

National curriculum for cognitive behavioural therapy for severe mental health problems

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Introduction

Cognitive Behavioural 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. CBT for Psychosis (CBTp) is also recommended in the NICE Psychosis Guideline, and CBT for Personality Disorder is one of the therapies recognised within the NICE Guidance for people with a diagnosis of Borderline Personality Disorder. NICE Guidance for adult eating disorders recommends CBT for Eating Disorder (CBT-ED) for anorexia, bulimia and binge eating disorder.

Courses in Cognitive Behavioural Therapy for Severe Mental Health Problems will aim to provide a post-qualification training in evidence based cognitive behavioural therapy for adults with one of the major groups of severe mental health problems (either psychosis and bipolar disorder, or personality disorder, or eating disorders). This will include developing competence in CBT for mood disorders (depression and anxiety) that often occur alongside these severe mental health problems. The courses will be at post-graduate diploma level. Recruitment for the courses will be aimed at post-graduates with trainees drawn from qualified mental health professionals such as psychologists, psychotherapists, psychotherapists and counsellors as well as people with experience of mental health in other professional capacities such as mental health nursing and occupational therapy (and including graduate entry 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 psychosis and bipolar disorder, or borderline personality disorder, or eating disorders. It will also be necessary for trainees to be familiar with the treatment of other common co-morbid conditions (such as depression and anxiety disorders).

It is important that the trainees either already have or gain during the training, significant experience of working in teams providing clinical care and interventions for people with severe mental health problems. There is also an expectation that trainees will be working in such services at the time of and post training. The trainees will also need to be able to use and report on routine patient reported outcome measures. CBT and linked interventions aim to have a meaningful impact on clients' lives, improving social inclusion, housing, employment and quality of life as well as symptoms. Trainees will therefore need to be able to assess these factors and develop close working relationships with specialists in these areas. The training providers will also need to work in close liaison with the service providers and this will need to be built into the course structure. For example, through integrated plans for supervision and placement visits by course staff.

Course Aims and Objectives

The 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 Behavioural Therapy for one of the following constellations of severe mental health problems:
 - a. Psychosis and bipolar disorderOR
 - b. Personality disordersOR
 - c. Eating Disorders
2. To develop practical competency in Cognitive Behavioural Therapy for mood disorders (anxiety and depression) in the context of psychosis, bipolar disorder, personality disorders and eating disorders.
3. 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 the specified severe mental health problems, and for mood disorders in the context of severe mental health problems
- ii) develop CBT specific treatment plans
- iii) practise CBT with the specified severe mental health problems and associated mood 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 the specified severe mental health problems and associated mood disorders
- x) a critical understanding of the theoretical and research evidence for cognitive behavioural models and an ability to evaluate the evidence
- xi) demonstrate an ability to sensitively adapt CBT, and ensure equitable access considering cultural and social differences and values

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xii) demonstrate an ability to select and use recommended specific disorder measures to assess outcome and guide treatment when an appropriate condition is present.

Competencies

The general competencies outlined in this document, are aligned to the Roth and Pilling CBT competency framework. The problem-specific competences for Depression and Anxiety Disorders are also aligned to this framework. The Psychosis, Bipolar Disorder and Personality Disorder Competences are aligned to these Roth and Pilling frameworks. The Eating Disorders competences will be aligned to a nationally agreed competence framework for psychological therapies for eating disorders when this is published. Supervision will be delivered in line with the Supervision competency framework. Each component also contains general and specific learning outcomes. It is anticipated that the learning outcomes and competencies will accumulate as students' progress through the components. For more information on competencies, please refer to:

CBT Competence Framework

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-2>

Psychosis and Bipolar Competence Framework

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-10>

Personality Disorder Framework

<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-12>

Course Structure

Courses will be provided by, or affiliated to, a university. 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 5 components, typically delivered over two years (6 academic terms). The first three components (Fundamentals, Anxiety and Depression) are typically covered during the first three terms, the fourth component (Complexity) covered during the fourth term, and the final component (EITHER Psychosis and Bipolar, OR Personality Disorders OR Eating Disorders covered during the fifth and sixth terms. An accreditation portfolio will be accumulated over each year. Components and credit ratings can be determined 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 one day a week. However, we would recommend intensive workshops at the beginning of each component. 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 12 days of teaching for each of the first four components, and 24 days for the fifth component. This recommendation is based on a) the need for trainees to develop skills in line with those deployed in the randomised 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 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% of 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.

Students are required to assess and treat at least 8 cases under course supervision over the duration of the Programme. The course supervised cases should include delivering CBT for depression, CBT for an anxiety disorder, trauma-focused CBT for PTSD and a minimum of four cases using CBT for the severe mental health condition or conditions covered in the specialist area of practice (component five). During the psychosis and bipolar component, both conditions should be treated under course supervision, and during the eating disorder component, all three eating disorders should be treated under course supervision. Students 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 nationally agreed patient-reported outcome measures). Students will also keep clinical logbooks/accreditation portfolios detailing their clinical work.

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. 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 components should be examined with a range of procedures, which when combined should ensure that competence is assessed across anxiety disorders, depression, and the specialist area(s) of practice (psychosis and bipolar disorder, personality disorder or eating disorders). The following is an example of assessment strategies for a 24-day component that several existing courses use:

- 1 Formative therapy audio or video recording of a CBT assessment session (student and supervisor rated)
- 1 Formative audio or video recording of a CBT therapy session (student and supervisor rated).
- 1 Summative audio or video recording of a therapy session 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

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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 component). 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.

