



Commitment Agreement for Therapists: Participation in TF-CBT Project

Mission Kids has received a PCCD grant that will support the training and certification of licensed therapists in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Through the grant, we intend to increase the availability of this evidence-based treatment model to children and adolescents who have suffered abuse in our community.

This is an exciting opportunity for therapists interested in or currently treating problems resulting from trauma exposure in children. Participating therapists will:

- Attend a 2-day training in TF-CBT. This training will be provided at no cost and offers 12 CE's to social workers, professional counselors, and marriage and family therapists.
- Receive group consultation from an approved TF-CBT consultant, to increase competence in and understanding of the model. Consultation calls last one hour and occur biweekly for 6 months.
- Have the opportunity to become Nationally Certified in TF-CBT and be listed on the TF-CBT National Certification Program website (<http://tfcbt.org>).
- Be prepared to deliver highly-effective, evidence-based treatment to children and adolescents who are experiencing negative effects from trauma.
- Be eligible for referrals from nearby Children's Advocacy Centers, whose national standards require that evidence-based treatment be available to CAC clients.

This opportunity is appropriate for clinicians who:

- Have a masters' degree in a clinical field.
- Therapists who are not clinically licensed must be receiving regular clinical supervision. Therapists must be licensed in order to become Nationally Certified in TF-CBT.
- Currently provide psychotherapy.
- Work primarily with children and/or adolescents.
- Have a strong interest in working with youth and families experiencing negative effects from trauma.
- Are interested in delivering evidence-based treatment to clients.

More information about TF-CBT, including a FAQ and Logic Model, is available at <http://www.episcenter.psu.edu/newvpp/tfcbt/>, as well as the national site, <https://tfcbt.org>

Participation requires that therapists meet certain requirements and fulfill a number of responsibilities. These are in keeping with the training requirements established by the developers of TF-CBT, as well as the requirements for the grant funding this opportunity.

Please review the requirements below. If you are interested in participating and able to commit to these responsibilities, return the signed agreement to Madeline Mitchell, e-mail: mmitchell@missionkidscac.org phone: 484-687-2990 ext. 1013 by April 1st, 2020. If you work within an agency, your Clinical Director and/or Executive Director will need to co-sign this agreement to demonstrate their commitment to supporting your involvement in this project.

Therapist Information

Name: _____

Agency: _____

Phone Number: _____

Email Address: _____

Address: _____

Therapists Eligibility – Please initial all that apply.

These items will help us get a sense of how easily you will be able to progress toward TF-CBT certification.

_____ I have a Master’s Degree or above in a mental health or clinical discipline.

_____ I am currently accruing hours for licensure. Anticipated licensure date (MM/YY): ____/____

_____ I currently hold a Professional Licensure in Pennsylvania.

License type: _____ License #: _____

_____ I see youth ages 3-18 years old as part of my clinical practice. Age range seen: _____

_____ I typically have multiple children on my caseload that are exhibiting problems as a result of trauma exposure.

_____ I have reviewed the TF-CBT certification process: <https://tfcbt.org/tf-cbt-certification-criteria/>

Therapist Responsibilities

As part of my participation in this project, I agree to:

- Complete an 11-hour on-line training, TFCBTWeb 2.0, prior to the 2-day live training and bring my certificate of completion to the live training. The on-line training is available at <https://tfcbt2.musc.edu/>.

- Attend a 2-day in-person TF-CBT Training. I understand this training is to be scheduled and may involve overnight travel in southeast Pennsylvania.
- Participate in a series of 12 group consultation calls with a TF-CBT Consultant. Calls are typically held every other week and last for one hour. I understand that:
 - The calls will occur at an assigned day/time and I may need to adjust my schedule in order to make myself available to participate.
 - I must participate in a minimum of 75% of the calls (9 of 12 calls) and present as least one active TF-CBT case during the course of consultation.
 - These calls are designed to improve my understanding and implementation of the model and are not intended as clinical supervision.
 - The grant will pay for the consultation calls. I understand that, if I do not successfully complete consultation, I may be required to participate in a new consultation group at my own expense. The cost of the consultation series ranges from \$200-360 per person.
- Collect data for all TF-CBT cases I see during the course of the grant. I understand that this involves:
 - Using the Child PTSD Symptom Scale (CPSS, 4th Edition) and the TF-CBT Brief Practice Checklist with all clients.
 - Entering client data into an Excel spreadsheet on a regular basis, and providing this data to Madeline Mitchell on a timely basis each quarter.
- Collect data for all TF-CBT cases I see during the course of the grant. I understand that this involves:
 - Completing a one-hour on-line training so that I understand the data collection process.
 - Using the Child PTSD Symptom Scale (CPSS, 4th Edition) and the TF-CBT Brief Practice Checklist with all clients.
 - Entering client data into an Excel spreadsheet on a regular basis, and providing this data to Madeline Mitchell on a timely basis each quarter.
 - To learn more about the data collection process by visiting <http://www.episcenter.psu.edu/newvpp/tfcbt/evaluation-tools> and reviewing the steps under Getting Started.
- Work toward certification by continuing to see TF-CBT cases, using pre-post measures, involving parents/caregivers in youths' treatment, and successfully completing 3 TF-CBT cases.
- Apply for certification and take the on-line knowledge-based exam to become TF-CBT certified. I understand that the grant will pay for the initial application fee (\$125) and exam fee (\$125), but I will be responsible for the fee if I need to retake the exam.
- I understand that this grant is to expand the number of therapists, who can provide evidenced-based therapy to child sexual abuse victims. After certification, review and sign Memorandum of Understanding with your local child advocacy center to receive referrals to provide TF-CBT with children, who have been physically and/or sexually abused.

- Contact Madeline Mitchell at Mission Kids with any questions, concerns, or barriers that I might encounter.

I have reviewed Therapist Agreement. I understand the requirements and, by signing below, indicate my interest in and commitment to participating in this project.

Therapist Signature

Date

I have reviewed Therapist Agreement and understand the requirements for the above Therapist to become TF-CBT Certified, as well as expectations for participation in this TF-CBT project. I agree to assist and support the Therapist in completing the requirements necessary for participation in this project and obtaining TF-CBT Certification.

I am in private practice and do not have a clinical supervisor or director.

Clinical Supervisor

Name: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

Executive Director or Designee

Name: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

