Appendix 1, Content in the two-year CBT training course

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| Year one: Training in core element of CBT and basic CBT skills |
| Main theme 1. semester (48 teaching hours) | Main theme 2. Semester (72 teaching hours) |
| Basic components, assessment structure and socialize to CBT | Anxiety in children and adolescent, include exposure therapy |
| Alliance and collaborative empiricism  | Parent & family involvement  |
| Case conceptualization and goal setting | School refusal |
| Evidence-based methods and how to evaluate and monitor the therapy process  | Depression in youth, include monitoring and assess suicide |
| CBT with adjustment to younger children, including emotion and behavior regulation  | Alternating theme: Social anxiety/ autism/ CFS/ Milieu therapy and Group therapy |
| Guided discovery, Socratic dialog, and cognitive change |  |
| Year two: Training in advanced CBT and complex cases |
| Main theme 3. Semester (48 teaching hours) | Main theme 4. Semester (72 teaching hours) |
| Trauma | OCD |
| Violence and violent behavior | Psychosis |
| Core beliefs and working with low self-esteem  | The third wave of CBT (MCT, ACT, MBCBT, DBT) |
| Eating disorder | Maintaining of CBT-skills and self-compassion and -care as a CBT-therapist  |
| Supervision (80 hours over two years) and skills training (40 hours in third and fourth semester) |

Appendix 2 CTACS\* content

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| Section: Structure  |
| Theme  | Description  |
| 1. Agenda   | Identified important target problems. Prioritized and followed agenda  |
| 2. Mood check  | Asked about mood. Followed up with clarification. Put important mood-related concerns on agenda and addressed these  |
| 3. Bridge from previous visit  | Discussed previous session with patient. Emphasized important issues. Related previous session to current agenda items. Added unresolved issues to current agenda  |
| 4. Inquired about ongoing problem  | Inquired about ongoing difficulties and followed up with appropriate responses and interventions  |
| 5. Reviewing previous homework  | Reviewed previous homework or discussed incomplete homework  |
| 6. Assigning new homework  | Collaboratively assigned homework. Discussed and began to plan and practice homework in the session  |
| 7. Capsule summaries  | Provided meaningful capsule summaries. Checked for accuracy and revised when appropriate  |
| 8. Patient summary and feedback  | Asked for summary and feedback throughout the session. Responded in a positive, supportive manner; appropriately adjusted behaviors based on the patient’s feedback  |
| 9. Focus/ structure  | Used time effectively by directing flow of conversation and redirecting when necessary. Session well-paced, focused, and structured)  |
| Section: Collaborative therapeutic relationship  |
| 10. Socialization to cognitive therapy model, concepts, process, or structure | Described relevant model, concepts, process, structure. Applied these in a timely manner. Checked the patient’s understanding and elicited feedback  |
| 11. Warmth/ genuineness/ congruence  | Appeared optimally warm, genuine, caring, and congruent  |
| 12. Acceptance/ respect  | Appeared fully accepting, respectful, nonjudgmental  |
| 13. Attentiveness  | Was attentive to important obvious and subtle cues  |
| 14. Accurate empathy  | Demonstrated empathy skills and insight; shared with patient  |
| 15. Collaboration  | Shared responsibility for defining patient’s problems and potential solutions. Functioned as a team  |
| Section Case conceptualization  |
| 16. Eliciting automatic thoughts (AT)  | Elicited ATs; related these to patient’s problems   |
| 17. Eliciting core beliefs and schemas  | Elicited core beliefs/schemas Effectively related these to patient’s problems  |
| 18. Eliciting meaning/ understanding/ attributions  | Asked for meaning of salient events and beliefs. Followed up  |
| 19. Addressing key issues  | Raised salient key issues. Related these to schemas, core beliefs, conditional beliefs, automatic thoughts, emotions, and behaviors  |
| 20 Case conceptualization | Linking past to present: inquired about developmental processes when appropriate. Linked accurately to current beliefs, thoughts, emotions, behaviors. Elicited feedback from the patient regarding accuracy and usefulness  |
| 21. Sharing the conceptualization with the patient | Provided the patient with a conceptualization of problems. Elicited feedback from the patient regarding accuracy and usefulness)  |
| Section: Use of different cognitive and behavioral techniques and overall score  |
| 22. Guided discovery   | Used open-ended questions, reflective, confrontive, and interpretive responses to guide patient’s understanding of important issues  |
| 23. Asking for evidence/ alternative views  | Asked for patient’s evidence for maladaptive beliefs; where appropriate, asked for alternative views; appropriately followed up  |
| 24. Use of alternative cognitive and behavioral techniques  | Effectively selected and applied standardized cognitive and behavioral methods  |
| 25. Overall performance as a cognitive therapist  | Performance in this session is excellent; cognitive therapy is practiced at a level equal to or superior to supervisor’s own level of proficiency. Therapist apparently knows the relevant treatment manual extremely well. Applies the cognitive case formulation with ease and flexibility. This represents state-of-the-art cognitive therapy)  |

