

DEPARTMENT OF MENTAL HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Mental Health (Department), pursuant to the authority set forth in Sections 104 and 105 of the Department of Mental Health Establishment Amendment Act of 2001, effective December 18, 2001 (D.C. Law 14-56; D.C. Official Code §§ 7-1131.04 and 7-1131.05) (5) (2008 Repl.), hereby gives notice of his intent to amend Chapter 34 (Mental Health Rehabilitation Services Provider Certification Standards) of Title 22 (Health), Subtitle A (Mental Health) of the District of Columbia Municipal Regulations (DCMR).

The purpose of these amendments is to add two (2) evidence-based practices to counseling, which is a mental health rehabilitation service (MHR). These two practices are Child-Parent Psychotherapy for Family Violence (CPP-FV) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The amendments provide requirements for providers to be certified in CPP-FV and TF-CBT. The amendments also establish eligibility requirements for receipt of CPP-FV and TF-CBT, as well as the goals of these treatment interventions. Finally, the amendments add five (5) definitions.

The Director also gives notice of intent to take final rulemaking action to adopt the proposed rules in not less than thirty (30) days after the date of publication of this notice in the *D.C. Register*.

CHAPTER 34, MENTAL HEALTH REHABILITATION SERVICES PROVIDER CERTIFICATION STANDARDS, OF TITLE 22-A, MENTAL HEALTH, is amended as follows:

Subsection 3417.1 is amended to read as follows:

3417.1 Counseling services are individual, group or family face-to-face services for symptom and behavior management, development, restoration or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills. Providers certified or applying to become certified to deliver counseling services may be further certified to provide the specific counseling services of Child-Parent Psychotherapy for Family Violence (CPP-FV) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as described below in Subsections 3417.8 and 3417.9.

Subsection 3417.8 is added to read as follows:

3417.8 Child-Parent Psychotherapy for Family Violence (CPP-FV) is a relationship-based treatment intervention for young children with a history of trauma exposure or maltreatment, and their caregivers. CPP-FV helps restore developmental functioning in the wake of violence and trauma by focusing on restoring the attachment relationship that was negatively affected. Young children aged birth

through six (6) years who have experienced traumatic stress often have difficulty regulating their behaviors and emotions during distress. They may exhibit fearfulness of new situations, be easily frightened, difficult to console, aggressive or impulsive. These children may also have difficulty sleeping, lose recently acquired developmental skills and show regression in functioning and behavior. Under CPP-FV, counselors assess and provide information on how parents' past experiences, including past insecure or abusive relationships, affect their relationships with their children. Sessions focus on parent-child interactions and Counselors provide support on healthy coping, affect regulation and increased appropriate reciprocity between parent/caregiver and child, resulting in a stronger relationship between a child and his or her parent or caregiver, and improvement in the child's symptoms. On average CPP-FV service sessions are sixty (60) to ninety (90) minutes, one (1) time per week, for a period up to fifty-two (52) weeks. CPP-FV sessions are longer in the first six months of treatment (i.e., ninety (90) minutes) and decrease over time (to sixty (60) minutes) as the child improves his/her coping skills.

- (a) The goals of CPP-FV are to:
 - (i) Reduce posttraumatic stress reactions and symptoms in children;
 - (ii) Improve both parental and child functioning, as well as improve the parent-child attachment relationship;
 - (iii) Establish a sense of safety and trust within the parent-child relationship;
 - (iv) Return a child to a normal developmental trajectory; and
 - (v) Restore parental sensitivity and responsiveness, in order to strengthen the child/parent relationship.
- (b) CPP-FV is available to children ages birth through six (6) years with a diagnosed serious emotional disorder, who have experienced at least one traumatic event including maltreatment, the sudden or traumatic death of a caregiver, a serious accident, sexual abuse, physical abuse, neglect, or exposure to domestic violence, and, as a result, are experiencing behavioral, attachment, and or mental health problems, including posttraumatic stress symptoms.
- (c) CPP-FV shall be provided in accordance with the following limitations:
 - (i) One (1) unit of service shall be one (1) fifteen (15) minute increment.

