

## **Specialty Training in Cognitive-Behavioral Treatment (CBT) Boston University – Psychiatry PGY 3**

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Training Focus: Theory, practice, and clinical data regarding cognitive-behavioral therapy (CBT) for mood and anxiety disorders.

Duration of training: 6 months, all day Wednesdays

Site Director/Primary Attending: Barbara Kamholz, Ph.D.

Director, General Mental Health Clinic (GMHC)/Additional Attending: Justin Hill, Ph.D.

Additional Attending: Amy Lawrence, Ph.D.

Psychiatrist Attending: Sean Stetson, M.D.

Program structure:

- Training will include group didactics, broad GMHC- and CBT-specific clinical case conference, directed readings, skills labs, and supervision, which will be provided by an attending-level MH clinician.
- Didactics and GMHC case conference will take place twice per month (as indicated below).
- CBT meeting (to include directed readings, skills lab, and CBT case conference) will take place twice per month (as indicated below).
- Readings and treatment manuals will be provided; DVDs are available to borrow.
- Residents will co-lead time-limited, CBT group(s). A MH clinician or advanced trainee with high-level CBT skills will co-lead the group(s) with the resident.
- Residents will conduct individual, CBT psychotherapy with 4-5 Veterans over the course of the rotation.
- Residents will provide both CBT and psychopharmacological care for patients, as appropriate.

### Didactics Series

2<sup>nd</sup>, 4<sup>th</sup>, (and 5<sup>th</sup>, if applicable) Wednesday of each month from 9:00-10:00am  
Room D6-156C-1 (Neurology conference room)

### GMHC Case Conceptualization with Dr. Justin Hill and Ms. Heather Nelson

2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month from 10:00am – 11:00am  
Room D6-156C-1

### CBT Meeting with Dr. Barbara Kamholz

1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month from 9:00am – 10:00am  
Room D6-156C-1

### Behavioral Activation for Depression Group (with co-leader)

Weekly from noon – 1:30pm  
Room TBD (check with Dr. Hill)

### Cognitive Restructuring Group (with co-leader)

Weekly from noon – 1:30pm  
Room 9A-43-1

### Weekly CBT supervision (2 residents each meeting) with Dr. Amy Lawrence

TBD

### Psychopharmacology supervision with Dr. Stetson

30 minutes per resident every other week, to arrange with Dr. Stetson  
Room A4-43

## **Privacy Notice**

Audio and/or visual recordings of VA patients must be kept in a locked, secure location on the JP campus of VA Boston HCS, and may not be transported off VA property for any reason. If verbally discussing VA patients outside of a private, VA educational or clinical setting, it may be done only as follows: (1) excluding personal identifiers, (2) in private, and (3) in the context of education through Boston University and/or VA Boston HCS.”

## **Details of Co-signatures**

All notes should be cosigned.

- 1) For purely CBT encounters:
  - a. Resident as secondary provider
  - b. Supervisor (Ph.D. or LICSW) as primary provider and cosigner of the note
- 2) For purely psychopharm encounters (which would be rare, if they occur at all):
  - a. Resident as secondary provider
  - b. Supervisor (MD) as primary provider and cosigner of the note
- 3) For combined CBT/psychopharm encounters:
  - a. Resident as secondary provider
  - b. CBT supervisor (Ph.D. or LICSW) as primary provider and cosigner of the note
  - c. Psychopharm supervisor (MD) as additional signer
  - d. State explicitly in the note: “My psychopharmacology supervisor for this encounter is Dr. X”.