Involvement of Experts by Experience

Courses should ensure the fit between training and the priorities of people who use services by creating frameworks and opportunities for meaningful involvement in the design, delivery and assessment of learning by experts by experience (service users, carers and families).

Description of Individual Components

Component 1: The Fundamentals of CBT

The Fundamentals Component

The Fundamentals Component 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 component will aim to enable students to understand how the scientific principles inform CBT clinical practice

This component 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 Behavioural Therapy e.g., 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.

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

Learning Outcomes:

This component 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 severe mental health problems and associated co-morbid conditions
- ii) assessing patients for suitability for CBT for common mental health problems and severe mental health problems.
- 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.

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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 secondary mental health care.

Component 2: CBT for Anxiety Disorders

This component 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 Panic Disorder, Social Phobia, Obsessive Compulsive Disorder, PTSD and GAD. Body Dysmorphic Disorder and Health Anxiety 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. Teaching should include how to use anxiety disorder specific measures assess outcome and guide therapy.

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
- Sessional 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 Behavioural Therapy for anxiety disorders
2. To develop critical knowledge of the theoretical and research literature of CBT with anxiety disorders.

General Learning Outcomes:

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

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- 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 considering 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
- xviii) demonstrate the ability to select and use anxiety disorder specific measures to assess outcomes and guide treatment of relevant conditions.

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 included 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 Component.

CBT for Panic Disorder

Demonstrate competency in:

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

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- 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 interpersonal 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

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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

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- 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 (e.g., 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

Component 3: CBT for Depression

This component will develop skills in CBT for depression to an advanced level, improving proficiency in the fundamentals 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

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Aims

1. To develop practical competency in Cognitive Behavioural Therapy for depression
2. To develop critical knowledge in the theoretical and research literature for cognitive and behavioural models with depression.

Learning Outcomes

This component 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, considering 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 considering 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) therapeutic problems with depression including use of client support networks
- xiii) ability to deal with ending therapy and planning for long term maintenance of gains with evidence of a relapse prevention plan
- xiv) begin to practise as “scientist practitioners” continuing to advance their knowledge and understanding to develop new skills with depression to a high level
- xv) 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
- xvi) 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
- xvii) an ability to sensitively adapt CBT for depression, and ensure equitable access of CBT considering cultural and social differences and values
- xviii) 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 ...)

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- 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 and 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

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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.

Component 4: Working with complexity: Essential competencies for working with people with psychosis, bipolar disorder, personality disorder and eating disorder

This component aims to develop students’:

- Critical knowledge of the fundamental principles of theory, research and practice with people with psychosis, bipolar disorder, personality disorders and eating disorders.
- Practical competencies and clinical skills required for working with people with psychosis, bipolar disorder, personality disorders and eating disorders.

The curriculum will comprise the following:

- Phenomenology, diagnostic classification and epidemiological characteristics of psychosis, bipolar disorder, personality disorders and eating disorders.
- Lived experience perspectives of people with psychosis, bipolar disorder, personality disorder or eating disorder, including personally defined recovery outcomes.
- Psychological factors in the onset and maintenance of psychosis, bipolar disorder and personality disorder, including the role of trauma and adversity.
- Current evidence based pharmacological and psychological treatments for psychosis, bipolar disorder and personality disorder and the role of combined treatments.
- Multidisciplinary care contexts for the treatment of psychosis, bipolar disorder, personality disorder and eating disorder, and interfaces with psychological therapy delivery, including physical and mental health care contexts.
- An overview of cognitive behavioural approaches to psychosis, bipolar disorder, personality disorders and eating disorders.
- Engagement and assessment skills for working with people with severe and complex presentations, accommodating the person’s presenting problems, risks (including any substance misuse) and psychosocial context, to develop and personalised formulation of their difficulties as a basis for therapeutic intervention.
- Working with the person in their social, cultural and lifespan context, and with others directly involved in the person’s wellbeing e.g. family members.
- Understanding of and ability to use a recovery-oriented stance, promoting a sense of control by maintaining a focus on the client’s goals, motivations and strengths, with awareness that for some clients symptoms will persist in spite of intervention, and recognising and valuing personal recovery and maintenance of gains in this context.

Learning outcomes:

This component will provide an opportunity for students to develop and demonstrate a critical understanding and clinical skills in the following areas:

- i) A critical understanding of the phenomenology, diagnostic classification and epidemiological characteristics of psychosis, bipolar disorder, personality disorder and eating disorder.
- ii) An appreciation of lived experience perspectives of people with psychosis, bipolar disorder, personality disorder and eating disorder (including those critical of mental health services), and the need for personally defined recovery goals and outcomes.

