


 UNIVERSITY OF OXFORD

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Training generalists or specialists?

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THE NEW YORKER



2


Training specific skills: CBT



- 1 year day release Diploma in CBT
- Est 1993 NHS & Oxford University
- n=278 over 11 years
 - Multiple measures of CBT competence
 - Supervisors' CTS ratings, Essays, Case reports, Exam (Latham, Myles & Ricketts, 2003)
 - Impact of training
 - Reliability of measurement

3

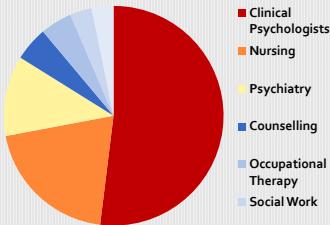
Students 1998-2009



- 21-7 per year
- Qualified mental health professionals
 - 2+ years post qualification
- Mean age 36.7 (range 28-60)
- 74% female


PROFESSIONAL BACKGROUND

n=278



4

Main measure: CTS



General interview procedures

1. Agenda
2. Feedback
3. Collaboration
4. Pacing

Interpersonal effectiveness


5. Empathic skills
6. Interpersonal effectiveness
7. Professionalism

Cognitive behavioural skills

8. Guided discovery
9. Conceptualisation
10. Focus on key cognitions
11. Cognitive techniques
12. Behavioural techniques
13. Homework

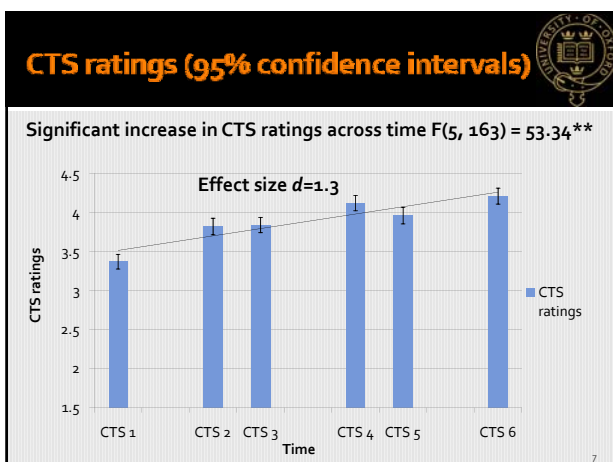
5

General therapeutic skills: Agenda



- 0 Therapist did not see agenda.
- 2 Therapist set agenda that was vague or incomplete.
- 4 Therapist worked with patient to set a mutually satisfactory agenda that included specific target problems (e.g., anxiety at work, dissatisfaction with marriage.)
- 6 Therapist worked with patient to set an appropriate agenda with target problems, suitable for the available time. Established priorities and then followed agenda


6



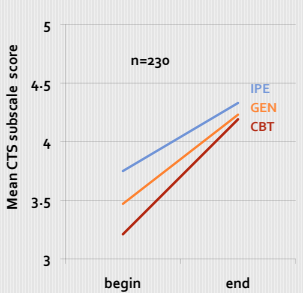
- ### Measures
- Significant improvement on
 - Ratings of sessions (CTS)
 - Also on written assignments (essays & exams)
 - Age is a negative prognostic indicator for therapists too ...
 - Small differences between the professions & even smaller between the genders

General or specific?

General or specific effect of training?



- Effect of time $F(1, 229) = 173.6^{***}$
- Time x subscale interaction $F(2, 228) = 42.34^{***}$
- Significantly more change on CBT than GEN or IPE
- But change on all




Mean CTS subscale score

n=230

begin end


IPE
GEN
CBT

So general & specific skills improve ...



- Specific training produces improvements in general skills too
- Does this matter?

Assessment: 6 x CTS ratings



- General interview procedures
 - Agenda
 - Feedback
 - Collaboration
 - Pacing
- Interpersonal effectiveness
 - Empathic skills
 - Interpersonal effectiveness
 - Professionalism
- Cognitive behavioural skills
 - Guided discovery
 - Conceptualisation
 - Focus on key cognitions
 - Cognitive techniques
 - Behavioural techniques
 - Homework

Shaw et al (1999)
subscale 'structure'
more related to
outcome than 'skill' in
TDCRP

Summary



- Does it matter whether we train specific or general skills?
 - Training specific skills improves general ones too
 - And both are related to patient outcome
- To determine whether we train general or specific skills we need to know what we are aiming to achieve...
 - What is competence?

13

Definition of competence



- Definition is controversial & measurement can be circular
 - Seniority
 - Attendance at training
- Poor agreement between different types of assessment (e.g., Chevron & Rounsaville, 1983)
- Poor external validity
 - often cannot be related to patient outcome
- Unreliable measurement (e.g., Keen & Freeston, 2008)

14

Informal methods for assessing competence



- Apprenticeship model
 - Position/ experience/ training received?
- Current way of achieving BABCP accreditation
- BUT
 - Weak or no associations between therapists' training / experience /profession /supervision /accreditation & patient outcome (Brosan et al., 2006; Stein & Lambert, 1984; 1995)
- Training / experience only related at a gross level ... quantity not quality

15

Expert opinion?



