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## **Staff perceptions of patient needs and own training needs across low medium and high secure services**

*John McGovern, Affinity Healthcare, UK; Victoria Absolom & Nicholas Tarrier, University of Manchester, UK*

Background: Government initiatives have called for improved staff training (DOH, 2000) and patient care (DOH, 1999). Due to a paucity of research, this project attempts to address this gap and provide data from six sites on staff's perspective of the needs of patients and their own training needs.

Methods: Data were collected using three separate measures to gain staffs perspective on patient need; covering psychological, forensic, social and behavioural items. Staff training needs were collected using a questionnaire to establish training to date, current skills, application and clinical supervision. Management staff were interviewed to determine to what extent wards met National Minimum Standards (DOH, 2002).

Results: A preliminary analysis suggests that patient needs are common in areas of eating issues, excessive smoking and self-esteem problems, with over 72% of patients having issues in these areas. Over half of the patient population had problems with motivation, accommodation, hostile behaviour and odd conversation. Wards generally performed well with the National Minimum Standards. The key items wards were unable to fully meet included not providing family intervention for patients and their families, not including service users and carers as greatly as suggested by guidelines. There were also issues with clinical supervision.

Conclusions: The implications of the current findings are elaborated on and discussed with reference to staff training needs in secure settings. The study's findings form the basis of a 3-year training strategy on behalf of the North West Secure Commissioning Team to improve staff training across Cheshire and Mersey.

## **Current Issues and Approaches in CBT Training**

*Convenor, Chair & Discussant: Paul Cromarty, University of Cumbria & Newcastle CBT Centre, UK*

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### **CBT Training: What are the important questions?**

*James Bennett-Levy, University Department of Rural Health (Lismore), Sydney University, Australia*

With the advent of high volume training of CBT therapists, the lack of a good empirical base to guide the training initiative is highlighted. We may not maximise the opportunity this initiative provides unless the gap is addressed. It is timely to ask what are the important questions for training researchers. A first generation of training research examined whether knowledge and skills improve as a result of CBT training courses. The answer was: sometimes yes, sometimes no. The next generation of training research needs to address Schacht's (1984) altogether more sophisticated question: "What training, by whom, is most effective with which student, who is acquiring the specific knowledge or competency, under which set of circumstances, and at what cost?" To answer this question, we need testable models of the training process and useful questions derived from such models. We must be creative in our use of research methodologies, and have an opportunistic approach to training research. The author will illustrate some of the issues from his own collaborative research endeavours.

### **Teaching and learning formulation in CBT**

*Michael Townend, University of Derby, UK*

Case formulation has the potential to be the cornerstone of effective practice, particularly at a time characterised by the continued empirical investigation and refinement of cognitive behavioural psychotherapy (Grant, Townend et al 2008). This paper will describe an approach developed at the University of Derby that aims to develop student's clinical formulation abilities. The format for the approach is a series of problem based learning workshops that will incorporate didactic and computer based learning using mind mapping software. The process involves the development of a learning object (a case example, video illustrations of various aspects of the individual's difficulties and access to a trained actor in order to identify further information and also practice their relational skills and explanations of their conceptualizations. The learning process is active and encourages flexible student-oriented inquiry. The overall approach helps to close the gap between teaching, learning, research based evidence and its utilization in clinical practice (Grant, Townend, et al 2008).

Reference: Grant, A., Townend, M. et al (2008). Assessment and formulation in cognitive behaviour therapy. Sage, London.

### **Don't stop reflecting! Promoting continued development in experienced CBT therapists through a self-practice/self-reflection approach**

*Melanie Davis, Newcastle University, UK; Richard Thwaites, Cumbria Partnership NHS Trust & University of Cumbria, UK; James Bennett-Levy, University Department of Rural Health (Lismore), Sydney University, Australia & Mark Freeston, Newcastle University, University of Durham & Newcastle CBT Centre, UK*

With continuing professional development now being a chartered requirement of the British Psychological Society, it is timely to consider what methods might aid in achieving this. Within therapist training programmes, specifically CBT, courses are increasingly emphasising the role of self-reflection in developing competence, with trainees regularly encouraged to engage in some form of reflection, sometimes even as an assessed element of training. However, how can this practice be best continued following qualification? With growing evidence accumulating for the value of the self-practice/self-reflection (SP/SR) approach in developing skill in trainee CBT therapists, a study examining the impact of SP/SR on more experienced therapists was carried out. Given that trainees are on a learning curve as they progress through training, this study was able to differentiate the specific impact of SP/SR within this more experienced group. Findings suggest that through self-practice of CBT skills followed by structured self-reflection, participants perceived beneficial impact to both their technical and interpersonal skills. However, the experience of this differed across the study group. Through analysis of individual cases, specific experiences will be discussed to illustrate the capability of SP/SR as a training and development approach to further hone CBT skill in experienced therapists.

