

Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based
on Cognitive Behavioural Therapy Methods



A Model for Delivery in the
Irish Mental Health Service

James O' Shea, Paul Goff & Dr. Kate Gillespie © 2010



Foillmeannacht na Seirbhíse Sláinte
Health Service Executive



“For the things we have to learn
before we can do;
We learn by doing.”

- Aristotle

Published by the Centre of Nurse Education and the Nursing and Midwifery
Planning and Development Unit, HSE South (Carlow, Kilkenny, South Tipperary,
Waterford, Wexford) © 2010

Picture from Microsoft Office Online

Printed by Modern Printers, Kilkenny

ISBN 978-1-874218-85-2

File Number 04-10-0009

Table of Contents

Foreword	1
Introduction.....	3
Success Indicators	4
Course Rationale	7
Course Philosophy	9
Course Structure and Delivery	10
Course Team.....	12
Course Aims.....	16
Learning Outcomes	16
Syllabus / Indicative Content	17
Target Audience	18
Pre Requisites/Entry Criteria	18
Teaching and Learning Strategies	18
Practice Mentor	19
Course Duration	21
Course Reading	22
Method of Assessment	23
Certification	23
Academic Accreditation	24
Course Evaluation	25
Venue(s)	26
Education Resources and Facilities	26
References	27

Figures

Figure 1 - Impact of Course Learning on Participants, Clients and the Health Service	11
--	----

Appendices

Appendix 1 - Application Form	29
Appendix 2 - Pre Evaluation Self Assessment Form	31
Appendix 3 - Post Evaluation Self Assessment Form	35
Appendix 4 - End of Level 1 Evaluation Form	40
Appendix 5 - End of Level 2 Evaluation Form	41
Appendix 6 - End of Level 3 Evaluation Form	42
Appendix 7 - Practice Mentor Log Form	43
Appendix 8 - Course Completion Form	44
Appendix 9 - Course Attendance Form	46
Appendix 10 - Certificate of Completion	47

Foreword

Patients and clients present themselves to the HSE's Mental Health Services on a daily basis experiencing a broad range of mental health and psychosocial problems. Our mental health services strive to offer a broad range of therapeutic interventions derived from contemporary evidence based treatment methods.

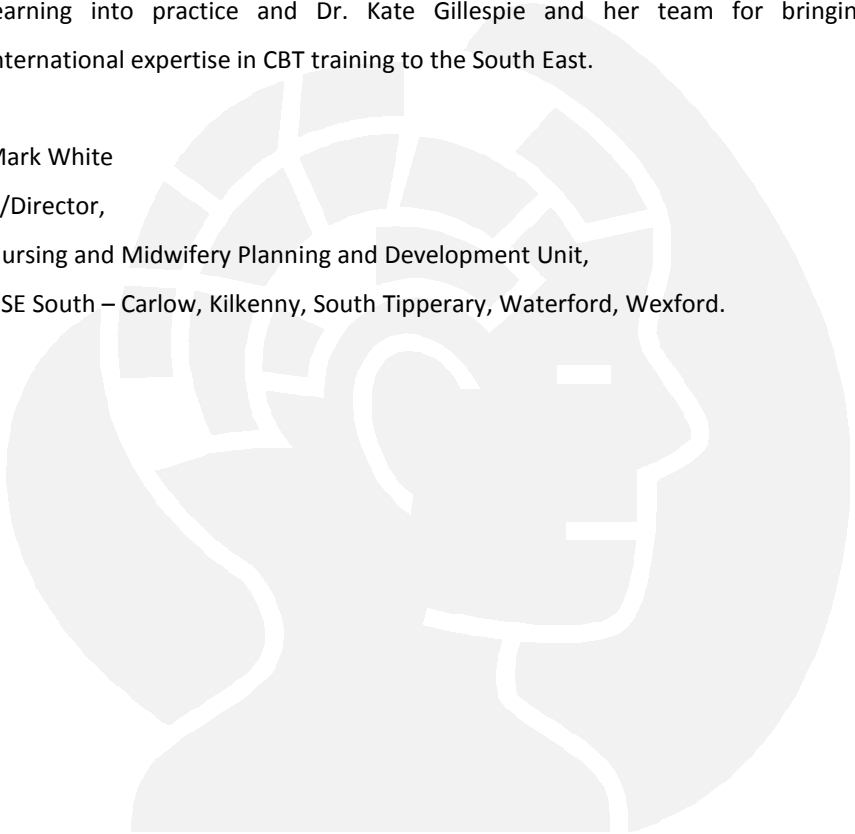
Cognitive Behavioural Therapy (CBT) is amongst the most extensively evaluated of interventions with a broad range of psychosocial problems. A substantial body of research evidence supports the use of CBT with a range of mental health presentations. It is therefore imperative that mental health professionals have the requisite skills and competencies to provide treatments based upon these evidence based methodologies.

The HSE's Mental Health Services have rapidly embraced the Mental Health Commission's vision for comprehensive community based mental health services. The interdisciplinary team and in particular Nurses with competence in psychosocial interventions play an invaluable role in leading the transformations required to support this evolving community based service.

It is with great pleasure that I introduce this model for the delivery of CBT training in the HSE-SE Area. This represents a collaborative venture between the Centre of Nurse Education, the Mental Health Services in the HSE-SE Area and CT Training.

I wish to acknowledge the effort and commitment of all those involved in developing this model. I wish to thank James O’Shea and his team at the Centre of Nurse Education for developing this innovative and practical model, Directors of Nursing in the Mental Health Services for their tireless support, Paul Goff, Substance Misuse Liaison Officer, for his expert advice on the integration of learning into practice and Dr. Kate Gillespie and her team for bringing international expertise in CBT training to the South East.

Mark White
A/Director,
Nursing and Midwifery Planning and Development Unit,
HSE South – Carlow, Kilkenny, South Tipperary, Waterford, Wexford.



Introduction

This publication outlines a model of delivery for introductory level Cognitive Behavioural Therapy (CBT) training in the Mental Health Service, HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford). This model has proved useful in guiding the development of four introductory programmes during 2009 and 2010. As a result of this experience, we have amended and updated our programme delivery strategies. We see this process as organic and ever changing, thus these reflections are a snap shot of our current thinking which we have no doubt will evolve as we proceed with future programmes. This booklet will act as a guide for our upcoming programmes in 2010 and 2011 and we believe it may also offer guidance to others who will be involved in the delivery of CBT training within the Irish Mental Health Service.