*\*CTACS = CBT Competence and Adherence scale (Barber et al., 2003)*

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| Appendix 3 CTACS without descriptions |
| **Your development as a CBT therapist** |
| **Cognitive Therapy Adherence and Competence Scale ( CTACS)** main themes |
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|  |  | **Section: Structure** |  **Competence** |
| Used |  |  | **Low** |  |  |  |  | **High** |
| **No** | **Yes** | **Themes** |  | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  | 1.Agenda |  |  |  |  |  |  |
|  |  | 2.Mood check |  |  |  |  |  |  |
|  |  | 3.Bridge from previous visit |  |  |  |  |  |  |
|  |  | 4. Inquired about ongoing problem |  |  |  |  |  |  |
|  |  | 5. Reviewing previous homework |  |  |  |  |  |  |
|  |  | 6. Assigning new homework |  |  |  |  |  |  |
|  |  | 7. Capsule summaries |  |  |  |  |  |  |
|  |  | 8. Patient summary and feedback |  |  |  |  |  |  |
|  |  | 9. Focus/ structure |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **Section: Collaborative Therapeutic alliance** |  **Competence** |
| Used |  |  |  | **Low** |  |  |  |  | **High** |
| **No** | **Yes** | **Themes** |  | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  | 10. Socialization to cognitive therapy model |  |  |  |  |  |  |
|  |  | 11. Warmth/ genuineness/ congruence |  |  |  |  |  |  |
|  |  | 12. Acceptance/ respect |  |  |  |  |  |  |
|  |  | 13. Attentiveness |  |  |  |  |  |  |
|  |  | 14. Accurate empathy |  |  |  |  |  |  |
|  |  | 15. Collaboration |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **Section: Case conceptualization** |  **Competence** |
| Used |  |  |  | **Low** |  |  |  |  | **High** |
| **No** | **Yes** | **Themes** |  | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  | 16. Eliciting automatic thoughts (AT) |  |  |  |  |  |  |
|  |  | 17. Eliciting core beliefs and schemas |  |  |  |  |  |  |
|  |  | 18. Eliciting meaning/ understanding/ attributions |  |  |  |  |  |  |
|  |  | 19. Addressing key issues |  |  |  |  |  |  |
|  |  | 20. Case conceptualization |  |  |  |  |  |  |
|  |  | 21. Sharing the conceptualization with the patient |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Section; Use of different cognitive and behavioral techniques** |   **Competence** |
| Used |  |  |  | **Low** |  |  |  |  | **High** |
| **No** | **Yes** | **Themes** |  | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  | 22. Guided discovery |  |  |  |  |  |  |
|  |  | 23. Asking for evidence/ alternative views alternative views |  |  |  |  |  |  |
|  |  | 24. Use of alternative cognitive and behavioral techniques |  |  |  |  |  |  |
|  |  | 25. Overall performance as a cognitive therapist |  |  |  |  |  |  |
| *CTACS, based on Barber et al, (2003).* |  |  |  |  |  |  |