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- iii) A critical understanding of the psychological factors in the onset and maintenance of psychosis, bipolar disorder and personality disorder, including the role of trauma and adversity.
- iv) An awareness of the current evidence based pharmacological and psychological treatments for psychosis, bipolar disorder, personality disorder and eating disorder, the role of combined treatments, and limitations of the evidence base.
- v) An awareness of and ability to work across multidisciplinary care contexts for the treatment of psychosis, bipolar disorder, personality disorder and eating disorder, which interface with psychological therapy delivery, including physical and mental health care contexts.
- vi) A critical understanding of cognitive behavioural approaches to psychosis, bipolar disorder, personality disorder and eating disorder, their range of application, and limitations.
- vii) An ability to engage and assess people with severe and complex presentations, including:
 - An understanding of issues that can interfere with engagement and assessment, and an ability to manage these effectively.
 - An ability to develop an individualised formulation of the person's difficulties, accommodating their presenting problems and psychosocial context, as a basis for therapeutic intervention aimed at personal recovery goals and outcomes.
 - An understanding of the psychosocial factors associated with risk (e.g. which increase likelihood of suicidal behaviours), including substance misuse and forensic issues; an ability to incorporate these factors into an individualised formulation of the person's difficulties; and an ability to implement risk management strategies, including condition specific and standalone guidance for substance misuse, and work jointly with dedicated substance misuse colleagues.
- viii) An ability to work with people with severe and complex presentations in their social, cultural and lifespan context, and with others directly involved in the person's wellbeing, including:
 - A critical understanding of the role of caregivers and/or supporters in supporting people with psychosis, bipolar disorder, personality disorders and eating disorders, and of the impact of caregiving / supporting on both the person and the carer / supporter.
 - A critical understanding of the person's ethnicity and culture, and the implications for clinical practice, e.g. factors that influence differences in prevalence rates reported and treatment options for ethnic groups, how cultural factors may impact the person's experience of psychosis, bipolar disorder, personality disorder and eating disorder, and cultural adaptations of therapies.
 - An ability to adapt clinical work for different stages in the course of psychosis, bipolar disorder, personality disorder and eating disorder.
 - An ability to adapt clinical work for specific populations, e.g. with social and communication difficulties, different levels of cognitive ability and across the lifespan.

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Component 5 (Option 1): CBT for psychosis and bipolar disorder

CBT for severe and complex presentations is based on evolving research evidence. The following guidelines follow the current evidence and expert opinion.

This component aims to develop students’:

- Critical knowledge of the theory, research and practice relevant to cognitive behavioural assessment and intervention with people with psychosis and bipolar disorder.
- Practical competencies and clinical skills required to deliver CBT with people with psychosis, including delusions, persecutory delusions specifically, distressing voices and other hallucinations, ‘negative symptoms,’ cognitive disorganization, at risk mental states, co-occurring difficulties (e.g. anxiety, depression, trauma, emotion dysregulation), and relapse management plans.
- Practical competencies and clinical skills required to deliver CBT with people with bipolar disorder, including individual cognitive behavioural techniques and group-based approaches,

The curriculum will comprise the following:

- Assessment, formulation, treatment planning, goal setting and intervention skills for working with people with severe and complex presentations.
- CBT for delusions. This should include working with people with bipolar who have residual concerns about psychotic symptoms experienced in acute mood episodes.
- CBT for persecutory delusions specifically, to include working with contributory factors (such as worry, sleep difficulties and safety-seeking behaviours).
- CBT for distressing voices and other hallucinations, to include working with harmful compliance to command hallucinations.
- Working with ‘negative symptoms’ and cognitive disorganisation, to include social withdrawal, motivational problems and difficulties in thinking.
- Individual CBT for people presenting with bipolar disorder.
- Group based CBT approaches for people with bipolar disorder.
- Stage specific interventions and adjustments for age and ability.
- CBT for co-occurring difficulties, to include anxiety, depression, trauma, PTSD and emotion dysregulation, in the context of psychosis and bipolar disorder.
- Use of standard and idiosyncratic measures to monitor clinical and recovery outcomes.
- CBT relapse management plans.

General learning outcomes:

This component will provide an opportunity for students to develop and demonstrate a critical understanding and clinical skills in the following areas:

- i) Thorough understanding of the theoretical models underpinning CBT interventions for psychosis and bipolar disorder.
- ii) Competence in CBT assessment, formulation, goal setting, treatment planning and interventions, with people with severe and complex presentations, including the ability to draw on a range of models (e.g. for psychosis, bipolar disorder, depression and anxiety disorders) to develop personalised formulation and intervention plans.
- iii) Competence in CBT for delusions.
- iv) Competence in CBT for persecutory delusions specifically, including interventions targeting contributory factors such as worry, sleep difficulties and safety-seeking behaviours.
- v) Competence in CBT for grandiose beliefs, the function of such beliefs and how to work on these beliefs when they are activated and in between episodes.

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- vi) Competence in CBT for distressing voices and other hallucinations, including working with harmful compliance to command hallucinations.
- vii) An ability to work with 'negative symptoms' and cognitive disorganisation, including social withdrawal, motivational problems and difficulties in thinking.
- viii) Competence in individual CBT for bipolar disorder including work with appraisals, underlying assumptions and core beliefs about mood experiences and bipolar experiences.
- ix) Competence to establish and deliver Group CBT Informed interventions for bipolar disorder.
- x) Competence to identify and work with common core issues around perfectionism, autonomy, guilt and shame with people with bipolar experiences.
- xi) Competence in stage specific interventions and adjustments for age and ability.
- xii) Competence in CBT for co-occurring difficulties, including anxiety, depression, trauma, PTSD and emotion dysregulation, in the context of psychosis and bipolar disorder.
- xiii) An ability to use standard and idiosyncratic measures to monitor clinical and recovery outcomes, and inform clinical decision making over the course of therapy (noted within problem specific learning outcomes, below).
- xiv) An ability to develop collaborative CBT relapse management plans and enable the person to share these with others involved in their wellbeing.