This multidisciplinary programme is comprised of three levels and is developmental in nature. Each level provides a foundation of knowledge, skills and understanding which supports participants in engaging with learning at the next level. Strong emphasis is placed on enhancing participants existing professional repertoire. The course focus is on enhancing skills for clinical practice rather than creating specialists. Essentially, it attempts to add some practical clinical tools to the professionals existing skill set.

The programme is offered to Nurses and other Health/Social Care Professionals who provide psychosocial interventions to clients and patients as part of their day to day work. It is co-funded by the National Council for the Professional Development of Nursing and Midwifery (NCNM), the Nursing and Midwifery Planning and Development unit (NMPD) and the Centre of Nurse Education (CNE), HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford).

Success Indicators

In developing our programmes we have a number of success indicators in mind:

1. Deliver high quality training derived from evidence based CBT methods.
2. Ensure integration of theory and practice.
3. Link to service developments & transformation initiatives.
4. Ensure access, transfer and progression in learning.
5. Support team working and Multidisciplinary interventions.

1. Deliver high quality training derived from evidence based CBT methods.

In order to provide a high quality programme, we have contracted highly experienced professional trainers and clinicians who have both national and international reputations for excellence. They include a Psychiatrist, a Senior Nurse and a Social Worker all of whom are qualified and experienced cognitive therapists. The programme content is based upon principles and methods derived from evidence based CBT practice and relies heavily on the work of contemporary international experts on CBT with a range of mental health problems.

2. Ensure Integration of Theory and Practice

We utilise a number of strategies to ensure learning transfer into the practice area. They include: (i) gaining the support of Directors of Nursing, Heads of Discipline and Line Managers for the programme, (ii) ensuring that participants work/practice areas facilitate the integration of CBT principles and skills and (iii) recruiting Practice Mentors to support participants in the integration of course learning into their everyday practice.

3. Link to Service Developments and Transformation Initiatives

We encourage Directors of Nursing and Service Managers where possible to target staff who will be involved in service developments, quality programmes or transformation initiatives. We see these participants playing a key role in ongoing developments across our Mental Health Service into the future. Service developments initiatives include:

- rehabilitation recovery services,
- development of day hospitals and day centres,
- development of home based care services,
- reconfiguration of acute services,
- enhancement of multidisciplinary care,
- primary care liaison services,
- acute hospital liaison services,
- addiction counselling.

Linking the learning to current service needs and developments has proved successful in attracting highly motivated enthusiastic participants, maximizing support from the services and putting the course learning to practical use in the transformation of our mental health services.

4. Ensure Access, Transfer and Progression in Learning

The programme has been developed at introductory level and delivered at four separate sites in the South East in order to ensure accessibility and availability to a broad range of professionals within the Mental Health Service across the region. This is augmented by a blended learning approach which values a range of learning modalities including practice based learning.

Assessment allows for certification of course completion and/or academic validation depending on participant's personal and professional development plans. This allows participants to engage with the programme at a level which suits their needs while offering the opportunity to progress their academic studies if they so wish. Some participants will be satisfied with the practical training while others will no doubt welcome an opportunity to progress their academic studies (see methods of assessment, certification and academic accreditation, pages 23 - 24).

5. *Support Team Working and Multidisciplinary Interventions*

While the majority of participants are Nurses, reflecting the funding sources, we greatly value and welcome other Health/Social Care Professionals onto the programme. We also allocate a number of places to the HSE's partner agencies in the voluntary and community sector as a means of enhancing interagency learning and collaboration.

Participants include Staff Nurses, Nurse Managers, Clinical Nurse Specialists, Psychiatrists, Psychologists, Social Workers, Occupational Therapists, Psychotherapists, Addiction Counsellors and Drug and Alcohol Workers. We believe that the learning transaction should reflect the realities of the clinical environment. Therefore people are encouraged to *learn as they work* as part of a multidisciplinary team. Our experience so far suggests that participants greatly value the interdisciplinary learning environment.

Course Rationale

Efficacy of Cognitive Behaviour Therapy

CBT is widely utilised with a broad range of psychosocial problems including depression, bipolar disorder, anxiety & panic disorder, obsessive compulsive disorder, phobias, schizophrenia and alcohol and substance use disorders (Somers & Querée, 2007). A substantial body of evidence exists which supports the use of CBT with these diverse and complex mental health presentations (Jones et. al. 2010: Hunot et al. 2009: Lockwood et al. 2004).

Cognitive and behavioural treatments are among the most extensively evaluated of psychosocial interventions for alcohol and drug use (Ray and Magill, 2009). They have an impressive evidence base with addictive disorders with many studies placing them at the pinnacle of efficacious interventions (see Carroll, 2005: Hester & Miller, 2003).

It is notable that outcome studies on the effectiveness on CBT generally involve highly trained appropriately supervised therapists, working to systematic treatment protocols for specific mental health problems. There is a dearth of evidence on the efficacy of CBT skills integrated into general mental health practice. Thus our approach is to base our programme content upon principles and methods derived from evidence based CBT practice with a view to enhancing participants overall psychosocial intervention skills.

Policy Context

The expert group on the formulation of mental health policy has recommended that Continuing Professional Development (CPD) should be directed towards improving services as a primary goal and should have the welfare of service users

as the ultimate objective. Mental health policy and legislation provides for all clients having access to an appropriate range of therapeutic services and programmes in accordance with their individual care plans. (Government of Ireland 2006,a; Government of Ireland 2006,b).

Interdisciplinary Continuing Professional Development

In the Irish health services, team working is highlighted as a pillar that supports the delivery of a high quality, safe and effective care. Continued investment in intra disciplinary and interdisciplinary CPD is recognised as a key aspect of sustaining and improving service development (Mental Health Commission, 2006). As noted earlier, learning on this programme takes place across professional boundaries providing an opportunity for the cross fertilization of skills between Nurses and other Health/Social Care Professionals.

The need for CPD for Nurses is well documented in the Irish context. An Bord Altranais (Irish Nursing Board) states that:

“Continuing professional development following registration is essential for nurses and midwives if they are to acquire new knowledge and competence that will enable them to practice effectively in an ever-changing health care system”
(ABA,2000:22).

