

2018

# Therapist Overview and Application



Brave Step

1/1/2018



## CONTENTS

BRAVE STEP BACKGROUND AND TREATMENT PHILOSOPHY.....	2
HISTORY.....	2
GOVERNANCE.....	2
BRAVE STEP'S MISSION.....	2
TREATMENT PHILOSOPHY.....	2
OUR SERVICES.....	3
PROGRAM FEE FOR SURVIVORS.....	3
WHOM WE SERVE.....	3
OUR CLIENTS.....	3
SCREENING CRITERIA.....	3
CONTRACT THERAPISTS.....	5
<i>Initial Requirements</i> .....	5
THERAPY PROCEDURES.....	6
DURING THERAPY.....	6
Completion of treatment.....	6
THERAPIST CLINICAL CONFLICT OF INTEREST.....	6
ONGOING EVALUATION.....	7
2. SELF-EFFICACY (USING THE CONTINGENCIES OF SELF WORTH SCALE).....	7
APPLICATION TO PROVIDE CONTRACT THERAPY SERVICES FOR BRAVE STEP.....	8
AGREEMENTS.....	10
WAIVER OF SUBROGATION.....	11
INDEPENDENT CONTRACTOR AGREEMENT.....	14



## **BRAVE STEP BACKGROUND AND TREATMENT PHILOSOPHY**

### **HISTORY**

The organization was established as a nonprofit in 2014 by a survivor of sexual abuse, who found hope and healing through her own experience in therapy. She made a commitment to provide such service to those who do not have access to services or cannot afford them.

### **GOVERNANCE**

Brave Step is governed by a [Board of Directors](#).

### **BRAVE STEP'S MISSION**

Brave Step is committed to fighting sexual abuse by increasing awareness and funding recovery programs for those affected by it.

### **TREATMENT PHILOSOPHY**

Brave Step's treatment philosophy is centered on the needs of those affected by sexual abuse. Utilizing industry best practices for trauma, Brave Step is invested in offering individual and group therapy sessions that provide integrated, holistic treatment to help individuals and their families recover from the life-changing experience. It is our philosophy to ensure that each person receives completely personalized care, consistent with a treatment plan developed by an experienced, licensed mental health professional.

We are committed to:

1. Engaging participants in the design, implementation and evaluation of treatment through personalized care plans, assisting in empowerment, resilience and investment in personal growth.
2. Respecting and understanding for the individual.
3. Recognizing the importance of family and peers to the recovery process.
4. A dedication to providing industry best practices and the most effective trauma services currently available.
5. Empowering each person to recover from the challenging impact of trauma by promoting independence, accountability and creating a network of support.
6. Wellness and recovery principles are the center point of Brave Step's mission with personal capacity and potential at the forefront.
7. Providing competent trauma therapists that are licensed and equipped to implement a variety of healing approaches.
8. Identifying reputable therapists that have understanding and relating skills that best meet the client's needs.
9. Obtaining appropriate referrals and screening each therapist to ensure the best possible service.
10. To the best of our abilities, Brave Step is committed to preparing each client for the journey ahead.



## **OUR SERVICES**

Brave Step custom designs its services to best meet the needs of an individual. Options for support include individual and group therapy with carefully-selected therapists, empowerment programs and finding one's voice by gaining the confidence to speak out. We also offer peer support groups for survivors and their family members/close friends

### **Individual Counseling:**

- Weekly sessions for a minimum of an hour each week with a trauma specialist.
- Twenty-six sessions (26) of individual therapy with an experienced trauma therapist who utilizes the most effective trauma modality - SE, IFS, EMDR, CBT, etc.
- Treatment must be completed within one year, unless otherwise agreed upon.

### **Group Counseling:**

- Maximum of 8-10 people per session led by a trauma therapist.
- Same sex groups.
- Sessions are expected to last 1.5 – 2 hours in length once a week for 12 sessions.

### **Empowerment Programs:**

- To help a person achieve the “unachievable” and overcome obstacles, Brave Step offers a variety of empowerment options where the person selects a challenge like completing a 5k, self-defense classes, trauma-informed yoga, etc. Brave Step then gives the individual the necessary tools to succeed and build confidence.

### **Finding One's Voice:**

- This phase can be a variety of options from peer-led support groups, helping a survivor tell a loved one, online support group, alumni meetings, journaling and more.

## **PROGRAM FEE FOR SURVIVORS**

Therapy services offered through Brave Step are free to clients accepted into the program. However, to ensure each person is invested in their recovery, we ask for a \$50 deposit at the beginning of the person's entry into the program. If the individual completes the program as outlined below, the \$50 will be refunded. If not, the \$50 becomes a tax-deductible donation to Brave Step. Clients may use insurance to pay for therapy services.

## **WHOM WE SERVE**

### **OUR CLIENTS**

- Adult survivors of sexual abuse
- Parents, siblings, immediate family members affected by one's abuse
- Spouses or close friends of the courageous survivor

### **SCREENING CRITERIA**

The following criteria apply.

1. Any person over 18
2. Has experienced sexual abuse or sexual assault at any time



3. Is experiencing struggle in daily life
4. Is capable of participating in talk therapy
5. Is willing to commit to and participate in their own recovery/healing

Individuals are not eligible to receive services if the person:

1. Is receiving therapy services elsewhere (specific to individual or group therapy).
2. Has a severe dissociative disorder.
3. Has a severe developmental or communication disorder that would prevent them from participating in talk therapy.
4. Is actively abusing alcohol or drugs in a manner that would prevent them from participating in therapy. It is expected that an individual would be referred for substance abuse treatment prior to participating in therapy for sexual trauma.
5. Has one or more convictions for sexual assault.

Family members, such as parents, siblings, immediate family members, spouses or close friends of sexual abuse survivors may apply to receive support group services if they meet these criteria:

1. Any person over 18
2. Has experienced sexual trauma at any time OR
3. Is a family member or friend of someone who has experienced sexual trauma
4. Is experiencing struggle in daily life
5. Is capable of participating in talk therapy
6. Is willing to commit to and participate in their own recovery/healing

Family members or close friends may not be accepted to participate in support group services if the person:

1. Is receiving therapy services elsewhere.
2. Has a severe dissociative disorder.
3. Has a severe developmental or communication disorder that would prevent them from participating in talk therapy.
4. Is actively abusing alcohol or drugs in a manner that would prevent them from participating in therapy.
5. Demonstrates negative behavior that might harm other members of the support group or efforts of the group at large.



## **CONTRACT THERAPISTS**

### **Initial Requirements**

In order to be considered as an approved therapist to whom Brave Step clients may be referred, these minimum qualifications must be met:

1. Licensed Mental Health Professional in good standing.
2. Minimum 5 years of experience in treating sexual trauma, defined as having a substantial portion (20% or more) of clients in their caseload or practice being treated for sexual trauma.
3. Has participated in at least 50 contact hours of specialized training and/or supervision in trauma content knowledge.
4. Has participated in at least 50 contact hours of specialized training on professionally accepted techniques most often used to treat sexual trauma, such as, but not limited to, eye movement desensitization and reprocessing, psychophysiological trauma-work, mode deactivation treatment, internal family systems and dialectical behavioral treatment. The therapist does not have to be trained in all of these modalities but should be familiar with at least one of them.
5. Passes background checks including, but not limited to, a criminal check and is in good standing with licensing boards in all states in which they have held a license.
6. Accepted via a vetting process, whereby two members of the Advisory Board, a clinical director or designee, if available, as well as any other person(s) selected by Brave Step will review the therapist's credentials on paper and in person to determine if they are qualified to serve Brave Step clients referred to them.

### **Expectations**

1. Provides a copy of current professional license.
2. Provides a copy of professional liability insurance policy with a \$1 million minimum.
3. Adds Brave Step to the therapist's policy as an additional insured.
4. Signs a waiver of Subrogation.
5. Signs a release/authorization that permits former employers and supervisors of the applicant to communicate freely with Brave Step about the applicant's job performance.
6. Signs an agreement with Brave Step to provide records of therapy services, test results and similar administrative information regarding referred clients served.
7. Signs an agreement regarding HIPAA compliance practices (ex, keeping all confidential records double locked).
8. Agrees to participate in periodic case consultation meetings.
9. Agrees to submit monthly invoices to Brave Step, including dates of service, length of session and any missed appointments.



## **THERAPY PROCEDURES**

### **DURING THERAPY**

#### **Therapist**

1. Invoice Brave Step on a monthly basis for therapy services, including service dates, type of service (individual, group) and length of sessions.
2. Advise Brave Step of any missed sessions without notification.
3. Participate in conferences with Brave Step as requested.

#### **Brave Step**

1. Pay invoices submitted by therapists.
2. Pay Insurance co-pays, as negotiated with the client.
3. Contact clients if there is a pattern of missed appointments.

#### **Client**

1. Attend scheduled therapy sessions.
2. Notify Brave Step of any problems with their therapist.

### **COMPLETION OF TREATMENT**

#### **Therapist**

1. Determine along with the client when treatment has been completed (or that no further progress can reasonably be made).
2. Notify Brave Step of the end of treatment services, whether planned or unplanned.
3. Advise the client that they must participate in an exit interview and post-testing with Brave Step.

