

Skills Matter

KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

CONTRACT FOR SERVICES

PROVIDER/CONTRACT NUMBER:

PROVIDER:

DATE OF COMMENCEMENT: 1 February []

DATE OF COMPLETION: 30 November []

Service: Post-graduate Certificate in Cognitive Behaviour Therapy (CBT)

Te Pou
o Te Whakaaro Nui

Skills Matter is a workforce development programme within Te Pou.



SCHEDULE B

BETWEEN TE POU LIMITED AND []

1 CONTEXT

Key documents relevant to this service specification include:

- a. *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*, Ministry of Health, (2012)
- b. *Blueprint II Improving mental health and wellbeing for all New Zealanders: How things need to be*, Mental Health Commission (2012)
- c. *Blueprint II Improving mental health and wellbeing for all New Zealanders: Making change happen*, Mental Health Commission (2012)
- d. *Te Puawaiwhero: The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015*, Ministry of Health (2008)
- e. *Te Rau Hinengaro: The New Zealand Mental Health Survey*, Ministry of Health (2006)
- f. *Let's get real: Real Skills for people working in mental health and addiction*, Ministry of Health (2008)
- g. *Real Skills plus Seitapu: working with Pacific peoples*, Le Va (2009)
- h. *Real Skills plus CAMHS: A competency framework for the infant, child and youth mental health and alcohol and other drug workforce*, The Werry Centre (2009)
- i. *We Need to Act*, Te Pou (2009) *Action Plan for We Need to Act Talking Therapies 2008-2011*, Te Pou (2009), and other documents in the Talking Therapies suite published by Te Pou
- j. *Our Lives in 2014 – A recovery vision from people with experience of mental illness for the second mental health plan and the development of the health and social sectors*, Mental Health Commission (2004)
- k. *National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses*, Te Pou (2009)
- l. *Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems*, Ministry of Health (2010)
- m. *Service Delivery for People with Co-existing Mental Health and Addiction Problems: Integrated Solutions*, Ministry of Health (2010)
- n. *Mental Health and Addiction Services for Older People and Dementia Services* Ministry of Health (2011)
- o. *He Korowai Oranga: Maori Health Strategy*, Ministry of Health (2002)
- p. *Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010-2014*, Ministry of Health (2010)
- q. *Te Whare o Tiki: Co-existing problems knowledge and skills framework*, Matua Raki and Te Pou (2013).

2 OVERVIEW OF PROGRAMME

This service specification outlines the training requirements for a certificate level CBT course, designed to develop a basic level of knowledge and skill in CBT practitioners. The programme will provide a practice-centred curriculum that assists the registered health professional to develop competence and effective clinical practice in CBT.

The theoretical aspects of the programme should build on the content of pre-entry programmes by educating and training in the application of CBT in mental health and addiction settings. The programme is for experienced registered health professionals (e.g. nurses, social workers, and occupational therapists) in dedicated mental health or addiction roles. A 'trainee' is defined as a person enrolled in this programme, who is an employee of a publicly-funded mental health and/or addiction health service and who meets the trainee eligibility criteria set out in this specification.

3 DESCRIPTION OF SERVICE

The aim of the programme is to enable registered health professionals to acquire advanced knowledge of, and skills in, CBT so as to develop and deliver therapeutic services within inpatient and community settings. The programme will reflect the "essential" level of *Lets get real* 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 Talking Therapies* (2009). As it comprises a formal teaching component and a clinical component the programme will be delivered by an academic provider and a clinical provider working in partnership (see Section 9 below).

The formal teaching component will be delivered predominantly in an educational setting. Arrangements will be made for release from the clinical service to attend the formal teaching programme and supervision sessions.

The clinical component of the programme will be offered predominantly within the trainee's 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 clinical setting will allow trainees to build on their theoretical knowledge base and apply that knowledge clinically in mental health and addiction services.