In addition, Nurses are required to maintain continuing competence as part of their Code of Professional Conduct (ABA, 2000). Within this context the board has outlined a framework for continuing professional education (ABA, 1997). The

NCNM provides guidance on the CPD needs of Nurses and Midwives in Ireland (NCNM, 2004).

Course Philosophy

The philosophy underpinning the programme is to enhance current practice amongst Nurses and other Health/Social Care Professionals through the integration of specific evidence based CBT interventions (including structure, goal setting, use of homework etc).

Integration of theory and practice is a cornerstone of this educational approach, ensuring learning transfer to participants day to day work environments and promoting excellence in the delivery of care. Close liaison with Directors of Nursing and other Service Managers ensures that the programme is aligned with individual participant's career development and closely stitched into service developments. Thus as outlined above, the course is designed to offer *just in time learning* to participants facing the challenges of a rapidly changing health system as well as actively supporting service developments which form an integral part of the HSE's Transformation Programme.

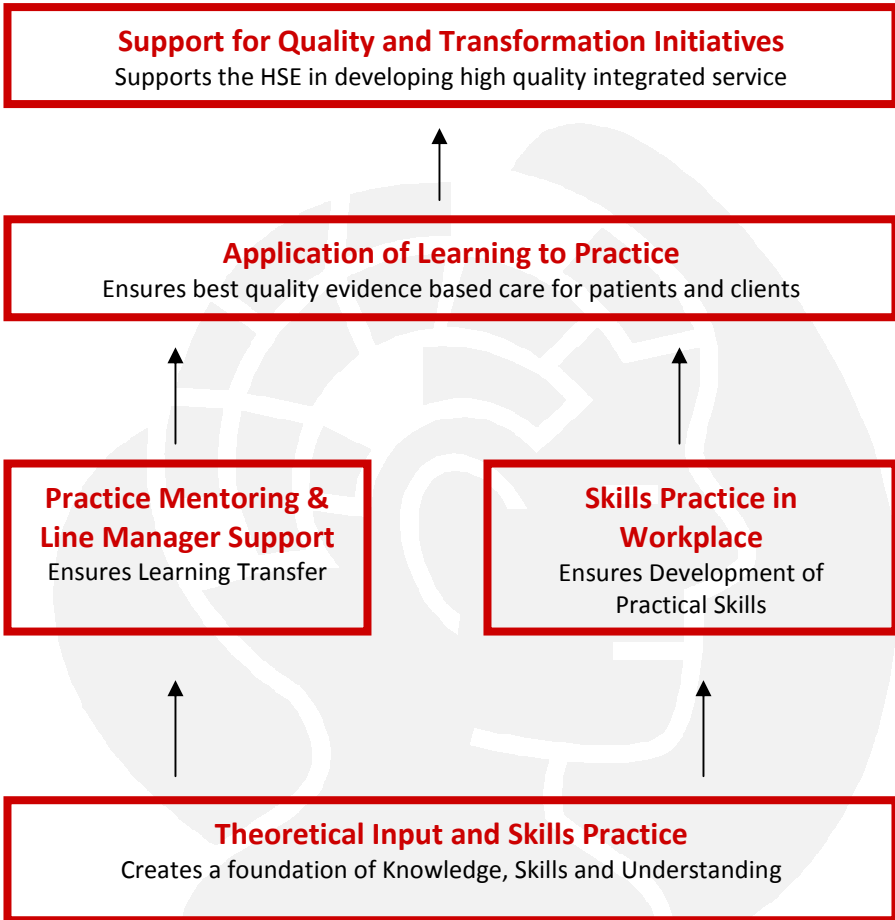
A blended learning approach incorporating self directed learning, class contact and clinical practice is utilised as a means of empowering participants to become autonomous learners and active partners in the learning process. Learning transfer is maximised by assigning each participant with a Practice Mentor who offers support in the integration of course learning into everyday practice.

Course Structure and Delivery

Theoretical input and skills training is delivered over three two-day study blocks during a three month period. This developmental learning approach creates foundations of learning which support participants in engaging with learning at more advanced levels thus gradually enhancing their knowledge, skills and clinical practice. Level 1 provides an overview of CBT principles and basic therapeutic methods, Level 2 builds upon that knowledge and understanding and Level 3 further develops knowledge and understanding of CBT principles and practice.

Participants are encouraged to practice their skills in between block study periods with the support of their Practice Mentors and Line Managers. The combination of direct class contact, self directed learning, clinical practice and practice mentoring provides a comprehensive learning experience which enhances theoretical knowledge and understanding, develops practical skills and ensures application to practice. Figure 1 outlines the expected impact of course learning on participants, clients and the health service.

Figure 1: Impact of Course Learning on Participants, Clients and the Health Service



Course Team

Course Coordinator

James O'Shea: Director, Centre of Nurse Education, HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford), RPN, RGN, MIAAAC, MBACP, MA, H dip., BSc (Hons), (Psychotherapy).

James is a Registered Psychiatric Nurse, Registered General Nurse, Accredited Psychotherapist (BACP) and Accredited Addiction Counsellor (IAAAC). He has worked in the Irish Mental Health and Addiction Services for twenty five years. He has extensive experience of lecturing, curriculum development and quality assurance within the third level education sector. He has worked as an Education Manager in the Irish health service for many years as well as setting up and project managing a national training programme for addiction services. His primary clinical experience is within the mental health field with a specialist interest in addictions. He has numerous publications in the mental health area and is co author and developer of the *SAOR Model*® of Brief Intervention which has provided a Framework for Alcohol Interventions for Emergency Departments in Ireland.

Course Advisor

Paul Goff: Substance Misuse Liaison Officer, Waterford Regional Hospital, HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford), RPN, MSc (Nursing), BA (Hons) Psychosocial Intervention.

Paul is a Registered Psychiatric Nurse and addiction specialist who holds academic qualifications in Psychosocial Intervention at honours degree level and a Masters degree in Clinical Practice in Nursing. He has worked in the Irish Mental Health and Addiction Services for twenty five years. He has extensive clinical

experience in acute mental health nursing, psychosocial intervention and therapeutic crisis intervention. He currently runs the substance misuse liaison service at Waterford Regional Hospital. He has numerous publications in the mental health area and is co author and developer of the *SAOR Model*® of Brief Intervention.

