SCHEDULE C
TO XXXX/TPSMXXX
BETWEEN MENTAL HEALTH PROGRAMMES LIMITED
TRADING AS TE POU AND XXX

SERVICE SPECIFICATION FOR A DIPLOMA IN COGNITIVE BEHAVIOUR THERAPY IN MENTAL HEALTH AND ADDICTION

1 PREAMBLE

Te Tahuhu: Improving Mental Health 2005-2015, Tauawhitia te Wero: National Mental Health and Addiction Workforce Development Plan 2006-2009, Te Puawaiwhero: The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015, Te Kokiri: Mental Health and Addictions Plan 2006-2015, Te Rau Hinengaro: The New Zealand Mental Health Survey 2006 and Let's get real: Real Skills for people working in mental health and addiction including the Education Tool (available in August 2009) are relevant to this service specification.

Talking therapies

Te Pou has recently completed four documents related to talking therapies: We Need to Talk 2007, We Need to Listen 2008, We Need to Act 2009 and an Action Plan 2009. In these documents the importance of both effective therapeutic relationships, sound theoretical conceptualization leading to effective therapeutic interventions are noted. The outcome of the Action Plan will be to strengthen knowledge and skills in talking therapies across practitioners in mental health and addiction. The Action Plan 2009 includes the recommendation that talking therapies be included in the National Service Framework (NSF)(completed); that a guide to talking therapies for service users and family/whanau be published (completed); that a series of best and promising practice documents are being published which examine skills for specific population groups (e.g. Maori, Pacific, Asian populations among others)(underway); training on engagement and therapy skills by Dr Scott Miller (US)(Year 1 completed); that a guide for planners and funders be completed; that a report on how New Zealand can conduct a sustainable DBT programme (completed); and, that a report be completed looking at how psychology can be strengthened across New Zealand.

In time Te Pou wishes to build on past training and development identified within the talking therapies framework to ensure that practitioners working in mental health and addiction services are up-skilled in a range of therapies. Each person who uses services has unique needs and the aim is to have a workforce well-equipped to meet those needs. Therefore future efforts will include focusing on the further development of the range of therapies.

Training requirements

To date CBT training has been funded through several channels and there is a need to foster the development of "Leader" practitioners. As a next step this service specification outlines the training requirements for a CBT Diploma programme for experienced CBT practitioners. The programme will provide a practice centred curriculum that assists the experienced allied health professional to further develop confidence and effective clinical practice. On completion of this programme allied health professionals will be able to practice at a "Leader' level within the mental health and addiction multidisciplinary team. They will also be more knowledgeable about the other forms of therapy most commonly practiced in the mental health and addiction sector. This list of therapies can be found on pages 27-30 in We Need to Act 2009.

The theoretical aspects of the programme must not repeat the content of pre-entry programmes but rather emphasise and extend the application and use of expert clinical knowledge in mental health and addiction settings. The programme will target experienced mental health and addiction professionals (e.g. Psychologists, Nurses, Social Workers and Occupational Therapists) in mental health and addiction and will allow trainees to work in a competent way with a broader range of clients who may present with complex presentations. A 'trainee' is defined as a person enrolled in this programme, who is an employee of a publicly funded mental health service and who, meets the trainee eligibility criteria defined in this specification.

2 DESCRIPTION OF SERVICE

2.1 It is expected that the programme will enable trainees to attain the level of 'advanced competence' as outlined in the document 'A Competency Framework for the Mental Health Workforce' – Section 6.2, July 1999, Report of the National Mental Health Workforce Development Coordinating Committee. The programme will enable trainees to attain the level of "Leader" as outlined in the document '*Lets get real' : Real Skills for people working in mental health and addiction* (2008); and be consistent with the stepped care framework for talking therapies in the mental health and addiction sector as outlined in the *Action plan for we need to act talking therapies 2008 -2011* (2009) at page 8.
Programmes must:

