Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)  
Training & Consultation Series

Application for Participation

The Office of Child and Family Services (OCFS) is pleased to provide the opportunity for eligible behavioral health providers in Maine to receive training and consultation in Trauma-Focused CBT (TF-CBT) starting July 1, 2020 with completion by June 30, 2021. This opportunity is available to behavioral health clinicians who provide treatment for youth (ages 6-21) impacted by trauma. As part of its mission to ensure that Maine children are safe, stable, happy, and healthy, OCFS seeks to increase the availability of high-quality, evidence-based behavioral health treatment for children and adolescents who have experienced trauma. OCFS will offer this training and consultation series at no cost to participants.

OCFS is offering the training and consultation to licensed providers in Maine. The training and consultation are requirements for clinicians to earn certification as a TF-CBT provider through the TF-CBT National Therapist Certification Program (tfcbt.org). In order to participate and receive the training at no cost, participants will be expected to become certified through the TF-CBT National Therapist Certification Program once training and consultation is complete. The Office of MaineCare Services has recently introduced an enhanced reimbursement rate for TF-CBT and providers must be nationally certified through the TF-CBT National Therapist Certification Program to receive the TF-CBT rate.

The following documents address prerequisites for training participation, application requirements, and training expectations.

*Thank you for your interest in this exciting opportunity!*

FOR MORE INFORMATION: Should you require assistance or have questions, please contact Amy Beaulieu at Amy.Beaulieu@maine.gov (preferred) or 207.624.7930.
Application Instructions

Applications must be received by 5:00 pm on Friday, June 19th, 2020

SUBMIT COMPLETED APPLICATIONS VIA EMAIL TO:
Amy Beaulieu (amy.beaulieu@maine.gov).

Please do NOT submit applications by US Postal Service (regular mail) or fax due to COVID-19 recommendations and remote working environment for OCFS staff.

Please note that a completed application is NOT a guarantee of participation or registration for the training. There are a limited number of training spots and OCFS will offer spots to qualified applicants based on multiple factors including geographic representation across Maine, access to TF-CBT training through other sources, as well as other considerations.

Applications must be completed in full. Incomplete applications will be returned.

Applications will be accepted on a rolling basis through 06/19/2020 and applicants will be notified via email by 06/26/2020 if they are offered a training spot.

Clinical supervisors who are not certified TF-CBT therapists are encouraged to apply. There will be a specialized training for supervisors as part of this program (date TBD).

Requirements

- Must be a master’s or doctoral-level clinician licensed to provide mental health services in Maine. This may include LMSW-cc, LCSW, LCPC-Conditional LCPC, LMFT, licensed psychologists (Ph.D. or Psy.D.) or psychiatrists (M.D. or D.O.) who provide therapy.
- Must be willing and able to actively participate in at least 12 hours hours of web-based training and 12 follow-up consultation calls (one hour per call) following completion of the basic therapist training.
- Must have experience working with youth who have experienced trauma.
- Have access to regular clinical supervision by a supervisor experienced in treating youth who have experienced trauma.
- May provide services in outpatient, home- and community-based, schools, residential and/or inpatient settings.
- Be willing and able to pursue national certification as a TF-CBT provider through the TF-CBT National Therapist Certification Program following completion of training and consultation requirements. Please see tfcbt.org for certification requirements.
- Complete a vendor application (W-9) form and submit to OCFS for reimbursement of time spent in training and registration costs for TFCBTWeb2.0 (see below). The vendor form will be supplied to accepted applicants.
**Prerequisite**

- Participants must complete the online TFCBTWeb2.0 course prior to their scheduled basic therapist training. The TFCBTWeb2.0 course may be accessed at [https://tfcbt2.musc.edu/](https://tfcbt2.musc.edu/)
  - TFCBTWeb2.0 registration cost is $35 per participant. The cost of this registration will be reimbursed to participants by OCFS.
  - If you have already completed the TF-CBTWeb 2.0 course, you may submit a past certificate of completion which may be downloaded from the website.
  - Please submit certificates of completion to Amy Beaulieu at Amy.Beaulieu@maine.gov.

