



*Summary of MAP Credential
Standards for Los Angeles
Department of Mental Health
Managing and Adapting Practice (MAP)*

Version: 9/30/2010

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Summary of MAP Credential Standards for Los Angeles Department of Mental Health

MANAGING AND ADAPTING PRACTICE (MAP)

INTRODUCTION

PracticeWise provides a variety of notifications to MAP system users to identify their professional development status and experiences. Los Angeles Department of Mental Health has established standards based on the PracticeWise materials to qualify individuals as recognized MAP direct service providers. This document illustrates the PracticeWise materials available as of the version date and provides instruction about how to determine the qualification period.

AWARD OF STATUS: MAP THERAPIST

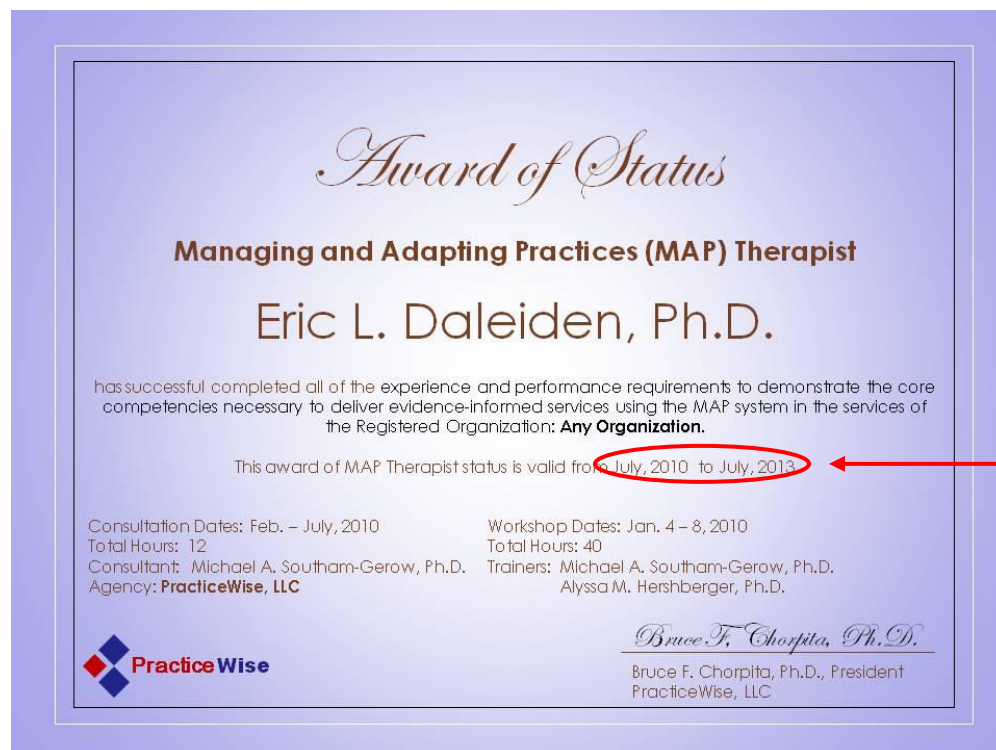
Description

This certificate is issued to individuals who have successfully completed a MAP Therapist Promotion Review.

Qualifying Period

Presentation of this award to LA DMH will qualify the provider as a MAP direct service provider for the period specified on the award.

Illustration



Certificate is valid for the period from July, 2010 to July, 2013

Maintaining Qualification

To maintain qualification after expiration of the qualifying period, individuals must successfully complete a MAP Therapist Performance Review to receive an updated Award of Status with a new valid period.

CERTIFICATION OF COMPLETION: MAP DIRECT SERVICES TRAINING SERIES

Description

This certificate is issued to individuals who completed a MAP direct services workshop plus a follow-up consultation series with PracticeWise.

