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| Children and Young People’s Psychological Trainings (CYP PT)Cognitive Behavioural Therapy (CBT) |
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# Background and context

The national curriculum for Children and Young People’s Psychological Trainings (CYP PT) in Cognitive Behavioural Therapy (CBT) was originally developed a decade ago to facilitate children and young people’s improved access to psychological therapies. It broadens the CBT training for anxiety and depression to include obsessive compulsive disorder (OCD), body dysmorphic disorder (BDD) and post-traumatic stress disorder (PTSD).

In the years since the last curriculum was produced, the prevalence of emotional difficulties in young people has increased, and the need for effective interventions has become increasingly acute. Not surprisingly, training for CBT is more needed than ever, in a range of settings beyond child and adolescent mental health services including schools, the community and other healthcare contexts. Updates incorporated in this revised curriculum reflect advances in the field in terms of both improved understanding and improved techniques. The curriculum development group have worked conscientiously and in collaboration with service users as well as practitioners to reflect not just advances in CBT but also changes in the client group that we serve. Changes in the context that we now work in include earlier interventions in the course of a disorder, at the same time as increased acuity.

Despite the changes, the approach to both training and delivery has remained the same, with an emphasis on the importance of observed practice as a key indicator of competent performance in clinical settings. The curriculum development group have much to feel proud of in this revision, and their experience in delivering effective training over many years is certainly reflected in the revised curriculum. This should not be looked at as a final product and will, like all previous curricula, be subject to revisions as indicated by the experience of trainers, trainees and clients. Nevertheless, even in its current form it represents a substantial improvement on the previous version; for this we should express collective gratitude to those who spent many hours thinking about how to help young people with emotional difficulties more effectively.

# Course modules

### Module 1: CBT fundamentals

This module will focus on delivering a systematic knowledge of the fundamental principles of CBT. Trainees will be encouraged to develop a critical understanding of the theoretical and research evidence for cognitive behavioural models and an ability to evaluate the evidence. The module will enable trainees to understand how scientific principles inform CBT clinical practice. There will be a focus on using a generic CBT approach with anxiety and anxiety disorders in children and young people (for example, generalised anxiety disorder, a co-morbidity, or cases where condition-specific interventions are not necessary – condition-specific theories and interventions are taught in the following modules).

Core aims of this module include:

* developing practical competency in the fundamentals of CBT
* developing critical knowledge of the theoretical and research literature of CBT
* developing knowledge and practical competency in working generically with anxiety and anxiety disorders in children and young people

### Module 2: CBT for depression

This module will focus on the development of skills, knowledge and understanding of depression and how this presents in young people. It will consider the theoretical foundations of research and the evidence base, as well as how to formulate, support and treat young people with depression and co-morbid presentations.

Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT and other psychological therapies for depression in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for depression, including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with depression and co-morbid presentations

### Module 3: CBT for anxiety

This module will focus on the development of skills, knowledge and understanding of anxiety and specific anxiety disorders in young people. It will consider the theoretical foundations of research and the evidence base, as well as how to formulate, support and treat young people who present with a range of anxiety disorders.

Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT and other psychological therapies for anxiety in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for anxiety and specific anxiety disorders (as listed in the ‘Content/learning objectives’ section below), including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with anxiety

### Module 4: CBT for PTSD

This module will focus on the development of skills, knowledge and understanding of PTSD and how this presents in young people. It will consider the theoretical foundations of research and the evidence base, as well as how to formulate, support and treat young people who have experienced trauma.

Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT for PTSD in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for PTSD, including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services, as well as social services and legal organisations where needed, as part of treating and supporting children and young people with PTSD

### Module 5: CBT for OCD and BDD

This module will focus on the development of skills, knowledge and understanding of OCD and BDD in young people. It will consider the theoretical foundations of research and the evidence base, as well as how to formulate, support and treat young people with OCD and BDD.

Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT for OCD and BDD in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for OCD and BDD, including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with OCD and BDD

# Course structure, teaching and learning strategies

### Introduction to the CYP PT CBT modules

The CBT modules below represent a curriculum designed to develop trainee CBT therapists’ knowledge of the theoretical and research literature relating to CBT for depression, anxiety disorders, OCD, BDD and PTSD in children and young people.

By completing training which adheres to this curriculum, trainees will develop practical competency in evidence-based CBT for working with children and young people. They will develop competence in assessment, formulation and treatment in line with the evidence base and guidelines from the National Institute for Health and Care Excellence (NICE). Where there is limited evidence, adaptation of the adult literature to support young people will be considered. Competency in adapting materials for differing ages, with consideration of a young person’s individual needs (including culture, neurodiversity and co-morbidity), will be covered. Training should adhere to professional guidelines to support trainees’ future accreditation with the British Association for Behavioural and Cognitive Psychotherapies (BABCP) on completion of training.

### Entry Requirements

To be eligible for the CYP CBT course, it is expected that candidates have the following experience, skills and knowledge.

* A minimum of two years’ experience of working with children, families, and young people in a mental health focused role.
* A foundation in or basic knowledge of cognitive behavioural therapy.
* A core profession as recognised by BABCP (for example, mental health nursing, social work) or a level 6 qualification (typically this would be an undergraduate degree) and meet the eligibility criteria for the BABCP Knowledge Skills and Attitudes (KSA) route. To be eligible for the KSA route you would need to have a minimum of 2 years’ relevant full-time equivalent therapeutic experience in a mental health setting. Find out more about the KSA route by looking at the BABCP website.

