

Therapist competence and outcome of training therapies: A study of extreme cases

Irena Makower

Department of Psychiatry, R&D section, Danderyd Hospital, Stockholm, Sweden

Introduction

Preliminary work on assessing the results of 52 therapies by 27 therapists attending a basic course in cognitive therapy at Danderyd's Hospital, Stockholm, is presented.

The cognitive Therapy Scale (CTS) has been widely used in cognitive therapy training centres to assess therapist competence but competence has not previously been clearly shown to be associated with CT outcome. Trepka, Rees, Shapiro, Hardy, Barkham, M. (2004).

In the present study two therapists, extreme with regard to outcome, were studied in order to further understand what differentiates between success and lack of success with cognitive therapy and how they relate to CTS ratings.

The hypothesis was that extreme therapists should differ in terms of basic communication skills (Ivey and Ivey, 2007).

Patients sample descriptive statistics. N=52

Variable	n	M	SD	%
Age		34.8	12.13	
Female	39			76.47
Employed	22			37.25
Students	19			43.14
Married or living with a partner	30			58.82
Pharmacological treatment	22			43.14
Major depression	17			32.69
Anxiety disorders	32			61.53

Method

27 trainees

treated 52 patients. 14 trainees were psychiatrists, 9 psychiatry nurses, and 4 represented other occupations. None of them had any previous experience with CT/CBT.

Patients

All patients who qualified for training therapies were expected to fulfil criteria for Suitability for Short-Term Cognitive Therapy Rating Scales (Saffran, Segal, 1990). The patients of therapists representing extreme cases didn't differ in terms of suitability for CBT or severity, chronicity and complexity of symptoms.

CTS score

The CTS score of the second therapy was used as one of the requirements to pass the course. Every therapist treated two patients. This rating was done by one of four supervisors who were schooled at Beck's Institute on Cognitive Therapy.

Micro skills

are basic communication units (Ivey, Ivey, 2007). Attending behaviour is the most basic micro skill unit which includes patterns of eye contact, body language, vocal qualities and verbal tracking. Two experienced CT therapists and supervisors were trained in identifying attending behaviour/verbal tracking by doing interactive exercises (Ivey, Ivey, 2007).

Conclusions

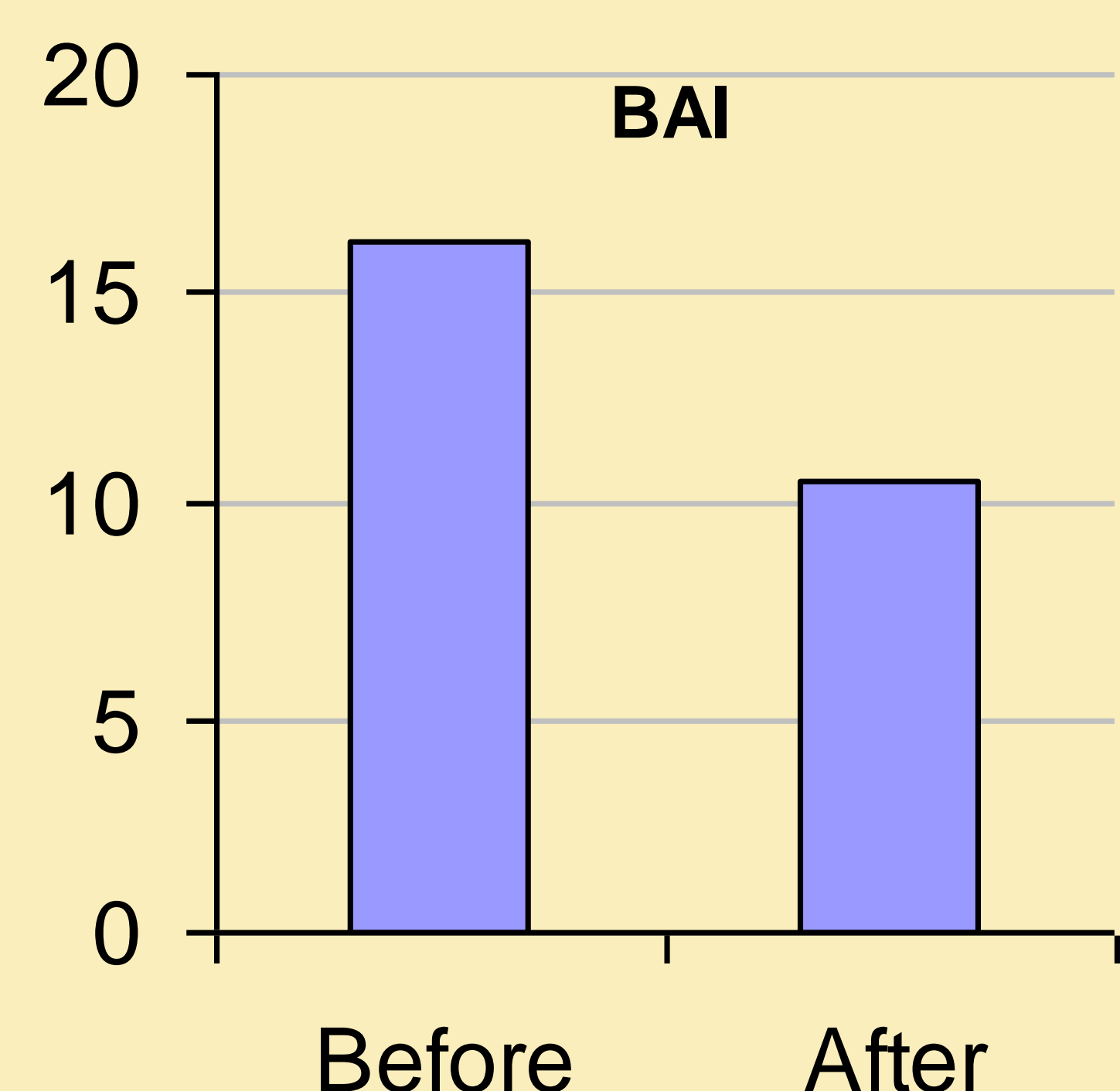
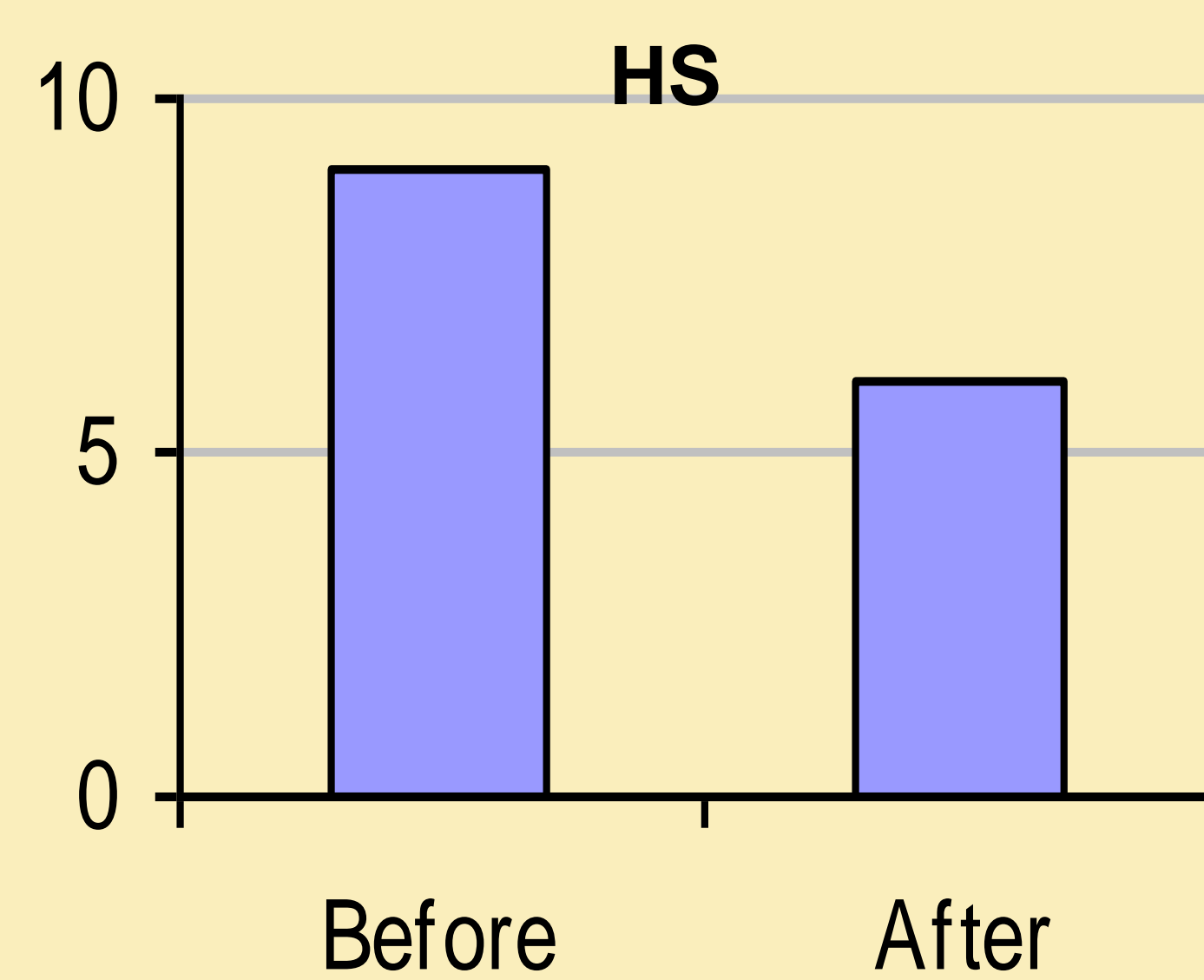
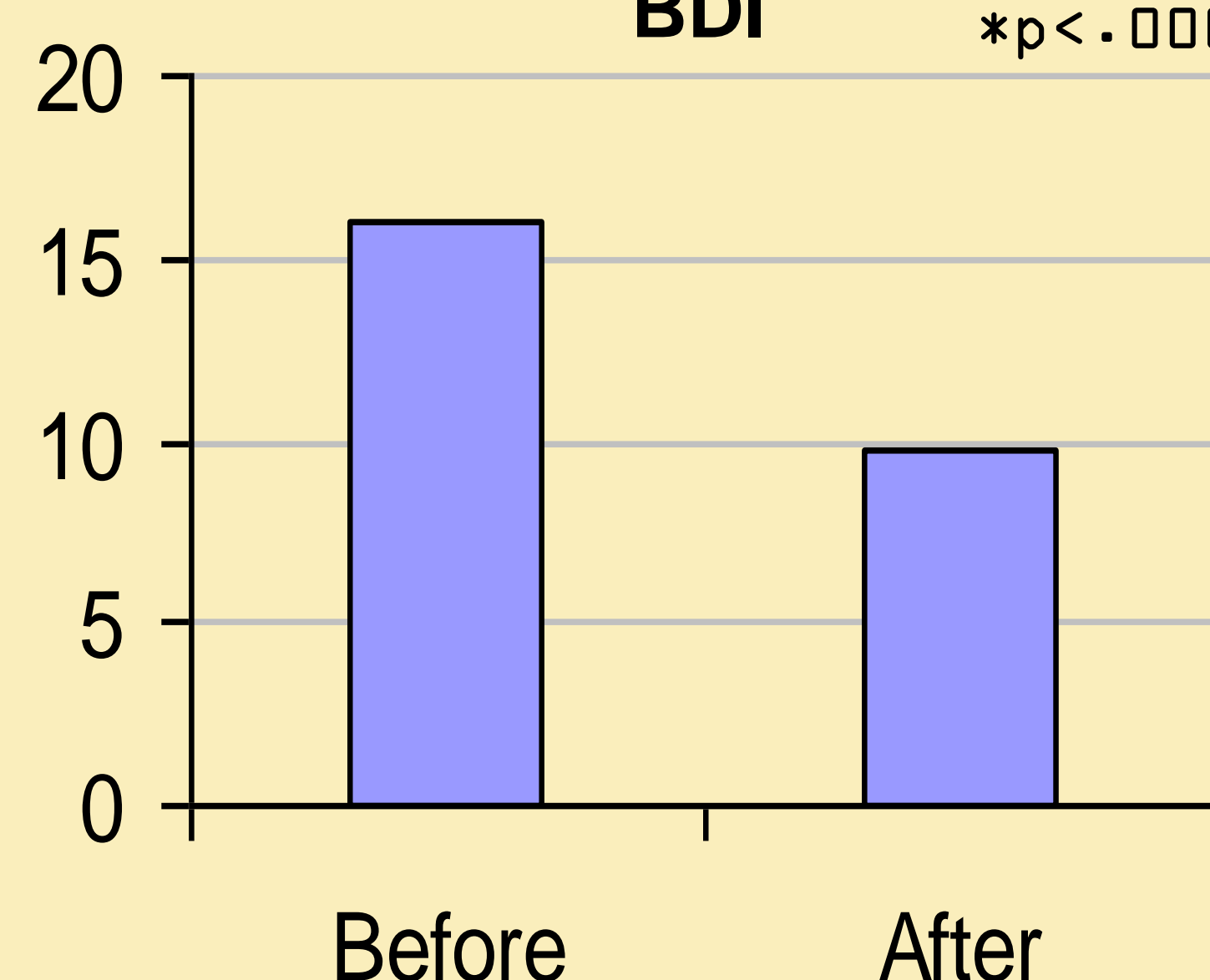
Preliminary results show that therapists' competence as measured by The Cognitive Therapy Scale (CTS) was not related to the outcome of training therapies. To further understand these result transcripts from two therapists, extreme with regard to outcome, were analysed in terms of basic communication micro skill units (Ivey and Ivey, 2007). Apparent differences between extreme therapists in basic listening skills were discovered. These results need further support and replication. If valid it may imply that there is a need to incorporate basic listening skills within CT/CBT training programs and that CTS as a measure of competence needs some revision.

The outcome of training therapies.

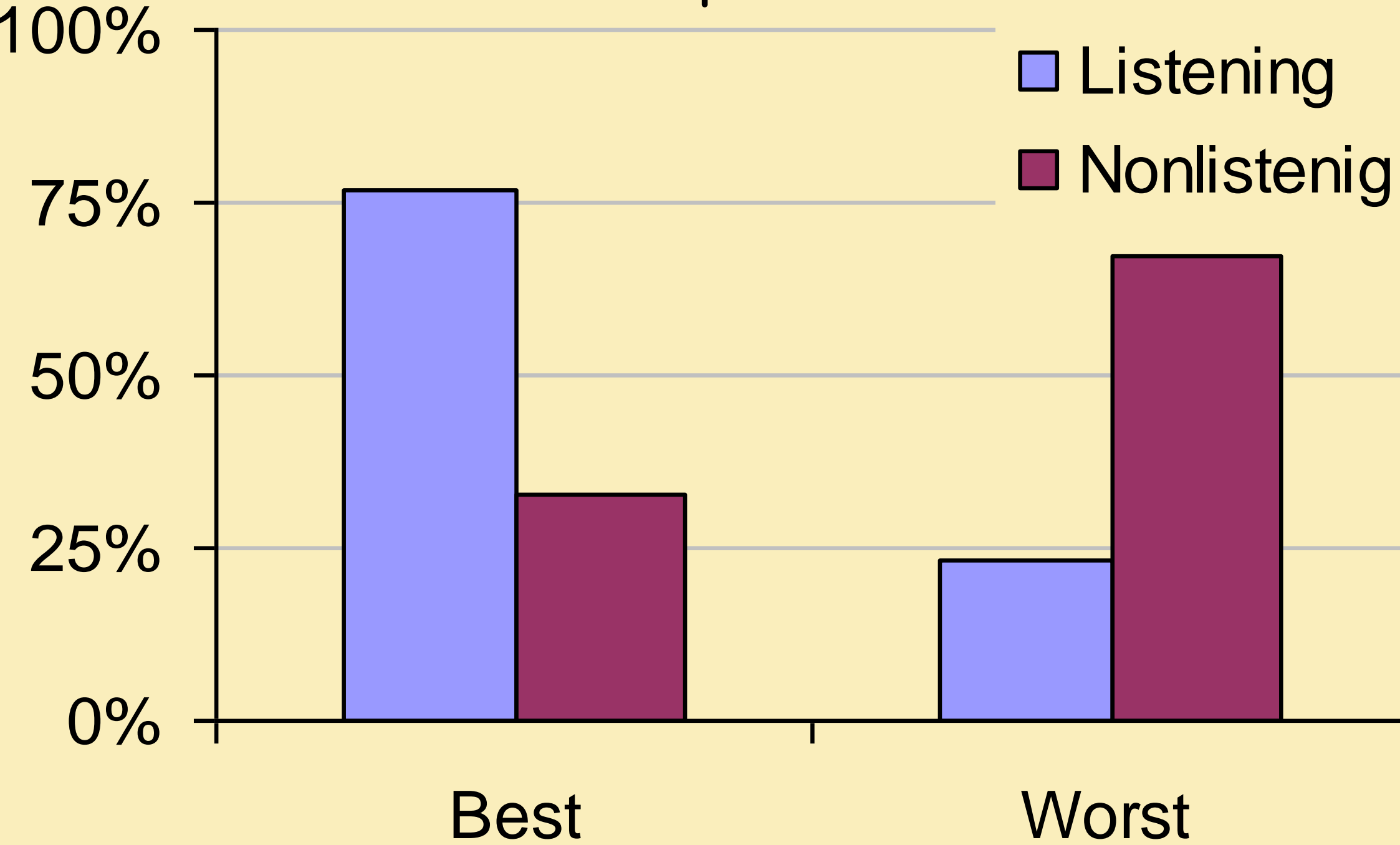
N=51

BDI

*p<.0001



Basic listening skills for extreme therapists.



Results

The average CTS was 41.01, SD=6.60, Median=42. Training therapies gave significant recovery from symptoms. The average BDI effect size for outcome measures BDI, HS, BAI was moderate 0.59, SD=0.71. No significant relationships (r correlations) between outcome measures in terms of effect sizes and CTS were discovered (BDI=.20, HS=-.12, BAI=.05). Partial correlations when controlling for screening values were not significant either.

Extreme cases were operationalised as therapists with best and worst outcome in terms of mean ES on outcome measures (ES=1.97 and ES=-0.07 respectively). Both the best and worst therapy rated on CTS under the threshold for certification ("red line" value of 39 points), 33 and 35 points respectively.

References:

- Ivey A, Bradford Yvey M. (2007). International Interviewing and Counselling. Sixth edition. Thomson. United States.
Safra J, Segal Z. (1990). Interpersonal process in Cognitive Therapy. Basic Books. New York.
Trepka C, Rees A, Shapiro D, Hardy G, & Barkham M. Therapist Competence and Outcome of Cognitive Therapy for depression. Cognitive Therapy and Research, 2004, vol.28, No 2, pp.143-157.

Address for correspondence: makower@manowa.se