The programme must:

- a. be predominantly vocational rather than solely academic training or research
- b. comprise a significant clinical component
- c. include appropriate clinical placements
- d. provide release time from the clinical employment setting for trainees to undertake the formal teaching component of the programme
- e. be not less than nine months or more than one year in length
- f. result in the award of a post-graduate certificate that is equivalent or equates to Level 8 on the National Qualifications Framework
- g. offer both theory and significant clinical experience to enable trainees to extend and further develop their advanced knowledge, skills and practice in the specialty area of CBT as it can be applied to mental health and addiction
- h. have a detailed documented curriculum that includes the programmes purpose, outcomes, content, assessment criteria and methods
- i. be nationally recognised by the relevant professions and the mental health and addiction sector as meeting a national health services skill requirement rather than only meeting local employer need
- j. comprise one programme for all trainees regardless of discipline
- k. incorporate three areas of learning: clinical, cultural, and resilience/recovery.

4 ACADEMIC COMPONENT

4.1 Generic

The formal teaching component of the programme will:

- a. be designed to integrate with, and be relevant to, the trainee's clinical work environment
- b. be delivered by appropriately qualified, skilled and experienced teaching staff
- c. be equivalent to six month's full-time study
- d. utilise distance learning technology as appropriate
- e. reflect service user centred practice
- f. incorporate principles underpinning resilience/recovery, wellbeing, whānau ora and family and whānau inclusive practice
- g. utilise academic and cultural learning resources
- h. include Maori models of health and wellbeing
- i. include Pacific models of health and wellbeing
- j. include awareness of health perspectives relevant to Asian, refugee, migrant and other culturally diverse communities
- k. include the concept of health literacy, as well as its application
- l. include the implications of different developmental needs across the lifespan.

4.2 Programme-specific requirements

The formal teaching component will include:

- a. building on existing knowledge of the therapeutic relationship and its importance in therapy in general
- b. effective communication skills with clients and their families/whānau and caregivers and the healthcare team
- c. building on existing knowledge of the major mental illnesses as defined by accepted current diagnostic criteria (currently DSM IV) and assessment processes
- d. understanding the effects of trauma within a therapeutic context
- e. understanding the relationship between physical conditions (including acute and long-term) and mental health and addiction
- f. the appropriate use of CBT for mental illnesses from a bio/psycho/social and occupational context with a particular emphasis on depression, anxiety, and co-existing addiction problems
- g. examination of CBT as a framework for assessing and understanding complex psychological distress as well as implementing therapeutic approaches
- h. identifying clients who would benefit from CBT and knowledge of where it would not be appropriate.
- i. knowledge of psychological outcome measures as they relate to CBT
- j. levels of competence within the stepped care framework
- k. self-reflective practice as a tool in therapy and its application during professional supervision of clinical practice
- l. understanding of how the trainee's belief systems and emotional responses impact on their role as a therapist and their clients' recovery
- m. application of Māori and Pacific models of health and wellbeing in the practice of CBT, including engagement principles
- n. an understanding of the trainee's own roles and responsibilities in relation to CBT
- o. a knowledge of, and good practice in, medico-legal and ethical aspects of their professional practice as it relates to CBT
- p. role of talking therapies in wider mental health and addiction service delivery and in the future direction of mental health and addiction services
- q. personal and professional responsibility and accountability for their practice.

5 CLINICAL COMPONENT

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. The trainee will be in clinical placements for the duration of the programme. Placements will be planned and co-ordinated to allow for supervision specific to the programme. They may include a range of clinical work placements (e.g. community, inpatient, older adults, child and family).

Clinical placements will allow trainees to:

- a. apply theoretical knowledge to clinical practice
- b. practice profession-specific treatment options
- c. participate in providing services for consumers with a range of clinical presentations taught within the programme as appropriate to CBT
- d. receive routine supervision (provided to mental health and addiction professionals as part of their employment)
- e. receive additional supervision specifically focused on the programme
- f. have a reduced workload while undertaking the programme.

6 SUPERVISION and SUPPORT

You will ensure trainees receive supervision and support as outlined in 6.1 and 6.2 below.