Qualifying Period

Presentation of this certificate to LA DMH will qualify the provider as a MAP direct service provider for a period of three (3) years from the end date of the consultation period that is specified on the certificate.

Illustration



Certificate is valid for the period from July, 2010 to July, 2013

Maintaining Qualification

To maintain qualification as a MAP direct service provider after expiration of the qualifying period, individuals must successfully complete a MAP Therapist Promotion Review to earn an Award of Status that will specify the new qualifying period.

CERTIFICATION OF COMPLETION: MAP DIRECT SERVICES WORKSHOP

Description

This certificate is issued to individuals who completed a MAP direct services workshop with PracticeWise.

Qualifying Period

Presentation of this certificate to LA DMH will qualify the provider as a MAP direct service provider for a period of one (1) year from the start date of the workshop that is specified on the certificate.

Illustration



Certificate is valid for the period from Jan 4, 2010 to Jan 4, 2011

Maintaining Qualification

To maintain qualification as a MAP direct service provider after expiration of the qualifying period, individuals must either (a) submit an Award of Status as a MAP Therapist, which is obtained from PracticeWise by successfully completing a MAP Therapist Promotion Review, or (b) submit a Certificate of Completion for the full MAP Direct Services Training Series [if the MAP consultation began prior to June 2010].

MAP THERAPIST PORTFOLIO PLUS SUPERVISOR CREDENTIAL

Description

Individuals who participate in MAP professional development activities offered by an agency other than PracticeWise (i.e., through a train-the-trainer model), must qualify both (a) the learning experience of the direct service provider and (b) the credential of the supervisor delivering the educational service. The learning experience of the direct service provider is established through submission of the MAP Therapist Portfolio. The supervisor's credentials are established through submission of either (1) an Award of Status as a MAP Agency Supervisor or (2) a Certificate of Completion for the MAP Supervision and Consultation Workshop.

Qualifying Period

The length of the qualifying period depends on whether the supervisor (1) has achieved MAP Agency Supervisor Status or (2) is actively training to become a MAP Agency Supervisor.

Submission of a Therapist Portfolio with an Award of Status will qualify the provider as a MAP direct service provider for a period of one (1) year from the supervisor certification date specified on the MAP Therapist Portfolio (see Illustration #1).

Submission of Therapist Portfolio with a Certificate of Completion for the MAP Supervision and Consultation Workshop will qualify the provider as a MAP direct service provider for a period of one (1) year from start date of the workshop specified on the supervision and consultation workshop certificate (see Illustration #2).

Maintaining Qualification

To maintain qualification as a MAP direct service provider after expiration of the qualifying period, individuals must submit an Award of Status as a MAP Therapist, which is obtained from PracticeWise by successfully completing a MAP Therapist Promotion Review.

Illustration #1

Your Name: Eric Daleiden, Ph.D.

Submission Page must have:
 (a) Agency Name
 (b) Signed supervisor certification
 (c) Certification date

<p>MAP Workshop(s) Attended</p> <p>Workshop Dates: Total Hours: Trainer(s):</p>	<p>MAP Supervision or Consultation Received</p> <p>Start/End Dates: 1/4/2010 – 2/28/2010 Total Hours: 8 Agency Name: Behavioral Healthcare Co. Supervisor Name: Bruce F. Chorpita, Ph.D.</p>
<p>MAP Supervision or Consultation Received</p> <p>Phone Call Start/End Dates: Total Hours: Phone Call Consultant(s):</p>	<p>Supervisor Certification</p> <p>I certify that I reviewed the contents of this portfolio and it accurately represents my understanding of the practitioner's experience and expertise.</p> <p>Signature: <u>Bruce F. Chorpita, Ph.D.</u> Date: <u>2/28/2010</u></p>

Please describe any additional training, supervision, or consultation you have received from a MAP Training Professional or qualified MAP Agency Supervisor:

Supervisor status is valid for the period from Jan, 2011 to Jan, 2013, so direct service provider is qualified for the period from Feb. 28, 2010 to Feb. 28, 2011

