

Evaluation Report:

***Evaluating the Revised Advanced TEAM-CBT Training Course
(ATC) & Certification Process at The Feeling Good Institute***

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R561: Evaluation & Change in the Instructional Design & Development Process

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Acknowledgments

Phase II of this project would not have been possible without the permission and help of several organizations and individuals.

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I would especially like to thank the following individuals:

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- **Eileen Peters**, Administrative Assistant for always being available to share with me the materials and data I needed

Second, I'd like to thank three Winter/Spring 2021 ATC participants, all busy mental health professionals, who agreed to be interviewed as part of this evaluation. For the purposes of my work with FGI, I have left their names and some identifying information out of this report. Their perspectives on the effectiveness of the revised certification process and training course were invaluable.

Last, I'd like to thank my advisor and R561 professor Dr. Thomas Brush for teaching me some neat evaluation methods this semester and providing early feedback on my evaluation methodology.

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Introduction and Purpose

For my R561 evaluation project, I continued working on the training and certification redesign that I began in Fall 2020 for The Feeling Good Institute (FGI). This report summarizes the evaluation conducted during Phase II of the project in Winter/Spring 2021. See **Appendix A** for a high-level timeline of the entire three-phase project.

In this section, I provide a brief overview of the FGI organization, offer useful background and context for evaluation, define the purpose of the evaluation, and describe the training offering and therapist certification process that were the two main objects of this evaluation.

The Organization/Client

Overview

The Feeling Good Institute (FGI) is a treatment center and therapist training organization based in Mountain View, CA. It specializes in providing patients with intensive Cognitive Behavioral Therapy (CBT) and training therapists in advanced CBT techniques to enhance their skills and help them achieve improved clinical outcomes with their clients. See **Appendix B** for additional details on the history, evolution, and mission(s) of FGI.

Services for Mental Health Professionals

Part-training organization, FGI provides a full range of in-person and online training offerings and certification services to therapists with all levels of experience. These include:

- Free live and pre-recorded webinars on TEAM-CBT and how to conduct effective therapy
- Day-long and multi-day workshops and intensives on various topics
- Live online multi-week TEAM-CBT training programs
- Face-to-face and online TEAM-CBT certification courses for beginning, intermediate, and advanced level clinicians
- An Advanced TEAM-CBT Training course towards Level 3 certification (ATC)
- Weekly case consultation groups for therapists
- Weekly skills practice groups
- One-off local training courses (by office)

Offerings are accredited by relevant mental health professional standards committees as legitimate forms of continuing education (CE) and provide participants with credits based on hours spent in session.

Key Stakeholders

FGI Leadership

FGI is led by Maor Katz, M.D., Institute Director, Angela Krumm, Ph.D., Clinical Director, and Jill Levitt, Ph.D., Training Director. The direction of the organization is also influenced by ~10 Level 5 TEAM-CBT Master Clinicians and Trainers who are leaders in practicing, advancing, and teaching TEAM-CBT as well as Dr. David D. Burns from whom Level 5 clinicians consult for best practices of TEAM. See **Appendix C** for a snapshot of FGI leadership. See **Appendix D** for an overview of the TEAM-CBT therapy model.

FGI Staff – Program & Certification Management, Subject Matter Experts (SMEs), & Trainers

The Institute also employs several other staff members to design, develop, manage, administer, and market FGI training courses and programs to mental health professionals. Most notably, a pool of L4+ TEAM-CBT certified therapists serve as subject matter experts (SMEs) and trainers, developing and delivering content to participants via various modalities.

Relevant to this project, Lorraine Wong, Ph.D., worked with Dr. Jill Levitt to design, develop, and deliver the content for the first *Advanced TEAM-CBT Training Course Towards Level 3 Certification*” (referred to hereafter as the “Advanced Training Course” or “ATC”) in Spring 2020 and delivered the second iteration in Spring 2021.

Richard Lam, Program Manager for Training & Certification, manages certification and administration for all FGI programming, including the ATC. Finally, Eileen Peters, Administrative Assistant, aids participants, including those in the ATC, in enrolling in courses, locating course materials, scheduling exams, and other important functions.

FGI Participants – Mental Health Professionals

The target audience for FGI offerings, including its ATC, consist of mental health professionals, including psychiatrists, psychologists, counselors, social workers, marriage and family therapists, and other licensed professionals. involved in the delivery of therapeutic services.

During and after training, participants must submit de-identified information from clients on their performance using TEAM skills to provide effective therapy. This ensures that the most important stakeholder – the client/patient – has direct input into the evaluation of therapists and provides necessary feedback throughout their learning.

Background Context for Evaluation

Previous Needs Assessment & Analysis

In Fall 2020, I completed the first of three phases of work for the organization. During Phase I, I conducted a comprehensive needs assessment and analysis in which I:

- assessed FGI’s existing ATC to identify key strengths and areas for improvement
- analyzed FGI’s existing TEAM-CBT certification process (of which the ATC is one part) to identify obstacles preventing therapists from becoming certified
- offered recommendations to revise FGI’s certification process and improve its ATC to achieve the following leadership goals:
 - *enhanced training quality*, as measured by a range of qualitative and quantitative training outcomes
 - *increased training and certification reliability*, as determined by leadership assessment of the variance of therapists being certified as Level 3 after having taken the ATC and the Level 3 certification exam
 - *improved certification process efficiency*, as measured by percent of new L1 ATC enrollees successfully and seamlessly achieving Level 3 certification
 - *increased scale*, as measured by number of participants able to enroll in training and achieve Level 3 certification at standard in upcoming years

