



An evaluation of the effectiveness of Diploma-level training in cognitive behaviour therapy

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ABSTRACT

Background: As part of the UK government's initiative to Increase Access to Psychological Therapies (see <http://www.iapt.nhs.uk/for> full details of the IAPT programme) there has been an expansion in the provision of post-graduate Diploma training in cognitive behaviour therapy (CBT). Previous evaluations of such training programmes have yielded mixed results but have been limited by small sample sizes and/or limited assessment measures.

Aims: To evaluate the impact of a long-standing Diploma in CBT training programme on a variety of measures of CBT competence.

Method: Trainees' levels of CBT skill are compared at the beginning and end of CBT training. The effect of therapist factors such as age, professional background and gender on the development of CBT competence is also examined.

Results: Results show that trainees demonstrate higher levels of CBT skills after completing the training than they did before, with the majority achieving pre-determined criteria for competence. Trainees' gender was not related to their performance but trainees' age showed a negative association with CBT skill (older trainees performed worse). Trainees' professional background also had an impact on their level of CBT competence, with trainees who were clinical psychologists demonstrating the highest levels of competence across a range of measures.

Conclusions: CBT Diploma training leads to increases in the level of trainees' CBT competence, with the majority achieving the levels demonstrated in research trials by the end of training. Thus, this training is likely to lead to improved outcomes for patients. Further research is needed to determine the most efficient ways of enhancing CBT skills.

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Introduction

Cognitive behaviour therapy (CBT) and CBT training are in a phase of unprecedented expansion. This is partly due to the increasing evidence for CBT's effectiveness with a variety of disorders (Roth & Fonagy, 1996; NICE, 2004a, 2004b). In addition, recent economic analyses have confirmed the considerable cost to the state of untreated mental illness (e.g., Layard, 2006) and have prompted initiatives to increase access to evidence-based psychological therapies. In October

2007 the UK government announced "an unprecedented, large-scale initiative for Improving Access to Psychological Therapies (IAPT) ... within the English National Health Service. Between 2008 and 2011 investment in psychological therapies for these conditions will steadily rise to £173 million [approximately 260 million US dollars] per annum above existing expenditure. The extra investment is being used to train and employ at least 3600 new psychological therapists" (Clark et al., 2009, p. 910). Because of the evidence for CBT's efficacy, most of this funding will go towards training an additional 3600 CBT therapists (see <http://www.iapt.nhs.uk/for> full details of the IAPT programme). Training in 'high intensity' CBT (standard CBT, as opposed to 'low intensity' CBT/self-help) is being done by dramatically increasing the number of courses providing post-graduate Diploma (Masters) level training in CBT. This increase in funding represents a huge investment and hence it seems timely to consider the effectiveness of one such course that has been in existence for 18 years.

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The aim of CBT training is to increase therapists' CBT competence and the increased investment in CBT training is based on two premises: first, that increased training will lead to increased competence; and second, that increased competence will lead to improved outcomes for patients. Whilst some evidence links increased CBT competence with improved patient outcome (Kingdon, Tyrer, Seivewright, Ferguson, & Murphy, 1996; Kuyken & Tsivrikos 2009; Shaw et al., 1999; Strunk, Brotman, DeRubeis, & Hollon, 2010; Trepka, Rees, Shapiro, Hardy, & Barkham, 2004), there is much less consensus about the link between training and improved CBT competence. Previous research into the effectiveness of CBT training has yielded mixed results, with some studies showing no enduring effects of training (King et al., 2002; Walters, Matson, Baer, & Ziedonis, 2005); some showing limited effects of training (Mannix et al., 2006; Sholomskas et al., 2005); and others demonstrating significant effects on therapists' CBT skills and patient outcomes (Grey, Salkovskis, Quigley, Clark, & Ehlers, 2008; Westbrook, Sedgwick-Taylor, Bennett-Levy, Butler, & McManus, 2008).