a. be vocational,
b. be substantially clinical,
c. be not less than nine months or more than one year full-time equivalent in length,
d. result in the award of a post-graduate Diploma in CBT in mental health and addiction practice that is equivalent or equates to Level 9 on the National Qualifications Framework (NQF),
e. offer both theory and significant clinical experience to enable trainees to extend and further develop their knowledge, skills and practice in the specialty area of CBT as it can be applied to mental health and addiction,
f. have a detailed documented curriculum that outlines the purpose, outcomes, content and process, assessment criteria, and assessment methods,
g. provide appropriate clinical placements (e.g. inpatient unit and/or community), and
h. provide release for trainees from their clinical setting during employed time to undertake the formal teaching component of the programme.

2.2 Learning Environment

The learning environment will ensure that trainees are able to build on their existing theoretical knowledge base and apply that knowledge clinically in the mental health and addiction clinical setting. Arrangements will be made for release from the clinical service to attend the formal teaching programme; supervision sessions and where required relevant clinical format experience/placement outside the trainee's usual place of employment.

2.3 Clinical placement

The clinical component of the programme will provide the trainee with opportunities to expand clinical skills and apply knowledge gained in the formal teaching programme. Clinical placements will be for a minimum of 400 hours over the duration of the programme, be planned and coordinated to allow for supervision that is in addition to the professional supervision provided to mental health professionals as part of their employment. This may include a wide range of clinical work placements (e.g. community, inpatients, older adults, child and family).

Clinical placements will provide trainees with:

a. the opportunity to practice discipline specific interventions to gain experience in working with CBT with clients appropriate to this therapy,
b. the opportunity to participate in providing services for consumers with a range of clinical presentations appropriate to CBT,
c. access to a workplace preceptor and relevant professional supervision in addition to that provided as part of employment, and
d. reduced/shared workload for a designated period of time for both the trainee and preceptor based on individual trainee need.

2.4 Formal Teaching Programme

A formal teaching programme will:

a. be delivered by appropriately skilled and experienced teaching staff,
b. be equivalent to a minimum of half the time and other requirements expected of full time students,
c. be designed to integrate with, and be relevant to, the clinical work environment,
d. provide opportunities for distance learning,
e. access cultural resources,
f. include principles underpinning recovery and whanau ora based perspectives,
g. include Maori models of health, wellbeing and related interventions, and
h. include cultural issues relevant for Pacific and Asian communities (e.g. stigma).

2.5 **Clinical**

Processes will be in place to consider recognition of prior learning (RPL) on a case-by-case basis. The formal teaching component will include:

a. building on existing knowledge of the therapeutic relationship and its importance in therapy in general,
b. building on existing knowledge of the major mental illness as defined by accepted current diagnostic criteria (currently DSM IV), assessment processes,
c. the appropriate use of CBT for these illnesses from a bio/psycho/social and occupational context with a particular emphasis on depression, anxiety, complex mental health disorders (e.g. bipolar disorder, post-traumatic disorder and psychosis) and substance use disorders,
d. examine CBT as a framework for assessing and understanding complex psychological distress as well as implementing strategies based on that conceptualisation,
e. application of cultural safety principles in the practice of CBT,
f. assessment of clients who would benefit from CBT (and knowledge of clients who would NOT benefit from CBT),
g. knowledge of other therapies commonly employed in New Zealand as outlined in We Need to Act 2009,
h. effective communication skills with clients, and their families/whanau and caregivers, and the healthcare team,
i. an understanding of the trainee's own role in relation to CBT,
j. knowledge of outcome measures as they relate to CBT,
k. application of appropriate policies, protocols and procedures as they relate to CBT,
l. a knowledge of, and good practice in, medico-legal and ethical aspects of professional practice especially as it relates to CBT,
m. planned supervision for role development,
n. personal and professional responsibility and accountability for their practice, and
o. improvements/innovations in service delivery and application of research findings.

