iapt
Improving Access to Psychological Therapies

NHS

NATIONAL CURRICULUM FOR HIGH INTENSITY COGNITIVE BEHAVIOURAL THERAPY COURSES

(Second edition, updated and revised March 2011[1])

Introduction

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

Courses for high intensity workers will aim to provide a post-qualification training in evidence based cognitive behavioural therapy for adults with depression and/or any of the anxiety disorders. The courses will be at post-graduate diploma level or equivalent. Recruitment for the courses will be aimed at post-graduates with trainees drawn from clinical psychologists and psychotherapists, as well as people with experience of 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 Guidelines for anxiety and depression (e.g. NICE CGs: 26, 31, 90, 91 and 113) 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 abuse).

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 organized 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 provided by psychological well-being practitioners (PWP; see http://www.iapt.nhs.uk/about-iapt/website-archive/psychological-wellbeing-practitioners/?keywords=pwp) that many patients may have received before being 'stepped-up' to high intensity treatment, plus the alternative modalities of therapy recommended by NICE guidance (see Commissioning and curriculum outline guide v2, March 2011; http://www.iapt.nhs.uk/downloads/resources). 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 symptoms. Trainees will therefore need to be able to assess employment and develop close working relationships with employment coaches in order to maximise the chance that patients will be able to return 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, placement visits by course staff, etc. Quality standards for services offering training to iapt trainees are available as a download from the iapt.nhs website (see Recommended quality assurance criteria for the learning experience that IAPT trainees receive in an IAPT service).

Course Aims and Objectives:

The courses will have a cognitive behavioural theoretical base with preference for approaches with the soundest evidence and where cognitive and behavioural techniques are integrated in therapy. In addition to providing practical intensive and detailed skills training to facilitate skill development to a defined standard of competency, a 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 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 in the following areas:

1. To develop practical competency in Cognitive Behaviour Therapy 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 outcome
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) a critical understanding of the theoretical and research evidence for cognitive behaviour models and an ability to evaluate the evidence
xi) demonstrate an ability to sensitively adapt CBT, and ensure equitable access taking into account cultural and social differences and values

Competencies

All competencies outlined in this document, both general and specific are integral to the CBT competency framework. Supervision will be delivered in line with the Supervision competency framework and according to the IAPT Good Practice Guide on Supervision (http://www.iapt.nhs.uk/workforce/supervisors/). 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

Since the original publication of the National Curriculum for High Intensity CBT, the generic competences have been revised and incorporated within all iapt curriculua (see http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm). Generic teaching materials around depression, managing self-harm and risk, outcomes monitoring and equalities are available on the iapt website. Further information is also available about iapt requirements for teaching hours, joint accreditation criteria with BABCP, guidance on supervision etc on the iapt website (http://www.iapt.nhs.uk/workforce/iapt-education-training-and-development/).

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 post-graduate 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 3 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 timetable 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 2 days a week. However, we would recommend intensive workshops at the beginning of each module. For example, a course could start with an intensive 2 week workshop which 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: a) the need for trainees to develop skills in line with those deployed in the randomized controlled trials that established the NICE guidance; b) experience in running and examining on courses that have less training days; and c) experience in training for and delivering therapy in RCTs that figure prominently in the NICE database.

The training provider and IAPT clinical sites will work closely together to ensure an integrated learning experience and to facilitate generalisation of skills into practise. 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 2 to 3 days of related clinical application of CBT in their workplace to ensure generalisation of skills into routine work and a source of clients for the course. Student's managers will agree to an adaptation of the student's workload to allow them to study for the course on a full time basis. The students' place of work is the setting for face to face clinical work. Up to 50% trainees 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 organized by the service provider, in a synergistic manner (see http://www.iapt.nhs.uk/workforce/supervisors/).

Students are required to assess and treat at least 8 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 Cognitive Therapy Scale – Revised (CTS-R) (Blackburn et al 2000) or equivalent, written assignments, and therapy outcome (through 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) On-going 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 be available in order that students can borrow and 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 and work-based supervision**.**

Assessment

Course modules should be examined with a range of procedures. The following is an example of assessment strategies for a module that several existing courses use:

- 1 Formative therapy tape of a CBT assessment session (student and supervisor rated)
- 1 Formative tape of a CBT therapy session (student and supervisor rated)
- 1 Summative therapy tape rated by course team members. This summative tape will also be self-rated by students and will include a 1,000 words reflective analysis on therapy skills
- 1 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.