- (ii) CPP-FV shall only be provided with the participation of the parent/caregiver.
- (d) Providers of CPP-FV services shall meet and maintain certification as a CPP-FV provider from a DMH approved training entity. Providers shall also maintain documentation of training for CCP-FV certified staff.
- (e) All CPP-FV Clinical team members shall complete the DMH-approved CPP-FV clinical training or have a certificate of completion from one of the DMH-accepted nationally-approved master trainers.
- (f) Each CPP-FV Service Team shall include a clinical supervisor and no more than six (6) counselors who have successfully completed the CPP-FV training requirements. The CPP-FV team clinical supervisor shall be a licensed qualified practitioner.
- (g) CPP-FV counselors must hold a Master's degree in psychology, social work, counseling or other related field; have satisfied the CPP-FV training requirements; and be a qualified practitioner or credentialed staff.
- (h) Credentialed staff must receive supervision from a qualified practitioner trained in CCP-FV in accordance with the CPP-FV fidelity standards.
- (i) Providers of CCP-FV must maintain an acceptable rating on an annual CCP-FV fidelity audit.

Subsection 3417.9 is added to read as follows:

3417.9 Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychotherapeutic intervention designed to help children, working with their parent/caregivers, overcome the negative effects of traumatic life events. The treatment focuses on parent-child interactions, parenting skills, therapeutic treatment, skills development (such as stress management, cognitive processing, communication, problem solving, and safety), and parental support. A parent/caregiver treatment component is an integral part of this treatment model. It parallels the interventions used with the child so that parent/caregivers are aware of the content covered with the child and are prepared to reinforce or discuss this material with the child between treatment sessions and after treatment has ended. A typical course of TF-CBT treatment requires children to participate in sixty (60) to ninety (90) minute individual and co-joint child parent/caregiver sessions, one (1) time per week, over an average period of twelve (12) to sixteen (16) weeks in accordance with the evidence-based practice requirements.

- (a) The goals of TF-CBT are to:

- (i) Target symptoms of posttraumatic stress disorder which are often co-occurring with depression and behavior problems;
 - (ii) Address issues commonly experienced by traumatized children, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior, including substance abuse;
 - (iii) Increase stress management skills of youth and parent/caregiver/caregiver;
 - (iv) Improve youth's self-esteem, problem-solving and safety skills and decrease self-injurious and aggressive behaviors; and
 - (v) Decrease caregiver trauma-related distress.
- (b) TF-CBT is available to children ages four (4) through eighteen (18) years of age with a diagnosed serious emotional disorder, who have experienced or witnessed one or more traumatic events and who are experiencing behavioral, or mental health problems, including posttraumatic stress symptoms as a result of the event.
- (c) TF-CBT service shall be provided in accordance with the following limitations:
- (i) One (1) unit of service shall be one (1) fifteen (15) minute increment; and
 - (ii) TF-CBT shall only be provided with an active parent/caregiver willing to participate for the anticipated twelve to sixteen week treatment period.
- (d) Providers of TF-CBT services shall meet and maintain certification as a TF-CBT provider from a DMH-approved training entity. Providers shall maintain documentation of training for TF-CBT certified staff.
- (e) All TF-CBT Clinical team members shall complete the DMH-approved TF-CBT clinical training or have a certificate of completion from one of the DMH-accepted nationally-approved master trainers.
- (f) Each TF-CBT service team shall include at least one (1) clinical supervisor, and no more than eight (8) counselors who have successfully completed the TF-CBT training requirements. The TF-CBT team clinical supervisor shall be a licensed qualified practitioner.
- (g) TF-CBT counselors must hold a Master's degree in psychology, social work, counseling or other related field; have satisfied the TF-CBT training

requirements for TF-CBT counselors; and be a qualified practitioner or credentialed staff.

- (h) Services provided by credentialed staff must be supervised by a qualified practitioner trained in TF-CBT as required by the TF-CBT requirements and documented in the TF-CBT Practice Session Checklist.

Section 3499.1 is amended as follows:

The following definitions are added in alphabetical order within the existing list of definitions:

CCP-FV Fidelity Audit – a process by which the implementation of CPP-FV, in accordance with the established standards and guiding principles, will be evaluated annually.

Child-Parent Psychotherapy for Family Violence or “CPP-FV” - a psychotherapy treatment intervention for young children from birth through age six (6) who have experienced a traumatic life event and, as a result, are experiencing behavior, attachment, and/or mental health problems.

CPP-FV Fidelity Standards – the six established interconnected standards of fidelity, as set forth by the developers of CCP-FV, which guides treatment delivery.

TF-CBT Practice Session Checklist - an instrument used to track whether supervisors and therapists are implementing TF-CBT in accordance with the established model.

Trauma-Focused Cognitive Behavioral Therapy or “TF-CBT” - a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than thirty (30) days after the date of publication of this notice in the *D.C. Register*. Comments should be filed with Rena Marie Justice, Department of Mental Health, 64 New York Avenue, N.E., Third Floor, Washington, D.C. 20002, or at Rena.Justice@dc.gov. Additional copies of these rules are available from the Office of the General Counsel, Department of Mental Health, at the address above.