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:
  o using (and being able to articulate a reason for) assessment measures in treatment planning and monitoring
  o 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
  o 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
  o 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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Needs Attention/ Unacceptable Progress</td>
<td>Emerging Skills</td>
<td>Acceptable Skills</td>
<td>Intermediate Skill</td>
<td>Advanced Skill</td>
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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:
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 time-limited
   CBT Instructor/Supervisor

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 manualized treatment
   CBT Supervisor

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