## Didactic Series

Date	Topic	Associated Reading	Speaker(s)
July 8	9am: Welcome/ Orientation  11-12:30: Assessment/ Introduction to CBT Case Conceptualization	Chapter 3 in <i>Learning Cognitive-Behavioral Therapy</i> (J. Wright et al.); Chapters 1 & 2 in <i>Case Formulation Approach to CBT</i> (J. Persons)	Barbara Kamholz, Ph.D., Amy Lawrence, Ph.D.  Barbara Kamholz, Ph.D.
July 22	Behavioral Activation & Cognitive Restructuring for Depression	Chapters 5, 6, 8 in <i>Learning Cognitive-Behavioral Therapy</i> (J. Wright et al.); Chapter 8 in <i>Clinical Handbook of Psychological Disorders</i> (D. Barlow)	Barbara Kamholz, Ph.D.
July 29	Schema-Focused Therapy	Chapter 6 in <i>Clinical Handbook of Psychological Disorders</i> (D. Barlow)	Barbara Kamholz, Ph.D.
Aug 12	Process Issues in CBT	--	Shimrit Black, Ph.D.
Aug 26	Dialectical Behavior Therapy (DBT)	Linehan, 1997; Linehan & Schmidt, 1995; Lynch et al., 2007; DBT FAQs.	Chris Skidmore, Ph.D.
Sept 9	Dialectical Behavior Therapy (DBT)	As above	Chris Skidmore, Ph.D.
Sept 23	Exposure Therapy	Chapter 5 in <i>Clinical Handbook of Psychological Disorders</i> (D. Barlow); Chapters 3 & 4 in <i>Mastery of Your Panic and Anxiety</i> (Barlow & Craske)	Amy Lawrence, Ph.D.
Sept 30	Exposure Therapy	As above	Amy Lawrence, Ph.D.
Oct 14	Acceptance and Commitment Therapy (ACT)	Chapters 1 & 3 in <i>The Mindfulness &amp; Acceptance Workbook for Anxiety</i> (Forsyth & Eifert); Introduction through Chapter 2 in <i>The Mindfulness &amp; Acceptance Workbook for Depression</i> (Strosahl & Robinson)	Justin Hill, Ph.D.
Oct 28	Termination Issues	--	Shannon McNeill, Ph.D.
Nov 11	Veterans' Day – VA closed	--	--
Nov 25	Safety Planning & Suicide Prevention	Brown et al. (2005) <i>JAMA</i>	TBD
Dec 9	Interprofessional Issues	--	Barbara Cannon, MD, Barbara Kamholz, Ph.D.
Dec 23	No didactics	--	--
Dec 30	Acceptance and Commitment Therapy (ACT)	As noted for Oct 14	Justin Hill, Ph.D.

## Resident Library

Provided with funding from VA Boston Healthcare System & Boston University School of Medicine

- Barlow, D. H. (2007). *Clinical handbook of psychological disorders, fourth edition: A step-by-step treatment manual*. NY: Guilford Press.
- Barlow, D. H., & Craske, M. G. (2007). *Mastery of your anxiety and panic: Workbook*. NY: Oxford University Press.
- Bedics, J. D., Korslund, K. E., Sayrs, J. H. R., & McFarr, L. M. (2013). *The observation of essential clinical strategies during an individual session of Dialectical Behavior Therapy, 50*, 454-457.
- Bennett-Levy, J., Richards, D. A., Farrand, P., Christensen, H., Griffiths, K. M., Kavanaugh, D. J., & ... Williams, C. (2010). *Oxford guide to low intensity CBT interventions*. NY: Oxford University Press.
- Brown, G. K., Have, T. T., Henriques, G. R., Xie, S. X., Hollander, J. E., & Beck, A. T. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. *JAMA, 294*, 563-570.
- Elliott, C. H., & Lassen, M. K. A schema polarity model for case conceptualization, intervention, and research. *Clinical Psychology: Science and Practice, 4*, 12-28.
- Forsyth, J. P. & Eifert, G. H. (2008). *The mindfulness and acceptance workbook for anxiety: A guide to breaking free from anxiety, phobias, and worry using Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications, Inc.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152-1168.
- Hayes, S. C., & Smith, S. (2005). *Get out of your mind and into your life: The new Acceptance and Commitment Therapy*, CA: New Harbinger Publications, Inc.
- Linehan, M. M. (1997). Validation and psychotherapy. In A. Bohart & L. Greenber (Eds.) *Empathy reconsidered: New directions in psychotherapy* (pp. 353-392). Washington DC: American Psychological Association.
- Martell, C. R., Addis, M. E., & Jacobson, N. S. (2001). *Depression in context*. NY: W W Norton.
- Nathan, P. E., & Gorman, J. M. (1998). *A guide to treatments that work*. NY: Oxford University Press.
- Otto, M. W., & Pollack, M. H. (2009). *Stopping anxiety medication: Therapist guide*. NY: Oxford University Press.
- Persons, J. B. (1989). *Cognitive therapy in practice: A case formulation approach*. NY: Norton.
- Robinson, P. J. & Strosahl, K. D. (2008). *The mindfulness and acceptance workbook for depression: Using Acceptance and Commitment Therapy to move through depression and create a life worth living*. Oakland, CA: New Harbinger Publications, Inc.
- Wright, J. H., Basco, M. R., & Thase, M. E. (2006). *Learning Cognitive-Behavior Therapy: An Illustrated Guide*. Washington, D.C.: American Psychiatric Publishing, Inc.
- Young, J. E., & Lindemann, M. D. (1992). An integrative schema-focused model for personality disorders. *Journal of Cognitive Psychotherapy: An International Quarterly, 6*, 11-23.