### Module 1: CBT fundamentals

#### Core aims of this module include:

* developing practical competency in the fundamentals of CBT
* developing critical knowledge of the theoretical and research literature of CBT
* developing knowledge and practical competency in working generically with anxiety and anxiety disorders in children and young people

#### Module aims:

By the end of this module, trainees will be able to:

* demonstrate competency in using theoretical, evidence-based interventions integrated within and guiding therapy
* 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)
* take personal responsibility for clinical decision-making in complex and unpredictable situations
* demonstrate insightful knowledge of CBT and an ability to identify their own values and beliefs and CBT’s application to their own lives
* make best use of supervision on the course and provide evidence of making use of, and continuing to learn from, ongoing continuing professional development (CPD)
* adapt CBT sensitively, and ensure equitable access for diverse cultures, values and all protected characteristics, including understanding and identifying how their own values and beliefs might be different to those of the child or young person and their family, and proceeding within this context
* use outcome measures and understand what they mean to the child or young person, and have the ability to explain to the child or young person and parents/carers how the measures can help to inform sessions
* understand how to work ethically, safely and effectively, attending to professional and clinical boundary issues specific to online practice

#### Content/learning objectives

General knowledge:

* Diagnostic classification and key characteristics of common mental health disorders in children and young people, to allow accurate allocation of a problem descriptor.
* Critical understanding of the phenomenology and epidemiological characteristics of anxiety disorders in children and young people.
* Critical understanding of clinical research literature on CBT for anxiety disorders in children and young people (clinical trials and outcome studies).
* Assessing children and young people for suitability for short-term CBT within a CYP MH setting.
* Use of routine outcome measures (ROMS) (with reference to disorder-specific measures that are covered in later modules), and demonstrating understanding of the benefits and purposes of metrics to inform a session, and how these drive quality for the patient.
* How to apply effective core therapeutic skills (generic therapeutic competences and generic meta-competences – further details are provided in the UCL CBT competences framework), such as active listening, guided discovery, and becoming highly perceptive in understanding the child or young person’s perspective.
* Learning how to assess a child or young person’s idiosyncratic beliefs and to make the mental shift that allows one to see how those beliefs make the child or young person’s emotional and behavioural responses understandable.
* Enabling children and young people to work within the range of affect intensity that allows new understanding to be gained and progress made.
* Learning how to use the emotional content of sessions as a guide, so that children and young people are enabled to discover maintaining cognitions and behaviours through pursuing connections with key emotions experienced in a session.
* CBT assessment and formulation, placing a particular emphasis on understanding the way in which idiosyncratic beliefs, attentional deployment, memory processes and behaviours interact to maintain an emotional disorder (with specific reference to anxiety) within a given individual, and risk considerations.
* Assessing children and young people with co-morbidities, the ability to identify and understand the distinction between primary and secondary diagnoses, and the ability to develop appropriate conceptualisations and treatment goals in the context of co-morbidities.
* Delivering a clear CBT treatment rationale, derived collaboratively and appropriate for individual children and young people and their parents/carers.
* Constructing collaborative maintenance and developmental CBT conceptualisations as essential foundations that guide CBT.
* Agenda-setting, pacing and structuring for CBT sessions.
* Setting agreed goals for treatment that are specific, measurable, achievable, relevant and time-bound (SMART).
* Working with children and young people using guided discovery, adopting an open and inquisitive style within the cognitive behavioural model, including cultural humility.
* Identifying and evaluating key cognitions, working with automatic thoughts, and helping the child or young person develop an alternative perspective.
* Identifying and conceptualising common thinking errors and processing biases.
* Identifying and evaluating underlying assumptions, attitudes and rules.
* Employing a range of change techniques, such as pie charts, advantages and disadvantages, continuums and positive data logs.
* Eliciting cognitions associated with upsetting emotions with skilful use of empathy.
* Identifying problematic cognitions and related behaviours, and constructing, carrying out and evaluating behavioural experiments.
* Ongoing critical evaluation of the CBT conceptualisation, with evidence of a clear treatment plan.
* Developing CBT treatment plans for straightforward cases of generic anxiety.
* Ability to form effective therapeutic relationships, with evidence of teamwork, collaboration and joint summarising of sessions.
* Ability to deal with ending therapy and planning for long-term maintenance of gains, with evidence of a relapse prevention plan.
* Fundamental principles of CBT:
	+ collaborative empiricism and Socratic questioning
	+ clinical process – formulation, rationale-giving, measurement, active treatment, relapse prevention
	+ structuring sessions – agenda-setting, summarising, setting homework, use of standard and idiosyncratic clinical measurements to monitor CBT processes and outcomes
* The premise on which CBT is based should be provided and its basic assumptions described, particularly that (i) it is the interpretation of the event, not the event itself, that determines emotional response; (ii) the role of avoidance and other behaviour in maintaining anxiety in accordance with behavioural theory and therapy; and (iii) symptom improvement results from the identification and reversal of maintaining mechanisms.
* Style and structure: Knowledge of the style and structure of CBT, including the number, length and frequency of sessions; the extent of parental involvement; and the expectations of the young person. An overview of a typical CBT session structure should be provided (brief update including questionnaires/patient-reported outcome measures and ROMS, bridge from previous session, setting the agenda, review of homework, discussion of issues on the agenda, setting new homework, summary), along with key stylistic features of CBT (summaries and feedback, collaboration, Socratic questioning, use of a shared formulation to guide treatment, a clear focus in each session on the presenting problems and agreed goals).
* Key CBT theoretical models (overview): Appreciation of key historical CBT theoretical models (for example, AT Beck’s longitudinal and maintenance model of emotional disorders), with clarification of when a longitudinal formulation might be used. Awareness that longitudinal models are rarely used with children and young people. Awareness of the difference between automatic thoughts, rules/assumptions and core beliefs in CBT theory, with emphasis placed on automatic thoughts and maintaining factors as the principal focus of formulation/intervention with children and young people. This includes:
	+ psychoeducation, including fight/flight response and cognitive biases
	+ identification and evaluation of unhelpful maintaining cognitions to create more helpful alternatives, using thought records, positive self-talk and behavioural experiments
	+ identification and evaluation of unhelpful maintaining behaviours to create more helpful alternatives, using a fear thermometer and graded hierarchies for exposure exercises
	+ awareness of functional analysis and when it is helpful to use this in assessment, formulation and intervention
	+ awareness that interventions for specific disorders (for example, PTSD or moderate to severe OCD) might not be suited to the generic approach and may require a disorder-specific intervention (these will be covered in upcoming specific modules)
	+ relapse prevention and managing endings
	+ using curiosity and cultural humility about the idiosyncratic nature of individual cognitions and behaviours that may be different from the practitioner’s own, to understand these with the child/young person and their family, and how they may or may not maintain the problem in each particular case
* A brief overview of the differences in CBT therapy with children and young people, including the following:
	+ young people are brought for treatment
	+ engagement issues
	+ motivation Issues
	+ cognitive developmental issues
	+ issues around CBT and neurodivergence/learning disability – the scope and effectiveness of reasonable adjustments available to deliver therapy in the context of autism, some neurological conditions and cognitive impairment
	+ children are part of wider systems that may need therapist intervention (for example, carers, school)
	+ parental cognitions and behaviours and how these impact children and young people
* CBT and EDI considerations: Values and cultural/social differences (access, ethical, professional and cultural considerations).
* Digital technology: Developing fundamental competences across both in-person and digital delivery-based assessments. For digital delivery-based assessments, or any other digital platforms, developing digital literacy in line with the Health Education England [Digital Competence Framework](https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/digital-literacy/digital-capabilities-frameworks).
* Use of supervision: Effective use of supervision to help trainees identify their own values and beliefs when working with CBT to enhance and regulate good practice. Identifying counterproductive therapist beliefs and behaviours that might get in the way of successful therapy and how to overcome them. The role of outcome-focused supervision (how to make best use of supervision during the course and after training).
* Self-practice/self-reflection: Experiential learning illustrating how cognitive behavioural methods can be applied to the trainee’s own life, such as:
	+ understanding and addressing therapist beliefs that might impede treatment
	+ personal practice in setting up and conducting the type of out-of-office behavioural experiments that figure prominently in anxiety disorder treatments; trainees should do the experiments themselves, either alone or with other trainees

