

UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM COGNITIVE-BEHAVIORAL THERAPY (CBT) COMPETENCIES

Knowledge

The resident will demonstrate:

- The ability to *articulate the key principles* related to cognitive-behavioral theory, classical conditioning, operant conditioning, and the cognitive model (the cognitive model includes the concept of automatic thoughts and cognitive distortions, the common cognitive errors, the significance and origin of core beliefs and relationship of schemas to: dysfunctional thoughts and assumptions, behavioral principles, and psychopathology)

Skills

The resident will demonstrate:

- The ability to *apply these three principles* (as relevant) in a case formulation format (to demonstrate the ability to integrate theory with patient presenting problems)
- The ability to *formulate a treatment plan* consistent with these theories that addresses accurately assessed patient presenting problems/diagnoses
- The ability to *apply CBT* as demonstrated by:
 - using (and being able to articulate a reason for) assessment measures in treatment planning and monitoring
 - applying a specific, manualized, empirically-supported form of CBT; specifically, applying common CBT techniques including orienting, skill training, problem solving, cognitive modification, contingency management, exposure, and relapse prevention
 - applying CBT principles to a problem in a short-term context to reflect the generalized, thoughtful application of CBT without the use of a manualized treatment
 - effectively changing a personal or professional behavior (e.g., increase exercise time or frequency; increase professional reading time)

Attitudes

The resident will be:

- Empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity, and will display confidence in the efficacy of cognitive-behavioral therapy.
- Sensitive to the sociocultural and socioeconomic issues arising in the therapeutic relationship
- Open to review of audio or videotapes or direct observation of treatment sessions

SPECIFIC REQUIREMENTS FOR DEMONSTRATION OF CBT COMPETENCIES

1. The resident will complete the CBT seminar
2. The resident will complete a case formulation worksheet for two cases, one of which is a psychotherapy case that is not externally time-limited (insofar as length of treatment should be addressed as part of the treatment plan), and one of which is a short-term case (i.e., 16 sessions or less, including an inpatient or a patient on a C/L service).

To demonstrate adequate competence in CBT, the resident's case formulations must address adequately all areas on the case formulation worksheet (with the exception of "Developmental History" if time does not permit assessment of this, as in a very short-term case). If the materials submitted are not considered adequate, the reviewing faculty may ask for further elaboration on the marginal items. If the majority of the case formulation is not considered adequate, the resident will be given feedback on their materials and asked to submit further case formulations until adequate case formulations are received.

3. The resident will submit his/her work related to the two above cases. One case will demonstrate the use of a manualized CBT treatment in 10-20 sessions; the other will demonstrate the use of CBT principles for a short-term case (16 sessions or less). For the longer-term case, residents should submit case notes and a video- or audio- tape from four sessions; for the shorter-term case, residents should submit case notes and a video- or audio- tape from one session (alternatively, supervisors can observe *in vivo*). Given the definition of "short term case" (i.e., up to 16 sessions) it is conceivable that the two cases will be similar in length and focus. Alternatively, the short-term case can reflect very short-term treatment (e.g., 1-3 sessions), such as might occur on C/L services, inpatient units, and so forth.

The sessions will be rated according to a general measure of CBT skill (see attached). One session from each case (for the longer-term case, one of the four submitted sessions chosen randomly) must be rated as adequate (i.e., global rating of '3' or above on the global adherence item). If a session is not considered adequate, the resident will be given feedback on the session and asked to submit more case materials (another single session for a shorter-term case; another 4 sessions for a longer-term case) until adequate session ratings are achieved.

4. To demonstrate personal or professional behavior change, the resident should submit behavioral monitoring records, along with goal statements. Any modifications of goals that occurred should be articulated, along with the behavioral analysis of any failures or difficulties. The records must show evidence of behavior change that meets the stated goal(s), or adequate analysis of problems if the goals were not achieved.

