

**ST2-PSY-EPA4 – CBT: Anxiety management**

<b>Area of practice</b>	Psychotherapy	<b>EPA identification</b>	ST2-PSY-EPA4
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.5 (EC-approved 04/09/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Cognitive-behavioural therapy (CBT) for management of anxiety.</b>		
<b>Description</b> Maximum 150 words	The trainee can manage anxiety in psychiatric patients. The trainee demonstrates an ability to assess anxiety and employ basic management skills such as psychoeducation, structured problem solving and de-arousal strategies to a proficient level.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 3, 4, 5, 6, 7	<b>HA</b>
	<b>COM</b>	1, 2	<b>SCH</b> 2
	<b>COL</b>	1, 2	<b>PROF</b> 1, 3
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of the role of adaptive anxiety responses.</li> <li>• Knowledge of how disordered anxiety responses can lead to increased difficulties in coping with challenging situations.</li> <li>• Knowledge of the importance of outcome measurement.</li> <li>• Knowledge of evidence-based treatment strategies in the treatment of anxiety.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Use of appropriate symptom measures at baseline and to assess the effectiveness of treatment.</li> <li>• Provision of psychoeducation around normal and disordered anxiety responses in the individual patient.</li> <li>• Use of Socratic questioning to develop a collaborative understanding with the patient of how their responses (cognitive and/or behavioural) to anxiety symptoms might be leading to worsening symptoms.</li> <li>• Ability to describe a formulation or outline a model that summarises maintaining cycles.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Use of that collaborative understanding of maintaining cycles to identify targeted interventions to break the cycle. These may include: cognitive challenging, mindfulness, graded exposure, exposure and response prevention, etc.</li> <li>• Implement basic management strategies such as relaxation training, basic cognitive challenging and structured problem solving.</li> <li>• Identify the need, and make appropriate referrals, for expert provision of more advanced CBT strategies.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Working as a co-therapist with the patient as their own therapeutic agent.</li> <li>• Scientist practitioner.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (these include, but are not limited to, WBAs)</p>	<p>Trainees should undertake CBT with a range of patients. As a minimum standard, experience with three patients is recommended.</p> <ul style="list-style-type: none"> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Observe use of Socratic questioning (including by means of audio or video recordings).</li> <li>• Review written cognitive-behavioural formulations, provision of specific treatment interventions and assess impact on patient's treatment goals, ensure that need for referral for more targeted treatment or provision of advanced strategies is considered.</li> <li>• Supervisor may consider use of assessment tools such as the Cognitive Therapy Formulation Scale (CFRS), Revised Cognitive Therapy Scale (CTS-R) or Cognitive Therapy Awareness Scale (CTAS) when reviewing casework, written formulations/treatment planning or observing clinical activities.</li> </ul>
<p><b>References</b></p> <p>SIMMONS J &amp; GRIFFITHS R. <i>CBT for beginners</i>. London: SAGE Publications, 2009.</p> <p>WESTBROOK D, KENNERLEY H &amp; KIRK J. <i>An introduction to cognitive behaviour therapy: skills and applications</i>. London: SAGE Publications, 2008.</p> <p>WRIGHT JH, RAMIREZ BASCO M &amp; THASE ME. <i>Learning cognitive-behaviour therapy: an illustrated guide</i>. Arlington: American Psychiatric Publishing, 2006.</p> <p>For supervisors (including assistance in assessing competence):</p> <p>DRYDEN W &amp; BRANCH R eds. <i>The CBT handbook</i>. London: SAGE Publications, 2012.</p>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar