DH | Department of Health

Improving Access to Psychological Therapies

Implementation Plan: Curriculum for high-intensity therapies workers

Care Services Improvement Partnership **CSIP**

National Institute for
Mental Health in England

DH INFORMATION READER BOX

Policy	
HR/Workforce	Estates
Management	Commissioning
Planning/	IM & T
Clinical	Finance
	Social Care/Partnership Working

Document Purpose	Policy
ROCR Ref:	**Gateway Ref:** 9427
Title	IAPT Implementation Plan: National Guidelines for Regional Delivery
Author	DH/Mental Health Programme/Improving Access to Psychological Therapies
Publication Date	February 2008
Target Audience	PCT CEs, SHA CEs
Circulation List	NHS Trust CEs, Care Trust CEs, Foundation Trust CEs, Directors of PH, PCT PEC Chairs, Directors of Finance, GPs
Description	This document provides SHAs, PCTs, training providers and service providers with an overview of what is needed to deliver the implementation of IAPT. The additional funding from the Comprehensive Spending Review 2007 will pay for the major training programme that provides the necessary number of suitably trained therapists and enables progressive expansion of NICE-compliant local Psychological Therapies services.
Cross Ref	N/A
Superseded Docs	Commissioning a Brighter Future: Specification for Commissioner-led Pathfinder Sites
Action Required	SHAs will need to engage with potential local training providers and develop plans for tender completion April 2008, to begin training in September 2008. SHAs will need to select PCTs to become IAPT sites by April 2008, to introduce IAPT services in tandem with the commencement of training places in September 2008.
Timing	
Contact Details	IAPT Mental Health Programme 216 Wellington House 135–155 Waterloo Road London SE1 8UG www.mhchoice.csip.org.uk
For Recipient's Use	

Improving Access to Psychological Therapies

Implementation Plan: Curriculum for high-intensity therapies workers

Introduction

Cognitive behavioural therapy (CBT) is now known to be an effective treatment option for many problems. In the National Institute for Health and Clinical Excellence (NICE) guidelines for anxiety disorders and depression, CBT was strongly recommended. Historically, practitioners of CBT have emphasised the importance of evidence-based practice and sought to promote a philosophy of ongoing evaluation of its models and methods. CBT's evidence base, short-term nature and economical use of resources have made it attractive to clients, practitioners and service purchasers. Many clinicians have had some exposure to CBT; few have had the opportunity to develop a competency.

Courses for high-intensity workers will aim to provide a post-qualification training in evidence-based CBT for adults with depression and/or any of the anxiety disorders. The courses will be at postgraduate diploma level or equivalent. Recruitment for the courses will be aimed at postgraduates, with trainees drawn from clinical psychologists and psychotherapists, as well as people with experience of delivering mental health in other professional capacities such as nursing and counselling (and including graduate mental health workers who can demonstrate professional and academic equivalence). The training should ensure that all trainees reach a level of competence that would enable them to obtain the outcomes reported in the relevant NICE guidance. It will also be necessary for trainees to be familiar with the management of conditions that are commonly co-morbid with depression and anxiety (such as substance misuse).

The trainees will work in IAPT services providing the high-intensity (face-to-face) CBT component. NICE recommends a stepped-care approach to the management of many cases of depression and to some, but not all, anxiety disorders. The IAPT services will be organised around these principles. For the services to work efficiently, it is important that the high-intensity trainees are also familiar with the low-intensity work that many patients may have received before being 'stepped-up' to high-intensity treatment. The trainees will also need to be able to use the IAPT national outcomes monitoring system (which includes session-by-session symptom measures). CBT and linked interventions aim to have a meaningful impact on clients' lives, improving social inclusion, employment and productivity as well as alleviating symptoms. Trainees will therefore need to be able to assess employment opportunities and develop close working relationships with employment coaches in order to maximise patients' chances of returning to the workplace. The training providers will also need to work in close liaison with the service providers and this will need to be built into the course structure (for example, through integrated plans for supervision and placement visits by course staff).

Course aims and objectives

The course will have a cognitive behavioural theoretical base with a preference for approaches with the soundest evidence and where cognitive and behavioural techniques are integrated into the therapy. In addition to providing practical, intensive and detailed skills training to facilitate skills development to a defined standard of competence, the course will aim to increase students' knowledge base of theory and research in CBT, and to promote a critical approach to the subject. It will aim to equip students to become skilled and creative independent CBT practitioners, in accordance with British Association for Behavioural and Cognitive Therapies (BABCP) guidelines for good practice, and to contribute to the further development of CBT.

The course will provide opportunities for students to develop and demonstrate knowledge, understanding and skills as follows:

1. To develop practical skills in CBT for common psychiatric disorders such as depression and anxiety.

2. To develop critical knowledge of the theoretical and research literature relating to CBT.

At the end of the course students will be able to:

i. construct maintenance and developmental CBT conceptualisations for depression and anxiety disorders

ii. develop CBT-specific treatment plans

iii. practise CBT with depression and anxiety disorders systematically, creatively and with good clinical outcomes

iv. deal with complex issues arising in CBT practice

v. take personal responsibility for clinical decision making in straightforward and more complex situations

vi. demonstrate self-direction and originality in tackling and solving therapeutic problems

vii. practise as 'scientist practitioners', advancing their knowledge and understanding and develop new skills to a high level

viii. demonstrate a systematic knowledge of the principles of CBT and the evidence base for the application of CBT techniques

ix. demonstrate a systematic knowledge of CBT for depression and anxiety disorders

x.   demonstrate a critical understanding of the theoretical and research evidence for cognitive behavioural models and an ability to evaluate the evidence

xi.   demonstrate an ability to adapt CBT sensitively, and to ensure equitable access for people from diverse cultures and with different values.

Competencies

All competencies outlined in this document, both general and specific, are integral to the CBT competency framework. Each module also contains general and specific learning outcomes. It is anticipated that the learning outcomes and competencies will accumulate as students progress through the modules. For more information on competencies, please refer to:

Roth and Pilling (2007) www.ucl.ac.uk/clinical-health-psychology/CORE/CBT_Framework.htm

Course structure

Most courses are likely to be provided by, or affiliated to, a university, and run as a one-year full-time course. The postgraduate diploma will require 120 credits at M level. The allocation of credits can be determined by the individual higher education institution. The curriculum outlined below is notionally divided into three academic terms, one for each of the modules, with the accreditation portfolio being accumulated over the whole year. Modules and credit ratings can be adapted by institutions and training providers to comply with their academic timetables and tailored to suit local needs.

For most weeks, it is anticipated that students will attend college/the training provider for lectures, workshops and supervision two days a week. However, we would recommend intensive workshops at the beginning of each module. For example, a course could start with an intensive two-week workshop that aims to provide students with key assessment skills and an overview of the model and therapeutic methods of CBT, in order to equip them with the basic skills to begin working with patients. The specific organisation of training days may vary between training providers but we recommend at least 20 days of teaching per module. This recommendation is based on: the need for trainees to develop skills in line with those deployed in the randomised controlled trials that established the NICE guidance; experience in running and examining on courses that have fewer training days; and experience in training for and delivering therapy in randomised controlled trials that figure prominently in the NICE database.

Training providers and IAPT clinical sites will work together closely to ensure an integrated learning experience and to facilitate the generalisation and transfer of learning from theory into practice. Regular placement reviews will be carried out between members of the course team, students and relevant staff on the clinical site. On-site supervisors will provide placement reports outlining student competencies in relation to course learning outcomes. Students on the course will be expected to carry out an average of two or three days of related clinical application of

CBT in their workplace to ensure that these skills are incorporated into routine work with clients as part of the course. Students' managers will agree to an adaptation of the students' workloads to allow them to study for the course on a full-time basis. A student's place of work is the setting for face-to-face clinical work. Up to half of a trainee's clinical supervision is likely to be provided by the training course, in order to ensure close integration of the content of lectures, workshops and supervision. The remaining supervision will be organised by the service provider, in a complementary manner.

Students are required to assess and treat at least eight cases under course supervision over the duration of the programme. They will complete informal and formal audio/video taped therapy sessions and written assignments. Competency will be assessed by a standardised therapy rating scale such as the revised cognitive therapy scale (CTS-R) (Blackburn et al. 2000) or equivalent, written assignments, and therapy outcome (through the IAPT national outcomes monitoring system and standard outcome measures). Students will also keep clinical logbooks/accreditation portfolios detailing their clinical work (see BABCP accreditation portfolio).

Learning and teaching strategy

The specific learning and teaching strategy can be decided by the training provider, but should incorporate the following:

i.   Experiential and skills-based workshops providing students with a strong foundation in the clinical procedures of CBT, and addressing the most up-to-date research developments.

ii.   Skills-based competencies will be developed through small group experiential work and role plays in workshops, group supervision by course members and individual/group supervision in the place of work.

iii. Ongoing clinical supervision provided by members of the course team and at the place of work.

iv.   Self-directed study to include general reading for each course and preparatory reading for each session. DVD/video library and web-based resources will give students the chance to study examples of clinical therapy sessions and clinical demonstrations of specific techniques.

v.   Case management and problem-based learning will be facilitated through a combination of course work and work-based supervision.

Assessment

Course modules should be examined using a range of procedures. The following are examples of assessment strategies for a module used by several existing courses:

- a formative therapy tape of a CBT assessment session (student and supervisor rated)

- a formative tape of a CBT therapy session (student and supervisor rated)

- a summative therapy tape (rated by course team members and self-rated by students), including a 1,000-word reflective analysis of therapy skills

- a related case report 3–4,000 words (rated by course team members).

Other assessment strategies to consider include:

- objective structured clinical examinations (OSCE) involving role play assessments focusing on particular problems/skills

- a written examination

- theoretical essays/literature review.

Descriptions of individual modules

Module 1: The Fundamentals of CBT

The fundamentals module will focus on delivering a systematic knowledge of the fundamental principles of CBT. Students will be encouraged to develop a critical understanding of the theoretical and research evidence for cognitive models and an ability to evaluate the evidence. The module aims to enable students to have an understanding of how the scientific principles inform CBT clinical practice.

This module will focus on core clinical competencies (skills) necessary for undertaking CBT. It covers cognitive models, maintenance and developmental conceptualisations of cases and the core aspects of the cognitive and behavioural processes of therapy. Clinical workshops will address the most up-to-date evidence for the effectiveness of CBT and provide direct training in applying CBT. The workshops will consist of information giving, role-play, experiential exercises, and video and case demonstrations; the experiential exercises encourage self-reflection, increase self-awareness and skills acquisition. Sessions will also incorporate a focus on therapists' beliefs.

The curriculum will comprise the following:

- phenomenology, diagnostic classification and epidemiological characteristics of common mental health disorders

- CBT theory and development

- CBT assessment and formulation

- risk assessment, mental state examination, personal and medical history

- knowledge of relevant pharmacological interventions

- application and suitability for CBT: guidelines, case applications and contra-indications (to include assessment of acohol/substance misuse)

- fundamental principles of CBT, for example collaborative empiricism; clinical process – formulation, rationale giving, measurement, active treatment, relapse prevention; structuring sessions – agenda setting, summarising, setting homework

- use of standard and idiosyncratic clinical measurement to monitor CBT process and outcome

- the role of the therapeutic relationship in CBT

- assessment methodology: clinical and research; clinical trials; outcome studies

- theories and experimental studies of process

- application of theory and method to the individual case

- application of CBT with more complex presentations, deriving CBT-driven formulations in cases of co-morbidity

- experiential learning illustrating how CBT methods can be applied to the students' own lives

- the role of supervision (how to make best use of supervision on the course and after training)

- effective use of supervision to help students identify their own values and beliefs in working with CBT to enhance and regulate good practice

- values, culture and diversity (access, ethical, professional and cultural considerations)

- an overview of the principles of the stepped-care system and the role of high-intensity psychological therapy within that framework.

Aims

1.	To develop practical competency in the fundamentals of CBT.

2.	To develop critical knowledge of the theoretical and research literature of CBT.

Specific learning outcomes

This module will provide opportunities for students to develop and demonstrate knowledge, understanding and skills as follows.

Students must demonstrate competency in:

i.	diagnostic classification and key characteristics of common mental health disorders

ii.	assessing patients for suitability for short-term CBT

iii.	delivering a clear CBT treatment rationale derived collaboratively and appropriate to the individual patient

iv.   constructing maintenance and developmental CBT conceptualisations

v.   agenda setting, pacing and structuring of CBT sessions

vi.   setting agreed goals for treatment, which are specific, achievable and measurable

vii. working with clients using guided discovery, adopting an open and inquisitive style within the cognitive behavioural model

viii. identifying and evaluating key cognitions, working with automatic thoughts and helping the client develop an alternative perspective

ix.   identifying and conceptualising common thinking errors and processing biases

x.   identifying and evaluating underlying assumptions, attitudes and rules

xi.   employing a range of change techniques such as pie charts, advantages and disadvantages, continuums, positive data logs

xii. identifying and evaluating core beliefs, employing a range of change techniques

xiii. eliciting cognitions associated with upsetting emotion with skilful use of empathy

xiv. identifying problematic cognitions, related behaviours, and constructing, carrying out and evaluating behavioural experiments

xv.   ongoing critical evaluation of the CBT conceptualisation with evidence of a clear treatment plan

xvi. developing CBT treatment plans for straightforward cases of anxiety and depression

xvii. developing CBT treatment plans for more complex presentations, including a range of depression and anxiety disorders and cases of co-morbidity

xviii. forming effective therapeutic relationships with evidence of teamwork, collaboration and joint summarising of sessions

xix. dealing with ending therapy and planning for long-term maintenance of gains with evidence of a relapse prevention plan.

General learning outcomes

Students must demonstrate competency in:

i.   understanding the evidence of theoretical, evidence-based interventions integrated within and guiding therapy

ii. the ability to implement and critically evaluate a range of CBT interventions (such as setting goals, eliciting and evaluating thoughts, identifying and working with safety behaviours, problem solving)

iii. beginning to take personal responsibility for clinical decision making in complex and unpredictable situations

iv. acquiring insightful knowledge of CBT and an ability to identify their own values and beliefs and CBT's application to their own lives

v.   making best use of supervision on the course and making use of and continuing to learn from ongoing continuing professional development

vi. the ability to sensitively adapt CBT, and ensure equitable access for people from diverse cultures and with different values

vii. a working knowledge of the principles and practice, and ability to deliver high-intensity psychological therapy within a stepped-care system.

Module 2: CBT for Anxiety Disorders

This module aims to develop skills in CBT for anxiety disorders to an advanced level, improving proficiency in the fundamental techniques of CBT, and developing competencies in the specialist techniques applied to anxiety disorders. Specific models, evidence base, assessment and specialist treatment strategies will be covered in workshops on specific phobia, panic disorder, social phobia, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), generalised anxiety disorder (GAD) and health anxiety. Body dysmorphic disorder, which is covered in the same NICE guidance as OCD, may also be included. The clinical workshops will also provide students with a strong foundation in the evidence base for working with CBT and anxiety disorders, and address the most up-to-date research developments.

The curriculum will comprise the following:

• phenomenology, diagnostic classification and epidemiological characteristics of anxiety disorders

• assessment and formulation for CBT with anxiety disorders

- risk assessment, mental state examination, personal and medical history relevant to anxiety disorders

- application and suitability for CBT with anxiety disorders: contra-indications for treatment, the role of pharmacological interventions and substance misuse, how to refer on to other agencies if unsuitable

- clinical process for anxiety disorders: formulation, rationale giving, active treatment, relapse prevention

- use of clinical measurement with specific anxiety disorders to monitor CBT process and outcome

- the role of the therapeutic relationship in CBT with anxiety disorders

- anxiety disorders: clinical and research; clinical trials; outcome studies

- theories and experimental studies of process in anxiety disorders

- application of theory and method to the individual case in anxiety disorders

- experiential learning illustrating how cognitive methods with anxiety can be applied to the students' own lives

- values, culture and diversity (access, ethical, professional and cultural considerations)

- effective use of supervision to help students identify their own values and beliefs in working with people with anxiety disorders to enhance and regulate good practice

- an overview of the principles of the stepped-care system, knowledge of low-intensity interventions with anxiety disorders and the role of high-intensity psychological therapy within that framework.

Aims

1. To develop practical competency in CBT for anxiety disorders.

2. To develop critical knowledge of the theoretical and research literature of CBT with anxiety disorders.

General learning outcomes

This module will provide opportunities for students to develop and demonstrate knowledge, understanding and competency as follows.

Students must demonstrate competency in:

i.   a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of anxiety disorders

ii.   assessing patients for suitability for CBT with anxiety disorders

iii.   constructing maintenance and developmental conceptualisations of cases of anxiety disorders

iv.   developing CBT treatment plans for a range of anxiety disorders

v.   assembling evidence of critical evaluation of theoretical evidence-based interventions integrated within and guiding therapy with anxiety disorders

vi.   collaboratively deriving an anxiety model with a client

vii.   eliciting and evaluating key cognitions and images in anxiety disorders

viii.   constructing, carrying out and evaluating behavioural experiments

ix.   self-direction and originality in tackling and solving basic therapeutic problems with anxiety disorders

x.   self-direction and originality in working with co-morbidity and solving more complex therapeutic problems

xi.   dealing with ending therapy and planning for long-term maintenance of gains with evidence of a relapse prevention plan

xii.   self-direction and originality in tackling and solving therapeutic problems

xiii.   beginning to practise as 'scientist practitioners', continuing to advance their knowledge and understanding to develop new skills with anxiety disorders to a high level

xiv.   acquiring insightful knowledge of CBT and an ability to identify their own values and beliefs in working with anxiety disorders and CBT's application to their own lives

xv.   making best use of supervision with anxiety disorders on the course and making use of and continuing to learn from ongoing continuing professional development

xvi. the ability to sensitively adapt CBT for anxiety disorders, and ensure equitable access for people from diverse cultures and with different values

xvii. a working knowledge of the principles and practice, and ability to deliver high-intensity psychological therapy within a stepped-care system.

Competencies

NICE guidelines indicate that the strongest evidence for the effectiveness of CBT with anxiety disorders lies with specific CBT protocols. With this in mind, it is crucial that students develop competency in at least one of the specific programmes related to the anxiety disorders listed in the competency framework (Roth and Pilling 2007). Below are examples of relevant competencies for a CBT programme for each anxiety disorder. For illustrative purposes we have chosen CBT programmes developed in the UK. It would, however, be perfectly reasonable to teach other validated treatments developed in the US. These competencies are delivered in addition to, and enhance, competencies already covered in Module 1: The Fundamentals of CBT.