**Financial Reimbursements**

- In order to offset potential productivity losses for clinicians, participants will be reimbursed for their time participating in the Basic Training and Advanced Training at a rate of $25.00/hour up to a maximum of $485.00. Time spent in Supervisor Training will not be reimbursed.
- In order to be reimbursed, participants must submit a completed W-9 vendor form to be entered into the state vendor remittal system. The form will be sent to accepted training participants with submission instructions.
- Participants will be required to complete training hours and submit proof of completion of TFCBTWeb2.0 for reimbursement. Reimbursements will be made on a two-time basis following completion of Basic Training and the final reimbursement following the Advanced Training.

**Training Format**

1. **TF-CBT Basic Training:** 12-hour online/virtual training facilitated over Zoom or similar platform. Five cohorts for training will be offered (see below). Participants will be assigned to training dates by preference and availability of spots. Training cohorts are limited to 25 participants per training.

   **Basic Training Dates:**
   - Cohort 1: July 6-8, 2020: 8am-12pm
   - Cohort 2: July 13-15, 2020: 8am-12pm
   - Cohort 3: July 13-15, 2020: 1pm-5pm
   - Cohort 4: August 5-7, 2020: 8am-12 pm
   - Cohort 5: August 13, 14, 17, 2020: 8am-12pm

2. **TF-CBT Consultation Calls:** Following completion of Basic Training, clinicians will participate in ongoing monthly one-hour consultation calls with the trainers, including one formal case presentation by each clinician. Clinicians must participate in a minimum of 9 out of 12 calls.
3. **TF-CBT Advanced Training:** One-day (6-hour) training on advanced implementation aspects of providing TF-CBT. Dates and format for this training will be determined at a later time, but the training will likely occur online.

4. **TF-CBT Supervisor Training:** One-day (6-hour) online training for clinical supervisors. Supervisors must complete the Supervisor information section of the application and complete the Basic Training and consultation calls.

5. Clinicians will be expected to use TF-CBT with a minimum of three (3) youth during the training and consultation period.

6. Supervisors will be expected to use TF-CBT with a minimum of one (1) youth during the training and consultation period.
Application
OCFS TF-CBT Training & Consultation 2020

To be completed by the individual clinician/supervisor.

NAME:

DEGREE TYPE & LICENSE (include license state & number):

PARTICIPANT TYPE:

☐ Clinician
☐ Supervisor

TRAINING DATES CHOICE:
Please rank your preferred training dates in order, 1 being your first choice through 5 being your least preferred choice.

_____ Cohort 1: July 6-8, 2020: 8am-12pm
_____ Cohort 2: July 13-15, 2020: 8am-12pm
_____ Cohort 3: July 13-15, 2020: 1pm-5pm
_____ Cohort 4: August 5-7, 2020: 8am-12 pm
_____ Cohort 5: August 13, 14, 17th, 2020: 1pm-5pm

PRIMARY PRACTICE SETTING (select one):

Agency/clinic ☐ Agency/clinic name & location:
Private Practice ☐ Practice name & location:
Small Group Practice ☐

Residential Treatment Facility ☐ Facility name & location:
Inpatient facility ☐ Facility name & location:
School or Day Treatment program ☐ School/program name & location:
Other ☐ Please specify:

CONTACT INFORMATION:

Work address: Work phone: Alternate phone:

Work email: Alternate email:
PRACTICE INFORMATION:

Are you and/or your agency (if applicable) enrolled as MaineCare providers:

☐ Yes
☐ No
☐ Not sure

Do you have a clinical supervisor with experience working with children with trauma?

☐ Yes
☐ No
☐ Not sure
☐ I am a supervisor and/or independently licensed

Is your supervisor aware of your application to this training and approves of your participation?

☐ Yes
☐ No
☐ N/A (Supervisor/independently licensed)

Do you have experience and/or training in implementing cognitive-behavioral therapy techniques with children and/or adolescents?