## Goals and Objectives

### Core Competencies

- 1= Patient Care
- 2= Psychiatric/Medical Knowledge
- 3= Practice-Based Learning Improvement
- 4= Interpersonal and Communication Skills
- 5= Professionalism
- 6= System-based Practice

**Goal:** To provide an educational experience for residents to learn the fundamentals of the theory and practice of cognitive-behavioral therapies, including assessment, case conceptualization, and treatment of patients with anxiety and mood disorders, as well as issues related to concurrent use of pharmacotherapy and cognitive-behavioral therapy.

### Objectives:

1. The resident will develop a knowledge base of core cognitive-behavioral principles.
2. The resident will provide full mental health care to assigned patients under the direct supervision of the attending psychologist and psychiatrist. (Core Competencies 1,2,3,4,5).
3. The resident will demonstrate competency in conducting a mental health diagnostic evaluation. (Core Competencies 1,2,3,4,5).
4. The resident will present and discuss with the attending(s) relevant assessment issues (and measures, as applicable) to inform cognitive-behavioral therapy. (Core Competencies 1,2,3,4,5)
5. The resident will demonstrate competency in presentation of his/her clinical findings to the attending(s) by synthesizing all clinical information related to a diagnostic issues and cognitive-behavioral case conceptualization. (Core Competencies 1,2,3,4,5).
6. The resident will present a full differential diagnosis across Axis 1-5 using DSM-IV terminology and competently discuss the rationale for each of the differential diagnoses. (Core Competencies 1,2,3,4,5).
7. The resident will identify the working diagnosis and competently discuss detailed clinical data to support the diagnosis with the attending psychologist or psychiatrist. (Core Competencies 1,2,3,4,5).
8. The resident will develop and competently implement a cognitive-behavioral treatment plan for at least 4 individual patients. (Core Competencies 1,2,3,4,5,6).
9. The resident will develop and implement a treatment plan for their patients that may also include medication management, as needed. (Core Competencies 1,2,3,4,5,6).
10. The resident will serve as a group co-therapist, with an advanced psychology trainee, staff member, or attending, for at least one cognitive-behavioral treatment group (Core Competencies 1,2,3,4,5).
11. The resident will establish and maintain therapeutic relationships with patients effectively utilizing cognitive-behavioral therapy. (Core Competencies 1,2,3,4,5).

12. The resident will discuss the different theoretical frameworks for and treatment approaches to anxiety and mood disorders (Core Competencies 1,2,3,4,5).
13. The resident will obtain treatment outcome data to measure the effectiveness of treatment and discuss the positive and negative predictive prognostic indicators with his/her supervisor (Core Competencies 1,2,3,4,5).
14. The resident will demonstrate professionalism in all interactions, including other trainees and colleagues, administrative support staff, patients, families and other agencies. (Core Competency 1, 4, 5).
15. The resident will discuss the principles of ethics in medical practice and in particular those relevant to mental health practice and their application to specific patient issues (Core Competencies 1,2,3,4,5).
16. The resident will meet all required documentation standards and participate in all quality improvement projects (Core Competencies 1,2,3,4,5,6).
17. The resident will attend educational supervision and arrive prepared to discuss cases and learn cognitive-behavioral interventions (Core Competencies 1,2,3,4,5).
18. The resident will attend didactic course as scheduled and complete all assigned readings for the seminars. (Core Competencies 1,2,3,4,5).
19. The resident will attend case conceptualization seminars and arrive prepared to discuss cases and learn cognitive-behavioral principles and conceptualization. (Core Competencies 1,2,3,4,5).
20. The resident will complete assigned readings on CBT, including general articles and chapters as well as patient workbooks and therapist manuals for the treatment of specific disorder and demonstrate integration of this knowledge through discussion in supervision. (Core Competencies 1,2,3,4,5).
21. The resident will discuss the potential positive and negative interactions of CBT and pharmacotherapy and how to effectively integrate those treatments patients with a range of mood and anxiety disorders. (Core Competencies 1,2,3,4,5).