



A systematic review of methods for assessing competence in cognitive-behavioural therapy[☆]



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HIGHLIGHTS

- ▶ Systematic review of methods for assessing CBT therapist competence.
- ▶ Advantages and disadvantages of ten assessment methods are examined in relation to reliability, validity and feasibility.
- ▶ Recommendations for assessing CBT therapist competence are made.
- ▶ Priorities for future research are highlighted.

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ABSTRACT

Effective assessment of Cognitive Behaviour Therapy (CBT) competence is crucial to the success of the current drive to expand CBT training and service provision, and to the widespread dissemination of CBT into routine practice. However, a lack of consensus about how CBT competence should be assessed has resulted in the use of numerous different methods, many of which have been widely criticised. This review describes and evaluates the various methods of assessing CBT competence. A systematic literature search identified 64 articles pertaining to a method of assessing competence in the provision of standard CBT interventions to adults experiencing mental health problems. Ten methods for assessing CBT therapist competence were identified from these articles and are presented within Miller's (Miller, G. E. [1990]. The assessment of clinical skills/competence/performance. *Academic Medicine*, 65, 63–67) framework for assessing clinical skill. The advantages and disadvantages of each method are examined in relation to reliability, validity and feasibility. The limitations of the current evidence base are outlined and priorities for future research are highlighted. Tentative recommendations for assessing therapist competence are made within the context of the limited evidence base and need for feasibility in clinical practice settings.

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Contents

1. Introduction	485
2. What is CBT competence?	485
3. Method	486
3.1. Search strategy and procedures	486
4. Results	486
5. Level 1: knowledge-based assessments	486
5.1. Multiple choice questionnaires	486
5.2. Essays	488
6. Level 2: assessments of practical understanding	488
6.1. Short-answer clinical vignettes	488
6.2. Case reports	488

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7.	Level 3: Assessments of practical application of knowledge (skill)	490
7.1.	Standardised role-plays	490
8.	Level 4: Clinical practice assessments	490
8.1.	Assessor-rated treatment sessions	490
8.1.1.	Transdiagnostic scales	491
8.1.2.	Disorder-specific scales	492
8.1.3.	Evaluation of assessor-rated treatment sessions	492
8.2.	Supervisory assessments	493
8.3.	Therapist self-assessment	494
8.4.	Patient surveys	494
8.5.	Patient outcome	494
9.	Discussion	494
9.1.	Summary of assessment methods	494
9.2.	Further psychometric evaluation	495
9.3.	A multi-method approach to assessment	495
9.4.	Feasible measures	495
9.5.	Implementation protocols	495
9.6.	Benchmarks	496
9.7.	Formative and summative assessment	496
9.8.	Conclusions	496
Appendix A.	Supplementary data	496
References	496

1. Introduction

Significant progress has been made in developing evidence-based psychological treatments for a variety of disorders and problems. Prominent amongst these treatments is Cognitive Behaviour Therapy (CBT), which has been shown to be effective in treating a wide range of psychological disorders (Butler, Chapman, Forman, & Beck, 2006; Stewart & Chambless, 2009). Identifying an optimal strategy for assessing the competence with which CBT is delivered is important to the continued progression of the field for a number of reasons. First, the strong evidence base for CBT and the high economic burden of untreated mental illness has prompted increased demand for the dissemination of CBT (Barlow, Levitt, & Bufka, 1999; Clark, 2011; McHugh & Barlow, 2010). For example, the UK has seen large-scale government investment in the Increasing Access to Psychological Therapies dissemination program (Clark et al., 2009; Department of Health, 2008) and a number of other European countries are considering similar initiatives (Berge, 2011). Similarly, in the USA the Veterans Health Administration recently embarked on a significant program promoting the implementation of evidence-based psychological treatments, such as CBT (McHugh & Barlow, 2010). Effective methods of assessing CBT competence are essential to the success of such dissemination programs as they provide a means of assessing the training of new CBT therapists and ensuring the quality of treatment provision within routine clinical practice (McHugh & Barlow, 2010; Rakovshik & McManus, 2010; Schoenwald et al., 2011).

Second, competence assessment plays a crucial role in the empirical evaluation of CBT as research trials cannot draw valid conclusions regarding the efficacy of CBT protocols unless the competence with which the protocols are delivered can be established (Waltz, Addis, Koerner, & Jacobson, 1993; Weck, Bohn, Ginzburg, & Ulrich, 2011). Third, as evidence suggests that therapist competence may play a role in determining treatment outcomes, at least in the context of depression (Kuyken & Tsivrikos, 2009; Shaw et al., 1999; Strunk, Brotman, DeRubeis, & Hollon, 2010; Trepka, Rees, Shapiro, Hardy, & Barkham, 2004), assessment of CBT competence could provide a vehicle for ensuring that CBT is optimally effective for patients. However, results from studies examining the relationships between CBT competence and patient outcome are variable, and the poor reliability of existing methods for assessing CBT competence has been suggested as one possible explanation for this (Crits-Christoph et al., 1991;

Perepletchikova & Kazdin, 2005; Webb, DeRubeis, & Barber, 2010). Hence, improved understanding of the assessment of CBT competence may facilitate much needed future research examining the association between competence and outcome in CBT and has the potential to provide insight into the 'active ingredients' responsible for the relationship (Dobson & Singer, 2005). Finally, effective measurement of CBT competence is necessary to provide targeted feedback regarding therapists' strengths and weaknesses (McManus, Rosen, & Jenkins, 2010) and to enable research examining the acquisition of CBT skills, thus informing the training of therapists.

Despite the importance of effective measurement of CBT competence, a lack of consensus regarding the way in which CBT competence should be assessed has resulted in the development of multiple different assessment methods, many of which have been widely criticised (Barber, Sharpless, Klostermann, & McCarthy, 2007; McGlinchey & Dobson, 2003; Sharpless & Barber, 2009; Waltz et al., 1993). Hence this review outlines and evaluates strengths and weaknesses of existing methods for assessing CBT competence in order to make recommendations about the most effective methods and identify priorities for future research into the development of reliable, valid and cost-effective methods of assessing CBT competence.

2. What is CBT competence?

Before examining the utility of different methods for assessing therapist¹ competence in CBT it is necessary to clarify what is meant by the term competence. In line with Barber et al.'s (2007) concept of 'limited-domain intervention competence' and Kaslow's (2004) notion of 'intervention competence', competence is defined as the degree to which a therapist demonstrates the general therapeutic and treatment-specific knowledge and skills required to appropriately deliver CBT interventions which reflect the current evidence base for treatment of the patient's presenting problem. While professional knowledge and skills (e.g., ethical practice) are recognised as important aspects of therapist competence in any

¹ The term 'therapist' is used throughout to refer to appropriately qualified mental health professionals from any professional background (e.g., nursing, clinical psychology, psychiatry etc.) delivering a CBT intervention.

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