General CBT Skills

Therapist: _____ Session #: _____

Patient: _____ Date of session: ____/____/____

Rater: _____ Date of rating: ____/____/____

For each item, assess the therapist on a scale of 1-5 and record the rating on the line next to the item number.

1	2	3	4	5
Needs Attention/ Unacceptable Progress	Emerging Skills	Acceptable Skills	Intermediate Skill	Advanced Skill

Please do not leave any items blank. Use “N/A” if any item not applicable. For all items, focus on the skill of the therapist, taking into account how difficult the patient seems to be and the stage of therapy.

- _____ 1. **Collaborative Relationship--Asking for and Giving of Feedback**
Asks for patient’s understanding of or response to the session
Asks for and gives feedback
Provides information—orienting, teaching
Treatment goals, interventions, and homework established collaboratively
Aware of and sensitive to the impact of cultural factors and diversity issues on current functioning and the therapy relationship
Adequate attention to termination issues (e.g., discussion of relevance of relationship ending for the patient, review of progress, relapse prevention, etc.)
- _____ 2. **Structuring and Control of the Session or Patient Contact**
Agenda set and followed
Outlines available time, negotiates how much time per item
Identifies goals of the contact
Refocuses and redirects the patient as needed
The session has a beginning/middle/end
- _____ 3. **Efficient Use of Time**
Appropriate pace, movement and flow for session
Responsive to unplanned treatment-relevant needs of patient
Tactfully limits peripheral and unproductive discussion
- _____ 4. **Abilities of Empathy and Understanding**
Sensitive to patient
Understands explicit and subtle communications
Reflects understanding of emotions, cognitions, behavior
- _____ 5. **Interpersonal Effectiveness**
Effective listening, rapport, responsiveness
Professionalism, warmth, confidence, genuineness
Uses natural reinforcers (e.g., praises success)

General CBT Skills (Continued)

- _____ 6. **Identification and Focus on Key Behaviors**
Identification and targeting of key emotions, cognitions, and behaviors relevant to case formulation, point in treatment
Behavior analysis conducted
Problem and goal identification
Identification of strengths and weaknesses
- _____ 7. **Track and Measure Change and Status of Key Problem Areas**
Specific problem-related information obtained (e.g., SUDS, BDI, etc)
Within and between-session monitoring
- _____ 8. **Choice and Implementation of Change Strategies**
Coherent change strategy evident
Strategy employs CBT techniques (skills training, problem solving, exposure, cognitive restructuring, contingency management)
Implemented systematically and completely
Relevant to key problem behaviors
Patient oriented to strategy; rationale for interventions explained (e.g., model or theory)
- _____ 9. **Assignment of Homework or Action Plan**
Reviews tasks from last session
Explores and analyzes problems in completing homework or engaging in self-monitoring (including evaluation and strengthening of commitment)
Ample time to formulate new homework
Homework decided upon collaboratively, customized to patient need
Homework is clearly specified
- _____ 10. **Case Notes Contain Appropriate Elements Including Information on Status of Key Problem Areas**
Length of session
Status of problem areas evident
Evaluation of mental status
Diagnosis included
Scores on standardized tests included and interpreted
Plan specified
- _____ 11. **Global Rating**

Comments:

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM
MINIMAL COMPETENCY DOCUMENTATION – CBT**

Dear Dr. Cowley:

This letter is written to document that _____ has met the criteria for minimal competency in CBT according to the Departmental criteria, which follow:

_____ 1. Completed the CBT seminar satisfactorily.
CBT Instructor initials

_____ 2. Completed an acceptable CBT case formulation for one case that is not
CBT Instructor/Supervisor time-limited

_____ 3. Completed an acceptable CBT case formulation for one short-term case
CBT Instructor/Supervisor

_____ 4. Resident meets minimal competency criteria on a case treated using a
CBT Supervisor manualized treatment

_____ 5. Resident meets minimal competency criteria on a brief CBT case
CBT Supervisor

Case Information (if relevant):

Site of case: _____

Type of intervention(s) used: _____

Comments (if any):

Instructor/Supervisor

Date