Problem specific learning outcomes:

CBT for delusions

- i) A critical understanding of the phenomenology and multi-dimensional nature of delusional beliefs, of how delusional conviction may fluctuate over time, and when it might be appropriate to seek to modify these beliefs.
- ii) A critical understanding of different cognitive models of delusional beliefs, and when these might be useful to people with psychosis or bipolar.
- iii) Competence in conducting a comprehensive assessment of delusional beliefs including:
 - An ability to assess the content of delusional beliefs and identify those most distressing, disabling and/or disruptive to the person's goals.
 - An ability to determine the extent to which the content of the belief is shared by other members of the person's cultural groups.
 - An ability to enable the person to monitor their delusions, and identify internal and external triggers, consequences, and the potential function of these beliefs.
 - An ability to link delusions to core beliefs about the self, others and others' views of the person, possibly linked to their early learning history.
- iv) Competence in incorporating the assessment information into a personalised formulation of the delusion, leading to goal setting, treatment planning and interventions.
- v) An ability to enable the person to consider the dynamic nature of belief conviction, the personal impact of the belief, and the possibility of re-evaluating and constructing alternative, more helpful appraisals (rather than attempting to directly 'challenge' beliefs).
- vi) An ability to work with beliefs that become evident in heightened mood states e.g. mania or severe depression, and to work with the individuals between episodes on vulnerability factors underlying these beliefs, and on common consequences of beliefs including interpersonal issues, shame and guilt.
- vii) An ability to deliver CBT interventions to enable the person to overcome issues arising from the delusional belief in order to meet their personal goals, drawing on cognitive, behavioural and emotion regulation strategies.
- viii) An ability to use standard and idiosyncratic measures to monitor clinical and recovery outcomes relevant to delusions, and inform clinical decision making over the course of therapy.

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CBT for persecutory delusions

- i) A critical understanding of the phenomenology and multi-dimensional nature of persecutory delusions, of how conviction in persecutory delusions may fluctuate over time, and when it might be appropriate to seek to modify these beliefs.
- ii) A critical understanding of the cognitive models of delusional beliefs, and key components, including:
 - An understanding that these delusions can be conceptualised as unfounded threat beliefs maintained by cognitive behavioural processes such as worry, sleep difficulties, low self-confidence, interpretation of anomalous experiences, reasoning biases, and safety-seeking behaviours.
 - An understanding that these processes are common in people with psychosis, and that most people want to address the distress and disability caused.
- iii) Competence in conducting a comprehensive assessment of persecutory delusions and key maintenance factors, and using this information to develop a personalised formulation showing how each process increases feelings of unsafety and threat.
 - Worry intervention: The ability to conduct a targeted intervention for worry in the context of persecutory delusions, including:
 - An understanding of the evidence base demonstrating high levels of worry in people with persecutory delusions (akin to levels in GAD) and of the role of worry in the onset and maintenance of these beliefs.
 - An ability to work with people to normalise the experience of worry and enable them to recognise and monitor their worry.
 - Competence in assessing and developing a simple formulation showing that worry occurs in the context of feeling under threat due to positive beliefs about worry, which then maintains the sense of threat via bringing worst case scenarios to mind.
 - Competence in building the person's motivation to work on reducing worry by considering the pros and cons of worry and negotiating times when the person would be willing to decrease worry.
 - Competence in using worry management strategies (e.g. worry periods, postponing worry) to reduce levels of worry and decrease conviction and / or distress related to the persecutory belief.
 - Sleep intervention: The ability to conduct a targeted intervention for sleep difficulties in the context of persecutory delusions, including:
 - An understanding of the key processes governing sleep (circadian rhythm and homeostatic sleep pressure) and how disruption to these, together with hyperarousal associated with psychosis, may cause specific sleep difficulties.
 - An understanding of the range of sleep problems that can occur in the context of psychosis (e.g. insomnia, circadian rhythm disruption, nightmares) and the evidence demonstrating the benefits of targeting sleep difficulties in psychosis.
 - Competence in assessing sleep difficulties in the context of psychosis, including the use psychometric measures and sleep diaries; an ability to normalise sleep difficulties and motivate people to address these.
 - Competence in developing a simple formulation showing the cognitive behavioural causes of sleep difficulties, and how these maintain the sense of threat.
 - Competence in using CBT for insomnia adapted for psychosis (e.g. sleep window, wind down / rise up routines, stimulus control, managing naps and sleep pressure, use of light and dark and daytime activity to entrain circadian rhythms, managing psychotic experiences that interfere with sleep (e.g. shifting attention from voices and increasing sense of safety at night), sleep hygiene, imagery rehearsal for nightmares); not using sleep restriction.

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- Addressing safety behaviours: The ability to conduct a targeted intervention for safety-behaviours in the context of persecutory delusions, including:
 - An understanding that persecutory delusions can be conceptualised as unfounded threat beliefs maintained by safety-seeking behaviours, and that these can be targeted to reduce delusional beliefs and distress.
 - An ability to work with people to normalise the urge to seek safety when under threat, and enable them to recognise and monitor safety-seeking behaviours.
 - Competence in assessing and developing a simple formulation showing that safety-seeking behaviours and avoidance occur in the context of feeling under threat, which then maintain the sense of threat as the person has no opportunity to learn that they are safe without these strategies.
 - Competence in enabling the person to learn that they are safe, within and between sessions, using behavioural experiments (e.g. refocusing attention on signs of safety, dropping safety behaviours, tackling avoidance).
- Addressing low self-confidence, interpretation of anomalous experiences and reasoning biases: The ability to conduct a targeted intervention for these processes in the context of persecutory delusions, including:
 - An understanding that, as with all threat beliefs, low self-confidence, interpretation of ambiguous experiences, and reasoning biases can contribute to the maintenance of persecutory delusions, and that these can be targeted to reduce the threat belief and linked distress.
 - An ability to work with people to normalise these processes, and enable them to recognise and monitor low self-confidence, interpretation of anomalous experiences, and reasoning biases.
 - Competence in assessing and developing a simple formulation showing how low self-confidence (self-beliefs), threat-based interpretations of anomalous experiences (e.g. voices, images, thoughts racing), and reasoning biases (common to all anxiety presentations) can occur in the context of threat, and then maintain the sense of threat, directly or indirectly.
 - Competence in enabling the person to learn that they are safe, within and between sessions, using cognitive behavioural interventions to re-evaluate beliefs about the self and anomalous experiences, and address reasoning biases.
- iv) An ability to use standard and idiosyncratic measures to monitor clinical and recovery outcomes relevant to persecutory delusions, and inform clinical decision making over the course of therapy.

CBT for distressing voices and other hallucinations

- i) A critical understanding of the phenomenology and multi-dimensional nature of hallucinations in different modalities, of when these might be problematic for the person, and therefore when appropriate to seek to modify associated beliefs.
- ii) A critical understanding of the wide range of causal factors implicated in voice hearing and other hallucinatory experience (e.g. early and ongoing adversity, trauma, interpersonal / attachment issues), and an ability to recognise and incorporate these processes in individualised formulations and intervention plans to target key mechanisms of change.
- iii) A critical understanding of different cognitive models of hallucinations, and when these might be useful to people with psychosis.
- iv) An ability to discuss the prevalence with which people in the general population hear voices and experience other hallucinations, the concept of a continuum model, recognising that not all people with these experiences have a need for care.
- v) Competence in engaging people who experience distressing hallucinations, including an ability to recognise and discuss how voices etc. may interfere with therapy e.g. by commenting

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negatively about the therapist and issuing threats not to speak openly; an ability to work with the person to develop strategies to manage these threats to therapy.

vi) Competence in conducting a comprehensive assessment of voices and other hallucinations, including:

- An ability to assess the content and appraisals of hallucinations, enabling the person to understand that their appraisals may contribute to their distress, and therefore be usefully targeted in therapy.
- An ability to use diaries and psychometric measures (e.g. CAV, BAVQ-R, VPDS, PSYRATs-voices) to assess appraisals, including beliefs about voice power, identity, malevolence / benevolence, omniscience, consequences of compliance / non-compliance.
- An ability to determine the extent to which the experience and appraisals of hallucinations is shared by other members of the person's cultural groups.
- An ability to enable the person to monitor their hallucinations, and identify internal and external triggers, consequences, and likely maintenance processes.
- An ability to link appraisals to core beliefs about the self, others and others' views of the person, possibly linked to their early learning history.

vii) Competence in incorporating the assessment information into a personalised formulation of the hallucinatory experience, leading to goal setting, treatment planning and interventions.

viii) An ability to enable the person to consider the dynamic nature of appraisals about hallucinations, the personal impact of the appraisals, and the possibility of re-evaluating and constructing alternative, more helpful appraisals (rather than attempting to directly 'challenge' beliefs).

ix) Competence in delivering CBT interventions to enable the person to overcome issues arising from current appraisals in order to meet their personal goals, drawing on cognitive, behavioural and emotion regulation strategies, as well as hallucination specific interventions such as coping strategy enhancement, arousal management, testing beliefs about power and compliance.

x) Competence in interventions designed to address command hallucinations including being able to formulate and target beliefs about voice power, identity, and malevolence, as well as safety behaviours (including compliance and appeasement behaviours) in order to reduce harmful compliance.

xi) An ability to use standard and idiosyncratic measures to monitor clinical and recovery outcomes relevant to hallucinations, and inform clinical decision making over the course of therapy.

CBT for 'negative symptoms' and cognitive disorganisation

i) A critical understanding of the phenomenology of negative symptoms and cognitive disorganisation, including social withdrawal, motivational problems, affective flattening, avolition, alogia, and difficulties in thinking, along with neurophysiological underpinnings; an ability to adapt therapy flexibly and creatively to engage, assess, formulate and intervene with these presentations.

ii) A critical understanding of cognitive behavioural models of these symptoms, and hypothesised mechanisms, including:

- Defeatist beliefs about the value of pursuing an action.
- Anticipating little reward for effort involved in activity.
- Beliefs about one's own resources being limited.
- Minimising social contact to reduce stress.
- 'Social defeatism,' in which the person predicts rejection from others, resulting in little motivation to pursue social contact.