2.6 **Organisation and systems include:**

Programmes must be supported by an adequate organisation and systems including:

a. roles and responsibilities of the CBT practitioner in the multidisciplinary team environment,
b. service development processes including policy and procedure review in the clinical setting,
c. use of quality systems within the organisation, and
d. mental health and addiction policy and standards and their application in the clinical setting

2.7 **Access to Resources**

Trainees shall have access to:

a. library or search facilities with current discipline specific and mental health and addiction literature,
b. other relevant literature and resources (including internet access),
c. relevant clinical employment and experience (including employee placements outside the normal work area where necessary) and release time to attend the formal teaching programme,
d. forums that provide interaction with other relevant health professionals, and
e. teleconference and audio/video equipment to facilitate distance-learning methods, including e-learning such as moodle and blackboard.

2.8 **Supervision**

Supervision and ongoing assessment of trainees is necessary to ensure the quality of training, educational support and guidance for trainees, progress towards expected outcomes, suitability to continue training and complete the training programme. Clinical supervision is additional to the professional supervision normally provided to health professionals practicing in the mental health and addiction setting.

2.9 **Clinical/Profession supervision**

Trainees will have access to an experienced and qualified practitioner who will provide the trainee with guidance and support. Where possible this practitioner will be of the same discipline as the trainee. Clinical supervision will be individual 'face to face' supervision and will be provided outside of the trainees' normal clinical duties/or professional supervision. This supervision will include:

a. supervision of practice with appropriate consumer consent for a minimum of 20 hours over the duration of the programme,

b. opportunity for the trainee to develop their clinical practice as part of a multi-disciplinary team practicing in the mental health and addiction setting,
c. opportunity to discuss, critically review and question clinical practice in the mental health and addiction setting, and
d. timely and effective feedback to the trainee.

2.10 **Educational supervision**

Educational supervision may be carried out as part of clinical supervision and will ensure that:

a. the theory and clinical experience are well integrated,
b. trainee assessment and monitoring of progress is completed against objective/competency base standards,
c. constructive feedback is given to trainees in a timely manner, and
d. there is adequate preparation for assessment, e.g. written and oral presentations and case analysis.

2.11 **Programme Coordination**

Programme coordination will be provided and include:

a. coordination of the recruitment and selection of trainees,
b. advice to trainees on the training programme requirements including guidance on recognition of prior learning,
c. facilitation of clinical placements for trainees outside the normal workplace setting where necessary,
d. curriculum development and review,
e. selection of supervisors,
f. coordination of clinical teaching, e.g. study days, tutorials,
g. liaison with the clinical workplace/placement,
h. competency assessment – this will include an ongoing formative assessment over the duration of the programme,,
i. issue resolution between trainee and supervisors
j. programme (including clinical workplace/placement) evaluation and quality improvement, and
k. record keeping and reporting (internal and external).

3 EXPECTED OUTCOMES

3.1 Trainee Outcomes

At the conclusion of the programme the trainee will:

a. have satisfactorily demonstrated an ability to competently practice as a mental health and addiction leader within the mental health and addiction multidisciplinary setting and act in a way that ensures professional practice is integrated into consumer care,
b. demonstrate reflective practice utilising critical thinking, and
c. recognise and understand Tikanga Maori and other culturally responsive input to mental health and addiction services.

3.2 Consumer/Service Outcomes

On completion of the programme the capabilities of trainees will be developed in their clinical skills so that service user outcomes for complex psychological distress are enhanced. These will result in an increased capacity to deliver clinical services that improve consumer and service outcomes.

4 ELIGIBILITY

4.1 Trainee Eligibility

Trainees are required to:

a. meet the education provider's criteria for eligibility to study at this level,
b. meet the requirements of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), Psychologist registration, Social Worker registration, Drug and Alcohol Practitioners' Association Aotearoa New Zealand (DAPAANZ) registered competent practitioner and associate practitioner status, or other relevant professional body, e.g. NZAC, at the discretion of the training provider,
c. have at least three years clinical experience and be working clinically for at least 0.6FTE (24 hours a week), and
d. complete the programme within one year.

