Research article
Ερευνητική εργασία

Acquired competence in cognitive therapy following a two level course

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The objective of this study was to examine the predictive value of trainees' previous experience and performance at an introductory course in Cognitive Therapy for their subsequent success in an advanced course. From 203 completers of an introductory course during seven consecutive years 32 participated in an advanced course. In a linear regression analysis previous clinical and psychotherapeutic experience as well as performance at the introductory course were studied as predictors for trainees' success in the advanced course. Performance at the introductory course was the only significant predictor of trainees' successful completion of the advanced course. An introductory course might help to select those trainees who have the desired qualities to succeed in a formal psychotherapeutic training program.

Key words: Cognitive therapy, training, acquired competence.

Introduction

Psychiatry training programs are developing methods to demonstrate competence of trainees in certain areas of psychotherapy.[1–3] Educators should be able to assure formative competencies that include mastery of core knowledge of the psychotherapies, actual undertaking of these psychotherapies, and adequate performance in selected elements of these psychotherapies.[4–6]

In the discipline of cognitive therapy (CT) there has been a long history of standardizing methods of training, supervision and assessment[7–10] although the readiness of residency training programs to provide adequate training in CT has not been established.[11–13] It has been anticipated that working with specialty organizations for CT could assist in developing better programs.[11]

Not all residents have the desired qualifications to participate in an advanced course with supervised

clinical practice. In our previous report[14] we suggested that we might need to reconsider the policy regarding trainees' admission to such programs. The "objective" background criteria may be less important than having the trainees enter an introductory course that provides a better opportunity for observing and selecting those trainees that have the desired qualities to participate in an advanced clinical level. In that study we explored the criteria that educators follow when selecting candidates for a subsequent advanced training course, which includes the treatment of patients. We found that trainees' abilities to learn and to successfully relate to others in group situations were decisive for entering the advanced CT training course. An important limitation was that a circular measurement could not be avoided since rank ordering of the suitability for continuing training in CT was based on the decision of staff members. The staff of the course might be biased in estimating the competence acquired during the same course where they teach and subjective factors can play a role.

In the present study we assessed the predictive value, if any, of trainees' previous clinical and psychotherapeutic experience and their performance at the introductory course for their subsequent performance at the advanced course which includes the treatment of clinical cases under individual and group supervision. The effectiveness of the trainees in practice when treating psychiatric patients under supervision would give a better picture of their formative performance. Our hypothesis was that their performance in the introductory course would be the safest predictor of success at the advanced course.

Material and method

Training program: The CT educational program in the department of Psychiatry at the Athens University, in collaboration with the University Mental Health Institute, consists of a two level program, an introductory and an advanced, each of them lasting for one academic year.

The introductory course consists of 25 sessions of four hours duration each spread over one academic year. Each training session includes 2 hours of didactic presentations for the basic principles of CT theory and practice and 2 hours of participation in one of three groups (8–12 trainees). These groups are coordinated by experienced cognitive therapists and aim at a more active participation of trainees through role-playing, modelling, and group supervision of videotaped therapeutic sessions. At the end of the course group coordinators rate trainees' suitability to continue further training according to a rank order of the participants in the group. Approximately the top quarter of trainees are accepted to the advanced course. According to our previous report[14] the introductory course is a helpful screening procedure since it offers the opportunity to observe and select those trainees who have the qualities necessary for participation in a formal training program undertaking the treatment of patients under both individual and group supervision. The decision to advance a trainee to the next course was found to be mainly influenced by the coordinators' rating and performance in written assignments.[14]

The advanced course helps developing the basic skills learnt during the introductory course and expand them in order to treat patients under supervision. It comprises individual and group supervision.