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- iii) Competence in conducting a comprehensive assessment of negative symptoms and cognitive disorganisation, including:
- An ability to assess these experiences and identify those most distressing, disabling and/or disruptive to the person's goals, noting
 - Discrepancies between past and present levels of functioning
 - Discrepancies between subjective and objective expression of emotion.
 - Rate and flow of speech over time to allow for change in contextual factors.
 - An ability to enable to person to monitor these experiences, and identify internal and external triggers, consequences, and their potential function.
 - An ability to use strategies to clarify and test factors associated with negative symptoms and cognitive disorganisation when these are difficult for the person to articulate.
 - An ability to assess appraisals of negative symptoms and cognitive disorganisation, and links to core beliefs about the self, others and others' views of the person, possibly linked to their early learning history.
- iv) Competence in incorporating the assessment information into a personalised formulation of cognitive behavioural processes contributing to the maintenance of negative symptoms and cognitive disorganisation (e.g. in the context of depression, avoidance of anxiety provoking situations, reactions to trauma, side effects of medication, or appropriate periods of 'convalescence' / social withdrawal to regulate stress), leading to goal setting, treatment planning and interventions.
- v) Competence in delivering CBT interventions for negative symptoms and cognitive disorganisation, including:
- An ability to select appropriate and sequenced strategies, dependent on whether symptoms are 'primary' or 'secondary' to delusions and hallucinations.
 - An ability to engage and motivate the person in therapy, agreeing meaningful and realistic goals considering current and previous functioning.
 - An ability to use of formulation to identify and address skills deficits that may contribute towards these symptoms (e.g. literacy, social skills).
 - An ability to identify the role of negative expectations regarding performance, pleasure, personal resources, or social acceptability, and to address these using cognitive and behavioural interventions, in line with the person's goals.
- vi) An ability to use standard and idiosyncratic measures to monitor clinical and recovery outcomes relevant to negative symptoms and cognitive disorganisation, and inform clinical decision making over the course of therapy.

Individual CBT and Group CBT Informed Approaches for Bipolar Disorder

- i. Ability to develop a shared understanding of what triggers mood fluctuations and how they impact on personal recovery goals. This must include any benefits of mood changes (particularly hypomania) as well as the challenges, and how they may impact of ambivalence about accessing therapy.
- ii. Ability to adapt CBT interventions for common mental health problems for people with bipolar experiences.
- iii. Ability to work with high and low moods and to utilise cognitive and behavioural mood regulation strategies
- iv. Ability to work with commonly presenting unusual/extreme beliefs that present in mood episodes, but which reflect underlying concerns that can also be addressed out of episode.
- v. Ability to identify and use full range of cognitive techniques including imagery to identify, explore and test out appraisals and core beliefs maintaining bipolar experiences and impeding recovery goals.

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- vi. Ability to work empathically to help individuals and their family/friends come to terms with the consequences of actions taken when in extreme mood states and the impacts these may have had on important aspects of life.
- vii. To understand the role of sleep, social and circadian rhythms in maintaining bipolar experiences and have competences to work with these issues.
- viii. To understand and be able to present to stakeholders the rationale for groups, the evidence base and the pros and cons of different group approaches.
- ix. Critical understanding and ability to conduct CBT informed group interventions to support people with bipolar.
- x. Ability to co-develop recovery plans with clients drawing on work done in therapy and recovery focused plans for the future.

Stage specific interventions and adjustments for age and ability

- i) An ability to adapt CBT assessment, formulation and interventions for children and adolescents, with due attention to developmental needs, where relevant to working context.
- ii) An ability to adapt CBT assessment, formulation and interventions for the particular difficulties of early psychosis, with due attention to the aims and ethos of early psychosis teams, where relevant to working context.
- iii) An ability to adapt CBT assessment, formulation and interventions for established psychosis, persisting / recurring symptoms and treatment resistant presentations, where relevant to working context.
- iv) An ability to adapt CBT assessment, formulation and interventions for acute psychosis, inpatient and crisis care, and crisis management, where relevant to working context.
- v) An ability to adapt CBT assessment, formulation and interventions for functional impairment associated with psychosis and rehabilitative / longer term care settings, where relevant to working context.
- vi) An ability to adapt CBT assessment, formulation and interventions to take account of developmental issues across the presenting age range, where relevant to working context.
- vii) An ability to adapt CBT assessment, formulation and interventions to take account of comorbid neurodevelopmental conditions, including social and communication difficulties, where relevant to working context.

CBT for co-occurring difficulties

- i) A critical understanding of the difficulties that present alongside psychosis and bipolar disorder, including anxiety, depression, trauma, PTSD and emotion dysregulation.
- ii) An ability to draw on these problem specific cognitive behavioural models, to assess co-occurring difficulties, and where appropriate weave these into an individualised and comprehensive formulation of the person's presentation in order to develop a coherent treatment plan, drawing on cognitive, behavioural and emotion regulation strategies.
- iii) Competence in working with trauma in the context of psychosis and bipolar disorder:
 - 1. A critical understanding of the range of comorbid trauma presentations in psychosis and bipolar disorder, and models of the role of trauma in these presentations.
 - 2. Competence in completing an individualised formulation that accommodates the person's full range of traumatic experiences and the different mechanisms by which each may impact on the person.
 - 3. Competence in delivering a range of trauma interventions including CBT for PTSD in the context of psychosis and bipolar disorder, narrative exposure approaches, and PTSD interventions for type 1 trauma (described in component 2).
 - 4. An awareness of EMDR interventions and how these may be used.