4.2 **Provider Eligibility**

The programme must be accredited by NZQA or CUAP. Providers of the clinical placements must comply with the Health and Disability Services Standards (NZS 8134.0:2008; 8134.01:08; 8134.02:2008 and NZS 8134.3:2008).

5 LOCATION AND SETTING

The clinical component will be predominantly offered within the trainee's current employment environment. Clinical placements outside the trainee's employment setting may also be offered to allow for learning not available in the usual area of employment. The theoretical component will be delivered by an accredited educational provider in a formal teaching setting. Distance leaning opportunities will be available to trainees.

6 ASSOCIATED LINKAGES

The programme provider will have established linkages with:

a. mental health and addiction services,
b. cultural advisory groups,
c. regional mental health networks,
d. other mental health and addiction training programmes,
e. professional associations and boards,
f. academic providers, and
g. consumer advocates for Code of Health and Disability Services consumers' rights and privacy issues.

7 QUALITY STANDARDS: PROGRAMME SPECIFIC

7.1 Quality Standards

In addition to all other quality requirements in the contract, each training provider will demonstrate their commitment to training by:

a. maintaining a quality improvement plan to monitor, evaluate and improve the quality of the training programme,
b. having an appropriate complaints process available to consumers, trainees and other personnel involved in the programme,
c. ensuring clear lines of responsibility and accountability for client care exist at all times, with backup available appropriate to the level of experience of the trainee,
d. teaching at an appropriate standard using current methods with appropriately skilled staff,
e. ensuring reports are provided by the due date, and
f. ensuring records of trainees' progress are kept and are available.

7.2 **Trainee Outcomes**

The provider must:

a. undertake an initial assessment of the trainees' entry level of practice to be used as a baseline to assess progress in CBT training during, and on completion of, the programme,
b. have a plan for the evaluation of the trainees' performance and progress and this must be available to the trainee and Te Pou. (This will provide a baseline established from the preliminary evaluation of the trainee's entry level of clinical competence, ongoing monitoring of progress towards these outcomes as well as final assessment against the stated outcomes. The evaluation plan will allow for guided self-assessment, clinical supervisor/preceptor assessment, and cultural supervision (where appropriate) and peer audit), and
c. recognise and understand Tikanga Maori and other cultural responsiveness input to mental health and addiction services.

7.3 **Service user/Service outcomes**

Trainees will contribute to enhanced client and service outcomes including:

a. access to quality assessment, diagnosis, and treatment services,
b. application of effective Cognitive Behaviour Therapy at a high standard (e.g. Leader level),
c. reflective practice with positive outcomes and improving quality services,
d. clinical leadership,
e. benefits from incorporating previous knowledge and skills into the therapeutic programmes developed in the area of Cognitive Behaviour Therapy, and
f. development of knowledge through applied research to areas of specific interest and need resulting in the contribution to the body of knowledge of mental health.

7.4 Programme evaluation

You must, amongst other things, have a quality assurance plan to monitor the effectiveness of the programme both during and on completion of the programme. This plan will incorporate regular feedback from trainees and will:

a. ensure that those supervisors who accept a clinical supervision role are clear about that role,
b. regularly evaluate the effectiveness and feasibility of the clinical supervision process,
c. monitor the applicability of the theoretical programme and its effectiveness,
d. monitor assessment practices to ensure that trainees receive formal and informal feedback on their progress, and that their assessment is fair, consistent and valid,
e. ensure that all protocols and processes associated with assessment and monitoring, and programme related complaints, are made explicit to all parties,
f. ensure there are processes in place to identify trainees who require additional support and appropriate action is taken, and
g. include input from Maori, Pacific Island and other appropriate cultural advisors on the ability of the programme to meet the cultural needs of trainees and consumers.

8 REPORTING REQUIREMENTS

All reporting requirements are set out in Schedule D.