

TIPS & HELPFUL HINTS IN PREPARING FOR THE COGNITIVE BEHAVIORAL THERAPY (CBT) COMPETENCY REVIEW

INTRODUCTION

This information is intended to provide some tips in preparing for the CBT competency tape review. Please take the time to review the tips to begin preparing your staff for the review, or for preparing as an individual practitioner. This document is only one resource of many that may be available to you as you prepare for this process. There are additional resources listed on the section of this pamphlet entitled 'Suggested Readings.' This list is compiled from a comprehensive list created by The Academy of Cognitive Therapy. There are also resources available via the Department of State Health Services (DSHS) Lending Library. For more information on how to access this information, please use the following link <http://www2.mhmr.state.tx.us/CentralOffice/BehavioralHealthServices/CTMain.html>. Please note that this link is not accessible to the general public. You may also contact Trina K. Ita, Program Specialist for DSHS:

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Best of luck to you as you prepare.

HELPFUL HINTS & TIPS

1. Only submit sessions that are between 45-55 minutes long. Beyond that, you run the risk of the rater discontinuing the review and hence losing out on opportunities to acquire a higher score.
2. Submit session tapes of your third session or higher. Submitting a session 1 or 2 will not cover all of the elements that are covered in the Cognitive Therapy Rating Scale (CTRS) to help get a passing score.
3. After the first session, give the client a pamphlet that explains the cognitive model of depression/anxiety and some of the basic techniques. (Beck Institute publishes several for specific disorders). The client can be asked to read this over during the week and share his/her reactions in the next session. Since these are very well-written, and provide a number of excellent examples to bring the principles of CBT to life, they can help get the client on board with the approach. The client can then decide if this approach is something he/she would like. (After all, if the client isn't on board with the approach, the session probably won't go well!).
4. Participate in CBT training. This is particularly important for anyone that has never been trained in CBT or has not been adhering to the model and needs a refresher.
5. Submit the tape of your best clinician, get that rating and use it as a training tool for other clinicians before submitting additional tapes.

6. Read Judith Beck's book, "Basics and Beyond" -- paying particular attention to chapters on (a) restructuring cognitions and (b) cognitive case conceptualization. I find that common rookie mistakes are: 1. using persuasion/debate instead of Socratic questioning (which then leads to lower scores in collaboration, interpersonal effectiveness, and understanding), 2. absence of a clear cognitive conceptualization of the client (which then leads to lower scores in focusing on key cognitions/behaviors and strategy for change).
7. Use the CTRS as a supervision tool. This is the tool that is used to rate the tapes, therefore, familiarity may aid the preparation process.
8. Tape multiple CBT sessions, review them all and submit the best one. This will help you to ensure that you have covered all of the elements required on the CTRS and enhance the likelihood of a passing score.
9. Participate in a clinical supervision group for CBT. Listen to each other's tapes and rate them using the CTRS. Problem solve areas of difficulty. Clinical supervision is always a good idea in identifying trends, areas in need of improvement, and in sharpening clinician skill. You also have the added bonus of a support system.
10. Review the training video "Cognitive Therapy Rating Scale (CTRS) Adherence Workshop." This training workshop video explains what a rater is looking for in each area of the CTRS. It is available from DSHS upon request.
11. Read and re-read the CTRS manual.

SUGGESTED READING

- __ Beck, A.T. (1976). Cognitive therapy and the emotional disorders. New York: International Universities Press.
- __ Beck, A.T., Emery, G., & Greenberg, R. (1985). Anxiety disorders and phobias: A cognitive perspective. New York: Basic.
- __ Beck, A.T., Freeman, A., and Associates. (1990). Cognitive therapy of personality disorders. New York: Guilford.
- __ Beck, A.T., Rush, A.J., Shaw, B. F., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford.
- __ Beck, A.T., Wright, F.D., Newman, C. F., & Liese, B. S. (1993). Cognitive therapy of substance abuse. New York: Guilford.
- __ Beck, J.S. (1995). Cognitive therapy: Basics and beyond. New York: Guilford.
- __ Dattilio, F.M. (2010). Cognitive-behavioral therapy with couples and families: A comprehensive guide for clinicians. New York: Guilford
- __ Freeman, A., Pretzer, J., Fleming, B., & Simon, K.M. (1990). Clinical applications of cognitive therapy. New York: Plenum Press.
- __ Leahy, R. (1996). Cognitive therapy: Basic principles and applications. New Jersey: Jason Aronson Inc.
- __ Padesky, C.A., & Greenberger, D. (1995). Clinician's guide to mind over mood. New York: Guilford.
- __ Persons, J.B. (1989). Cognitive therapy in practice: A case formulation approach. New York: Norton.