



EABCT Training

Standards for Training and Accreditation of Cognitive and/or Behaviour Therapists

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Working Groups

The first efforts for establishing EABCT' s training standards started in the 1970's. Various proposals and drafts were created and formed a good foundation for CBT Training in Europe. However, it was only after the initiation of the **working groups on training standards (WGTS)** in 2002 and their work that all the material was shaped up and given an official format. The WGTS, together with all the input from all the member associations' representatives, continue to develop and elaborate EABCT' s training standards, making EABCT the leading European Association on CBT training.

WGTS

2002 - 2004	Jaak Beckers – Belgium (Chair) Rod Holland – UK Thomas Kalpakoglou – Greece Maria do Céu Salvador – Portugal Andreas Veith - Germany
2004 - 2005	Nada Anic – Croatia Jaak Beckers – Belgium (Chair) Jan van den Bout - The Netherlands Thomas Kalpakoglou – Greece Andreas Veith - Germany
2005 - 2007	Jaak Beckers – Belgium (Chair) Thomas Heidenreich - Germany Thomas Kalpakoglou – Greece Maie Kreegipuu – Estonia Olivera Zikic – Serbia & Montenegro
2007 - 2009	Jaak Beckers – Belgium Thomas Heidenreich - Germany Thomas Kalpakoglou – Greece (Chair) Maie Kreegipuu – Estonia Olivera Zikic – Serbia & Montenegro
2009 - today	Audur Gunnarsdottir – Iceland Thomas Heidenreich - Germany Thomas Kalpakoglou – Greece (Chair) Helen Macdonald - UK

A**Entry Requirements**

- A.1 The regulations governing who can practice and/or be legally recognized as a psychotherapist (including behaviour and/or cognitive therapists) vary between European countries. In some countries the practice of psychotherapy is restricted to specific professional groups such as clinical psychologists and psychiatrists. In other countries the range of professional who can practice cognitive and/or behaviour therapy, and be accredited as therapists is broader and may include specialist nurses, counselors, social workers and other professional groups. EABCT recognizes the regulations governing each country but does not itself restrict entry to training and the practice of behaviour and/or cognitive therapy to specific professional groups.
- A.2 All accredited therapists recognized by national associations will usually have an in an appropriate core profession and be registered with a professional regulatory body.
- A.3 Therapists being considered for accreditation will have sufficient experience in working in a therapeutic role with clients.
- A.4 Therapists will be using cognitive and/or behaviour therapy in a systematic way as their main, or one of their main therapeutic models.

Summary**Accredited C/B Therapists**

- ✓ approved basic qualification
- ✓ sufficient experience
- ✓ CBT as main therapeutic model

B**Length of Training**

- B.1 The period of training will include both basic professional training that prepares a person for work in psychotherapy in general and a period of specialist training and experience relevant to cognitive and/or behaviour therapy.
- B.2 The competencies to become an effective cognitive and/or behaviour therapist are usually developed in two stages. Firstly, there are those competencies in generic therapeutic skills and the understanding of psychopathology that form part of a clinician's core professional training. Secondly, there is the development of knowledge about the cognitive and behavioural model and specific competencies in cognitive and behavioural therapeutic skills that are usually developed as part of a post-professional qualification period of training. Sometimes the latter skills may be developed during a professional training course but it is unlikely that this will be to a level that meets EABCT's Minimum Training Standards
- B.3 The minimum period of training recognized by EABCT as sufficient to develop the Minimum Training Standards will not normally be less than 5 years. This time is measured from the commencement of professional training to the end of a period of post professional training in cognitive and/or behavioural therapy skills
- B.4 This is a minimum standard and does not preclude a national association requiring a longer period of time to attain the training standards recognized by its own requirements.

Summary**Length of Training**

- ✓ 5 years minimum (main professional training + CBT training)

C**Theoretical and Skills Training & Competences**

- C.1 The period of training (core professional training and specific post-qualification training) will include the acquisition of a critical understanding of the relevance of studies of human development, psychopathology, psychology, social issues and evidence-based practice.
- C.2 Specialist training may be in a particular model of cognitive and/or behaviour therapy, or in a particular field (e.g.. REBT, CBT with psychosis, CBT with Children,). However, all therapists will have covered a curriculum that will provide a broad-based understanding of the theoretical basis of cognitive and/or behaviour therapies and their application across a range of problems.
- C.3 Theoretical knowledge and skills will have been acquired through structured teaching and self-directed study. The minimum number of hours study required for the cognitive/behavioural elements of training is 450 hours of which 200 hours should be provided directly by recognised cognitive and/or behaviour therapy trainers on a recognised course or an agreed programme of study within the member association or country.
- C.4 Skills training is an essential component of the acquisition of knowledge and experience and will predominantly be developed through supervised clinical practice (see D below), skills-based workshops, observation and clinical practice. Skills training should be a significant part of a therapist's total training programme.
- C.5 Therapists should achieve the skills to be able to understand and interpret research relevant to the outcome and effectiveness of cognitive and/or behaviour therapy.
- C.6 Acquired competences necessary to practice CBT will include:
- C.6.1 Ability to assess, understand and formulate a client's problem(s) according to CBT model(s):
- To demonstrate effective interviewing and listening skills using appropriate verbal and non-verbal communication.
 - To make use of appropriate behavioural and cognitive assessment methods (questionnaires, rating scales, observational techniques) and understand their validity and reliability.
 - To understand the problem(s) presented in relation to cognitive-behavioural formulations.
 - To summarise, compare and contrast the CBT theoretical frameworks with different types of therapies to ensure that the appropriate model of intervention is applied.
- C.6.2 Ability to apply an appropriate range of CBT interventions:
- To demonstrate a broad knowledge and skills in implementing a range of CBT interventions that are effective and evidence-based.
 - To be informed by and draw upon relevant information from the fields of psychology and other disciplines that have contributed to the knowledge base of CBT.
 - To have sufficient knowledge on normal and abnormal behaviour (e.g., psychopathology), developmental and social contexts which are relevant to the area in which the practitioner works.
 - To work in a collaborative way with clients explaining at all points during therapy the relevance of the interventions used and seeking consent.

- To make use of appropriate evaluation methods (questionnaires, rating scales, observational techniques) to assess the impact of the interventions undertaken.
- C.6.3 To build, maintain and conclude a therapeutic working relationship
 - To set and maintain appropriate professional boundaries
 - To be able to effectively assess the risk of harm to patient, therapist or others
 - To be aware of and consider ethical and legal principles as applied to therapeutic relationships
 - To have an understanding of the impact that their own cognitive, emotional and behavioural characteristics (personal development) can have on their work, and to have the willingness and ability to change, making appropriate use of supervision and feedback
- C.7 Possible methods to assess therapists' competences include:
 - Direct observation of therapy-sessions by a supervisor
 - Video recording of sessions
 - Audio recording of sessions
 - Rating scales on relevant competences
 - Discussion during supervision
 - Written and oral presentation of case reports
 - Peer-review
 - Self-assessment
 - Training log-books
 - Papers accepted by scientific journals
 - Feedback from clients
 - Examination
- C.8 Possible learning methods to acquire therapists' competences include:
 - Theoretical lessons
 - Reading
 - E-learning
 - Supervised clinical practice
 - Peer-group supervision
 - Supervision sessions
 - Observation and modelling
 - Role play
 - Discussion with other professionals
 - Attendance and presentations at conferences
 - Participation in skills-training workshops
 - Research
 - Evidence-based reviews
 - Case presentations
- C.9 Additional competences will be needed for practitioners undertaking supervision, training of other therapists and research.

Summary

Length of CBT Training

- ✓ 450 hrs minimum (of which 200 hrs provided directly by recognized cognitive and/or behaviour therapy trainers on a recognized course or an agreed programme of study within the member association or country)

D**Supervised Clinical Practice**

- D.1 Therapists will have conducted 200 hours of supervised assessment and therapy during training.
- D.2 All therapists will have received supervision during the period of training for both assessment and therapy, carried out by a competent cognitive and/or behaviour therapist. Supervision will consist of regular feedback and discussion. Close supervision should be used as part of this process and will involve the use of live, audio or video materials.
- D.3 A minimum of 8 clients will be treated during the period of training from assessment to completion or termination of treatment before a therapist is regarded as having completed their training. These cases will cover at least 3 types of problems and 3 cases will have been closely supervised as defined above.
- D.4 Details of supervised clinical practice and case mix will be recorded in a training record.

Summary**Supervised Clinical Practice**

- ✓ 200 hrs minimum
- ✓ Live, audio, video material in at least 3 cases
- ✓ At least 8 clients
- ✓ At least 3 types of problems

E**Personal Therapy / Development**

- E.1 The requirement of personal therapy/personal development is regulated in some European countries and therapists will have to meet these requirements where appropriate.
- E.2 All therapists must ensure that they can identify and manage appropriately their personal involvement in the process of cognitive and/or behaviour therapy.
- E.3 Therapists must have developed an ability to recognize when they should seek other professional advice.

Summary

Personal Therapy / Development

- ✓ Recommended

- F.1 Therapists who fulfill the Minimum Training Standards, maintain an agreed level of continuing professional development in cognitive and/or behaviour therapy, receive regular clinical supervision and meet any additional national or legal requirements pertaining to the country in which they wish to practice, should be accredited by their national association or national regulatory body as a cognitive and/or behavioural therapist.
- F.2 Associations should have, or be developing, procedures for accrediting therapists at a level which demonstrates that they have reached a higher level of competence and expertise that enables them to provide supervision or training to others or be recognized as a senior practitioner in the area of behaviour and/or cognitive therapy.
- F.3 Supervisors and senior practitioners will normally have 5 years of therapeutic practice after meeting the minimum training standards and have received further training to equip them as trainers/supervisors.

Summary

Accreditation of Therapists

- ✓ According to accreditation criteria of therapist's association.

G**Assessing Core Training Standards**

- G.1 Therapists are expected to demonstrate an understanding of the theoretical aspects of cognitive and/or behavioural therapy and its application by the production of either a formal assessment essay, exam or research project.
- G.2 An understanding of evidenced based practice should be evaluated by (i) the production of an extended case study that critically discusses the research evidence or (ii) a relevant research dissertation, or (iii) a research paper written as first author.
- G.3 Supervised practice will be subjected to formal assessment with at least two case studies written up (2000 – 4000 words).
- G.4 The above assessments are usually required in most formally recognized cognitive and/or behaviour therapy training programs. For candidates who are not pursuing a training route through such a course it is important that they agree an independent programme of study and assessment with a competent therapist approved by their national association.
- G.5 A record of training must be kept and this should specify the length of study, number of taught hours and a record of the lecturers, tutors or mentors participating in a therapists training.

Summary**Assessment during CBT Training**

- ✓ Essays, exams, research project
- ✓ Extended case study, or research dissertation, or research paper
- ✓ Case studies written up (at least 2)
- ✓ Record of training

- H.1 EABCT supports the development of structured and accredited training programmes in each country that will provide trainees with a level of training and supervision to enable them to attain these minimum standards and any higher level of competence required by their national association or country.