#### Fundamentals of working with children and young people with anxiety

General skills:

* Assessing whether a child or young person with an anxiety disorder is suitable for CBT. This includes understanding the role of substance use, medication and any previous support or therapy in anxiety disorders.
* Explaining the principles and general procedures of CBT for anxiety disorders to children, young people and parents/guardians responsible for informed consent to treatment.
* Demonstrating evidence of understanding the points of view of children, young people, and parents/guardians responsible for informed consent to treatment regarding anxiety problems in the child or young person and how these impact on their lives; and an understanding of how these points of view may vary with the age and social and/or cultural context of the child or young person and their family.
* Understanding the impact of family systems and parental mental health on the development and maintenance of anxiety disorders in young people.
* Constructing maintenance and developmental conceptualisations of cases of anxiety disorders in children and young people.
* Demonstrating evidence of understanding the factors relevant to whether and to what extent parents/guardians are involved in treatment sessions (such as whether they are responsible for informed consent, wishes of the family members, whether parental behaviour may be involved in maintenance cycles, and whether parental assistance in therapy or homework may be helpful).
* Developing generic CBT treatment plans for a range of anxiety disorders in children and young people.
* Demonstrating evidence of critical evaluation of theoretical evidence-based interventions integrated within, and guiding, therapy for anxiety disorders in children and young people.
* Collaboratively deriving an anxiety model with a client.
* Ability to work with children and young people to elicit and evaluate key cognitions and images in anxiety disorders.
* Constructing, carrying out and evaluating exposure exercises and behavioural experiments.
* Capacity for self-direction in tackling and solving basic therapeutic problems with anxiety disorders in children and young people.
* Working with co-morbidity and other complexities in presenting problems with the support of an appropriate supervisor.
* Understanding how to end therapy and plan for long-term maintenance of gains, with evidence of a relapse prevention plan.
* Beginning to practise as ‘scientist practitioners’, continuing to advance their knowledge and understanding to develop new skills in working with anxiety problems in children and young people.
* Insightful knowledge of CBT and an ability to identify their own values and beliefs in working with anxiety and the applicability of CBT to their own lives.
* Using clinical measurement with anxiety disorders to monitor the CBT process and outcomes.
* Ability to sensitively adapt CBT for anxiety disorders to ensure equitable access, taking into account the age of the child or young person, neurodiversity and neurodevelopmental conditions, and cultural and social differences and values among the children, young people and their parents/guardians.