CBT for specific phobia
Students must demonstrate competency in:

i.   a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of a specific phobia

ii.   a critical understanding of the current, evidence-based pharmacological and psychological treatment for a specific phobia

iii. assessing a specific phobia to determine symptoms, severity and impact on daily life and to include the role of medication, substance use and previous treatment

iv.   identifying triggers, patterns of avoidance and safety-seeking behaviours

v.   deriving a shared understanding of the cognitive behavioural conceptualisation of a specific phobia and delivering a rationale for treatment with a patient using a recent example

vi.   the use of standard and idiosyncratic measures to evaluate outcomes with CBT for a specific phobia

vii. identifying the role of cognitions in maintaining the phobia and generating an alternative perspective through discussion techniques, cognitive restructuring and behavioural experiments

viii. drawing up a graded hierarchy to guide exposure interventions

ix. carrying out exposure using key principles of graded, repeated, focused and prolonged, and working with difficulties competently as they arise

x. modelling non-phobic behaviour

xi. deriving, conducting and evaluating behavioural experiments in and out of sessions with originality and creativity

xii. deriving specific related homework tasks and evaluating these in the next session

xiii. ending therapy, deriving a relapse prevention plan utilising an idiosyncratic blueprint of therapy and planning for long-term maintenance of gains.

CBT for panic disorder

Students must demonstrate competency in:

i. a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of panic disorder

ii. a critical understanding of the current, evidence-based pharmacological and psychological treatment for panic disorder

iii. assessing panic disorder to include the role of medication, substance use and previous treatment

iv. identifying triggers, patterns of avoidance and safety-seeking behaviours

v. deriving a shared understanding of the cognitive behavioural conceptualisation of panic disorder and delivering a rationale for treatment with a patient using a recent example

vi. the use of standard and idiosyncratic measures to evaluate outcomes with CBT for panic disorder

vii. identifying catastrophic interpretations of bodily sensations, generating alternative non-catastrophic interpretations, testing the validity of these through discussion techniques and behavioural experiments

viii. deriving, conducting and evaluating behavioural experiments in and out of sessions with originality and creativity

ix. deriving specific related homework tasks and evaluating these in the next session

x. ending therapy, deriving a relapse prevention plan utilising an idiosyncratic blueprint of therapy and planning for long-term maintenance of gains.

CBT for social phobia

Students must demonstrate competency in:

i. a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of social phobia

ii. a critical understanding of the current, evidence-based pharmacological and psychological treatment for social phobia

iii. assessing social phobia to include the role of medication, substance use and previous treatment

iv. identifying problematic situations, patterns of avoidance, self-focused attention, processing of self, safety-seeking behaviours and images

v. deriving a shared understanding of the cognitive behavioural conceptualisation of social phobia and delivering a rationale for treatment with a patient using a recent example

vi. developing a therapeutic relationship with evidence of an awareness of key interpersonal difficulties

vii. the use of standard and idiosyncratic measures to evaluate outcomes with CBT for social phobia

viii. working with self-focused attention and external focus exercises both in and out of sessions

ix. setting up in-session experiential exercises working on self-focused attention and safety behaviours

x. using video/audio feedback, plus using other people to reality-test the patient's self-perception

xi. deriving, conducting and evaluating behavioural experiments in and out of sessions with originality and creativity

xii. using surveys to obtain alternative information

xiii. working with anticipatory anxiety and post-event processing in social phobia

xiv. identifying and working with specific childhood memories and images through discussion techniques, cognitive restructuring and imagery rescripting

xv. deriving specific related homework tasks and evaluating these in the next session

xvi. ending therapy, deriving a relapse prevention plan utilising an idiosyncratic blueprint of therapy and planning for long-term maintenance of gains.

CBT for obsessive compulsive disorder
Students must demonstrate competency in:

i. a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of OCD

ii. a critical understanding of the current, evidence-based pharmacological and psychological treatment for OCD

iii. assessing OCD to include the role of medication, substance use, previous treatment and the role of key family members

iv. identifying triggers, patterns of avoidance, safety-seeking behaviours, rituals and reassurance seeking

v. deriving a shared understanding of the cognitive behavioural conceptualisation of OCD and delivering a rationale for treatment with a patient using a recent example

vi. the use of standard and idiosyncratic measures to evaluate outcomes with CBT for OCD

vii. identifying intrusive thoughts, obsessional fears and related rituals

viii. the use of exposure and response prevention to include therapist modelling as appropriate

ix. working with issues of responsibility and probability in OCD

x. deriving, conducting and evaluating behavioural experiments in and out of sessions with originality and creativity

xi. eliciting and re-evaluating intrusive images

xii. working with obsessional rumination, identifying mental rituals and implementing strategies to reduce them

xiii. deriving specific related homework tasks and evaluating these in the next session

xiv. ending therapy, deriving a relapse prevention plan utilising an idiosyncratic blueprint of therapy and planning for long-term maintenance of gains.