Signatures to be eligible for review:

Case 2 Materials

PWEBs Summary of Youth Treatment
 Clinical Dashboard (De-identified)

Mail: PracticeWise, LLC
 28.5 Wilson Avenue
 Satellite Beach, FL 32937

Page 1

Domain	Experience		Expertise Achieved					
	Didactic	Rehearsal	Knowledge	Production	Skill	Habit		
EBS System Model	<input type="checkbox"/>	<input type="checkbox"/>						
Clinical Problem Solving CARE Process	<input type="checkbox"/>	<input type="checkbox"/>						
The MAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Process Essentials								
Connect-Cultivate-Candidate	<input type="checkbox"/>	<input type="checkbox"/>						
Force-Intervention	<input type="checkbox"/>	<input type="checkbox"/>						
Clinical Event Structure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Tools								
PWEBs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Practitioner Guide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Clinical Dashboard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Target-Focused Decision Guides								
Target Area 1:	<input type="checkbox"/>	<input type="checkbox"/>						
Target Area 2:	<input type="checkbox"/>	<input type="checkbox"/>						
Application Domains								
Assessment	<input type="checkbox"/>	<input type="checkbox"/>						
Monitoring	<input type="checkbox"/>	<input type="checkbox"/>						
Planning	<input type="checkbox"/>	<input type="checkbox"/>						
Practice Delivery								
Practice 1: My First EB Practice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 5:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 6:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 7:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 8:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 9:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 10:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 11:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 12:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 13:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 14:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 15:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 16:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 17:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice 18:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embedding Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Learning Record must show at least Didactic and Rehearsal Experience for:
 (a) The MAP
 (b) Clinical Event Structure
 (c) PWEBs
 (d) Practitioner Guides
 (e) Clinical Dashboards
 (f) Practice Delivery #1

Supervisor Name and Registered Agency must match across documents

Award of Status

Managing and Adapting Practices (MAP) Agency Supervisor

Eric L. Daleiden, Ph.D.

has successfully completed all of the experience and performance requirements to demonstrate the core competencies necessary to deliver evidence-informed services using the MAP system and is qualified to provide supervision and consultation in the MAP system to professionals under their direct authority within the Registered Agency: **Behavioral Healthcare Co.**

This award of MAP Agency Supervisor status is valid from **Jan, 2011 to Jan, 2013**

Consultation Dates: Aug. – Jan, 2011 Workshop Dates: Aug. 2 – 3, 2010
 Total Hours: 6 Total Hours: 16
 Consultant: Michael Southam-Gerow, Ph.D. Trainers: Bruce F. Chorpita, Ph.D.
 Agency: PracticeWise, LLC Michael Southam-Gerow, Ph.D.

Bruce F. Chorpita, Ph.D.
 Bruce F. Chorpita, Ph.D., President
 PracticeWise, LLC



Illustration #2

Your Name: Eric Daleiden, Ph.D.

Submission Page must have:

- (a) Agency Name
- (b) Signed supervisor certification
- (c) Certification date

<p>MAP Workshop(s) Attended</p> <p>Workshop Dates:</p> <p>Total Hours:</p> <p>Trainer(s):</p>	<p>MAP Supervision or Consultation Received</p> <p>Start/End Dates: 1/4/2010 – 2/28/2010</p> <p>Total Hours: 8</p> <p>Agency Name: Behavioral Healthcare Co.</p> <p>Supervisor Name: Bruce F. Chorpita, Ph.D.</p>
<p>MAP Supervision or Consultation Received</p> <p>Phone Call Start/End Dates:</p> <p>Total Hours:</p> <p>Phone Call Consultant(s):</p>	<p>Supervisor Certification</p> <p>I certify that I reviewed the contents of this portfolio, and it accurately represents my understanding of this practitioner's experience and expertise.</p> <p>Signature: <i>Bruce F. Chorpita, Ph.D.</i></p> <p>Date: 2/28/2010</p>