### Module 2: CBT for depression

#### Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT and other psychological therapies for depression in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for depression, including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with depression developing knowledge of both behavioural and cognitive approaches, alongside working with co-morbidity

#### Module aims

By the end of this module, trainees will be able to:

* effectively assess depression and related difficulties in children and young people
* develop practical competency in delivering CBT for depression in children and young people
* adapt CBT interventions for younger children presenting with depression
* develop knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with depression
* develop knowledge of the theoretical and research literature relating to CBT and other psychological therapies for depression in children and young people

#### Content/learning objectives

General knowledge:

* Phenomenology, diagnostic classification and epidemiological characteristics of depression.
* Common factors linked to predisposition, precipitation, course and outcome of depression.
* Current evidence-based pharmacological and psychological treatments for depression, including the role of combined treatment.
* Current evidence-based NICE guidance on pharmacological and psychological treatments for depression, including a critical stance on current available options.
* Theory and development of cognitive and behavioural models for depression.
* Role of co-morbid disorders such as anxiety, PTSD and substance abuse.
* Application and suitability of CBT for depression (to include contraindications such as substance misuse) and awareness of referral pathways for unsuitable cases.
* Clinical process for CBT with chronic, recurrent depression.
* Role of the therapeutic relationship in CBT for depression.

General skills:

* Comprehensive assessment of depression in children and young people, including specific associated problems, considering the child/young person’s social context, developmental aspects, parenting history, educational history and current level of engagement, quality of parent–child relationships, family life cycle and current peer relationships as appropriate.
* Risk assessment, risk management, suicide risk, mental state examination, and personal and medical history.
* Developing comprehensive cognitive and behavioural formulations for children and young people with depression (including both longitudinal and cross-sectional approaches), adopting a collaborative stance, and developing a shared formulation with the young person and their parents/carers.
* Developing appropriate and manageable short-term goals, which are monitored throughout treatment.
* Use of standard and idiosyncratic clinical measures to monitor the CBT process and its outcome in depression.
* Effectively delivering CBT for depression using a cognitive or behavioural activation model (see below for further details).
* Application of theory to practice in individual cases, including taking a critical stance on clinical trials and outcome studies.
* Making appropriate adaptations to consider the young person and their family’s values, culture and social differences.
* Constructing appropriate homework tasks using a rationale and anticipating difficulties.
* Constructing an idiosyncratic relapse prevention plan or ‘blueprint’ for therapy, to maintain and consolidate gains and identify future stressors.
* Consistent with the young person’s right to confidentiality and wishes, enabling parents and others in their context (where appropriate) to contribute to the intervention plan.
* Providing parents and the young person with appropriate psychoeducational material about the nature of depression and its treatment.
* Ability to sensitively adapt CBT for depression disorders to ensure equitable access, considering: the age of the child or young person; neurodiversity and neurodevelopmental conditions; and cultural and social differences and values among the children, young people and their parents/carers.
* Using supervision effectively to help fully consider developmental and systemic aspects of the young person’s presentation and context, and identifying their own values and beliefs in working with people with depression to enhance and regulate good practice.

#### Behavioural activation-specific knowledge and skills:

* Knowledge of the behavioural activation model, behavioural theory, and the role of behaviour in the development and maintenance of depression.
* Working with severe depression, using behavioural rather than cognitive approaches in the initial phase of therapy.
* Explaining the rationale for a focus on behavioural activation and socialising the client to the model.
* Working collaboratively with the client to develop a functional analysis (linking antecedents, behaviours and consequences) and focusing on contingencies that are maintaining the depression.
* Helping the client to engage in activities despite feeling low or lacking in motivation, particularly with respect to school or college.
* Recognising the importance of peer relationships during adolescence and actively supporting positive peer group contact and friendships.
* Identifying secondary coping behaviours (such as avoidance, inactivity or rumination).
* Enabling the client to focus on external environmental cues (acting from ‘outside in’ rather than ‘inside out’).
* Helping clients to use activity charts, rate mastery and pleasure, and to monitor patterns of avoidance.
* Re-establishing routine when relevant.
* Developing a functional analysis of triggers for rumination and alternative activity-focused strategies.

#### CBT-specific knowledge and skills:

* Ability to apply the cognitive triad (self, others and future) to depression.
* Monitoring and scheduling activity, rating mastery and pleasure.
* Conceptualising common processing biases such as arbitrary inference and selective abstraction.
* Awareness of the client’s idiosyncratic depressive beliefs, maintenance factors and coping strategies.
* Defining the role of cognitions and the concept of negative automatic thoughts and images.
* Ability to identify depressive rumination and to make links with this and under-activity.
* Ability to identify the different forms of common cognitive information biases or ‘cognitive distortions’ used to support the client’s thinking.
* Enabling a client to successfully re-appraise their own thoughts using diary methods as agreed with the young person.
* Helping the client to find alternative constructions by examining the accuracy of specific thoughts, working with themes of guilt and self-blame.
* Identifying and working to effect change in underlying assumptions, using a range of specific change techniques such as pie charts, advantages and disadvantages, and continuums.
* Ability to identify and implement strategies for working with depressive rumination on a process and content level.
* Constructing and carrying out behavioural experiments both in and out of session to modify the client’s assumptions.
* Identifying core beliefs using downward arrow techniques, looking for common themes, and using cognitive techniques to re-evaluate core beliefs and strengthen new beliefs.
* Using examples of appropriate models:
* Martell’s model of behavioural activation (2007)
* Beck’s model of cognitive therapy for depression (1979)

### Module 3: CBT for anxiety

Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT and other psychological therapies for anxiety in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for anxiety and specific anxiety disorders (as listed in the ‘Content/learning objectives’ section below), including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with anxiety

#### Anxiety Part 1: Fundamentals

Module aim: Additional fundamentals of working with anxiety and anxiety disorders in children and young people.