### **Starting from scratch: Survey of capacity building of training to produce CBT practitioners**

*Paul Cromarty, University of Cumbria & Newcastle CBT Centre, UK; Karen Price, Newcastle CBT Centre, UK & Mark Freeston, Newcastle University, UK*

This presents results of a survey of therapists who completed a CBT training course that was the first of its kind in the particular region. Following this initiative a network of qualified CBT practitioners has developed which continues to expand when previously the CBT resource was virtually non-existent. Several former students of the course are part of these developments but many remained unaccounted for and work in other services and settings in or outside the region concerned. A survey of over 50 former students was conducted in an attempt to gauge their views on how CBT training may have affected practice in general and the extent to which CBT

continues to have a role in current therapeutic practice. The survey covers the first five years of the course and hopefully highlights the impact of CBT training provision as well as some of the benefits and current problems encountered in practice by former students.

## **Let a Hundred Flowers Bloom: Varieties of Training in CBT**

*Convenor: Freda McManus, Oxford Cognitive Therapy Centre, UK*

*Chair and Discussant: David Westbrook, Oxford Cognitive Therapy Centre, UK*

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### **What can we learn from 10 years of training in Cognitive Therapy?**

*Freda McManus, Melanie Fennell, David Westbrook, Gillian Butler & Helen Kennerley Oxford Cognitive Therapy Centre, UK; Ann Hackmann, University of Oxford, & Institute of Psychiatry, King's College London, UK; Roz Shafran, University of Reading, UK*

Currently, the demand for evidence-based therapies such as cognitive-behaviour therapy (CBT) far exceeds supply (e.g., Layard, 2004; 2006). A key problem faced by the field is the issue of how to most effectively, yet efficiently, disseminate cognitive therapy skills to the large numbers of therapists that will be required if we are to significantly increase the availability of CBT. The University of Oxford has run a year long post-graduate Diploma in CBT for qualified mental health professionals, for over 10 years. This paper presents data evaluating the effectiveness of this type of CBT training. The structure and content of the course are described and the impact of this training on (i) trainees' satisfaction with training and (ii) trainees' clinical skills is presented. Clinical skills are assessed via rating audio tapes of trainees' therapy sessions with the Cognitive Therapy Scale (Young & Beck, 1980). Ratings of trainees' tapes are analysed to determine which skills are impacted by training, for whom, and in what manner.

### **Developing cognitive-behavioural skills for clinical practice: an innovative educational intervention for medical students**

*Karen Kearley, OBMH NHS Trust & Alison Croft, Oxford Cognitive Therapy Centre, UK*

This educational programme was developed because of the potential value of training doctors to have an awareness of cognitive-behavioural principles and skills. Knowledge and application of these strategies can be very useful in medical consultations concerning a wide range of common clinical problems, from anxiety and depression to chronic pain and other physical complaints. However, to date, there is little focus upon CBT within either undergraduate or post-graduate medical education in the UK. The presentation will describe a mixed methods evaluation of an educational programme, set up by the authors in 2004, to provide brief training in CBT for medical undergraduates. Students learn the basics of CBT theory, evidence-base, indications for referral and basic CBT skills. A subset of students elect to participate in supervised practice, providing CBT-based guided self-help to patients with mild – moderate mental health problems in a primary care setting. The presentation will focus upon qualitative and quantitative data relating to the students' experience of this training as well as patient satisfaction and initial clinical outcome data. The benefits and limitations of this model will be discussed.

### **An evaluation of a brief CBT training course: Impact on trainees' satisfaction, clinical skills and patient outcomes**

*David Westbrook, Gillian Butler & Freda McManus Oxford Cognitive Therapy Centre, UK; Alison Sedgwick-Taylor & James Bennett-Levy, Northern Rivers University Department of Rural Health, Sydney University, Australia*

This paper will present data from a pragmatic evaluation of a 10-day Foundation Course in CBT for Graduate Mental Health Workers and nurses, including ratings of competence on the CTS early in the course and at its end, various self-rating measures at the course's start and end, qualitative data concerning the trainees' experience of the course, and the impact of the course on patient outcomes. The limitations of the study and the implications for CBT training will be discussed.

### **The Lupina Project: training psychology graduates to treat chronic panic and agoraphobia**

*Alison Croft, Oxford Cognitive Therapy Centre, UK & Ann Hackmann, University of Oxford, & Institute of Psychiatry, King's College London, UK*

CBT has now established itself as the treatment of choice for anxiety disorders such as panic with or without agoraphobia (Clark et al., 1994). However, agoraphobic patients are often severely disadvantaged when it comes to accessing standard CBT services, as many are housebound and highly avoidant. Access to CBT is further limited by a shortage of qualified therapists. Ways of addressing this has been the UK government's suggestion that psychology graduates be trained as mental health workers in primary care settings (DOH, 2000) and initiatives such as IAPT. The Lupina Project was established in 2003 as a pilot project. The pilot's success resulted in the Project attracting substantive PCT funding. It is now a small service nested within the Oxford Primary Care & Counselling Service. The Lupina Project operates by training psychology graduate volunteers to provide CBT for panic disorder to patients with chronic panic disorder and agoraphobia. Graduate volunteers are given 2 days of training in CBT specifically for panic disorder and then carry out individualised CBT treatments, with fortnightly group supervision from an experienced clinical psychologist. Analysis of standardised clinical measures of those patients who have completed therapy indicate that clinical outcomes equivalent to or better than routine care (Westbrook & Kirk, 2003) are achievable using this model. This paper will describe the training methods used, present the results of an analysis of the clinical outcome data from the first 3 years of the Project, and discuss the limitations and future potential of this model of training.