Written examination

Theoretical essays/ literature review

Equality and cultural competence

Course objectives to acquire cultural competence align with statutory duties under the Equality Act 2010, requiring public authorities who exercise public functions and organisations carrying out public functions on behalf of a public authority, to advance equality of opportunity, eliminate unlawful discrimination

and foster good relations between people of shared protected characteristics and those who do not. Achieving cultural competence is a lifelong learning process. Cultural competence for Hi Intensity CBT Therapists will aim to develop the student's ability to recognise their own reaction to people who are perceived to be different and values and belief about the issue of difference (cultural competence module). The assessment criteria will include

1) Developing an ability to recognise one's own reaction to people who are perceived to be different and values and belief about the issue of difference.
2) Understanding a definition of culture, related values and factors effecting culture e.g. age, disability, marital status, ethnicity, parental status, sexual orientation, gender, education, language, socio-economic status, and religion or belief.
3) Being capable of taking responsibility for responses and actions taken with people who are different or are perceived to be different
4) Developing ability to accept ambiguity of not knowing what to expect or what to do initially during an inter-cultural situation.
5) Risk taking in order to communicate effectively with people from diverse cultures.
6) Working effectively with interpreters, establishing ways of working together and considering clinical implications.
7) Having raised awareness of one's reaction to people who are different and the implications of these reactions during sessions.

Description of Individual Modules

Module 1: The Fundamentals of CBT

The Fundamentals Module

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 will aim 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 in undertaking CBT. This covers cognitive models, maintenance and developmental conceptualisations of cases and the core aspects of the cognitive and behavioural process of therapy. Clinical workshops will address the most up-to-date evidence for the effectiveness of CBT and provide direct training in applying CBT. These workshops will consist of information giving, role-play, experiential exercises, and video and case demonstrations. Experiential exercises will encourage self-reflection, increase in self-awareness and skill 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, medical history
- Knowledge of relevant pharmacological interventions
- Application and suitability for CBT: guidelines, case applications and contra-indications (to include assessment of alcohol/substance misuse)
- Fundamental principles of Cognitive Behaviour Therapy eg 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 cognitive behavioural 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 own values and beliefs in working with CBT to enhance and regulate good practice.
- Values, culture and social differences (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 Cognitive Behaviour Therapy
2. To develop critical knowledge of the theoretical and research literature of CBT.

Learning Outcomes:

This module will provide opportunities for students to develop and demonstrate knowledge, understanding and skills in the following:

Specific Learning Outcomes:

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) on-going 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) ability to form effective therapeutic relationship with evidence of teamwork, collaboration and joint summarising of sessions
xix) ability to deal with ending therapy and planning for long term maintenance of gains with evidence of a relapse prevention plan

General Learning Outcomes:

Demonstrate competency in:

i) evidence of theoretical, evidence based interventions integrated within and guiding therapy.
ii) 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) begin to take personal responsibility for clinical decision making in complex and unpredictable situations.
iv) demonstrate insightful knowledge of CBT and an ability to identify own values and beliefs and CBT's application to their own lives
v) making best use of supervision on the course and evidence of making use of and continuing to learn from on-going continuing professional development.
vi) demonstrate an ability to sensitively adapt CBT, and ensure equitable access to diverse cultures and values
vii) demonstrate a working knowledge of the principles and practice, and competency in delivering 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 competency 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, PTSD, GAD and Health Anxiety. Body Dysmorphic Disorder, which is covered in the same NICE Guidance as Obsessive-Compulsive Disorder, 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, 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 social differences (access, ethical, professional and cultural considerations)
- Effective use of supervision 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 Cognitive Behaviour Therapy 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 in the following:

i) a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of anxiety disorders
ii) competency in 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) demonstrate 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) demonstrate the ability to eliciting and evaluating key cognitions and images in anxiety disorders
viii) competency in constructing, carrying out and evaluating behavioural experiments
ix) demonstrate self-direction and originality in tackling and solving basic therapeutic problems with anxiety disorders
x) demonstrate self-direction and originality in working with co-morbidity and solving more complex therapeutic problems
xi) ability to deal with ending therapy and planning for long term maintenance of gains with evidence of relapse prevention plan
xii) demonstrate self-direction and originality in tackling and solving therapeutic problems
xiii) begin to practise as "scientist practitioners" continuing to advance their knowledge and understanding to develop new skills with anxiety to a high level
xiv) demonstrate insightful knowledge of CBT and an ability to identify own values and beliefs in working with anxiety and CBT's application to their own lives
xv) demonstrate competency in making best use of supervision with anxiety disorders on the course and evidence of making use of and continuing to learn from on-going continuing professional development.
xvi) demonstrate an ability to sensitively adapt CBT for anxiety disorders, and ensure equitable access of CBT taking into account cultural and social differences and values
xvii) demonstrate a working knowledge of the principles and practice, and competency in delivering high intensity psychological therapy within a stepped care system

Competencies:

NICE guidelines indicate that the strongest evidence for effectiveness of CBT with anxiety disorders lies with specific CBT protocols. With this in mind, it will be crucial that student's 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 is an example of competencies relevant 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 States. These competencies are delivered in addition to, and enhance, competencies already covered in the Fundamentals Module.

CBT for Specific Phobia:

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 specific phobia
iii) assessing specific phobia to determine specific 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 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 outcome with CBT for specific phobia
vii) identifying the role of cognitions in maintaining the phobia and generating an alternative perspective through discussion techniques, cognitive re-structuring 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, working with difficulties competently as they arise
x) modelling non-phobic behaviour
xi) deriving, conducting and evaluating behavioural experiments in and out of sessions
xii) deriving related specific 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

Demonstrate competency in:

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

ii) 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 outcome with CBT for panic
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
ix) deriving related specific 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

Demonstrate competency in:

i) demonstrate a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of social phobia
ii) demonstrate 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-focus 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 inter-personal difficulties
vii) the use of standard and idiosyncratic measures to evaluate outcome with CBT for social phobia
viii) working with self focused attention/ external focus exercises both within and out of session
ix) setting up in-session experiential exercises working on self focused attention and safety behaviours
x) using video/audio/feedback, plus use of other people to reality test the patient's self-perception
xi) demonstrate originality and creativity in deriving, conducting and evaluating behavioural experiments in and out of sessions

xii) demonstrate competency in use of surveys to obtain alternative information
xiii) in working with anticipatory anxiety and post-event processing in social phobia
xiv) in identifying and working with specific childhood memories and images through discussion techniques, cognitive restructuring, and imagery rescripting
xv) in deriving related specific 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

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 outcome 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
xi) eliciting and re-evaluating intrusive images
xii) working with obsessional rumination, identifying mental rituals and implementing strategies to reduce them
xiii) deriving related specific 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

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, presence of on-going threat
iv) in enabling the client to share a brief account of the trauma, main intrusions, identify triggers, patterns of avoidance, and safety seeking behaviours, 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 outcome 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) re-processing the trauma memory through discussion, further reliving, and cognitive restructuring to reduce distress levels
xii) in identifying and discriminating triggers for intrusive memories
xiii) deriving, conducting and evaluating behavioural experiments in and out of sessions (eg for hypervigilance/ over-estimation of danger)
xiv) deriving related specific homework tasks and evaluating these in the next session
xv) deriving an idiosyncratic relapse prevention plan to enable client to be able to deal with future unexpected events

CBT for Generalised Anxiety Disorder

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 SCD and CT models
vi) explaining the rationale for CBT, specifically the relationship between anxiety, perception of threat and perception of coping
vii) competency in the use of standard and idiosyncratic measures to evaluate outcome with CBT for GAD
viii) in explaining the contribution of internal and external cues to their 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 de-sensitisation, and imaginal desensitisation in and out of session
xii) shifting attentional focus, with extensive use of in-session practise
xiii) identifying anxiety-arousing cognitions, cognitive distortions and help the client examine the evidence and generate alternative beliefs
xiv) appraising and re-appraising worries using decatastrophisation techniques
xv) deriving worry free periods and helping the client maintain a worry outcome diary
xvi) in deriving, conducting and evaluating behavioural experiments in and out of sessions
xvii) in deriving related specific 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

