

	County of Sacramento Mental Health Division Adult Mental Health Services	Policy No.	03-05
		Issued Date	04-28-08
		Revision Date	
AREA: Clinical & Psychosocial Rehabilitation Services	TITLE: Cognitive Behavior Therapy (CBT) Standards		
Approved by:	Approved By:		
Richard Bermudes, MD Consultant	Sandy Damiano, PhD Chief		

I. POLICY

Cognitive Behavior Therapy (CBT) is an evidenced based treatment that has demonstrated efficacy. There is a longstanding empirical base for depression, anxiety and other disorders. Utility has also been established as an adjunct treatment for bipolar disorder and schizophrenia.

This policy outlines provider requests to provide CBT services as an evidence-based practice (EBP) and clinician guidelines.

II. DEFINITIONS

A. Cognitive Behavior Therapy (CBT): A type of therapy that is focused, structured and relatively short-term. It is based on two key concepts: (1) cognitions have a strong influence on our emotions and behaviors and (2) how we act can strongly influence thought patterns and emotions. Therapists work very collaboratively with clients to learn new skills and adaptive forms of coping.

B. Evidenced-based Practice (EBP): Means the range of treatment and services of well documented effectiveness. An evidence-based practice has been or is being evaluated and meets the following criteria:

- (1) Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive outcomes.

AND

- (2) Has been subject to expert / peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in research literature. [Adapted from President’s New Freedom Commission & MHSA Prevention and Early Intervention Guidelines Enclosure 4]

III. PROCEDURES

A. Service Commitment

1. Provider:

- a. Recruit and retain license and license eligible clinicians
- b. Ensure sufficient time, space and materials to recruit clients and conduct CBT groups.
- c. Provide clinical supervision for staff requiring clinical supervision to ensure model fidelity.
- d. Select at least one clinician who has an interest and focus of being trained as a “CBT lead” clinician.

2. Staff (in county sponsored CBT supervision):

Staff are expected to:

- a. Utilize the CBT supervision tools, therapy worksheets and tools.
- b. Provide individual and group CBT therapy and become proficient at identified skills.
- c. Record therapy as an “EBP” when authorized by the County.
- d. Document services consistent with Quality Management guidelines. Outcome tools such as a Depression scale (Zung) should be included in the documentation.

3. Referrals:

- a. Designated CBT clinicians must be cognizant of the appropriateness of CBT for various cultural, ethnic and racial groups.
- b. A cultural formulation must be included as part of the assessment and treatment. Levels of evidence for the application of CBT has not been established conclusively for the variety of ethnic and cultural groups residing in Sacramento County.

B. Provider Review Process

1. Providers must have the necessary expertise and program structure in order to implement and maintain fidelity of proposed practices:

- a. Provider participation in a county sponsored CBT supervision group.

OR

- b. The provider may submit a request to be authorized and approved for EBP level services without participation in the county sponsored CBT supervision group. Basic proficiencies must be met in CBT practices.

2. Each provider must request and receive approval to implement selected EBPs or promising practices. *Processes are outlined in Quality Management P&P 14-01 Review Process for Implementation of New Clinical Practices.*

3. Providers that receive county authorization to provide and document CBT therapy services as an EBP will receive written authorization.

C. CBT Guidelines

The following criteria should be applied when defining what constitutes CBT:

1. Cognitive Formulation:
 - a. The client's problems are understood within a cognitive conceptualization.
 - b. Once the therapist and client have agreed on a central target problem, the next step is for the therapist to elicit and identify the key automatic thoughts, underlying assumptions, behaviors, etc. that comprise the problem. These specific cognitions and behaviors then serve as targets for intervention.
2. Session Components:
 - a. Symptom Monitoring

At each session clients are asked to complete depression and/or anxiety scales. Therapists review and discuss the scales with the client.
 - b. Agenda Setting

Therapists work with their clients to set an appropriate agenda with target issues suitable for the available time, establish priorities and then follow the agenda.
 - c. Review of assigned homework
 - d. Working the agenda
 - e. Setting and assigning homework
 - f. Feedback and Summarization

Therapists ask questions to ensure the client understands the therapist's line of reasoning throughout the session and to determine the client's reactions to the session. Therapists adjust their behavior in response to the feedback, when appropriate.
3. Client Selection:
 - a. Clients are referred within the agency by service coordinators, psychiatrists, clinical managers or self-referral.
 - b. CBT framework and commitment is discussed with the client prior to beginning therapy services since CBT is an active treatment. Clients are expected to formulate treatment goals, attend weekly sessions and complete assigned homework.
4. Frequency and Number of Sessions:
 - a. Group therapy has a structured group curriculum and is typically 12 – 14 sessions.
 - b. Individual therapy is focused and shall be up to but not exceed 12 sessions.
5. Outcome Measures:
 - a. Measures of depression and/or anxiety are used to regularly evaluate the effectiveness of treatment (client symptom outcomes).
 - b. Treatment is evaluated using a modified version of the Cognitive Therapy Rating Scale (CTRS) (therapist outcome).
 - c. Clients are asked to complete a therapeutic alliance rating of their CBT therapist (client-therapist outcome).

- d. Measures of satisfaction are used to evaluate consumer satisfaction with group therapy treatment in addition to symptom outcomes (client satisfaction).
 - e. Measures for group treatment will be provided to the Research, Evaluation and Performance Outcomes Unit.
6. Competencies:
- Therapists in CBT supervision work to develop the following skills:
- a. Cognitive formulation (Case Formulation Worksheet)
 - b. Agenda setting
 - c. Guided discovery / Socratic questioning
 - d. Modifying distorted cognitions (Thought Change Record (TCR))
 - e. Evaluating evidence for beliefs (Examining the Evidence Worksheet)
 - f. Setting and reviewing homework
 - g. Progressive Muscle Relaxation (PMR)
 - h. Breathing Retraining
 - i. Systematic De-sensitization and Exposure Procedures (anxiety)
 - j. Activity scheduling / monitoring (Weekly Activity Schedule)
 - k. Identifying and modifying core beliefs
 - l. Behavioral activation
 - m. Teaching clients about the cognitive model, their symptoms and symptom monitoring

Form References:
N/A

IV. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	Adult MH P&P 03-02 Co-Occurring Disorders (COD) Practices	N/A
	QM 10-03 Mental Health Services Progress Notes	
	QM P&P 01-07 Determination for Medical Necessity and Target Population	
	QM P&P 14-01 Review Process for Implementation of New Clinical Practices	
V. CONTACTS	Name	E-mail
	Designated Contract Monitor	
VI. SCOPE	<input checked="" type="checkbox"/> Mental Health Staff	<input checked="" type="checkbox"/> Adult Contract Providers
	<input type="checkbox"/> Mental Health Treatment Center	<input type="checkbox"/> Children's Contract Providers
	<input type="checkbox"/> Specific grant/specialty resource	