CBT for post-traumatic stress disorder
Students must demonstrate competency in:

i.   a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of PTSD

ii.   a critical understanding of the current, evidence-based pharmacological and psychological treatment for PTSD

iii.   assessing PTSD to include the role of medication, substance use, previous treatment and presence of ongoing threat

iv.   enabling the client to share a brief account of the trauma, main intrusions, identifying triggers, patterns of avoidance, safety-seeking behaviours and current coping mechanisms

v.   deriving a shared understanding of the cognitive behavioural conceptualisation of PTSD

vi.   delivering a rationale for reliving the trauma memory with a patient

vii.   the use of standard and idiosyncratic measures to evaluate outcomes with CBT for PTSD

viii.   identifying key appraisals, cognitive themes and hot spots and key coping behaviours (hypervigilance, substance use, thought suppression)

ix.   carrying out imaginal reliving or narrative writing in a safe therapeutic environment, tracking distress levels, prompting for thoughts, feelings, sensations

x.   identifying the worst moments or hot spots of the traumatic event and related idiosyncratic meaning for the client

xi.   reprocessing the trauma memory through discussion, further reliving and cognitive restructuring to reduce distress levels

xii.   identifying and discriminating triggers for intrusive memories

xiii.   deriving, conducting and evaluating behavioural experiments in and out of sessions (for example, for hypervigilance and overestimation of danger)

xiv.   deriving specific related homework tasks and evaluating these in the next session

xv.   deriving an idiosyncratic relapse prevention plan to enable the client to deal with future unexpected events

xvi.   ending therapy, deriving a relapse prevention plan utilising an idiosyncratic blueprint of therapy and planning for long-term maintenance of gains.

CBT for generalised anxiety disorder
Students must demonstrate competency in:

i.   a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of GAD

ii.   a critical understanding of the current, evidence-based pharmacological and psychological treatment for GAD

iii.   assessing GAD to include the role of medication, substance use and previous treatment

iv.   identifying triggers, patterns of avoidance and safety-seeking behaviours in GAD

v.   deriving a shared understanding of the cognitive behavioural conceptualisation of GAD and delivering a rationale for treatment with a patient drawing on knowledge of the self-control desensitisation and cognitive therapy models

vi.   explaining the rationale for CBT, specifically the relationship between anxiety, perception of threat and perception of coping

vii.   the use of standard and idiosyncratic measures to evaluate outcomes with CBT for GAD

viii.   explaining the contribution of internal and external cues to patients' anxiety

ix.   explaining the role of self-monitoring techniques through in-session practice using imagery to help identify relevant internal and external cues

x.   applying progressive and applied relaxation techniques

xi.   developing a hierarchy for self-control desensitisation and imaginal desensitisation in and out of session

xii.   shifting attentional focus, with extensive use of in-session practice

xiii.   identifying anxiety-arousing cognitions, cognitive distortions and helping the client examine the evidence and generate alternative beliefs

xiv.   appraising and reappraising worries using decatastrophisation techniques

xv.   deriving worry-free periods and helping the client maintain a worry outcome diary

xvi.   deriving, conducting and evaluating behavioural experiments in and out of sessions with originality and creativity

xvii. deriving specific related homework tasks and evaluating these in the next session

xviii. ending therapy, deriving a relapse prevention plan utilising an idiosyncratic blueprint of therapy and planning for long-term maintenance of gains.

CBT for health anxiety

Students must demonstrate competency in:

i.   a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of health anxiety

ii.   a critical understanding of the current, evidence-based pharmacological and psychological treatment for health anxiety

iii.   assessing health anxiety to include the role of medication, substance use and previous treatment

iv.   identifying internal and external triggers, patterns of avoidance and safety-seeking behaviours

v.   deriving a shared understanding of the cognitive behavioural conceptualisation of health anxiety and delivering a rationale for treatment with a patient using a recent example

vi.   the use of standard and idiosyncratic measures to evaluate outcome with CBT for health anxiety

vii.   identifying catastrophic interpretations of bodily sensations and physical symptoms, and related information supporting health concerns

viii.   generating alternative non-catastrophic interpretations, testing the validity of these through discussion techniques and behavioural experiments

ix.   working with underlying assumptions, rules and attitudes and using a range of cognitive and behavioural strategies to effect change (for example, pie charts, advantages and disadvantages, exposure and response prevention, continuums)

x.   deriving, conducting and evaluating behavioural experiments in and out of sessions

xi.   deriving specific related homework tasks and evaluating these in the next session

xii.   ending therapy, deriving a relapse prevention plan utilising an idiosyncratic blueprint of therapy and planning for long-term maintenance of gains.

Module 3: CBT for Depression

This module aims to develop skills in CBT for depression to an advanced level, improving proficiency in the fundamental techniques of CBT and developing competency in the specialist techniques used in the treatment of depression. Specific cognitive and behavioural models of depression, empirical evidence, and assessment and specialist cognitive and behavioural treatment strategies will be covered in workshops.