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5. An ability to select, deliver and evaluate the impact of trauma interventions, and adjust the formulation and treatment plan based on the person's response.
- iv) An ability to use standard and idiosyncratic measures to monitor clinical and recovery outcomes relevant to the person's co-occurring difficulties, and inform clinical decision making over the course of therapy.

CBT relapse management plans for psychosis and bipolar disorder

- i) A critical understanding of models of relapse and the psychological mechanisms implicated, including fear of relapse, appraisals and responses to early warning signs, and interpersonal / attachment patterns, and the implications for relapse management.
- ii) For relapsing presentations:
 - Competence in sensitively assessing the course of psychosis and bipolar disorder, eliciting appropriate detail on cognitive, behavioural, interpersonal and emotion regulation patterns, without recreating relapse triggers.
 - Competence in incorporating these details into a personalised formulation of the person's relapse signature, leading to treatment planning and interventions.
- iii) An ability to construct an individualised formulation of relapse.
- iv) An ability to deliver an individualised relapse management plan, and enabling the person to share appropriately with formal and informal support networks.

Component 5 (Option 2): CBT for People Diagnosed with a Personality Disorder

This component will develop skills to an advanced level in CBT for people diagnosed with a personality disorder, improving proficiency in CBT and developing competency in the specialist techniques used in the treatment of difficulties associated with a personality disorder diagnosis. Specific cognitive behavioural models of “personality disorder”, empirical evidence, and assessment and specialist cognitive behavioural treatment strategies will be covered in the training.

The clinical workshops will provide students with a strong foundation in the evidence base for CBT with problems linked to a personality disorder diagnosis.

The curriculum will comprise the following:

- Phenomenology, diagnostic classification and epidemiological characteristics of personality disorder
- Understanding the association between early development and trauma/adversity with neurological development, core beliefs, behavioural patterns and the emotional and relational difficulties associated with a personality disorder diagnosis.
- Understanding child development (both normal and abnormal) and how this can impact on the development of core beliefs and related emotions and behaviours.
- Understanding schema theory, schema-focussed strategies and the concept of schema modes and how this relates to the conceptualisation and management of problems in those with PD.
- Devising individual, interpersonal and systemic CBT conceptualisations that can account for the complexity of presenting problems, whilst being accessible to the patient.
- Engagement and assessment of a person presenting with a personality disorder through the development of a shared, in-depth, written, narrative formulation.
- Use of motivational interventions as necessary
- Relapse management training applied to a range of difficulties that might present.
- Using problem-solving approaches as necessary
- Use of social skills training as necessary
- Understanding (and formulating) and working with self-harming behaviours and regulation of emotions.
- Identifying and working with the service user’s own core beliefs
- Managing ongoing, potential short and long-term harms including self-harm, harm to others and iatrogenic harms
- Managing intrusive (commonly traumatic) imagery, selecting the appropriate approach from a range of imagery techniques
- Managing dissociation (detachment & compartmentalisation) as necessary
- Assessing and working with common co-occurring difficulties including substance misuse, anxiety disorders, depression & PTSD.
- Development of therapeutic competency in the application of cognitive and behavioural interventions with personality disorder
- Possible adaptations of the approach when working with older adults / those with learning disabilities / couples work / group work / families. Cultural adaptation of the approach.
- Use of standard and idiosyncratic clinical measures to monitor CBT process and outcome in personality disorder

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- Effective use of supervision [and /or consultation] to help students identify own values and beliefs in working with people with personality disorder to enhance and regulate good practice.
- Developing reflective and restorative practice to enhance therapist wellbeing

Aims

- To develop practical competency in Cognitive Behavioural Therapy to help people presenting with a diagnosis of personality disorder
- To develop critical knowledge in the theoretical and research literature for cognitive and behavioural models with personality disorder.

Learning Outcomes

This component 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 incidence and prevalence, symptoms, problems and course of “personality disorders”.
- ii. understanding issues that may interfere with therapeutic engagement and be able to work collaboratively to develop a working alliance
- iii. understanding of child development, both normal and abnormal, and how this can impact on the development of a person’s core beliefs, emotions and behavioural patterns.
- iv. undertaking a comprehensive assessment of a person presenting with a diagnosis of personality disorder across multiple domains
- v. assessing the person’s history and current circumstances (including early development, external stressors, use of drugs and alcohol, interpersonal environment etc.) to help understand factors that may have contributed to, and that are maintaining, the presenting problems.
- vi. Developing a shared, in-depth, written, narrative formulation.
- vii. Identifying the person’s individual core beliefs and making sense of how these relate to under-developed and over-developed dysfunctional behavioural patterns and difficulties regulating emotion.
- viii. assessing and formulating ongoing suicidal and self-harming behaviours and implementing practical strategies to minimise short- and long-term harms.
- ix. working collaboratively to agree priorities for treatment
- x. emotional regulation including the use of behavioural strategies to support this.
- xi. working with behavioural patterns commonly seen in those diagnosed with a personality disorder.
- xii. understanding the role of traumatic experiences in the development of the person’s presenting problems and be able to work with this.
- xiii. Helping the person to be aware of how changes in beliefs impact on behaviour and helping the person to be aware of the how this can impact on significant others.
- xiv. dealing with ending therapy and planning for long term maintenance of gains
- xv. Understanding the role of the multi-disciplinary team in treating a person diagnosed with a personality disorder and ability to deliver CBT effectively within this context.
- xvi. making best use of in-depth clinical supervision / consultation on the course
- xvii. delivering CBT for those with a diagnosis of personality disorder with fidelity to the model, using a reliable fidelity rating scale to demonstrate this (e.g. the ACCS-scale: Muse et al 2014).
- xviii. Use formal measures to measure change/outcomes.