#### General knowledge and skills:

* Understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of anxiety disorders in children and young people.
* Understanding of clinical research literature on CBT for anxiety disorders in children and young people (clinical trials and outcome studies).
* Identifying key maintenance factors, including avoidance and safety behaviours and parent/carer behaviours, that will be targeted in treatment.
* Acknowledging the role of the prevention/reduction of safety behaviours.
* Making best use of supervision when treating anxiety disorders, and demonstrating evidence of engaging in, and learning from, CPD.
* Understanding and knowledge of adaptations to support neurodiverse young people.
* Understanding the role of substance use, medication and any previous support or therapy for anxiety disorders.

#### Anxiety Part 2: Specific competencies

Specific anxiety disorders

#### Competencies

* Understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of panic, generalised anxiety, social anxiety, specific phobias and separation anxiety disorder.
* Understanding of current evidence-based pharmacological and psychological treatments for panic, generalised anxiety, social anxiety, specific phobias and separation anxiety disorder.
* Identifying triggers, patterns of avoidance and safety-seeking behaviours in relation to each disorder.
* Deriving a shared understanding of the child/young person’s cognitive behavioural conceptualisation and delivering a rationale for treatment.
* Using standard and idiosyncratic measures to evaluate the outcome of CBT for the specific disorder.
* Developing, conducting and evaluating behavioural experiments in and out of sessions.
* Developing specific homework tasks related to the disorder and individual formulation, and evaluating these in subsequent sessions.
* Ending therapy – developing a relapse prevention plan using an idiosyncratic blueprint for therapy and planning for long-term maintenance of gains.

Generalised anxiety disorder

#### Competencies

* Explaining the rationale for CBT, specifically the relationship between anxiety, perception of threat and perception of coping, and the contribution of internal and external cues and self-monitoring techniques/attentional focus and relaxation.
* Awareness of the role of cognitions, worry and worry management.
* Using examples of appropriate models:
* Dugas and Robichaud (2007)
* Borkovec and Sharpless (2004)
* Kendall and Hedtke’s Coping Cat programme (2006)

Panic disorder

#### Competencies

* Identifying catastrophic interpretations of bodily sensations, generating alternative non-catastrophic interpretations, and testing the validity of these through discussion techniques and behavioural experiments.
* Using examples of appropriate models:
	+ Clark (1986)

Social anxiety disorder

#### Competencies

* Identifying problematic situations, patterns of avoidance, self-focus of attention, processing of self, and safety-seeking behaviours and images.
* Awareness of the need to develop a therapeutic relationship, with evidence of awareness of key interpersonal difficulties. Working with self-focused attention/external focus exercises both within and outside sessions. Using video/audio feedback plus other people to reality-test the patient’s self-perception.
* Demonstrating competency in the use of surveys to obtain alternative information, working with anticipatory anxiety and post-event processing.
* Using examples of appropriate models:
* Clark and Wells (1995)
* Kendall and Hedtke’s Coping Cat programme (2006)

Separation anxiety disorder

#### Competencies

* Understanding of the relationship between normative developmental fears of childhood separation and separation anxiety disorder.
* Understanding of the physical impact of anxiety.
* Understanding the role of parents/caregivers in recognising and treating indications of the child’s anxiety.
* Understanding of both the cognitive and behavioural elements of the presentation.
* Using examples of appropriate models:
	+ Kendall and Hedtke’s Coping Cat programme (2006)

Specific phobias

#### Competencies

* Understanding of the relationship between normative developmental fears of childhood and specific phobias.
* Assessing a specific phobia to determine specific symptoms, severity, impact on daily life and previous treatment.
* Identifying the role of cognitions in maintaining the phobia, and generating an alternative perspective through discussion techniques, cognitive restructuring and behavioural experiments.
* Drawing up a graded hierarchy to guide exposure interventions.
* Carrying out exposure using the key principles of graded, repeated, focused and prolonged; working with difficulties competently as they arise.
* Modelling non-phobic behaviour.
* Using examples of appropriate models:
* Kirk and Rouf (2004)
* Ost (1989)

Health anxiety

#### Competencies

* There is little evidence to support the use of adult models for health anxiety with children. However, practice-based evidence suggests that some young people find the use of an adapted CBT adult model for health anxiety is a helpful conceptualisation of how to understand and treat their difficulties. It is at the discretion of each course leader as to how health anxiety is approached in teaching and learning.
* Using examples of appropriate models:
* Warwick and Salkovskis (1999)
* Salkovskis, Warwick and Deale (2003)
* Haig-Ferguson, Cooper, Cartwright, Loades and Daniels (2021), adapted for use with children and young people from Salkovskis et al. (2003)

### Module 4: CBT for PTSD

Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT for PTSD in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for PTSD, including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services, as well as social services and legal organisations where needed, as part of treating and supporting children and young people with PTSD

By the end of this module, trainees will be able to:

* effectively assess PTSD in children and young people
* effectively formulate PTSD in children and young people
* develop practical competency in delivering CBT for PTSD to children and young people with single-incident and multiple traumas, and with both PTSD and complex PTSD (CPTSD)
* develop practical competency in appropriately considering aspects of diversity when delivering CBT for PTSD
* adapt CBT interventions for younger children presenting with PTSD
* adapt CBT interventions for young people with neurodiversity presenting with PTSD
* develop knowledge and practical competency in working with parents/carers/social workers/other parts of the system as part of routine practice with children and young people with PTSD
* develop knowledge of the theoretical and research literature relating to CBT for PTSD in children and young people