The clinical workshops will provide students with a strong foundation in the evidence base for CBT with depression, and address the most up-to-date research methods.

The curriculum will comprise the following:

- phenomenology, diagnostic classification and epidemiological characteristics of depression

- common factors linked to predisposition and precipitation, course and outcome of depression

- current evidence-based pharmacological and psychological treatments for depression to include the role of combined treatment

- theory and development of cognitive and behavioural models for depression

- assessment and formulation of CBT with depression, including specific associated problems

- risk assessment, risk management, suicide risk, mental state examination, personal and medical history

- application and suitability for CBT with depression (to include contra-indications such as substance misuse) and awareness of referral pathways for unsuitable cases

- role of co-morbid disorders such as anxiety, PTSD, plus personality disorders and substance abuse

- clinical process for CBT with depression using a cognitive or behavioural activation model (formulation, rationale, active treatment, relapse prevention)

- clinical process for CBT with chronic, recurrent depression

- use of standard and idiosyncratic clinical measures to monitor CBT process and outcome in depression

- the role of the therapeutic relationship in CBT with depression

- relapse prevention

- linking theory with practice, clinical trials and outcome studies

- application of theory to practice in individual cases

- theories and experimental studies of process in depression

- development of therapeutic competency in the application of cognitive and behavioural interventions with depression

- experiential learning illustrating how both cognitive and behavioural strategies with depression can be applied to the students' own lives

- values, culture and diversity (access, ethical, professional and cultural considerations)

- effective use of supervision to help students identify their own values and beliefs in working with people with depression to enhance and regulate good practice

- an overview of the principles of the stepped-care system, knowledge of low-intensity interventions with depression and the role of high-intensity psychological therapy within that framework.

Aims

1. To develop practical competency in CBT for depression.

2. To develop critical knowledge of the theoretical and research literature of CBT with depression.

General learning outcomes

This module will provide opportunities for students to develop and demonstrate knowledge, understanding and skills as follows.

Students must demonstrate competency in:

i. a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of depressive disorders

ii. assessing patients with depression, taking into account clinical manifestations, co-morbidity, past history, present life situation, course and outcome of depression in suitability for CBT

iii. assessing risk factors associated with depression and the integration of risk management within treatment plans

iv.   assessing suicidal risk and implementing practical strategies for managing suicidality

v.   prioritising problem areas, problem solving and identifying solutions

vi.   constructing both cognitive and behavioural development and maintenance formulations in cases of depression

vii.   developing CBT plans for depression

viii.   critically evaluating a range of evidence-based interventions in depression

ix.   deriving cognitive or behavioural models with clients, taking into account individual needs and preferences

x.   working with co-morbid presentations of depression and taking personal responsibility for clinical decision making in complex and unpredictable situations

xi.   self-direction and originality in tackling and solving therapeutic problems with depression including use of client support networks

xii.   dealing with ending therapy and planning for long-term maintenance of gains with evidence of a relapse prevention plan

xiii.   beginning to practise as 'scientist practitioners,' continuing to advance their knowledge and understanding to develop new skills with depression to a high level

xiv.   an insightful knowledge of CBT and an ability to identify own values and beliefs in working with depression and CBT's application to their own lives

xv.   making best use of supervision with depressive disorders on the course and evidence of making use of and continuing to learn from ongoing continuing professional development

xvi.   sensitively adapting CBT for depression, and ensuring equitable access for people from diverse cultures and with different values

xvii.   a working knowledge of the principles and practice, and ability to deliver high-intensity psychological therapy for depression within a stepped-care system.

Specific learning outcomes

Students must demonstrate competency in:

i.   applying the cognitive triad (self, others and future) with depression

ii.   conceptualising common processing biases such as arbitrary inference and selective abstraction

iii.   working with severe depression in working initially on behavioural rather than cognitive approaches in the early phase of therapy

iv.   monitoring and scheduling activity, rating mastery and pleasure

v.   being aware of the client's idiosyncratic depressive beliefs, maintenance factors and coping strategies

vi.   delivering a rationale for treatment using a recent example collaboratively

vii.   defining the role of cognitions and the concept of negative automatic thoughts and images

viii.   identifying depressive rumination and making links with this and under-activity

ix.   an ability to identify the different forms of common cognitive information biases or 'cognitive distortions' used to support the client's thinking

x.   enabling a client to successfully reappraise their own thoughts using the Daily Record of Dysfunctional Thoughts

xi.   helping the client find alternatives by examining the accuracy of specific thoughts

xii.   working with themes of guilt and self-blame

xiii.   identifying and working to effect change with underlying assumptions using a range of specific change techniques such as pie charts, advantages and disadvantages, continuums

xiv.   identifying and implementing strategies working with depressive rumination on a process and content level

xv.   constructing and carrying out behavioural experiments both in and out of session to modify their assumptions

xvi.   identifying core beliefs using downward arrow techniques, looking for common themes and using cognitive techniques to re-evaluate core beliefs and strengthen new beliefs

xvii. constructing appropriate homework tasks using a rationale and anticipating difficulties

xviii. constructing an idiosyncratic relapse prevention plan or blueprint of therapy to maintain and consolidate gains and identify future stressors.

