plan to the department outlining how the supervisor will fulfill this requirement.