6.1 Programme-specific supervision (provided as part of the clinical component)

Trainees will have access to an experienced and qualified practitioner trained in supervision and with postgraduate training and significant experience in CBT. This supervisor will provide the trainee with one-to-one programme-specific guidance and support. This supervision will be in addition to routine supervision for clinical practice.

The programme-specific supervision will provide:

- a. supervision of practice with appropriate consumer consent for a minimum of 15 hours over the duration of the programme
- b. an opportunity for the trainee to reflect on their clinical practice as part of a multi-disciplinary team practicing in a mental health and/or addiction setting
- c. an opportunity to discuss and critically review clinical practice
- d. an opportunity to address cultural supervision needs
- e. an opportunity for self-practice of CBT and self-reflection to enhance clinical practice
- f. timely, effective and constructive feedback to the trainee
- g. assistance to integrate theory and clinical practice.

6.2 Academic support (provided as part of the academic component)

Academic support will be provided to:

- a. assist trainees to successfully complete the academic component (e.g. assistance with understanding course material, academic writing and use of academic resources)
- b. assist with integration of theory and clinical practice
- c. support effective practice development in partnership with the clinical provider.

7. TRAINEE OUTCOMES

To complete the programme successfully, the trainee will:

- a. meet the academic and theoretical outcomes of the programme
- b. meet the clinical outcomes of the programme
- c. be awarded a post-graduate certificate in CBT.

8 ELIGIBILITY

8.1 Trainee Eligibility

Trainees are required to:

- a. meet the academic provider's criteria for eligibility to study at this level
- b. be registered pursuant to the Health Practitioners Competence Assurance Act 2003, or be a registered social worker, or be a registered practitioner with the Addiction Practitioners' Association Aotearoa New Zealand (DAPAANZ) or other relevant professional body (e.g. New Zealand Association of Counsellors) at the discretion of the training provider and funder
- c. have an active career plan
- d. be currently employed as a registered health professional, in a defined mental health or addiction role sufficient to support the clinical component of the training programme, either by a mental health and/or addiction/AOD service or a Primary Health Organisation - in both cases funded by the Ministry of Health or a District Health Board
- e. have a least two years of clinical experience and be working clinically for at least 0.6FTE (24 hours a week) in a mental health and/or addiction setting
- f. be a New Zealand citizen or hold a New Zealand permanent resident visa
- g. complete the post graduate certificate programme in one year.

8.2 Provider Eligibility

The programme must be accredited by NZQA or CUAP. You will supply us with written evidence of the programme's accreditation status prior to the commencement of the programme. Providers of the clinical placements must comply with the *Health and Disability Services Standards* (NZS 8134.00:2008; 8134.01:2008; 8134.02:2008 and NZS 8134.03:2008).

9 PARTNERSHIP

9.1 The programme will be delivered by an academic provider and a clinical provider working in partnership to:

- a. ensure effective practice development opportunities that integrate theory and clinical practice
- b. link professional knowledge and education to the specifics of the trainee's clinical practice.

9.2 Subject to Clause 6.2 of this agreement you will enter into a subcontract for the provision of either the clinical component or the academic component of the training programmes with a clinical provider or an academic provider as the case may be. The agreement will amongst other things outline:

- a. roles and responsibilities of the partners
- b. study release arrangements
- c. provision of supervision
- d. access to cultural supervision where appropriate
- e. active career plans
- f. liaison and co-ordination
- g. reporting on trainees' progress for academic and clinical components

h. financial compensation.

(NB – this list assumes the head contract is held by an academic provider – where a clinical provider holds the contract the list will be amended accordingly)

9.3 You must provide us with the names of those providers who will be subcontracted by you, as well as copies of relevant subcontracts.

9.4 Notwithstanding any subcontracting arrangements, you are responsible for the delivery of the training programmes and for financial compensation of the subcontracted providers.