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Component 5 (Option 3): CBT for People with Eating Disorders (CBT-ED)

This component will develop skills to an advanced level in CBT for people diagnosed with an eating disorder (CBT-ED), improving proficiency in CBT-ED and developing competency in the specialist techniques used in the treatment of people with eating disorders. The training will cover specific cognitive behavioural models of eating disorders, empirical evidence, assessment and specialist cognitive behavioural treatment strategies.

The clinical workshops will provide students with a strong foundation in the evidence base for CBT-ED, across the range of eating disorders.

The curriculum will comprise the following:

- Phenomenology, diagnostic classification, and epidemiological characteristics of eating disorders
- Understanding the cognitive, emotional, biological/genetic/physiological, interpersonal and behavioural factors that increase the risk of developing and that maintain eating disorders
- Understanding the development of eating disorders and diagnostic fluidity
- Assessment of a person presenting with an eating disorder.
- Understanding and working with physical and psychiatric risk factors in eating disorders
- Developing a shared formulation of the onset and maintenance of the case and specific behavioural patterns
- Developing engagement through enhancing symptom change
- Assessing and working with common co-occurring difficulties, including anxiety-based disorders, depression, substance misuse, personality disorder characteristics, autistic spectrum disorders, and co-occurring physical health difficulties, such as diabetes
- Understanding the role of nutrition in the maintenance and treatment of eating disorders.
- Development of therapeutic competency in the application of cognitive and behavioural interventions for people with eating disorders, including knowing when to use brief interventions/guided self-help, when to use full length CBT-ED, and when to use group approaches.
- Use of standard clinical measures to monitor progress and outcome in CBT-ED, including the use and interpretation of open weighing, session-by-session measures of eating pathology, and measure of depression, anxiety and quality of life
- Effective use of supervision to help students identify their own values and beliefs in working with people with eating disorders, to monitor progress and outcomes, and to enhance and regulate good practice (e.g., through dissemination of outcomes).

Aims

- To develop practical competency in Cognitive Behavioural Therapy (CBT-ED) to help people presenting with an eating disorder in accordance with NICE guidance
- To develop critical knowledge in the theoretical and research literature for cognitive and behavioural models of eating disorders.

Learning Outcomes

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

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General Learning Outcomes: Demonstrate competency in:

- i. a critical understanding of the incidence and prevalence, symptoms and course of eating disorders
- ii. being able to work collaboratively to develop symptom change and working alliance in unison
- iii. understanding the role of safety behaviours in the development and maintenance of eating disorders
- iv. undertaking a comprehensive biopsychosocial assessment of a person presenting with a diagnosis of an eating disorder
- v. assessment and management of physical and psychiatric risk factors associated with eating disorders
- vi. working in multi-disciplinary contexts, where appropriate (e.g., working with medical monitoring, General Practitioners, dietitians, etc.), to ensure appropriate delivery of care
- vii. developing and sharing an effective formulation of the individual's eating disorders, at the appropriate level (case; specific behaviours/ symptoms)
- viii. identifying the interaction of cognitive, emotional, behavioural and biological factors that underlie eating disorders, in the social context
- ix. sound understanding of CBT-ED interventions (individual and group)
- x. development and implementation of key CBT-ED skills
- xi. working collaboratively with the patient and their careers and loved ones in order to prioritise and deliver effective treatment
- xii. managing endings in therapy and planning for long-term maintenance of gains
- xiii. making best use of in-depth clinical supervision on the course
- xiv. delivering CBT-ED with fidelity to the model, using the CBT-ED TRS to demonstrate this.
- xv. use formal measures to measure change/outcomes.

Practice Portfolio

Accreditation Requirements (accrued across both years)

At the end of the course, 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:

- i) Delivered at least 200 hrs of CBT assessment and treatment.
- ii) Completed treatment with a minimum of 8 clients, with at least one being treated for PTSD.
- iii) Completed assessment reports and treatments with at least 8 clients.
- iv) Regular ongoing clinical supervision with a CBT therapist who is BABCP accredited by the end of the programme of study and who is experienced and competent in delivering CBT for the particular specialism (i.e. psychosis, bipolar disorder, personality disorder or eating disorders).
- v) Received a minimum of 70 hrs of clinical supervision.
- vi) On-site supervisor placement reviews and final report
- vii) Self-rated 6 sessions using CTS-R (or equivalent). To include a brief reflective analysis of session
- viii) Reflected on at least 5 samples of CBT literature and its application to practice with individual clients
- ix) 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 minimum of a 2-day clinical practice week. If clinical days are less Practice Portfolio 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 timeframe of their treatment

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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 supervisors 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.

(December 2019)