Please describe any additional training, supervision, or consultation you have received from a MAP Training Professional or qualified MAP Agency Supervisor:

Submission Checklist

Your completed portfolio must include the following materials with valid certification signatures to be eligible for review:

Forms	Case 1 Materials	Case 2 Materials
<input type="checkbox"/> Submission Page <input type="checkbox"/> Direct Service Learning Record <input type="checkbox"/> Direct Service Case Record	<input type="checkbox"/> PWES Summary of Youth Treatment <input type="checkbox"/> Clinical Dashboard (De-identified)	<input type="checkbox"/> PWES Summary of Youth Treatment <input type="checkbox"/> Clinical Dashboard (De-identified)

Submit your portfolio to: Email: review@practicewise.com Mail: PracticeWise, LLC 28.5 Wilson Avenue Satellite Beach, FL 32937

Domain	Experience		Expertise Achieved					
	Didactic	Rehearsal	Knowledge	Production	Skill	Habit		
EBS System Model	<input type="checkbox"/>	<input type="checkbox"/>						
Clinical Problem Solving CARE Process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
The MAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Process Essentials: Connect-Cultivate-Candidate	<input type="checkbox"/>	<input type="checkbox"/>						
Force-Intervention	<input type="checkbox"/>	<input type="checkbox"/>						
Clinical Event Structure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Tools:								
PWES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Practitioner Guide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Clinical Dashboard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Target-Focused Decision Guides								
Target Area 1:	<input type="checkbox"/>	<input type="checkbox"/>						
Target Area 2:	<input type="checkbox"/>	<input type="checkbox"/>						
Application Domains:								
Assessment	<input type="checkbox"/>	<input type="checkbox"/>						
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Practice 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 5:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 6:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 7:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 8:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 9:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 10:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 11:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 12:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 13:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 14:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 15:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 16:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 17:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice 18:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emphasizing Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Learning Record must show at least Didactic and Rehearsal Experience for:

- (a) The MAP
- (b) Clinical Event Structure
- (c) PWES
- (d) Practitioner Guides
- (e) Clinical Dashboards
- (f) Practice Delivery #1

Supervisor Name and Registered Agency must match across documents

Certificate of Completion

is hereby granted to

Eric L. Daleiden, Ph.D.

to verify that he/she has completed the

Managing and Adapting Practices (MAP) Supervision and Consultation Training Workshop (1.6 hours)

Workshop Dates: Aug. 2-3, 2010 Registered Agency: Behavioral Healthcare Co.

Trainers: Bruce F. Chorpita, Ph.D.
Alyssa M. Hershberger, Ph.D.

Michael A. Southam-Gerow, Ph.D.

Michael A. Southam-Gerow, Ph.D., Training Director



Supervisor certificate is valid for the period from Aug 2, 2010 to Aug 2, 2011, so direct service provider is qualified until Aug 2, 2011

PRACTICEWISE MAP PROFESSIONAL DEVELOPMENT CERTIFICATE OF COMPLETION REQUEST FORM

I _____ as an authorized agent of _____, whose staff
(Name) (Agency Name)
 have participated in PracticeWise MAP Professional Development activities, am writing to request Certificates of Completion for the following individuals.

Name of Trainee	MAP Certificate Requested		
	Direct Services		Supervision and Consultation
	Workshop	Series	Workshop

- Please send Certificates of Completion:
- Via email to the following address: _____
 - Via US Mail to the following address: _____

Release of Information

I hereby authorize PracticeWise, LLC to release information and/or directly communicate with the following named entity _____ regarding the content and validity of the certificates requested on this form. This release is remains in effect until _____ or for a period of one (1) year if not specified.

Signature

Date

Submit completed form to support@practicewise.com

MAP CREDENTIAL STANDARDS FOR LA DMH OVERVIEW