#### Content/learning objectives

CBT for PTSD knowledge:

* Understanding the nature of traumatic events, and the phenomenology and diagnostic classification of PTSD/CPTSD.
* Understanding the prevalence and epidemiological characteristics of PTSD/CPTSD, including across cultures.
* Assessment of PTSD/CPTSD using current gold standard assessment measures (CRIES-8, CPSS and CATS). Awareness of the need for comprehensive assessment (beyond PTSD alone) with this population, and awareness of possible unusual presentations.
* Differential diagnoses, likelihood of diagnostic overshadowing in PTSD/CPTSD, and common co-morbidities such as depression.
* Awareness of risk factors for PTSD/CPTSD.
* Current evidence-based NICE guidance on psychological treatments for PTSD/CPTSD.
* Understanding the psychological factors that drive PTSD (with reference to Ehlers and Clark, 2000).
* Awareness of family factors in maintaining PTSD.
* Understanding the treatment rationale and targets for PTSD, with emphasis on cognitive appraisals as a mechanism of recovery.
* Understanding when it is/is not appropriate to undertake stabilisation work first and the risk factors of delaying memory work, with a bias to undertake memory work as quickly as possible.
* Understanding fears/concerns about delivering trauma work and associated myths.
* Components of evidence-based treatment for PTSD/CPTSD, including timelines for when there is more than 1 trauma, and the core components for both PTSD and CPTSD of psychoeducation, reclaiming life, reliving, cognitive restructuring and reprocessing, work with triggers, and enhancing adaptive coping behaviours.
* Awareness of how PTSD treatment should be adapted for young people, with consideration of their culture, age, family factors and neurodiversity to optimise effectiveness.
* Awareness of the impact of PTSD symptoms on family and school life.

CBT for PTSD skills:

* Skills in managing a high level of emotional content for the young person, parent/carer and therapist.
* Comprehensive assessment of PTSD/CPTSD in children and young people, including interviewing the young person/carers/others, and awareness of how to conduct this in an engaging and sensitive way for young people with trauma. Making adaptations as required with consideration of their culture, age and neurodiversity.
* Skills in using measures such as the CPTCI to help with formulation, and session-by-session monitoring of outcomes (for example, using CRIES) to support treatment.
* Thorough risk assessment and understanding of the impact of starting/stopping memory work.
* Competence in delivering emotional/interpersonal skills development prior to memory work when assessed as necessary, including skills to identify and manage dissociation in sessions. Emphasising that memory work should be started as quickly as possible.
* Rapport-building with children, young people and families to establish a strong trusting relationship, with consideration given to aspects of diversity.
* Clearly and effectively delivering psychoeducation components of CBT for PTSD, including use of videos (for example, videos from the UK Trauma Council and the Anna Freud Centre).
* Developing a shared rationale for the intervention, including competence in collaboratively discussing appropriate metaphors (for example, the cupboard metaphor) and conducting thought suppression experiments.
* Developing a collaborative timeline for children and young people who present with multiple trauma memories (for example, using videos from the UK Trauma Council and the Anna Freud Centre) and skills to determine which order of memories to work on.
* Competence in setting up and delivering the reliving of each memory, using imaginal, written narratives and drawings (see, for example, videos from the UK Trauma Council and the Anna Freud Centre), with consideration that some methods work better if there are multiple memories.
* Cognitive skills during and after reliving to identify the child/young person’s hotspots and to collaboratively understand the meaning of each negative appraisal.
* Competence in supporting children and young people to update negative appraisals and associated meanings using various CBT skills, including Socratic questioning, surveys, behaviour experiments and pie charts.
* Specific CBT skills to support cognitive changes related to rumination, anger, shame and guilt.
* Competence in reprocessing (reliving plus updating), inserting new meanings with possible related actions while reliving parts of the memory (for example, ‘stand up as I did not die’ during reliving).
* Skills in imagery rehearsal and rescripting for nightmares or memories, where necessary, to change perspective/aspects of the memory.
* Competence in identifying triggers for PTSD intrusions and skills, to break the link between then and now.
* Skills in identifying and dropping unhelpful coping.
* In vivo competence to support children and young people to access the site where the trauma occurred and identify or update hotspots.
* Constructing appropriate homework tasks to support children and young people with all the work described above – for example, activity diaries, intrusion diaries, listening to the reliving, writing narratives).
* Competence in working with younger children with PTSD.
* Consistent with the young person’s right to confidentiality and wishes, involving parents in treatment, and working effectively with parents to help them understand the treatment approach and to get their own support when required.
* Skills in working with the wider network, including the school, social services, legal organisations if involved, and any other agencies.
* Adapting work to ensure children and young people with neurodiversity can appropriately access it.
* Making appropriate adaptations to consider family values, culture and social differences, including work with specific populations such as refugees.
* Facilitating an effective relapse prevention plan and blueprints, consolidating learning from treatment, and preparing for potential setbacks.
* Using examples of appropriate resources:
* ‘Post Traumatic Stress Disorder: Cognitive Therapy with Children and Young People’ (Smith, Perrin, Yule and Clark, 2010)
* ‘Treating PTSD in Preschoolers: A Clinical Guide’ (Scheeringa, 2016)
* ‘Treating Trauma and Traumatic Grief in Children and Adolescents’ (Cohen, Mannarino and Deblinger, 2017)
* ‘The early course and treatment of posttraumatic stress disorder in very young children: Diagnostic prevalence and predictors in hospital-attending children and a randomised controlled proof-of-concept trial of trauma-focused cognitive therapy, for 3- to 8-year-olds’. Hitchcock et al. (2022). *Journal of Child Psychology and Psychiatry*, 63(1), 58-67