Individual supervision: All trainees are assigned four cases of patients from the CT clinic. They are all psychiatric patients suffering mainly from depression (non psychotic and not bipolar)[15] and anxiety disorders. All patients are assessed by one of the coordinators of the program as for their suitability for brief CT. The maximum number of therapeutic sessions for each patient is set to 25. Each therapeutic session corresponds to one session of individual supervision. Treatment sessions start at the beginning of each academic year (September) and are scheduled to be completed by the end of the academic year (June). At the beginning of the course each trainee is assigned a patient to treat. If a patient drops out then immediately the trainee undertakes another patient from the available waiting list. After a relatively small number of sessions the supervisor has to decide whether the trainee is able to undertake another case. If yes, the trainee immediately is assigned a second patient from the waiting list and receives individual supervision by a second supervisor. If the trainee is not considered competent enough to continue to a second case he has to wait until his

competence is reconsidered. In the meantime he is proceeding with his current patient and attends group supervision as described below. The same rule of thumb applies to the second, third and fourth cases. In order to reach a decision, supervisors take in consideration trainee's ability to assess patients (clinical, behavioral and cognitive assessment), to produce and communicate to the patient and the supervisor the case formulation, to develop a psychotherapeutic relationship based on collaborative empiricism through "Socratic questioning" and the use of "behavioral experiments". All supervisors are experienced cognitive therapists and academically oriented clinicians trained to use global methods of evaluating competency in psychotherapy which are considered to be more realistically achievable.[12] They may also use ratings from supervisors' scales such as the Cognitive Therapy Scale (Young and Beck 1980 unpublished manuscript) which usually is completed according to an audiotape of a therapy session. Finally supervisors are taking into consideration patient's symptomatic and functional improvement through ratings of psychopathology scales. In order of a case to be considered as completed the individual supervisor has to assess the successful implementation of CT in at least ten sessions leading to clinical improvement. A trainee is considered as successful completer when he has finished all four cases during an academic year. All supervisors have to agree on the competence of a trainee and special meetings are set for this purpose. An academic year is considered to be an adequate time period for the completion of four cases since availability of patients is ensured by a long waiting list already assessed as for their suitability for brief CT. There is an effort to eliminate factors outside the control of trainees that could inhibit the completion of training in time. We assume therefore that "prompt termination" during an academic year, properly defined and assessed, reflects the successful performance at treating four cases of patients under individual supervision not only in temporal but also in qualitative terms.

Group supervision: It consists of 25 two-hour sessions during the academic year lead by two experienced cognitive therapists. It aims at helping trainees to acquire the basic skills believed to be necessary and common for all psychotherapies such as abilities to manage boundaries, develop a therapeutic alliance, listen, deal with emotions and understand.[12] Trainees choose either a representative session or relational problems that they wish to bring upon in the group. At the conclusion of the 25 sessions of group supervision, group supervisors rate, in consensus, each trainees' performance in the group supervision based on a 4-item general psychotherapy skills rating scale (4-item GPSS). The items of the scale are: (1) Theoretical knowledge, (2) Active presence or participation, that is both the number of absences and the extent of his/her essential involvement in the group processes, (3) Group relational capacity and (4) Relational capacity with the patient as reflected in the discussion of the assigned cases in the group. Each item is rated in a three (3=excellent, 2=good, 1=fair) points scale. A total score (sum) is calculated for the 4-item GPSS score that represents trainees' rating for their performance at the group supervision. Cronbach's alpha value show a good reliability for the scale (Cronbach's $\alpha = 0.846$).

In the present study we examined the files of all trainees who during seven consecutive years participated in the advanced course. They all derived from the population of 203 trainees described in our previous report[14] concerning the introductory course. During this period of time the status of the training staff remained unchanged, thus both individual and group supervisors were the same.

In order to measure the performance of trainees at the advanced course we used two variables: the total score of the 4-item GPSS rating scale and a variable stating prompt (1) or delayed termination (0) of assigned cases. As dependent variables we used (a) previous clinical experience according to the number of years of participation in the treatment of mental health patients (3=extensive>3years; 2=medium: between 1 and 3 years; 1=low<1 year), (b) previous psychotherapeutic experience (3=extensive: treated cases under supervision; 2= medium: participated in courses of less than one year duration; 1=low: participated in courses of less than one year duration), (c) performance at the introductory course as rated by the place in the rank order in the group (4th, 3rd, 2nd, 1st).

Statistical analysis: Linear regression estimates the coefficients of the linear equation, involving one or

Table 1. Professional background and previous experience of the participants in the advanced course (N=32).