- Supervisor's impression: Signed off as competent by competent one's impression
 - Often 'informal', little 'live' observation, rare use of rating scales (Townend, Iannetta, & Freeston, 2002)
 - Supervisees frequently don't disclose key information (Ladany et al., 1996)
 - Supervisors' reports uncorrelated with independent evaluators' evaluations of video tapes (Chevron & Rounsaville, 1983)
- Training course: performance in supervision + formal ratings of sessions
 - noted discrepancy in both directions ...

16

Formal methods for assessing competence



- Formal assessment methods
 - Academic assignments
 - Exams
 - Essays
 - Case reports
 - Ratings of clinical performance?
 - CTS /CTS-R

17

Academic assignments



- Exam
 - Easy & cost-efficient to administer
 - Latham, Myles & Ricketts (2003) BABCP Conf.
 - 26 item CBT MCQ
 - Piloted with 104 CBT students & revised in light of feedback from expert panel
 - Only one version pre- post & dates quickly
- Great reliability? Validity ...

18

Exam – face validity?

Graded task assignment is best described as:

- A. The allocation of activities according to specific mood states.
- B. The breaking down of activities into small manageable steps.
- C. The process of step-by-step exposure practice for phobic anxiety.
- D. All of the above.

The basic idea underpinning 'instrumental learning' or 'operant conditioning' is that:

- A. A behaviour will increase through repeated pairings with another stimulus.
- B. Learning is consistently strengthened by frequent pairings.
- C. A response is altered in probability by its consequences.
- D. Positive and negative reinforcement will reduce the frequency of a behaviour.

19

Academic assignments

- Essays & exams do improve with training
- Reliability
 - Exam has excellent reliability
 - For essays & case reports correlations between markers $r's=0.7-0.8$
 - Reliability of essays & case reports ...

20

Reliability: Essays & case reports

Essays	Absolute Generalisability	To obtain $G > 0.8$ (@ £50/hour)	Current method: G
Newcastle data (Keen & Freeston, 2008) n=52	0.37	2 examiners 5 essays £250	2 examiners, 3 essays G=0.71 £150
Oxford data n=202	0.46	1 examiner 5 essays £125	2 examiners, 3 essays G=0.77 £150
Case reports			
Newcastle data (Keen & Freeston, 2008) n=52	0.21	2 examiners 12 case reports £900	2 examiners, 2 case reports G=0.4 £150
Oxford data n=202	0.47	1 examiner 5 case reports £187.50	2 examiners, 2 case reports G=0.71 £150

21

Academic assignments

- Essays & exams seem to be sensitive to effects of training, and reliability is achievable
 - Less true for case reports

- But may be measuring ability to write about therapy rather than do it?

22

Ratings of clinical performance

- CTS (Young & Beck, 1980; 1988)
 - Widely criticised – reliability, sensitivity, narrow focus, overlap, neglects emotion
 - ICC's 0.54-0.96 (Hollon et al., 1982; Young et al., 1981; Dobson et al., 1985; Vallis et al., 1986)
- CTS-R (Blackburn et al., 2001)
 - Little external validation & limited reliability
 - Correlations between raters 0.44-0.67 pre & post training (Reichelt et al., 2003)
 - Pre training 7/12 items correlated (r 's=0.0-0.59); post training 11/12 (r 's=0.26-0.62)

23

CTS ratings

Measure	Pre	Post	t	Effect size d
CTS-R Keen & Freeston (n=52)	3.11 (0.41)	3.34 (0.47)	2.96**	0.4
CTS (n=232)	3.34 (0.64)	4.22 (0.67)	15.31***	1.3

- Ratings do improve with training & the majority score above the cut off by post-training

24

CTS – Generalisability study

	Absolute Generalisability	To obtain $G > 0.8$ (@ £50/hour)	Current method: G
Newcastle data (Keen & Freeston, 2008) n=52	0.14	2 examiners 19 recordings £3,800	2 examiners, 2 recordings G=0.31 £400
Oxford data n=165	0.22	1 examiner 14 recordings £1,400	1 examiners, 6 recordings G=0.63 £600

25

Summary of CBT training study


- Can train people to 'competence' (assuming we know what that is ...)
 - At comparable rates to trials
 - With NHS patients
 - And achieve comparable outcomes
- What do we do about those not achieving it?
- No idea what we do that achieves this increase in skill ...

26

Conclusions

- Training specific skills seems to improve general ones
- To know whether we need to train general or specific skills we need to know what it is we are trying to achieve -
 - What is therapeutic 'competence'?
 - And once we have defined it, how can we accurately, reliably & (cost) effectively measure it?

27



Questions?

28