#### **Client**

1. Clients may decide to terminate services with their therapist at any time before completing treatment. All clients will be required to participate in an exit interview with Brave Step, regardless of the reason for ending services.

#### **Brave Step**

1. Schedule an exit interview with the client.
2. Administer the post-test instruments.
3. Enter testing and other information into the secure database.
4. Ask the client to complete a satisfaction survey.
5. Make referral to post treatment support group, empowerment activities, Finding Your Voice activities or other services in the community as requested by the client.

### **THERAPIST CLINICAL CONFLICT OF INTEREST**

The purpose of this policy is to protect clients served by Brave Step from potential harm or exploitation by volunteer or paid therapist staff.

1. Therapists will disclose to Brave Step management any potential conflict of interest in serving a particular client, such as a familial relationship with a client, pre-existing friendship or business relationship. This disclosure will extend to the fact that the therapist currently provides therapy to a family member of the potential Brave Step client.
2. Therapists who serve as volunteers for a free support service will not create a financial conflict of interest by accepting Brave Step clients into their private practice.



Therapists, whether volunteer or paid, will not enter into a dual relationship with a Brave Step client.

## **ONGOING EVALUATION**

The Brave Step program evaluation is an external evaluation to assess the impact of the Brave Step services on its clients. The evaluation uses both quantitative and qualitative methods to make in-depth findings about Brave Step. These findings are intended to lead to recommendations for improvement. The findings of this evaluation are used to plan and improve performance, as well as to help determine if changes are needed in Brave Step's policies and procedures. The evaluation uses an action research approach.

The outcomes being measured for therapy clients are:

1. Perception of your life story (positive or negative) using the Cantrill Ladder scale
2. Dissociative Experiences (using the Dissociative Experiences Scale – II)
3. Self Efficacy (using the Contingencies of Self Worth Scale)

Clients will be tested after acceptance into the program but prior to beginning services. They will be tested again at six months (or ending of services, whichever comes first) and then again at the end of services should the services end after six months. A sample of clients will be tested again if they are willing one year after services end. Positive changes in scores will indicate client and program success.

The outcomes being measured for family, close friends, etc. are:

1. Perception of your life story (positive or negative) using the Cantrill Ladder scale
2. Self-Efficacy (using the Contingencies of Self Worth Scale)



## APPLICATION TO PROVIDE CONTRACT THERAPY SERVICES FOR BRAVE STEP

NOTE THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A CONTRACT

Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Practice Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Practice Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Practice Phone Number \_\_\_\_\_ Practice Fax Number \_\_\_\_\_

Practice Emergency Number \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

National Provider Identifier \_\_\_\_\_

Which forms of insurance do you accept? (list all)  
\_\_\_\_\_

POST SECONDARY EDUCATION				
Degree	Institution	Year of Graduation	Major	Honors if Any



<b>PROFESSIONAL LICENSES</b>				
License Type	State Issued By	License Number	Date Issued	Date Ends

<b>SPECIALIZED TRUAMA TRAINING</b>				
Title	Dates of Training	Hours of Training	Place of Training	Certificate Received (Yes/No)



<b>PROFESSIONAL EXPERIENCE</b>				
Organization and Name of Supervisor	Dates of Work	Hours of Practice per Week	City and State of Work	Brief Description of Work

In my therapy practice I offer:

- Individual Therapy
- Group Therapy
- Both Individual and Group Therapy

### **AGREEMENTS**

Please check each item that you agree to carry out.

- I agree that Brave Step may check my on-line licensing records for confirmation and for any actions against my license.
- I agree that Brave Step and any former employer/supervisor may communicate about my prior employment.
- I agree that Brave Step may conduct a criminal background check, as well such other forms of background checks that Brave Step deems necessary.
- I agree that I will provide Brave Step with all addresses at which I lived within the past ten years.



- I agree that I will provide Brave Step with information about any litigation, civil or criminal, in which I was a party. The information provided will include the state, county, docket number, caption as well as a brief description of the nature of the legal action and the date it was concluded.
- I agree to provide a copy of professional liability insurance policy with a \$1million minimum.
- I agree to add Brave Step to my insurance policy as an additional insured.
- I agree to sign a waiver of Subrogation.
- I agree to provide Brave Step with records of therapy services, test results and similar administrative information regarding referred clients served.
- I agree to follow HIPAA compliance practices.
- I agree to participate in periodic case consultation meetings.
- I agree to submit monthly invoices to Brave Step, including dates of service, length of session and any missed appointments.