The few previous evaluations of CBT Diploma training have yielded similarly mixed results. The smallest study reported no significant effect of training (Williams, Moorey, & Cobb, 1991), the most comprehensive reported a small effect size on a standard measure of CBT skills (Keen & Freeston, 2008), and a further small study reported a large effect size as well as an impact on patient outcomes (Milne, Baker, Blackburn, James, & Reichelt, 1999). This research suggests that Diploma training may have some positive impact on trainees' CBT skills, but the conclusions that can be drawn are limited by small sample sizes (n 's range from 11 to 52), reliance on single measures and/or one-off measurements, and variable standards for defining competence. The small samples also limit the generalisability of findings and prohibit any analysis of the effects of therapist characteristics such as age, gender or professional background. The question of whether such therapists' characteristics are related to CBT competence, and thus to patient outcomes, has received little previous investigation. James, Blackburn, Milne, and Reichelt (2001) reported no relationship between trainees' age and the acquisition of competence in CBT, but found that therapists with greater previous experience of CBT showed higher levels of competence. In contrast, Sholomskas et al. (2005) found no impact of therapists' amount of previous experience on outcomes from different forms of CBT training. With regard to gender, James et al. (2001) reported that their finding that male therapists ($n = 9$), who started from a lower baseline, showed more improvement in competence than female therapists ($n = 11$) (who showed little improvement), was unclear and required further investigation in larger samples. With regard to professional background, Brosan, Reynolds, and Moore (2006) hypothesized that because of greater exposure to CBT methods in their professional training, clinical psychologists would demonstrate greater CBT competence than those from other professional backgrounds, but they found only limited support for this hypothesis.

A further motivation for evaluating CBT training programmes comes from the shift in focus of CBT research from efficacy research to effectiveness research (Hunsley & Lee, 2007; McManus, Grey, & Shafraan, 2008; Stewart & Chambless, 2009). The value of CBT interventions shown to be efficacious in randomised controlled trials (RCTs) is limited if the results cannot be replicated in routine clinical practice. The effect sizes seen in RCTs have not always been replicated in routine clinical practice studies, and a lower level of therapist competence has been suggested as an explanation for the reduced effect sizes (Davidson et al., 2004; Kingdon et al., 1996; Shaw et al., 1999). Whilst previous evaluations of Diploma training have considered whether CBT skills are enhanced, none has examined whether trainees achieve pre-determined standards of competence such as those demonstrated by therapists in efficacy

trials. Hence, it is important in assessing CBT effectiveness to know what proportion of the therapists being trained in routine clinical practice are attaining the standard of competence demonstrated by therapists in RCTs.

Given the current increased focus on the dissemination of CBT and the government's investment in CBT training, it is timely to conduct a more comprehensive evaluation of a CBT training programme. The current study aims to address some of the limitations of prior research by using a larger sample and a more comprehensive range of measures to assess the impact of training on therapists' CBT competence. Secondary aims are to compare the effects of training across different ages, professional groups and genders, and to examine the proportion of trainees achieving pre-determined standards of competence.

Method

Training course

The Oxford Diploma course reflects a collaboration between Oxford University and the Oxford Cognitive Therapy Centre (part of Oxfordshire and Buckinghamshire NHS Foundation Trust). The course prospectus and details of the selection criteria and process can be found on the [Oxford Cognitive Therapy Centre website](http://www.octc.co.uk/content.asp?PageID=53) (<http://www.octc.co.uk/content.asp?PageID=53>). The course leads to the award of a Master's level post-graduate Diploma in CBT from the University of Oxford. The course is accredited by the British Association of Behavioural and Cognitive Psychotherapists (BABCP) and has received favourable reports from the University's periodic review process. All course staff are BABCP-accredited CBT therapists and many are accredited as CBT supervisors and trainers. The course was established in 1992 and has been one of the most popular, longest running and largest courses of its type in the UK. The course is aimed at qualified mental health professionals with at least two years post-qualification experience and some prior experience of CBT. It is heavily over-subscribed, with two to three applicants for each place. Most successful applicants already have post-graduate qualifications and come from the core mental health professions of clinical psychology, psychiatric nursing, psychiatry and counselling.

The course consists of 36 days of training over three 12-week terms, with 4-week breaks between the first and second, and second and third terms. Trainees are usually employed in clinical settings and are released to attend the course one day a week during each of the three terms. Each training day comprises a 90 min group supervision session (one supervisor with three trainees) followed by a 5-h workshop. In addition to attending the 36 training days trainees are expected to set aside a further six to 8 h per week, throughout the duration of the course, for the private study and preparation that is required for successful completion (preparing for supervision, listening to and reflecting on therapy recordings, completing academic assignments).

In order to ensure exposure to a variety of experiences, trainees change supervisors and supervision groups each term. During the course, they are expected to treat at least six patients with CBT. In the first two terms they treat relatively straightforward cases (e.g. anxiety or depression); in the third, they are encouraged to practise their developing skills with more complex cases.

The 5-h workshops aim to train clinical skills within the framework of relevant theory and research. The focus is primarily on the application of CBT in clinical practice; demonstrations and experiential role-plays are used to help students develop their skills. The first term concentrates on fundamental CBT skills: assessment, goal setting and socialisation to the CBT model; structuring sessions; formulation; Socratic methods; identifying

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