# I. Cognitive Behavioral Therapy Training-Based Competency Policy:

HHSC has developed a training-based competency 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 Training Standards:**

1. **Existing Staff**
2. Prior to providing CBT services, staff must complete a CBT training that has the following core CBT Training Elements that are consistent with *Cognitive Therapy of Depression* (Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. 1979) and the *Cognitive Therapy Scale Rating Manual* (Young, J.E. & Beck, A.T. August, 1980):
	1. Cognitive Model
	2. Cognitive Triad
	3. Levels of Thought
		* Automatic Thoughts
		* Underlying Assumptions
		* Core Beliefs
	4. Structure of a CBT Session
		* Agenda Setting
		* Mood Check/Inventory
		* Feedback
		* Understanding
		* Interpersonal Effectiveness
		* Collaboration
		* Pacing and Efficient Use of Time
		* Guided Discovery
		* Focusing on Key Cognitions or Behaviors
		* Strategy for Change
		* Application of CBT Skills and Techniques
			+ Thought Records
			+ Socratic Questioning
			+ Identifying Cognitive Distortions/Thinking Errors
			+ Goal Setting
			+ Pleasant Activities Schedule
			+ Acceptance, Mindfulness, Gratitude
		* Action Plans (formerly called Homework; also called Behavioral Experiments)

Some examples of trainings that have these elements are the following:

1. Academy of Cognitive Therapy (ACT);
2. the Beck Institute;
3. the Reach Institute;
4. the comprehensive training on the Centralized Training Infrastructure for Evidence Based Practices (CTI-EBP [www.centralizedtraining.com](http://www.centralizedtraining.com)).

HHSC Contracted Providers may develop an in-house clinical training that contains the core CBT Training elements.

In lieu of training, practitioners may submit a tape to be reviewed by one of the nationally recognized CBT entities [Beck Institute, Academy of Cognitive Therapy (ACT), or Reach Institute] and must pass with a score of 40 or greater.

Documentation of having completed a CBT training or demonstrating competency via tape recording must be maintained by the employer and must be available on request by HHSC.

1. Training must be completed for existing staff within 60 days of September 1, 2017.
2. HHSC Contracted Providers are responsible for the training, competency, and supervision of staff providing CBT.
3. Some existing staff may meet the Grandfathering conditions outlined in this policy; please review the Grandfathering conditions in Item D below.
4. **New Hires**
5. All must complete the training requirements as outlined in these standards before they can provide CBT.
6. 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.
7. **Staff Pursuing Independent Licensure**
8. 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). The individual providing supervision must meet the training requirements outlined in this Information Item. Please reference Texas Administrative Code (TAC) Code §412.303 to determine the disciplines that meet the criteria for LPHA.
9. Staff with non-independent licenses must be actively seeking full licensure as a LPHA.
10. Staff with non-independent licenses should refer to their respective Texas state licensing board requirements regarding frequency of supervision.
11. Training in CBT must be completed before providing CBT in accordance with established timelines. Documentation of having completed the course must be maintained by the employer and must be available on request by HHSC.
12. **Grandfathering**

Grandfathering is permitted and the requirements set forth above do not apply if there is documentation of any one of the following:

1. Any practitioner that has been trained as a **trainer** by Dr. Monica Basco*.*
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.
4. Any practitioner that has passed the CBT competency review (passed the tape review process with a score of 40 or greater) that was in place from Fiscal Year 2014 to Fiscal Year 2017.
5. Any practitioner that has completed a CBT training.
6. **Additional Considerations**
7. The Centralized Training Infrastructure for Evidence-based Practices (CTI-EBP) can serve as a training resource for providers needing training in CBT.
8. **CBT and Fidelity Recommendation**

In an effort to align programming with evidence-based and best practices, HHSC 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 Rating Scale (CTRS)* (Young, J.E. & Beck, A.T. August, 1980) is a nationally recognized instrument in determining clinician competence and adherence to the CBT model. It is recommended, but not required, that the CTRS be used to guide supervision and adherence to CBT.

# II. Adult Mental HealthA. 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 HHSC 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 HHSC Training Infrastructure. Once added to the CPT Registry, the clinician in now in approved status. Being added to the registry creates a permanent record of those practitioners approved to provide CPT in Texas.

# III. Child and Adolescent Mental HealthContractor shall meet and require Texas Resilience and Recovery (TRR) services subcontractors to meet the following training requirements for the HHSC-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. HHSC-approved evidence-based practices and training requirements are as follows:

**Training and Competency Standards:**

1. **Skills Training and Development**
	1. Social Skills Training and Aggression Replacement Techniques® (START) curriculum: START is required for the delivery of skills training and development in all CMH Levels of Care in which skills training and development services are available. START shall be used as outlined in the TRR Utilization Management Guidelines. To deliver skills training and development services utilizing START the following training requirements must be met:
		1. 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*
		2. Documented completion of the START DVD including 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*
		3. Completion of one of the following START curriculum fidelity observation forms within one year of completion of training: Anger Control Fidelity Form for Aggression Replacement Training (ART), Skillstreaming Fidelity Form for ART, Moral Reasoning Fidelity Form for ART.
	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 trainer who has been certified as an Organizational Trainer or National Trainer by Nurturing Parenting Programs® is required. All approved Nurturing Parenting Program materials, trainings and training consultants are listed on <https://www.NurturingParenting.com>.
	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:
		1. 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*
		2. 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*
		3. 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. Providers must complete a minimum of 6 hours of training.
	6. Wraparound Planning Process: Wraparound care planning process is required for Level of Care (LOC) 4 and LOC Youth Empowerment Services (YES) Waiver, and the provision of Intensive Case Management (ICM). Facilitators must meet the following training requirements:
		1. 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 HHSC approved entity; and
		2. 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
		3. 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
	7. The Incredible Years: The Incredible Years is an allowable program targeting parents and children and shall be used as outlined in the TRR Utilization Management Guidelines. Providers must complete training requirements as intended by the practice.
2. **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 master’s degree in human services field (e.g., psychology, social work, counseling) who is pursuing licensure under the direct supervision of an LPHA. The allowable models of counseling and practice requirements are:

* + 1. 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;
		2. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a required protocol. To deliver this protocol, the following training requirements must be satisfied:
			- 1. Documentation of completed training from the HHSC TF-CBT Training (2009, 2010 Trainings) with Dr. Susana Rivera; *or*
				2. Completion of Basic Online Training on TF-CBT*Web©* from the Medical University of South Carolina; *and*
				3. Completion of Online Training on Complex Traumatic Grief on TF-CBT*Web©* from the Medical University of South Carolina or HHSC approved alternative to the training; *and*
				4. 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*
				5. Completion, or in process of completion, of 9 out 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.
				6. 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 HHSC 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 9 out of 12 clinical consultation calls inclusive of a case presentation and provide TF-CBT during the consultation period according to national standards.
				7. National Certification: HHSC does not require TF-CBT National Therapist Certification. A national certification as a TF-CBT certified therapist, approved by the national developers of TF-CBT, surpasses and supersedes all HHSC training and competency requirements for TF-CBT. More information about national certification can be found at: <https://tfcbt.org/>
				8. 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.
		3. 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 HHSC approved models of Parent-Child Psychotherapy:
			- 1. Certificate for training from the HHSC/Early Childhood Mental Health Training with Dr. Sarah Hinshaw-Fuselier (2006-2009 Trainings); *or*
				2. Certificate for training from the Early Childhood Mental Health Online Training with Dr. Neil Boris and Dr. Hinshaw-Fuselier (2011); *or*
				3. Parent-Child Psychotherapy certification from a HHSC approved university based institute, program; *or*
				4. 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).
		4. Family Therapy: This is an allowable model of counseling. Providers must complete a minimum of 8 continuing education units (CEUs) to provide this therapy.
		5. Play Therapy: This is an allowable model of counseling. Providers must complete a minimum of 8 continuing education units (CEUs) to provide this therapy.
		6. Motivational interviewing: This is an allowable counseling approach. Providers must complete a two-day introduction and two-day intermediate training to provide this counseling approach.
1. **Supervision**

Supervisors of services and supports within TRR must be trained as trainers in the HHSC-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.

# IV. Assessment Training Requirements

**A. Child and Adolescent Needs and Strengths (CANS) Assessment / Adult**

**Needs and Strengths Assessment (ANSA)**

1. Providers must complete the CANS or ANSA online training or live-training and pass the training with a score of .70 or above in order to administer and score the CANS and ANSA.

2. Providers must maintain annual certification of CANS or ANSA from the Praed Foundation documented in their personnel file at their Local Mental Health Authority.

**B. CANS/ANSA Super User**

1. Complete CANS/ANSA online with a score of .80 or above, and

a) Attend a live training for CANS/ANSA Super User

b) Bring to live training a scored written case vignette;

c) Bring to live training a presentation to about why the CANS or ANSA is important to their organization.

2. A Super User has to maintain annual Super User certification documented in their personnel file at their Local Mental Health Authority.

3. A Super User is not required to complete both trainings for CANS or ANSA.
The completion for all the training requirements for either CANS or ANSA Super User Training will suffice for the staff to have a Super User role at their LMHA.