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 (pie charts, advantages and disadvantages, exposure and response prevention, continuums)

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

xi) deriving related specific 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 will develop skills in CBT for depression to an advanced level, improving proficiency in the fundamental techniques of CBT, 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 role of combined treatment.
- Current evidence based NICE guidance on pharmacological and alternative psychological treatments for depression
- 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 students' own experiences

- Values, culture and social differences (access, ethical, professional and cultural considerations)
- Effective use of supervision to help students identify 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 Cognitive Behaviour Therapy for depression
2. To develop critical knowledge in the theoretical and research literature for cognitive and behavioural models with depression.

Learning Outcomes

This module will provide an opportunity for students to develop and demonstrate knowledge, understanding and skills in the following:

General Learning Outcomes:

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) ability to assess suicidal risk and self harming behaviours and implement practical strategies for managing suicidality and self harm
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 cognitive and behavioural treatment plans for depression
viii) ability to critically evaluate 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) demonstrate self-direction and originality in tackling and solving therapeutic problems with depression including use of client support networks
xii) ability to deal with ending therapy and planning for long term maintenance of gains with evidence of a relapse prevention plan
xiii) begin to practise as “scientist practitioners” continuing to advance their knowledge and understanding to develop new skills with depression to a high level
xiv) demonstrate 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 on-going continuing professional development
xvi) an ability to sensitively adapt CBT for depression, and ensure equitable access of CBT taking into account cultural and social differences and values
xvii) demonstrate a working knowledge of the principles and practice, and competency in delivering high intensity psychological therapy for depression within a stepped care system

Cognitive Therapy for Depression

Demonstrate competency in:

i) applying the cognitive triad (self, others and future) with depression
ii) conceptualising common processing biases such as arbitrary inference, 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) an awareness 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) an ability to identify depressive rumination and to make links with this and under-activity
ix) demonstrate an ability to identify the different forms of common cognitive information biases or ‘cognitive distortions’ used to support the clients thinking
x) enabling a client to successfully re-appraise 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) ability to identify and implement 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 use cognitive techniques to re-evaluating 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

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 socialise the client to the model
iv) helping the client engage in activities despite feeling low or lacking in motivation
v) identify 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

Practice Portfolio

Accreditation Requirements

At the end of the year, each student will submit their 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 hrs of CBT assessment and treatment.
- Completed treatment with a minimum of 8 clients.
- Completed assessment reports and treatments with at least 8 clients.
- Regular ongoing clinical supervision with a CBT therapist who is BABCP accredited or eligible for accreditation
- Received a minimum of 70 hrs of clinical supervision.
- On-site supervisor placement reviews and final report
- Self-rated 6 sessions using CTS-R (or equivalent). To include a brief reflective analysis of session
- Reflected on at least 5 samples of CBT literature and it's 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 will ensure 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 3 day clinical practice week. If clinical days are less PP documents can be adjusted accordingly and continuing practice following successful completion of course can be used to increase hours up to accreditation requirements.

Guidelines for Practice Assessment Portfolio

The PORTFOLIO comprises 8 items, which should be completed according to the guidelines below and put together like a clinical portfolio.

1. **Front Cover Sheet**
   The student completes the number which refers to the relevant practice period, their name, and the practice area (name and type of clinical setting/service) where their CBT work is undertaken along with 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 time-frame of their treatment sessions, the type of interventions, and the status of the patient at the time of PORTFOLIO completion (e.g. awaiting assessment, in treatment, discharged, lapsed etc)

3. **Samples of Assessment Reports / end of treatment reports**
   The student gives their best samples of assessment reports, formulations and treatment plans.

4. **Client Summaries**
   This is a summary for each client's information (initials, demographics, presenting problem, main treatment, etc), 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-/audiotapes. The student also uses this to self-rate the same sessions but blind to the supervisor's or course tutors 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 this 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.

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