### Module 5: CBT for OCD and BDD

Core aims of this module include:

* developing knowledge of the theoretical and research literature relating to CBT for OCD and BDD in children and young people
* the ability to assess, formulate and develop practical competency in delivering CBT for OCD and BDD, including adapting interventions to meet the needs of the young person/family
* developing knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with OCD and BDD

By the end of this module, trainees will be able to:

* effectively assess OCD and BDD in children and young people
* effectively formulate OCD and BDD in children and young people
* develop practical competency in delivering CBT for OCD and BDD in children and young people
* develop practical competency in appropriately considering aspects of diversity when delivering CBT for OCD and BDD
* adapt CBT interventions for younger children presenting with OCD and BDD
* adapt CBT interventions for young people with neurodiversity presenting with OCD and BDD
* develop knowledge and practical competency in working with parents/carers and educational services as part of routine practice for children and young people with OCD and BDD
* develop knowledge of the theoretical and research literature relating to CBT for OCD and BDD in children and young people

#### Content/learning objectives

General knowledge:

* + Phenomenology and diagnostic classification of OCD and BDD.
	+ Prevalence and epidemiological characteristics of OCD and BDD, including across cultures.
	+ Assessment of OCD, including unusual presentations, and using current gold standard assessment measures (the Children’s Yale-Brown Obsessive Compulsive Scale (YBOCS) and the YBOCS Modified for Body Dysmorphic Disorder for Adolescents (BDD-YBOCS-A)).
	+ Differential diagnoses and common co-morbidities for OCD and BDD.
	+ Awareness of risk for OCD and BDD.
	+ Current evidence-based NICE guidance on psychological and pharmacological treatments for OCD and BDD, including the role of combined treatment.
	+ Understanding of anxiety habituation and the rationale for exposure and response prevention (ERP).
	+ Components of evidence-based treatment for OCD and BDD, including psychoeducation, ERP and relapse prevention.
	+ Awareness of common pitfalls and challenges in OCD and BDD treatment.
	+ Awareness of the role of family accommodation in OCD and BDD.
	+ Awareness of differences between OCD/BDD and autism spectrum disorder, and how treatment should be adapted for young people with neurodiversity to optimise its effectiveness.
	+ Awareness of the impact of OCD and BDD symptoms on family and school life.
	+ Understanding the impact of family values, culture and religious beliefs on the presentation and treatment of OCD.
	+ Awareness of additional optional modules (for example, cognitive strategies for OCD, attention retraining, mirror retraining and cognitive strategies for BDD) and when it is appropriate to use these.

General skills:

* + Comprehensive assessment of OCD and BDD in children and young people, including effective facilitation of the YBOCS/BDD-YBOCS-A and an awareness of unusual presentations.
	+ Risk assessment for OCD, including primary and secondary risk factors, and the importance of differentiating ego-syntonic from ego-dystonic thoughts (see Veale et al. (2009)).
	+ Risk assessment for BDD, including consideration of self-surgery.
	+ Rapport-building with children, young people and families to establish a strong working relationship.
	+ Clearly and effectively delivering psychoeducation components of CBT for OCD/BDD.
	+ Developing clear formulations for children and young people using the OCD cycle (see Turner, Krebs and Volz (2019)) or the BDD distress cycle (a standard CBT maintenance cycle adapted for BDD, as used in Mataix-Cols et al. (2015) and Rautio et al. (2022)), working in partnership with the young person and their parents/carers.
	+ Effectively delivering CBT for OCD and BDD with ERP tasks, progressing up a graded hierarchy.
	+ Constructing appropriate homework tasks using rationale and anticipating difficulties.
	+ Constructing an idiosyncratic relapse prevention plan to maintain and consolidate gains and plan for potential setbacks.
	+ Considering the developmental stage of the child or young person and using appropriate language and creativity to adapt the content of treatment to support engagement.
	+ Considering neurodiversity in the child or young person and making appropriate adaptations to language, treatment length, structure of sessions and content in line with the evidence base (see Jassi et al. (2020)).
	+ Making appropriate adaptations to consider family values, culture and social differences.
	+ Consistent with the young person’s right to confidentiality and wishes, involving parents in treatment, and collaborating effectively with parents to help them understand the treatment approach and reduce family accommodation.
	+ Identifying and problem-solving potential pitfalls in treatment and barriers to progress.
	+ Understanding the rationale for over-learning tasks towards the end of treatment.
	+ Using supervision effectively to consider developmental and systemic aspects of the young person’s presentation and context, and to identify their own values and beliefs to enhance and regulate good practice.
	+ Application of theory to practice in individual cases, including taking a critical stance on clinical trials and outcome studies.