Characteristics of participants	*n*	*Prompt termination n (%)*	*Delayed termination n (%)*
Profession			
Psychiatrists and residents in psychiatry	18 (56.3)	12 (62.5)	6 (37.5)
Psychologists and other	14 (43.7)	10 (71.4)	4 (28.6)
Clinical experience			
Extensive: >3 years*	14 (40.6)	11 (78.5)	3 (21.5)
Low/Medium: ≤3 years*	18 (59.4)	1 (5.6)	17 (94.4)
Psychotherapeutic exrerience			
Extensive: treated cases under supervision	8 (25.3)	7 (78.5)	1 (12.5)
Low/Medium: participated in courses of up to one year duration	24 (74.7)	15 (62.5)	9 (37.5)

*Participation in the treatment of mental health patients

more independent variables, which best predict the value of the dependent variable. We used twice the linear regression analysis in order to assess the predictive value of previous experience and performance at the introductory course for trainees' performance at the advanced course. The variables previous clinical experience, previous psychotherapeutic experience and performance at the introductory course were used as the independent variables for the prediction of the score of the 4-item GPSS (dependent variable). The same independent variables were used in the second linear regression analysis for the prediction of prompt termination (dependent variable).

Results

Out of 42 trainees eligible to participate at the advanced course, data from 32 of them have been analysed (table 1). Six never started the advanced course due to changes in their professional and family status and four were unable to undertake in time cases of patients because of significant reasons apparently irrelevant to their competence in CT (one for health reasons and three because they changed professional status). Table 1 shows professional background and previous experience of the trainees in relation to the time of termination of assigned cases. Twenty trainees managed to treat four cases of patients under four different individual supervisors during an academic year (prompt termination) while twelve needed extra time to finish their training (delayed termination). Table 2 presents the 4-item GPSS rating of the 32 participants in the advanced course in relation to the time of termination.

The data from the first simple linear regression analysis which used as dependent variable the 4-

Table 2. The 4-item general psychotherapy scale rating (4-item GPSS) of the participants in the advanced course (N=32)

	N	*Prompt termination N (%)*	*Delayed termination N (%)*
Theoretical knowledge			
Excellent	14 (43.8)	11 (78.6)	3 (21.4)
Good	13 (40.6)	8 (61.5)	5 (38.5)
Fair	5 (15.6)	1 (20)	4 (80)
Participation			
Excellent	18 (56.3)	13 (72.2)	5 (27.8)
Good	7 (21.9)	4 (57.1)	3 (42.9)
Fair	7 (21.9)	3 (42.9)	4 (57.1)
Relationship in group			
Excellent	14 (43.8)	13 (92.9)	1 (7.1)
Good	15 (46.9)	7 (46.7)	8 (53.3)
Fair	3 (9.4)	0	3 (100)
Therapeutic relationship			
Excellent	17 (53.1)	13 (76.5)	4 (23.5)
Good	10 (31.3)	6 (60)	4 (40)
Fair	5 (15.6)	1 (20)	4 (80)

item GPSS score are shown in table 3 while the second linear regression with dependent the prompt termination are shown in table 4. The results from these analyses show that only performance at the introductory course is a significant predictor for both the score of the 4-item GPSS (p=0.009) (table 3) and prompt termination (p=0.021) (table 4).

Discussion

Performance at the introductory course was found to be a significant predictor of success at the advanced course for both the rating of the group supervision and the prompt termination of clinical cases under individual supervision. On the other hand, previous clinical and psychotherapeutic experiences do not contribute significantly in the prediction of performance at the advanced course.

In our previous report,[14] which included the population from which these trainees were drown, the most significant predictors of performance at the introductory course were learning abilities and the ability to relate in group situations. In both studies, clinical and psychotherapeutic experience were not significant predictors of performance either at the introductory or the advanced course. Our findings support that the temporal definition of professional experience and training is not by itself a safe predictor for successful termination of a two year duration CT course. The level of professional training and experience is subject to misinterpretation because it does not account to what is trained. It seems that an introductory course in CT prior to the formal training offering treatment of patients under supervision, is useful. In order to train residents in psychiatry to CT a full-scale training might not be needed, instead an introductory course might help to observe and select those trainees who have the qualities necessary for participation in a formal training program in CT. In a more theoretical framework it can be suggested that an introductory course such as the one presented in our previous report might help to overcome some of the clinical and organizational problems for evaluation of competence in CT in the context of training in psychiatry.[4,5,11,12] Further it might offer a solution for those residents who go beyond residency training requirements in CT through the qualities of adult learning.[16]

One limitation of the study can be the dependent variables that measure the competence in CT might have been influenced by various hard to control factors. We tried to reach decisions on trainee's competence based on the opinion of many members of the staff. All training staff are academically oriented clinicians trained to use global methods of evaluating competency in psychotherapy which are considered to be more realistically achievable,[12] Another limitation is the small number of subjects which might have biased our results relating to the finding that prior clinical and psychotherapy experience did not affect the outcome. However, we decided to use the same population of trainees (from the 203 trainees who completed the introductory course in seven consecutive years) that was included in our previous report although the possibilities for the variables that could enter in the regression analysis diminished.

Table 3. Coefficients of Simple Linear Regression (β), the 95% Confidence Intervals for β and the statistical significance of all variables entered in the analysis with the score of the 4-item GPSS as the dependent variable (n=32).

	B	*95% CI*	*P*
Clinical Experience	0.315	–0.755–1.388	0.552
Psychotherapeutic Experience	0.707	–0.847–2.261	0.359
Performance at the introductory course	-0.425	–7.36–0.114	0.009

R^2=0.310, adjusted R^2=0.633 (F=4.19, P=0.013)

Table 4. Coefficients of Simple Linear Regression (β), the 95% Confidence Intervals for β and the statistical significance of all variables entered in the analysis with prompt termination (0=yes, 1=no) as the dependent variable (n=32).

	B	*95% CI*	*P*
Clinical Experience	0.078	–0.172–0.273	0.643
Psychotherapeutic Experience	0.150	–0.185–0.461	0.389
Performance at the introductory course	–0.423	–0.141–-0.012	0.021

R^2=0.256, adjusted R^2=0.176 (F=3.210, p=0.038)

In conclusion, our results support two main points: first, an introductory course in CT during the period of training in psychiatry may facilitate the selection of the most motivated trainees who can effectively acquire competence in a formal CT course and second, previous clinical and psychotherapeutic experience is not by itself a safe predictor of successful termination of a CT course.

Απόκτηση επάρκειας στη γνωσιακή ψυχοθεραπεία μετά από εκπαιδευτικό σεμινάριο δύο επιπέδων

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Σκοπός της μελέτης είναι να εξεταστεί η προβλεπτική αξία της προηγούμενης εμπειρίας και της απόδοσης των εκπαιδευομένων σε ένα εισαγωγικό σεμινάριο στη γνωσιακή ψυχοθεραπεία, ως προς την επιτυχή ολοκλήρωση του προχωρημένου σεμιναρίου που επακολουθούσε. Από τους 203 εκπαιδευόμενους που ολοκλήρωσαν το εισαγωγικό σεμινάριο σε διάστημα 7 ετών, οι 32 συμμετείχαν στο προχωρημένο σεμινάριο. Με τη χρήση γραμμικής παλινδρόμησης η προηγούμενη κλινική και ψυχοθεραπευτική εμπειρία και η απόδοση στο εισαγωγικό σεμινάριο μελετήθηκαν ως προβλεπτικοί παράγοντες για την επιτυχή ολοκλήρωση του προχωρημένου σεμιναρίου. Η απόδοση στο εισαγωγικό σεμινάριο ήταν ο μόνος σημαντικός προβλεπτικός παράγοντας για την επιτυχή ολοκλήρωση του προχωρημένου σεμιναρίου. Η ύπαρξη ενός εισαγωγικού σεμιναρίου μπορεί να βοηθήσει στην καλύτερη επιλογή των εκπαιδευομένων που έχουν τα απαιτούμενα ποιοτικά χαρακτηριστικά για την επιτυχή ολοκλήρωση ενός επίσημου ψυχοθεραπευτικού εκπαιδευτικού προγράμματος στη γνωσιακή ψυχοθεραπεία.

Λέξεις ευρετηρίου: Γνωσιακή ψυχοθεραπεία, εκπαίδευση, απόκτηση εμπειρίας.

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