Behavioural activation for depression
Students must demonstrate competency in:

i. knowledge of the behavioural activation model, behavioural theory and the role of behaviour in the development and maintenance of depression

ii. working collaboratively with a client developing a functional analysis (linking antecedents, behaviours and consequences) and focusing on contingencies that are maintaining the depression

iii. explaining the rationale for a focus on behavioural activation and socialising the client to the model

iv. helping the client engage in activities despite feeling low or lacking in motivation

v. identifying secondary coping behaviours (such as avoidance, inactivity or rumination)

vi. enabling the client to focus on external environmental cues (act from outside in rather than inside out)

vii. introducing and implementing the TRAP and ACTION tools

viii. helping clients use activity charts, rate mastery and pleasure, monitor patterns of avoidance

ix. developing manageable short-term goals and re-establishing routine

x. utilising distraction from unpleasant event or 'behavioural stopping'

xi. developing a functional analysis of triggers for rumination and alternative activity-focused strategies

xii. constructing appropriate homework tasks using a rationale and anticipating difficulties

xiii. constructing an idiosyncratic relapse prevention plan or blueprint of therapy to maintain and consolidate gains and identify future stressors.

Reference:

Roth and Pilling (2007) www.ucl.ac.uk/clinical-health-psychology/CORE/CBT_Framework.htm

Practice portfolio

Accreditation portfolio

At the end of the year, each student will submit a portfolio to be formally assessed by the teaching team. This will constitute a pass or fail.

For successful completion of the programme, the students must demonstrate that, by the end of the course, they have achieved the following:

- delivered at least 200 hours of CBT assessment and treatment

- completed treatment with a minimum of eight clients

- completed assessment reports and treatments with at least eight clients

- regular ongoing clinical supervision with a CBT therapist who is BABCP accredited or eligible for accreditation

- received a minimum of 70 hours of clinical supervision

- on-site supervisor placement reviews and final report

- self-rated six sessions using CTS-R (or equivalent) – to include a brief reflective analysis of session

- reflected on at least five samples of CBT literature and its application to practice with individual clients

- submitted within the portfolio a reflective analysis of a treatment session, including a session recording which is integrated within a case discussion.

This ensures that by the end of the training successful students will meet eligibility requirements for BABCP accreditation. Clinical hours and supervision hours are based on a three-day clinical practice week. If clinical days are fewer, practice portfolio documents can be adjusted accordingly and continuing practice following successful completion of the course can be used to bring the total of hours up to accreditation requirements.

Guidelines for practice assessment portfolio

The portfolio comprises eight items, which should be completed according to the guidelines below and put together like a clinical portfolio.

1. **Front cover sheet**
   This must show the number referring to the relevant practice period, the student's name, and the practice area (name and type of clinical setting/service) where their CBT work is undertaken, along with the name of their supervisor for that practice area.

2. **Case flow charts**
   This is an overview of all patients who were contacted as part of the student's CBT work; it includes patients who were referred to the service and were sent an invitation letter but did not attend. The student records each patient's initials and presenting problem, the number, amount and dates of their assessment sessions, the number, amount and timeframe of their treatment sessions, the type of interventions, and the status of the patient at the time of portfolio completion (awaiting assessment, in treatment, discharged, lapsed etc).

3. **Samples of assessment reports/end of treatment reports**
   The student includes the best assessment reports, formulations and treatment plans.

4. **Client summaries**
   This is a summary of each client's information (initials, demographics, presenting problem, main treatment), problems-and-goals statements and ratings, and standardised clinical ratings at the start, mid-point, end and follow-ups.

5. **CBT supervision logs**
   The student uses this weekly to record each clinical supervision session.

6. **Session recordings and completed cognitive therapy rating scales**
   The supervisor and tutors will use this to rate the student's skills and competence in delivering CBT assessment and treatment, by reviewing student-led sessions either live or with video/audio tapes. The student also uses this to self-rate the same sessions without access to the supervisor's or course tutor's ratings.

7. **CBT literature in practice**
   The student summarises the focal points of papers and book chapters, and describes how these have been used to substantially shape, support or change their working practice with individual clients.

8. **Progress reviews**

   A course tutor reviews progress in liaison with the student at mid-point of each practice period and formally completes it as 'passed' or 'failed' at the end of each practice period.

Sheena Liness and Jane Muston
King's College London

February 2008

DH Department
of Health