☐ Yes
☐ No
☐ Not sure

Primary practice population (select all that apply):

☐ Early childhood (ages 0-5)
☐ Children (ages 6-13)
☐ Adolescents & young adults (ages 13-21)
☐ Adults (ages 21+)

Are you fluent in another language and able to provide services in a language other than English?

☐ Yes Language(s):
☐ No

Average caseload:

☐ 1-5
☐ 5-10
☐ 10-15
☐ 15+
Do you have access to TF-CBT training with trainers approved by the TF-CBT National Therapist Certification Program through your agency or another source (e.g. graduate school or continuing education provider)?

- [ ] Yes
- [ ] No
- [ ] Not applicable or not sure

Have you already completed the introductory online TF-CBTWeb training through the Medical University of South Carolina (https://tfcbt2.musc.edu/)? Participants will be required to prove completion of the course prior to commencing Basic Training.

- [ ] Yes
- [ ] No

Modalities & other treatment models you are trained in (e.g. EMDR, CBT, PCIT, Incredible Years, ARC, etc.):

Please describe your level of experience in treating trauma and traumatic stress, including any previous TF-CBT or other trauma-focused treatment modality:

Please describe your level of experience and comfort in working with parents/caregivers and involving them in treatment:

**FOR SUPERVISORS ONLY:**

How many clinicians do you currently supervise?

Do you currently carry cases?

- [ ] Yes
  - If yes, how many cases:
  - [ ] No

Please describe your level of experience and comfort supervising clinicians who work with children who have experienced trauma:

Have you supervised clinicians who are certified as TF-CBT therapists?

- [ ] Yes
- [ ] No
- [ ] Not sure
Are any of your supervisees applying for participation in this training?

☐ Yes
☐ No

If yes, please list name(s) of your supervisee(s) who are applying:
Application & Agreement
OCFS TF-CBT Training & Consultation 2020

By signing & initialing this agreement with OCFS, you certify the following:

Initial the following lines to indicate agreement:

_____ I agree to complete the online TF-CBTWeb2.0 training and submit documentation of completion.

_____ I agree to attend and participate in 12-hours of Basic Training & one-day of Advanced Training, at a date/time to be determined.

_____ I agree to prepare for and participate in regular (monthly or biweekly) consultation calls following Basic Training and complete 9 out of 12 consultation calls.

_____ I agree to present one TF-CBT case during the consultation calls. Prior to the call, I will complete a written summary on my case per instructions provided by the trainers, approved by my supervisor, and share it with the consultation group. Privacy/confidentiality guidelines will be shared by trainers and followed by participants.

_____ During the training and consultation period, I agree to work with three TF-CBT cases and to have at least one active TF-CBT case at any one point during the training & consultation period.

_____ I agree to apply for TF-CBT Certification from the TF-CBT National Certification Program (tfcbt.org), including taking a knowledge-based exam at the conclusion of the training & consultation period.

_____ To obtain reimbursement by OCFS for time spent in training and TFCBTWeb2.0 registration, I agree to submit vendor forms to OCFS and document completion of training hours and TFCBTWeb2.0 course. Directions for submitting documentation will be provided by OCFS upon acceptance into the program.

_____ If I can no longer participate in the training/consultation, I will notify OCFS and the trainers immediately.

** To best meet the needs of all participants and ensure a productive training experience, OCFS and/or the trainers reserve the right to terminate a clinician’s ongoing involvement in the training and/or consultation calls if the above expectations are not met. **
By signing below, you indicate your understanding of the above requirements and agree to comply to the best of your abilities:

SIGNATURES:

Clinician’s Signature: ________________________________ Date: ____________

Supervisor’s Signature: ________________________________ Date: ____________

TO BE COMPLETED BY OCFS:

Received date:

Application complete? Yes ☐ No ☐ If no, resolution:

Application reviewed by:

Application accepted? Yes ☐ No ☐ If no, reason for denial:

If yes, cohort assignment:

Participant informed date: