

To: CAC and Chapter Colleagues, NCA Site Reviewers

From: Teresa Huizar, Executive Director, National Children's Alliance

RE: National Standards for Accreditation, Mental Health Standard

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As with all the core practice standards (medical, mental health, forensic interviews, victim advocacy), the first Essential Component under this section is meant to establish the baseline training/educational requirement in this practice area. The essential component is divided into two parts: 1) the first outlines a threshold number of hours of baseline training and supervision the clinician(s) must have; and 2) the second clarifies the professional educational attainment to satisfy the standard.

Recently we have received a handful of questions regarding the interpretation of Essential Component A, under the Mental Health Standard: *Mental health services are provided by professionals with training in, and who deliver, trauma-focused, evidence-supported mental health treatment. All mental health providers for CAC clients, whether providing services on-site or by referral and linkage agreement with outside individuals and agencies, must meet the following training requirements...* The essential component then goes on to detail two ways in which CACs must document demonstration of meeting the essential component: 1) relates to training and clinical supervision in an evidence-based treatment and the 2nd details academic training requirements. This memo will be focused exclusively on the former.

The first requirement regarding training to deliver trauma-focused, evidence supported mental health treatment reads:

The CAC must demonstrate that its mental health provider(s) has completed 40 contact hour CEUs in accordance with the provider's mental health related license requirements, CEUs from specific evidence-based treatments for trauma training, and clinical supervision hours by a licensed clinical supervisor.

NCA continues to recognize that virtually no training in evidence-based treatment is a part of the graduate education of clinicians. Therefore, CACs cannot rely on the fact that a clinician is Master's level, certified, or licensed, as an indicator of whether or not they are trained to deliver an trauma-focused, evidence-based intervention, as the Standard requires. For that reason, NCA requires 40 hours of training and clinical supervision in the delivery of an evidence-based intervention(s) for the CAC population.

While there are many evidence-based treatments for a variety of mental health issues (good resources to read more about these include the California Evidence-Based Clearinghouse for Child Welfare at www.cebc4cw.org and the SAMHSA Registry of Evidence-Based Practice at www.samhsa.gov/nrepp), there are relatively few that are specifically demonstrated effective with child victims of sexual abuse and physical abuse. Those with research support for work to address the trauma of child sexual abuse and/or physical abuse, include:

- Trauma-Focused, Cognitive Behavioral Treatment (TF-CBT)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Parent-Child Interaction Therapy (PCIT)
- Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Child-Parent Psychotherapy (CPP)

Clinicians working with CAC clients, whether on staff or by referral, should be trained in one or more of these EBTs. Those training hours, along with hours spent in consultation calls to maintain fidelity to the treatment model, and any clinical supervision relating to this all may count toward satisfying the baseline training requirement in Essential Component A; Subsection 1.

The number of training/clinical consultation hours associated with each of these trainings vary (just as forensic interviewing hours or medical training hours may vary by vendor). However, the total to be reached by whatever combination of training in one or more evidence-based treatment, its associated consultation calls, and clinical supervision for the EBT must total at least 40.

We know that new research is published every day, as the evidence-base builds for promising interventions. Therefore, as other treatments specific to the CAC population have a solid research foundation we will keep the field apprised.

I've enclosed an FAQ to address common situations we've seen in site reviews—please see attached. And, as always, should you have questions regarding specific practices within your CAC, please do not hesitate to reach out to Dave Betz, our Director of Accreditation, or Michelle Miller, our Coordinator for Mental Health Initiatives. Thank you for all you are doing to ensure the highest quality of mental healthcare for children in your community.

Frequently Asked Questions

- 1. If my CAC clinician received their training in an evidence-based treatment 5 years ago does it still count toward meeting the Standard?** Yes. There is no time limit.

For example, let's say your clinician was trained 5 years ago in TF-CBT, while your clinician would need to demonstrate continuing education to meet Essential Component B, this original TF-CBT training would satisfy Essential Component A.

Hours may also roll up to total 40 hours over time, as well. There is no requirement that all 40 hours are acquired at one time. So, 5 years ago, your clinician may have gained 37 hours and 4 years ago the clinician reached their remaining 3 hours, for example. That's fine as well. The site review will accept all previously acquired hours in trauma-focused, evidence based treatments.

- 2. My clinician's training in TF-CBT only took 30 hours, what do I do?**

Great job on getting your clinician trained in TF-CBT! Now you only have 10 training, consultation, and supervision hours still needed to meet the Standard. Those remaining training/consultation/supervision hours can be comprised of supplemental training/consultation/supervision on the same EBT; or training/consultation/supervision on a 2nd EBT.

- 3. Can I count evidence-based assessment training/consultation calls toward meeting these hours?**

All clinicians must be trained in a specific evidence-based treatment for child sexual abuse and/or physical abuse. EBA training cannot be substituted for the evidence based treatment training. However, if your clinician has completed training and consultation calls on an evidence-based treatment and has a handful of hours still needed, we will accept training in evidence-based assessment training/consultation hours to make up the difference for Essential Component A or you may use them to meet Essential Component B continuing ed requirements.

- 4. My clinician has evidence-based treatment training in an intervention for mental health disorders unrelated to child sexual abuse and physical abuse. Can those be counted?**

Unfortunately not. The purpose of the training requirement is to ensure that those children served by the CAC receive treatment specifically intended to reduce their trauma symptoms. While these other interventions are undoubtedly valuable, they will not meet the intent of the Standard.

- 5. My clinician has training in Children with Sexual Behavior Problems-Cognitive Behavioral Therapy. Can those hours be counted?**

Training in CSBP-CBT cannot be substituted for a training in one of the aforementioned EBTs. However, because some child victims do develop sexual behavior problems, CSBP-CBT training/consultation hours may be counted to make up any deficit training hours for Essential Component A or as continuing education for meeting the requirements of Essential Component B.