10 PROGRAMME ADMINISTRATION

10.1 Programme co-ordination

You will undertake programme co-ordination tasks which include:

- a. selection of trainees
- b. maintaining a record of trainees' progress (including attendance and assessment)
- c. liaison with clinical staff, including supervisor selection
- d. facilitation of clinical placements for trainees outside the normal workplace setting where necessary
- e. curriculum development and review
- f. advice to trainees on the training programme requirements including guidance on recognition of prior learning
- g. coordination of clinical teaching, e.g. study days, tutorials
- h. programme (including clinical workplace/placement) evaluation and quality improvement
- i. competency assessment of trainees – this will include an ongoing formative assessment over the duration of the programme
- j. issue resolution between trainee and supervisors
- k. convening an advisory group, which provides appropriate knowledge and expertise from the mental health and addiction sector to ensure the relevance and currency of the programme
- l. reporting to the funder.

10.2 Associated linkages

You will establish and maintain links with:

- a. current employers of trainees on the training programme
- b. mental health and addiction services
- c. other relevant mental health and addiction training programmes
- d. regional training hubs
- e. relevant professional organisations
- f. academic providers
- g. regional and national mental health and addiction networks
- h. cultural advisory groups
- i. service user leaders, advisors, advocates or networks
- j. national mental health and addiction workforce development programmes.

11 QUALITY REQUIREMENTS

11.1 Quality obligations

You will:

- a. maintain and implement a quality improvement programme which will include documented processes to operate throughout the training programme for:
 - monitoring, evaluating and improving the effectiveness of the training programme
 - monitoring the applicability and relevance of the theoretical programme to keep it up-to-date with mental health and addiction practice and developments
 - regular monitoring of individual trainee performance and ensuring trainees receive timely feedback
 - ensuring trainees who require additional support have access to help
 - effective stakeholder input, including trainees, trainees' employers and service users into programme delivery and review (e.g. programme content and relevance)
 - ensuring trainees are getting relevant role development opportunities as part of the clinical component
 - providing input from Māori, Pacific and other appropriate cultural advisors on the ability of the programme to meet the cultural needs of trainees and service users
 - ensuring there is open, systematic and fair selection of trainees
- b. provide us with a copy of your quality improvement plan
- c. have an appropriate complaints process available to trainees and other personnel involved in the programme
- d. maintain clear lines of responsibility and accountability between providers of the formal teaching component and the clinical component to ensure trainees are working safely in their workplaces
- e. teach at an appropriate standard using current methods with qualified and skilled staff
- f. ensure reports are provided by the due date
- g. ensure a record of trainees' progress is maintained and reported.

11.2 Cultural responsiveness

The programme will acknowledge the cultural characteristics of New Zealand society and the principles of partnership that influence planning and delivery of mental health and addiction services. You will ensure that:

- a. the environments in which trainees undertake the programme requires and supports the trainees to demonstrate culturally appropriate clinical practice
- b. the academic and clinical components of the programme are informed by consultation with Māori and take into account the health needs and differing cultural expectations of Māori
- c. programme planning involves and is responsive to the expectations of Māori.

12 MISCELLANEOUS TERMS

In delivering the services:

- a. where the number of trainees in a programme falls below 85% of the maximum number set out in Schedule A clause 1 as a result of low enrolments, withdrawals or resignations, then we reserve the right to review and at our discretion, give notice to terminate this contract in whole or in part
- b. you will not charge either trainees or their employers for the programme either directly or indirectly
- c. you will ensure trainees have access to a library and search facilities with current relevant literature, including mental health journals and texts

- d as the provider of a national programme you will endeavour to address access issues e.g. by having teleconference and audio/video equipment to facilitate distance-learning methods
- e. you will ensure trainees have access to this service specification and are informed about the Skills Matter travel and accommodation grants prior to the commencement of the training programme (our grant policies, guidelines and applications can be accessed on our website)
- f. you will ensure that all programme promotional material clearly indicates the programme is funded by Te Pou
- g. if required you and Te Pou shall participate in an annual all-provider meeting.

13 REPORTING REQUIREMENTS

All other reporting requirements are set out in Schedule C of the contract.