Course Director

Dr. Kate Gillespie FRCPsych: Psychiatrist and Cognitive Therapist (BABCP Registered).

Kate has been involved in the development of cognitive behavioural therapy practice and training in Northern Ireland over the past twenty years. She has, with colleagues, developed a range of cognitive behavioural therapy training courses including foundation, certificate, diploma and masters level. Until September 2008, she was Clinical Director at the Northern Ireland Centre for Trauma and Transformation (NICTT) in Omagh, which specialises in cognitive behavioural therapy for trauma-related disorders. She has published and lectured internationally on this subject. She is a founding fellow of the Beck Academy of Cognitive Therapy in Philadelphia and is respected internationally as a trainer and clinician. She continues to work with NICTT on a consultancy basis and is programme director of CT Training.

Course Facilitators

Dr. Michael Duffy: PhD, Cognitive Therapist (BABCP Registered) and Senior Lecturer at Queens University Belfast.

Michael has responsibility for the Postgraduate (MSc PG Dip) Programme in Cognitive Behavioural Therapy at Queens University Belfast. His core profession is social work and he trained in analytically informed psychotherapy prior to training as a Cognitive Therapist. He was part of the multi-disciplinary team at the Northern Ireland Centre for Trauma and Transformation, which undertook community-wide and clinical research into the phenomenology and treatment of post-traumatic stress disorder and other trauma-related disorders. He has published and lectured internationally on these subjects.

Mr. Brendan Armstrong: RMN, RGN, Cognitive Therapist (BABCP Registered).

Brendan's core profession is nursing. Having trained as a cognitive therapist in the Newcastle Centre for Cognitive Therapy (NCTC) in the United Kingdom, he continued to work in frontline mental health services as manager of a multidisciplinary community mental health team, while still pursuing his chosen specialty of cognitive therapy. More recently he has worked exclusively in the field of cognitive therapy for trauma-related disorders. Brendan has many years experience as a trainer in Cognitive Behavioural Therapy at foundation, certificate and diploma levels. He has, with colleagues, developed innovative approaches to integrating basic CBT principles into supported self-help programmes.

Course Administrator

Sandra Kennedy: Clerical Officer, Centre of Nurse Education, HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford), BSc Commercial Software Development.

Sandra has worked in the Irish public service for the past eight years in both the Health Service Executive and social welfare services. She has considerable experience in the administration of education programmes and the development of course materials. Sandra has been involved in the design and development of a number of publications over the years including “Organising and Delivering an Education Session: A Resource Pack for Healthcare Professionals” and the annual Prospectus published by the Centre of Nurse Education. She currently plays a key role in liaising and communicating with all key stakeholders in relation to the CBT programme.

Course Design & Review Team

- James O’Shea, Director, Centre of Nurse Education, HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford)
- Paul Goff, Substance Misuse Liaison Officer, Waterford Regional Hospital
- Kevin Plunkett, Director of Nursing, Wexford Mental Health Services
- Barry Walsh, Nurse Practice Development Coordinator – Mental Health Services, HSE South
- Sandra Kennedy, Clerical Officer, Centre of Nurse Education, HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford)

Course Aims

The course aims to provide participants with:

- an overview of CBT principles and explore basic therapeutic methods;
- opportunities to develop basic CBT skills for practice;
- opportunities to transfer the course learning into their clinical practice.

Learning Outcomes

On completion of the programme, participants should be able to demonstrate:

Level 1

- Knowledge of CBT Principles and how selected methods based on these can be applied in their practice including:
 - reaching a clearer understanding of patient/client problems;
 - establishing clear and specific goals for interventions;
 - building on face-to-face work with patients/clients through judicious use of 'homework'.

Level 2

- Knowledge and understanding of how three key methods (Structure, Collaboration and Socratic Dialogue) can be integrated into their practice including:
 - building a collaborative therapeutic relationship;
 - structuring therapeutic work with patient/clients;
 - the use of Socratic Dialogue to guide patient/client discovery.

Level 3

- Knowledge and understanding of the link between thoughts and emotions, types of unhelpful or biased thinking and methods of re-evaluating negative or unhelpful thinking including:
 - identifying negative and biased thinking;
 - re-evaluating Negative Automatic Thoughts (NATs);
 - use of Thought Records and simple Behavioural Experiments.

Syllabus/Indicative Content

The syllabus content which arises from the above learning outcomes is outlined below:

- Overview of CBT Principles and exploration of some basic methods derived from these principles.
- Reaching a clearer understanding of patient/client problems.
- Establishing clear and specific goals for interventions.
- Building on face-to-face work with patients/clients through judicious use of 'homework'.
- The Therapeutic Relationship.
- Structure, Collaboration, Socratic Dialogue.
- How these three approaches can be skillfully balanced and interwoven to enhance work with patients/clients.
- Identifying negative and biased thinking.
- Re-evaluating Negative Automatic Thoughts (NATs).
- Use of Thought Records and simple Behavioural Experiments.

Target Audience

The target audience includes Nurses and other Health/Social Care Professionals who provide psychosocial interventions to clients and patients as part of their day to day work.

Pre Requisites/Entry Criteria

The following entry criteria apply:

- Professional qualification & experience in health/social care field (e.g. Registered Nurse, Registered Psychologist, Professionally Qualified Social Worker, Occupational Therapist, Medical Practitioner, Addiction Counsellor, Drug and Alcohol Worker etc).
- Basic knowledge of psychological processes and dynamics.
- Basic counselling/engagement skills.
- Completed application form signed by the participant and endorsed by Line Manager and Practice Mentor (see Appendix 1).

Teaching and Learning Strategies

The teaching and learning strategies are designed to support the course learning outcomes and include theoretical input, interactive group-work, experiential learning, role plays, DVD observation and reflection, independent learning, clinical practice and practice mentoring.

Practice Mentor

Practice Mentor Definition

A Practice Mentor is an experienced practitioner within the service who undertakes the role of supporting course participants during the programme, with an emphasis on ensuring transfer of course learning into practice. Senior experienced clinicians including Senior Nurses, Psychiatrists, Psychologists, Family Therapists and Psychotherapists have acted as practice mentors for our programme to date.