CBT-specific knowledge and skills:

* + Using a normalising, empathising and non-judgemental stance when assessing OCD and BDD in children or young people, particularly around sexual and aggressive obsessions, more unusual presentations, and symptoms of an intimate nature.
	+ Collaboratively agreeing SMART goals.
	+ Clear and effective delivery of the psychoeducation components of treatment.
	+ Ability to identify obsessions and compulsions, and collaboratively formulate these within an OCD cycle/BDD distress cycle. Where appropriate, using downward arrow techniques to identify key obsessions/core fear.
	+ Collaboratively identifying ERP tasks at an appropriate level.
	+ Facilitating effective therapist-assisted ERP, while maintaining awareness of pitfalls such as reassurance, distraction and compensatory compulsions.
	+ Eliciting anxiety ratings to monitor anxiety during ERP tasks.
	+ Identifying and formulating pitfalls and supporting children, young people and families to understand their maintaining roles and the need to address these.
	+ Collaboratively agreeing and setting up effective ERP tasks for homework, either as self-directed ERP or with parent/carer support. Pre-empting and problem-solving potential obstacles.
	+ Maintaining awareness and curiosity around the child/young person’s and family’s cultural values and beliefs, and considering these within broader formulation.
	+ Facilitating an effective relapse prevention plan, consolidating learning from treatment and preparing for potential setbacks.
	+ Examples of appropriate resources include models for CBT with anxiety habituation, as outlined in:
* ‘OCD – Tools to Help Young People Fight Back! A CBT Manual for Therapists’ (Turner, Krebs and Volz, 2019)
* ‘OCD – Tools to Help You Fight Back! A CBT Workbook for Young People’ (Turner, Krebs and Volz, 2019)
* ‘Challenging OCD in Young People with ASD: A CBT Manual for Therapists’ (Jassi, 2021)
* ‘Challenge Your OCD! A CBT Workbook for Young People with ASD’ (Jassi, 2021)
* ‘OCD in Children and Adolescents: A Cognitive-Behavioral Treatment Manual’ (March and Mulle, 1998)
* ‘Cognitive Behavioral Therapy for Body Dysmorphic Disorder: A Treatment Manual’ (Wilhelm, Phillips and Steketee, 2013)
* ‘Appearance Anxiety’ (National and Specialist OCD, BDD and Related Disorders Service, Maudsley Hospital, 2019

# Course structure, teaching and learning strategies

The postgraduate diploma is delivered over 450 hours, of which 200 hours involve direct structured teaching with a 50/50 ratio of skills and theory. All theoretical and skills teaching should involve: ‘live’ interaction, with the opportunity for discussion; small group work; and questions and exploration to enhance skills, practice and knowledge.

The involvement of experts by experience and the voice of young people and parents/carers should be evidenced in course delivery.

Each module should contain a combination of direct teaching, discussion, group work and experiential learning. It is recommended that teaching considers the following:

* Module 1 – CBT fundamentals. To include approximately 5 teaching days
* Module 2 – CBT for depression. To include 6 teaching days and 2 skills days (for example, epidemiology and risk factors = 0.5; models and evidence base = 0.5; assessment = 0.5; formulation = 0.5; behavioural activation = 1; cognitive approaches = 1; risk and self-harm = 1; including parents/carers/education service = 0.5; working with complexity = 0.5)
* Module 3 – CBT for anxiety. To include approximately 10 days
* Module 4 – CBT for PTSD. To include approximately 3 teaching days and 2 skills days
* Module 5 – CBT for OCD and BDD. To include approximately 3 teaching days and 2 skills days

While knowledge, facts, theories and approaches to problems and solutions will be taught, an equal weighting will be given in the course to learning through reflection on the process of learning itself, underpinned by a peer support and coaching/mentoring process. Trainees are expected to bring tapes of their own practice to supervision groups. Tapes can be viewed remotely or in person depending on the format of the session.

**In terms of supervision and clinical practice, the course should aim to:**

* support trainees to gain 200 hours’ supervised CBT clinical practice in direct contact with clients over the duration of training
* support trainees to gain 40 hours of clinical supervision, ideally by a BABCP-accredited/accreditable CBT therapist
* ensure that clinical supervision contracts are in place for workplace and university-based supervision
* support trainees to see at least 8 cases across 3 different presentations, with close/live supervision of at least 3
* support trainees to gain 5 hours’ clinical supervision on each of the closely supervised cases

# Assessment

The essential components of assessment as part of the curriculum must include the following as a minimum:

* assessment of video-recorded therapy sessions over the course of training
* reports of individual treatments that demonstrate the capacity to make theory–practice links and to integrate outcomes information into practice (for example, case reports)
* reports on feedback from supervisors and young people and/or parents on their experience of the therapy offered
* a summary report of the therapist’s clinical outcomes over the training period
* a reflective commentary for consideration of the therapist’s own development and personal thoughts

It is strongly recommended that the following criteria are followed to ensure compliance with the BABCP minimum training standards and to provide training that supports accreditation for trainees on completion of the course. Please be aware that minimum training standards may change – should this happen, it is recommended that course leaders update their assessments to ensure compliance.

Assessment of competent clinical practice should include:

* at least 3 different presentations, including of anxiety and affective disorders
* at least 3 assessed recordings of competent practice
* 4 case studies of client work (up to 2 can be presentations)
* clinical supervision logs

Assessment must also include knowledge and use of CBT theory and research literature, and formal assessment must include at least 1 of the following:

* an essay, exam or research project which demonstrates understanding of the theoretical underpinnings of cognitive and behavioural therapies; OR an extended case report (3,000–5,000 words). The extended report may be 1 of the 4 case studies required. This will critically discuss the CBT research evidence in relation to the case being reported
* a CBT-relevant research dissertation
* a significant contribution to a CBT-relevant research paper

#### Personal development

Training should include supporting trainees in their personal development in becoming a CBT therapist, and in how to manage their personal involvement in the process of CBT, including awareness of equity, equality, diversity and inclusion. Assessment should therefore also include an element of reflective practice such as self-practice/self-reflection exercises or a course journal or reflective log of personal development.