---

Signature

---

Date

## **WAIVER OF SUBROGATION**

To the extent permitted by law, the independent contractor hereby releases Brave Step, its elected and appointed officials, employees and volunteers and others working on behalf of Brave Step from any and all liability or responsibility to the independent contractor or anyone claiming through or under the independent contractor by way of subrogation or otherwise, for any loss or damage to clients even if such casualty shall have been caused by the fault or negligence of Brave Step, its elected or appointed officials, employees or volunteers or others working on behalf of Brave Step. This provision shall be applicable and in full force and effect only with respect to loss of damage occurring during the time of the independent contractor's period of services to Brave Step and the independent contractor's policies of insurance shall contain a clause or endorsement to the effect that such release shall not adversely affect or impair such policies or prejudice the right of the independent contractor to recover thereunder. The independent contractor agrees that its policies will include such a clause or endorsement.

---

Signature

---

Date



## **AUTHORIZATION TO RELEASE INFORMATION FROM FORMER/CURRENT EMPLOYER AND SUPERVISOR**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ (former or current employer) to release information about my employment to Brave Step. This authorization includes, but is not limited to, job performance, employment dates, positions held, suitability for employment, whether former employer would consider me a candidate for re-employment, reasons for discharge or separation, whether employee was given the alternative of quitting or being fired, and the skills, abilities and traits I exhibited during my course of employment.

Brave Step will not contact any current employer without the express written permission of the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **AUTHORIZATION TO OBTAIN A BACKGROUND CHECK**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Brave Step Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, contract work or retention as a volunteer. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Brave Step or its designated agents with any and all information in their possession regarding me in connection with an application of employment or role as a volunteer. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.



**Please Print Clearly**

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name on Driver's License: \_\_\_\_\_

By signing below, you are certifying that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is entered into as of the [ ] day of [ ], 20[ ], between Brave Step (“the Corporation”) and [\_\_\_\_\_service provider’s name] (“the Contractor”).

1. Independent Contractor. Subject to the terms and conditions of this Agreement, the Corporation hereby engages the Contractor as an independent contractor to perform the services set forth herein, and the Contractor hereby accepts such engagement.
2. Duties, Term, and Compensation. The Contractor’s duties, term of engagement, compensation and provisions for payment thereof shall be as set forth in the estimate previously provided to the Corporation by the Contractor and which is attached as Exhibit A, which may be amended in writing from time to time, or supplemented with subsequent estimates for services to be rendered by the Contractor and agreed to by the Corporation, and which collectively are hereby incorporated by reference.
3. Written Reports. The Corporation requests that records of therapy services, test results and similar administrative information regarding referred clients served. The records shall be in such form and setting forth such information and data as is reasonably requested by the Corporation.
4. Confidentiality. The Contractor acknowledges that during the engagement [he or she] will have access to and become acquainted with confidential information regarding clients and Brave Step. The Contractor agrees that [he or she] will not disclose any of the aforesaid, directly or indirectly, or use any of them in any manner, either during the term of this Agreement or at any time thereafter, except as required in the course of this engagement with the Corporation. The Contractor further agrees that [he or she] will not disclose [his or her] retention as an independent contractor or the terms of this Agreement to any person without the prior written consent of the Corporation and shall at all times preserve the confidential nature of [his or her] relationship to the Corporation and of the services hereunder.
5. Conflicts of Interest; Non-hire Provision. The Contractor represents that [he or she] is free to enter into this Agreement, and that this engagement does not violate the terms of any agreement between the Contractor and any third party. During the term of this agreement, the Contractor shall devote as much of [his or her] productive time, energy and abilities to the performance of [his or her] duties hereunder as is necessary to perform the required duties in a timely and productive manner. The Contractor is expressly free to perform services for other parties while performing services for the Corporation. For a period of six months following any termination, the Contractor shall not, directly or indirectly hire, solicit, or encourage to leave the Corporation’s employment, any employee, consultant, or contractor of the Corporation or hire any such employee, consultant, or contractor who has left the Corporation’s employment or contractual engagement within one year of such employment or engagement.
6. Right to Injunction. The parties hereto acknowledge that the services to be rendered by the Contractor under this Agreement and the rights and privileges granted to the Corporation under the Agreement are of a special, unique, unusual, and extraordinary character which gives them a



peculiar value, the loss of which cannot be reasonably or adequately compensated by damages in any action at law, and the breach by the Contractor of any of the provisions of this Agreement will cause the Corporation irreparable injury and damage. The Contractor expressly agrees that the Corporation shall be entitled to injunctive and other equitable relief in the event of, or to prevent, a breach of any provision of this Agreement by the Contractor. Resort to such equitable relief, however, shall not be construed to be a waiver of any other rights or remedies that the Corporation may have for damages or otherwise. The various rights and remedies of the Corporation under this Agreement or otherwise shall be construed to be cumulative, and no one of them shall be exclusive of any other or of any right or remedy allowed by law.

7. Termination. The Corporation may terminate this Agreement at any time by 10 working days' written notice to the Contractor. In addition, if the Contractor is convicted of any crime or offense, fails or refuses to comply with the written policies or reasonable directive of the Corporation, is guilty of serious misconduct in connection with performance hereunder, or materially breaches provisions of this Agreement, the Corporation at any time may terminate the engagement of the Contractor immediately and without prior written notice to the Contractor.
8. Independent Contractor. This Agreement shall not render the Contractor an employee, partner, agent of, or joint venturer with the Corporation for any purpose. The Contractor is and will remain an independent contractor in [his or her] relationship to the Corporation. The Corporation shall not be responsible for withholding taxes with respect to the Contractor's compensation hereunder. The Contractor shall have no claim against the Corporation hereunder or otherwise for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind.
9. Insurance. The Contractor will carry liability insurance (including malpractice insurance relative to any service that [he or she] performs for the Corporation.
10. Successors and Assigns. All of the provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, if any, successors, and assigns.
11. Choice of Law. The laws of the state of North Carolina shall govern the validity of this Agreement, the construction of its terms and the interpretation of the rights and duties of the parties hereto.
12. Arbitration. Any controversies arising out of the terms of this Agreement or its interpretation shall be settled in North Carolina in accordance with the rules of the American Arbitration Association, and the judgment upon award may be entered in any court having jurisdiction thereof.
13. Headings. Section headings are not to be considered a part of this Agreement and are not intended to be a full and accurate description of the contents hereof.



- 14. Waiver. Waiver by one party hereto of breach of any provision of this Agreement by the other shall not operate or be construed as a continuing waiver.
- 15. Assignment. The Contractor shall not assign any of [his or her] rights under this Agreement, or delegate the performance of any of [his or her] duties hereunder, without the prior written consent of the Corporation.
- 16. Notices. Any and all notices, demands, or other communications required or desired to be given hereunder by any party shall be in writing and shall be validly given or made to another party if personally served, or if deposited in the United States mail, certified or registered, postage prepaid, return receipt requested. If such notice or demand is served personally, notice shall be deemed constructively made at the time of such personal service. If such notice, demand or other communication is given by mail, such notice shall be conclusively deemed given five days after deposit thereof in the United States mail addressed to the party to whom such notice, demand or other communication is to be given as follows:

If to the Contractor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If to the Corporation: Brave Step  
 970 Stafford Farm Road  
 Concord, NC 28025

Any party hereto may change its address for purposes of this paragraph by written notice given in the manner provided above.

- 17. Modification or Amendment. No amendment, change or modification of this Agreement shall be valid unless in writing signed by the parties hereto.
- 18. Entire Understanding. This document and any exhibit attached constitute the entire understanding and agreement of the parties, and any and all prior agreements, understandings, and representations are hereby terminated and canceled in their entirety and are of no further force and effect.
- 19. Unenforceability of Provisions. If any provision of this Agreement, or any portion thereof, is held to be invalid and unenforceable, then the remainder of this Agreement shall nevertheless remain in full force and effect.

IN WITNESS WHEREOF the undersigned have executed this Agreement as of the day and year first written above. The parties hereto agree that facsimile signatures shall be as effective as if originals.

Brave Step  
 By: \_\_\_\_\_  
 Its: [title or position]

Name: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Its: \_\_\_\_\_



**DUTIES, TERM, AND COMPENSATION**

**DUTIES:** The Contractor will [\_\_\_\_\_]. [He or she] will report directly to Brave Step’s clinical director and to any other party designated by Brave Step in connection with the performance of the duties under this Agreement and shall fulfill any other duties reasonably requested by the Corporation and agreed to by the Contractor.

**TERM:** This engagement shall commence upon execution of this Agreement and shall continue in full force and effect through [\_\_\_\_\_] or earlier upon completion of the Contractor’s duties under this Agreement. The Agreement may only be extended thereafter by mutual agreement, unless terminated earlier by operation of and in accordance with this Agreement.

**COMPENSATION:** As full compensation for the services rendered pursuant to this Agreement, the Corporation shall pay the Contractor at the hourly rate of [\_\_\_\_\_] per hour, with total payment not to exceed [\_\_\_\_\_] without prior written approval by an authorized representative of the Corporation. Such compensation shall be payable within 30 days of receipt of Contractor’s monthly invoice for services rendered supported by reasonable documentation.