Nomination of Practice Mentor

Each Director of Nursing or appropriate Service Manager nominates a number of practice mentors for course participants locally. It is suggested that each service identify at least two practice mentors who can provide support for participants during and immediately after the programme.

Practice Mentoring Methodologies

Practice mentoring may take place utilising any of the following methodologies: (i) one to one meetings, (ii) group meetings (iii) clinical meetings, (iv) team meetings, (v) telephone/e-mail/video conference communication or (vi) a combination of these modalities.

It is suggested that Practice Mentors meet participants individually or in small groups for at least ten hours during the programme. This time allocation may include all of the above modes of communication as long as it has focused on transfer of course learning into practice. We recommend that a substantial amount of the mentoring takes place in a face to face forum (i.e. five out of the ten hours should be allocated to face to face modality).

Practice Mentor Role

The Practice Mentor plays a wide and varied role in the participants learning and development. This includes:

- providing ongoing support for participants during the programme;
- supporting participants in the development of their knowledge, skills and understanding;
- providing opportunities for peer learning/sharing of knowledge and practice within the organisation;
- encouraging reflection on practice;
- acting as a role model for the integration of theory and practice;
- acting as a sounding board for participants to discuss barriers to the transfer of learning into practice;
- acting as a guide in discussing and negotiating barriers and enablers to practice;
- advocating for participants in order to maximise the impact of the programme on their practice;
- linking course learning to service developments;
- liaising with the course team if any difficulties arise for the participant in the practice area;
- Keeping a collaborative record of mentoring sessions with the participant - see Appendix 7.

We encourage Practice Mentors, in consultation with Directors of Nursing and Service Managers, to adapt the mentoring role in a way that maximises the benefit of the course to the participants learning needs and local service requirements. We propose that Service Managers should maintain a practice mentor or similar support role for participants following completion of the

programme. We see this as vital in maintaining ongoing skills development and learning transfer.

Practice Mentor Qualifications

Practice Mentor qualifications include:

- Professional Qualification in Mental Health or Social Care;
- Understanding of mental health problems and current psychological interventions;
- 3 years post qualification experience;
- Working knowledge of CBT principles and practice.

Course Duration

The course is delivered utilising a blended learning approach over a three month period comprised of the following:

- 36 hours contact time (three blocks of two days at six hours per day)
- 30 hours independent reading
- 24 hours clinical practice
- 10 hours practice mentoring

Total Hours = 100

Course Reading

- Beck, J.S. (1995) *Cognitive Therapy: Basics & Beyond*. The Guilford Press, New York.
- Greenberger, D. & Padesky, C.A. (1995) *Mind Over Mood*. Guilford Press, New York.
- Padesky, C.A. & Greenburger, D. (1995) *Clinician's Guide to Mind Over Mood*. Guildford Press, New York.
- Westbrook, D., Kennerly, H. & Kirk, J. (2007) *An Introduction to Cognitive Behavioural Therapy: Skills and Applications*. Sage, UK.
- Williams, C. (2000) *Overcoming Depression: A Five Areas Approach*. Oxford Press Inc, New York.

Method of Assessment

Participants are expected to complete the assessment below:

- Minimum of 85% attendance at taught sessions confirmed by course attendance form (see Appendix 9).
- Pre Course Self Assessment of Knowledge, Skills & Understanding (see Appendix 2).
- Post Course Self Assessment of Knowledge, Skills & Understanding (see Appendix 3).
- 30 Hours independent learning confirmed by participant and endorsed by Line Manager (see Course Completion Form - Appendix 8).
- 24 Hours Clinical Practice confirmed by participant and endorsed by Line Manager (see Course Completion Form - Appendix 8)
- 10 Hours of active participation in practice mentoring confirmed by Practice Mentor (see Practice Mentor Log Form - Appendix 7)
- Confirmation by the participant, and endorsed by Line Manager, that they have continued to utilise CBT skills in their practice for six weeks following course completion (see Course Completion Form - Appendix 8)

Certification

Participants who complete the full assessment outlined above will receive a *Certificate of Completion* (see Appendix 10). The course is Category 1 Approved by An Bord Altranais (Irish Nursing Board).

Academic Accreditation (*Certificate in Science in Health Care*)

Participants who complete the programme have the option to apply to Waterford Institute of Technology (WIT) for 10 credits at Level 8 (honours degree level) on the National Qualifications Authority of Ireland framework (NQAI). This process will give participants credit for their learning on the Nursing degree programme at WIT. Nurses and other Health/Social Care Professionals should also be able to receive credit for this learning on other academic programmes in a variety of third level institutions at Level 8 where there is an equivalent of learning. The Centre of Nurse Education and WIT will support participants who wish to pursue academic validation of their CBT programme learning.

To achieve this academic award, a Portfolio of Evidence demonstrating application of learning is submitted to WIT, and this is assessed at Level 8. Participants are also required to deliver a presentation of their work demonstrating integration of theory and practice. Further information is available from Centre of Nurse Education personnel. Participants who successfully complete this process will be awarded a **Certificate in Science in Health Care (Special Purpose Award)**.

Course Evaluation

The course evaluation includes:

- (i) *Participant feedback via an end of course evaluation:* A course evaluation questionnaire is completed by each participant on completion of the programme. All questionnaires are reviewed by the course team (see Appendices 4, 5 & 6).
- (ii) *Pre and post course evaluation of participant's knowledge and skills:* Each participant completes a pre and post course self evaluation of knowledge and skills which is reviewed by the course team (see Appendices 2 & 3).
- (iii) *Facilitator feedback:* Facilitators meet with the Centre of Nurse Education to discuss course delivery and participants progress on an ongoing basis.
- (iv) *Consultation with Service Providers:* Feedback is sought from Practice Mentors, Senior Clinicians and Managers (including Directors of Nursing, Psychiatrists, Senior Clinical Psychologists, Practice Development Personnel, Line Managers and other Heads of Discipline). The Centre of Nurse Education meets with the above personnel to evaluate learning transfer and the impact of the programme on service delivery on an ongoing basis.

Venue(s)

The programme is delivered at four locations across the HSE in the South East to ensure accessibility to a board range of participants.

Educational Resources & Facilities

Resources

The course is facilitated by experienced clinicians, therapists and educators. The teaching team has the support of Nurse Managers, Clinical Staff, Practice Development Personnel, Psychiatrists and Psychologists across the HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford).

Facilities

A full range of educational facilities are available at the Centre of Nurse Education and associated outreach/onsite venues. This includes tutorial/class rooms, AV equipment and IT resources. Participants (HSE staff) also have access to the HSE libraries in Waterford and Kilkenny as well as access to libraries in local hospitals. Participants who register for the Diploma in Science in Health Care (Minor Award) have access to the full range of educational facilities at WIT.

References

- An Bord Altranais (2000) *Review of Scope of Practice for Nursing and Midwifery: Final Report*. Dublin, An Bord Altranais.
- An Bord Altranais (2000) *The Code of Professional Conduct for each Nurse and Midwife*. Dublin, An Bord Altranais.
- An Bord Altranais (1997) *Continuing Professional Education for Nurses in Ireland: A Framework*. Dublin, An Bord Altranais.
- Carrol, K.M. (2005) Recent Advances in psycho-therapy of Addictive disorders. *Current Psychiatry Reports*, 7, 329 – 336.
- Government of Ireland (2006, a) *A Vision for Change-Report of the Expert Group on Mental Health Policy*. Dublin, Mental Health Commission.
- Government of Ireland (2006,b) *Mental Health Act 2001(Approved Centres) Regulations 2006,S.I. No. 551 of 2006*. Dublin Stationary Office.
- Hester, R.K. and Miller, W.R. (2003) (Eds.) *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*. (3rd ed.) London: Allyn & Bacon.
- Hunot, V., Churchill, R., Teixeira, V. and De Lima, M.S. (2009) *Psychological Therapies for Generalised Anxiety Disorder*, Cochrane Collaboration, John Wiley & Sons.

- Jones, C., Cormac, I., Silveira da Mota Neto J.I, & Colin Campbell, I. (2010) *Cognitive Behaviour Therapy for Schizophrenia*. The Cochrane Collaboration, John Wiley & Sons.
- Lockwood, C., Page, T. and Conroy-Hiller, T. (2004) *Comparing the Effectiveness of Cognitive Behaviour Therapy Using Individual or Group Therapy in the Treatment of Depression*. JBI Reports. 2004 Jun; 2(5): 185-206.
- National Council for the Continuing Professional Development of Nursing and Midwifery (2004) *Report on the Continuing Professional Development of Staff Nurses and Staff Midwives*, Dublin, NCMN.
- Mental Health Commission (2006) *Multidisciplinary Team Working: From Theory to Practice*, Dublin, MHC.
- Ray, L.A. and Magill, M. (2009) *Cognitive Behavioural Treatment with Adult Alcohol and Illicit Drug Users: A Meta – Analysis of Randomized Controlled Trials*. Journal of Studies on Alcohol and Drugs, July 2009.
- Somers, J. and Querée, M. (2007) *Cognitive Behavioural Therapy: Core Information Document*. British Columbia, CARMHA Faculty of Health Sciences & Simon Fraser University British Columbia.

Appendix 1 – Application Form



Office of the
**Nursing & Midwifery
Services Director**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Centre of Nurse Education
HSE South (Carlow, Kilkenny, South Tipperary, Waterford, Wexford)

Section One – Course Details

Cognitive Behavioural Skills for Practice

*Venue
Dates*

Section Two – Applicant Details

Name (please print)	
Job Title	
Work Address	
E-mail Address	
Mobile Phone Number	
Qualifications	
Name of Line Manager	

Section Three – Applicants Learning Outcomes

What do you hope to achieve from this programme (personal/professional/practice development)?

Section Four – Applicant Declaration

I wish to avail of a place on the above programme and I will be in a position to utilise CBT skills in my practice and I will be available to attend all course lectures and skills workshops.

Applicant Signature		Date	
----------------------------	--	-------------	--

Section Five – Practice Mentor Declaration

I will provide the course participant with the support necessary to apply the course skills in his/her practice.

Practice Mentor Name		Job Title	
E-mail Address		Contact Number	
Practice Mentor Signature		Date	

Section Six – Line Manager Declaration

I will ensure that the course participant is supported in applying the CBT skills from this programme in his/her practice/work area.

Line Manager Name		Job Title	
E-mail Address		Contact Number	
Line Manager Signature		Date	

If submitting this form electronically, a typed name in the signature boxes will be accepted

Appendix 2 – Pre Evaluation Self Assessment Form



Office of the
Nursing & Midwifery
Services Director



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

Pre-Evaluation Self Assessment Form

As part of the training programme we wish to undertake an evaluation of the training to highlight training needs and achievements of the participants and to provide an overview of the impact of the programme. This will help in tuning future courses to the specific needs of participants, and in the development of cognitive therapy training.

This form is aimed at capturing your view of your position and experience as you commence the course.

Q1. Please tell us your name?

Q2. What is your Professional Registration Number?

Q3. What is your Profession / Grade?

Q4. Please describe your role, briefly

On the following pages, please indicate your response by circling the number on the rating scale at the point which best suits your current level of knowledge, understanding and/or skill in relation to the learning outcomes of this course. Where you wish, use the comment spaces provided to add further comments.

Rating Scale

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Where 0 = none and 9 = knowledge, understanding or skill

Level I: Learning Outcomes

(i) Knowledge of **CBT Principles**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

(ii) Knowledge and understanding of a **Framework** e.g. the 5 Part Model, for understanding client/patient problems

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using a **Framework** for understanding patient/client problems

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iii) Knowledge and understanding of **Goal Setting** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using **Goal Setting** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iv) Knowledge and understanding of the use of **Homework** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in using **Homework** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

Level II: Learning Outcomes

(i) Knowledge and understanding of how to build a **Collaborative Therapeutic Relationship**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in building a **Collaborative Therapeutic Relationship**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(ii) Knowledge and understanding of how to **Structure** therapeutic work with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in **Structuring** therapeutic work with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iii) Knowledge and understanding of the use of **Socratic Dialogue** to guide patient/client Discovery

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using **Socratic Dialogue** to guide patient/client Discovery

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

Level III: Learning Outcomes

(i) Knowledge and understanding of the role of **Negative and Biased thinking** in emotional disorders

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in identifying **Negative and Biased thinking**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(ii) Knowledge and understanding of **re-evaluating Negative Automatic Thoughts (NATs)**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in helping patients/clients **re-evaluate Negative Automatic Thoughts (NATs)**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iii) Knowledge and understanding of the use of **Thought Records and simple Behavioural Experiments**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using **Thought Records and simple Behavioural Experiments**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

Appendix 3 – Post Evaluation Self Assessment Form



Office of the
Nursing & Midwifery
Services Director



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

Post-Evaluation Self Assessment Form

As part of the training programme we wish to undertake an evaluation of the training to highlight training needs and achievements of the participants and to provide an overview of the impact of the programme. This will help in tuning future courses to the specific needs of participants, and in the development of cognitive therapy training.

This form is aimed at capturing your view of your position and experience as you commence the course.

Q1. Please tell us your name?

Q2. What is your Professional Registration Number?

Q3. What is your Profession / Grade?

Q4. Please describe your role, briefly

On the following pages, please indicate your response by circling the number on the rating scale at the point which best suits your current level of knowledge, understanding and/or skill in relation to the learning outcomes of this course. Where you wish, use the comment spaces provided to add further comments.

Rating Scale

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Where 0 = none and 9 = knowledge, understanding or skill

Level I: Learning Outcomes

(i) Knowledge of **CBT Principles**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

(ii) Knowledge and understanding of a **Framework** e.g. the 5 Part Model, for understanding client/patient problems

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using a **Framework** for understanding patient/client problems

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iii) Knowledge and understanding of **Goal Setting** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using **Goal Setting** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iv) Knowledge and understanding of the use of **Homework** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in using **Homework** with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

Level II: Learning Outcomes

(i) Knowledge and understanding of how to build a **Collaborative Therapeutic Relationship**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in building a **Collaborative Therapeutic Relationship**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(ii) Knowledge and understanding of how to **Structure** therapeutic work with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in **Structuring** therapeutic work with patients/clients

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iii) Knowledge and understanding of the use of **Socratic Dialogue** to guide patient/client Discovery

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using **Socratic Dialogue** to guide patient/client Discovery

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

Level III: Learning Outcomes

(i) Knowledge and understanding of the role of **Negative and Biased thinking** in emotional disorders

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in identifying **Negative and Biased thinking**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(ii) Knowledge and understanding of **re-evaluating Negative Automatic Thoughts (NATs)**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current skill in helping patients/clients **re-evaluate Negative Automatic Thoughts (NATs)**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

(iii) Knowledge and understanding of the use of **Thought Records and simple Behavioural Experiments**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Current Skill in using **Thought Records and simple Behavioural Experiments**

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Comments

Q5. Have you been able to apply any of the skills learnt on this course in your practice?

Yes No

Comments

Q6. Has your practice changed in any way as a result of learning these new skills?

Not changed at all Changed substantially

If yes, can you give some examples

Any further comments

Appendix 4 – End of Level 1 Evaluation Form



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

1. Please indicate if you achieved the learning outcomes of the programme (Level 1):

Learning Outcome	Yes	Partially	No
Knowledge of CBT Principles and how selected methods based on these can be applied in their practice setting:			
<ul style="list-style-type: none"> reaching a clearer understanding of patient/client problems; 			
<ul style="list-style-type: none"> establishing clear and specific goals for interventions; 			
<ul style="list-style-type: none"> building on face to face work with patients/clients through judicious use of "homework". 			

2. Please rate (tick appropriate box) the delivery and presentation of programme material:

Topic	Excellent	Very Good	Good	Average	Poor
Clarity					
Presentation					
Interactivity					
Use of Cases					
Role Plays					
DVD Clips					

3. Please rate the overall style of teaching:

Excellent	Very Good	Good	Average	Poor

4. Please give any other comments of your experience of the programme below:

5. Name (Optional): _____

Signature (Optional): _____

Date: _____

Appendix 5 – End of Level 2 Evaluation Form



Office of the
Nursing & Midwifery
Services Director



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

1. Please indicate if you achieved the learning outcomes of the programme (Level 2):

Learning Outcome	Yes	Partially	No
Knowledge and understanding of how 3 key methods (Structure, Collaboration and Socratic Dialogue) can be integrated into their practice including:			
• building a collaborative therapeutic relationship;			
• structuring therapeutic work with patient/clients;			
• the use of Socratic Dialogue to guide patient/client discovery.			

2. Please rate (tick appropriate box) the delivery and presentation of programme material:

Topic	Excellent	Very Good	Good	Average	Poor
Clarity					
Presentation					
Interactivity					
Use of Cases					
Role Plays					
DVD Clips					

3. Please rate the overall style of teaching:

Excellent	Very Good	Good	Average	Poor

4. Please give any other comments of your experience of the programme below:

5. Name (Optional): _____

Signature (Optional): _____

Date: _____

Appendix 6 – End of Level 3 Evaluation Form



Office of the
Nursing & Midwifery
Services Director



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

1. Please indicate if you achieved the learning outcomes of the programme (Level 3):

Learning Outcome	Yes	Partially	No
Knowledge and understanding of the link between thoughts and emotions, types of unhelpful or biased thinking and methods of re-evaluating negative or unhelpful thinking including:			
• identifying negative and biased thinking;			
• re-evaluating Negative Automatic Thoughts (NATs);			
• use of Thought Records and simple Behavioural Experiments.			

2. Please rate (tick appropriate box) the delivery and presentation of programme material:

Topic	Excellent	Very Good	Good	Average	Poor
Clarity					
Presentation					
Interactivness					
Use of Cases					
Role Plays					
DVD Clips					

3. Please rate the overall style of teaching:

Excellent	Very Good	Good	Average	Poor

4. Please give any other comments of your experience of the programme below:

5. Name (Optional): _____

Signature (Optional): _____

Date: _____

Appendix 7 – Practice Mentor Log Form



Office of the
Nursing & Midwifery
Services Director



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

Practice Mentor Log

Participant Name: _____

Practice Mentor Name: _____

Date of Session: _____

Methodology Used by Practice Mentor

One to One Group Telephone Team Meetings/Case Conference

Issues Discussed

Participant Signature: _____ Practice Mentor Signature: _____

Date of Session: _____

Methodology Used by Practice Mentor

One to One Group Telephone Team Meetings/Case Conference

Issues Discussed

Participant Signature: _____ Practice Mentor Signature: _____

Appendix 8 – Course Completion Form



Office of the
Nursing & Midwifery
Services Director



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

Course Completion Form

Participant Name: _____ Date of Birth: _____

Professional Registration Number (e.g. ABA Number): _____

Participant has completed/achieved the following (Please tick appropriate box to confirm completion / non-completion of each aspect of programme):

		YES	NO
(i)	Attendance at taught sessions of Levels 1, 2 & 3 (Minimum of 85% attendance)		
(ii)	Pre Course Self Assessment of Knowledge & Skills (self assessment tool)		
(iii)	Post Course Self Assessment of Knowledge & Skills (self assessment tool)		
(iv)	Independent learning including the following: a. 24 Hours Clinical Practice b. 30 Hours Independent Reading		
(v)	10 Hours of discussion/consultation with a nominated Practice Mentor		
(vi)	Continued to utilise selected CBT skills in his/her practice 6 weeks following completion of taught aspect of course		

Certification

Participants who fully complete parts (i) – (vi) above will be issued with a **Certificate of Completion**

Academic Accreditation (Certificate in Science in Health Care)

Participants who complete the programme have the option to apply to Waterford Institute of Technology (WIT) for 10 credits at Level 8 (honours degree level) on the National Qualifications Authority of Ireland Framework (NQAI).

Confirmation of Course Completion

Signed:

Participant _____
PLEASE PRINT NAME SIGNATURE

Line Manager _____
PLEASE PRINT NAME SIGNATURE

Practice Mentor _____
PLEASE PRINT NAME SIGNATURE

Nurse Practice
Development
/ Clinical Placement
Coordinator _____
PLEASE PRINT NAME SIGNATURE

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AND RETURN TO SANDRA KENNEDY, CLERICAL OFFICER, CENTRE OF NURSE EDUCATION, HSE SOUTH, EDUCATION CENTRE, WATERFORD REGIONAL HOSPITAL, DUNMORE ROAD, WATERFORD.

FOR OFFICE USE ONLY

Director, Centre of
Nurse Education _____
PLEASE PRINT NAME SIGNATURE

Course Facilitator _____
PLEASE PRINT NAME SIGNATURE

Course Administrator _____
PLEASE PRINT NAME SIGNATURE

Date of Completion _____

STAMP

Appendix 9 – Course Attendance Form



**Office of the
Nursing & Midwifery
Services Director**







Course Attendance Form

Transcript of Training for <participant's name>

		Completed	
		YES	NO
1	<p>Attendance at Level 1 - The First Steps (Day 1)</p> <ul style="list-style-type: none"> • Introductions & Establishing a Baseline • Expectations / Limitations • An Overview of CBT Principles and a closer look at two basic methods <ul style="list-style-type: none"> • The Problem List • The 5 Part Model as a Framework for Understanding the Problems <p>Attendance at Level 1 - The First Steps (Day 2)</p> <ul style="list-style-type: none"> • Collaborative Goal Setting • Use of Homework to extend Face-to-Face work and enhance learning <p>Attendance at Level 2 - The Cornerstones (Day 1)</p> <ul style="list-style-type: none"> • Structure in Cognitive Behavioural Therapy - the scaffolding • Establishing a Collaborative Therapeutic Relationship • Combining the two—the perfect balance 		
2	<p>Attendance at Level 2 - The Cornerstones (Day 2)</p> <ul style="list-style-type: none"> • The Use of Socratic Dialogue to Guide Discovery <p>Attendance at Level 3 - Getting to the Heart of the Matter (Day 1)</p> <ul style="list-style-type: none"> • Beck's Cognitive Theory & Negative Automatic Thoughts (N.A.T.S) • Important Considerations before Proceeding to Practice • Targeting Key Moods and Thoughts <p>Attendance at Level 3 - Getting to the Heart of the Matter (Day 2)</p> <ul style="list-style-type: none"> • Evaluating negative or unhelpful thinking using a range of methods. 		
3			

Director, Centre of Nurse Education _____

Course Facilitator _____

Course Administrator _____

STAMP



Cognitive Behavioural Skills for Practice

A Stepwise Approach to Enhancing Clinical Practice Based on Cognitive Behavioural Therapy Methods

Certificate of Completion

This is to certify that

<name>

completed the Cognitive Behavioural Skills for Practice Programme
(see Transcript of Training overleaf)

<Level 1 dates>
<Level 2 dates>
<Level 3 dates>

<name>
<title>
<location>

<name>
<title>
<location>

<name>
<title>
<location>

<name>
<title>
<location>

<name>
<title>
<location>

		Completed	
		YES	NO
1	Pre Course Self Assessment of Knowledge & Skills (self assessment tool)		
	Attendance at Level 1 - The First Steps (Day 1) <ul style="list-style-type: none"> • Introductions & Establishing a Baseline Expectations / Limitations • An Overview of CBT Principles and a closer look at two basic methods • The Problem List • The 5 Part Model as a Framework for Understanding the Problems 		
2	Attendance at Level 1 - The First Steps (Day 2) <ul style="list-style-type: none"> • Collaborative Goal Setting • Use of Homework to extend Face-to-Face work and enhance learning 		
	Attendance at Level 2 - The Cornerstones (Day 1) <ul style="list-style-type: none"> • Structure in Cognitive Behavioural Therapy - the scaffolding • Establishing a Collaborative Therapeutic Relationship • Combining the two—the perfect balance 		
3	Attendance at Level 2 - The Cornerstones (Day 2) <ul style="list-style-type: none"> • The Use of Socratic Dialogue to Guide Discovery 		
	Attendance at Level 3 - Getting to the Heart of the Matter (Day 1) <ul style="list-style-type: none"> • Beck's Cognitive Theory & Negative Automatic Thoughts (N.A.T.S) • Important Considerations before Proceeding to Practice • Targeting Key Moods and Thoughts 		
4	Attendance at Level 3 - Getting to the Heart of the Matter (Day 2) <ul style="list-style-type: none"> • Evaluating negative or unhelpful thinking using a range of methods 		
5	Post Course Self Assessment of Knowledge & Skills (self assessment tool)		
6	Independent Learning including 24 Hours Clinical Practice 30 Hours Independent Reading		
7	10 Hours of Discussion/Consultation with a Nominated Practice Mentor		
8	Continued to utilise selected CBT skills in his/her practice 6 weeks following completion of taught aspect of course		

Notes

Notes