Phase I Findings & Recommendations

The needs assessment revealed several positives and strengths with FGI’s existing training program and certification process, including:

- high-quality ATC content and activities
- a strong sense of community amongst FGI participants
- knowledgeable, skilled, and dedicated trainers
- extremely high participant satisfaction to date in the ATC
- some evidence of successful application of skills in the therapist performance context

However, the assessment also revealed several weaknesses and opportunities for improvement, namely:

- a long and confusing certification process, as noted by multiple stakeholders
- significant time, resources, and energy required for participants to become certified
- an opportunity to provide trainers and participants with additional guidance in training and job aids in their performance context
- low bandwidth of FGI leaders and trainers to revise content and offer exams
- inadequate evaluation methods for measuring the impact of training

Taken together, these findings suggested a very well-received training course with much learning and some evidence of application, but an unreliable, inefficient, and unscalable training program and certification process, unlikely to facilitate the organization's goal of expanding its reach in 2021 and beyond.

Based on these findings, my recommendations to the organization included:

- simplifying and clarifying the certification process to increase efficiency and revise the Level 3 certification exam to produce more reliably skilled therapists
- adopting a more rigorous training evaluation process to measure the impact of training (and training revisions) on participant and organizational outcomes
- developing additional training and performance support materials to target Kirkpatrick Level 3 and 4 measures of interest
- incorporating new technologies to allow for greater efficiencies and scale in future iterations of training

Revisions Implemented

In Winter 2021 I worked with FGI leadership, trainers, and administrators to put in place some of the above recommendations, including:

- simplifying and clarifying the certification process
- adopting a new learning management system (TalentLMS) to allow for easier participant enrollment, certification management, and training evaluation
- revising post-session and post-program surveys
- developing additional trainer and participant templates and instructions for use in training
- creating additional participant job aids for use in their own clinical practices
- revising the L3 skills exam rubric to be more objective and improve inter-rater reliability

Purpose of Evaluation

During Phase II of the project, I performed an evaluation to gauge the impact of the above revisions.

As mentioned, the previous certification process was yielding too few certified Level 3 therapists too slowly (low efficiency). Moreover, the Level 3 therapists that the process did end up certifying varied in skill to a greater degree than FGI leadership desired (low reliability). This called into question for Katz and Dr. Jill Levitt, Director of Training, the quality of training being provided to therapists.

This evaluation was necessary to determine what impact, if any, the changes we made had on ATC quality, certification process efficiency and reliability, and potential to achieve greater organizational scale in the future.

Key Evaluation Objects

The two key targets for revision out of Phase I were:

1. FGI's TEAM-CBT certification process
2. FGI's Advanced Training Course Towards Level 3 Certification (ATC)

Having implemented changes to both targets, these two can be also considered the main objects for evaluation.

Certification Process

FGI's TEAM-CBT certification process serves as a roadmap to help therapists advance their skills in TEAM therapy. Certification is intended to provide quality training to clinicians interested in providing TEAM therapy and to publicly acknowledge those who have received training. Five progressive certification levels provide opportunities for clinicians to deepen their level of skill mastery. See **Appendix E** for an overview of each of these 5 levels.

Certification can be accomplished through participation in various types of training (e.g., online or local group training, individual training, workshops, self-study). See **Appendix E** for details on what is needed for therapists to reach each level and conversion of various training modalities into continuing education (CE) credits.

Advanced Training Course (ATC)

The *Advanced TEAM-CBT Training Course Towards Level 3 Certification* ("Advanced Training Course" or "ATC") is a 12-week live interactive online course designed to help clinicians with some background in TEAM-CBT master their skills to the level of Level 3 TEAM-CBT certification. The class format includes didactic training, live demonstrations, and role-play practice exercises with opportunities for feedback throughout. The course is ideal for (but not limited to) therapists preparing for the TEAM-CBT level 3 skills verification interview (known as the oral exam). See **Appendix G** for Learning Objectives and 12-Week Overview for the ATC.

Evaluation Methodology

In this section, I lay out the questions that the evaluation sought to answer, describe the target audience for the evaluation, discuss the sources from which evaluation data were gathered, and explain the processes through which data were collected and analyzed to answer the evaluation questions of interest.

Key Questions

As mentioned, the overall purpose of the evaluation was to measure the impact of changes made to FGI's ATC and therapist certification process on key variables of interest to FGI leadership, namely training quality, certification process efficiency and reliability, and future enrollment growth.

More specifically, the evaluation sought to answer the following high-level questions:

For the Advanced Training Course:

- To what extent did the following changes to the ATC impact key Kirkpatrick Level 1, 2, 3, and 4 indicators of interest (Kirkpatrick & Kirkpatrick, 2016)?
 - A new learning management system (TalentLMS)
 - Course materials
 - Participant guides
 - Trainer guides
 - Handouts and templates
 - Job aids and performance supports
 - Improved instructions for group activities
- Do revised post-session and end-of-course survey instruments provide FGI better training evaluation data than did previous instruments?

For the Level 3 Certification Process:

- To what extent did/do participants find the revised certification process simpler and easier to understand?
- How prepared do participants feel for the Level 3 certification exam after taking the revised ATC?
- To what extent will the revised Level 3 certification exam and rubric yield TEAM-CBT certified therapists with more *reliable* skills?
- To what extent did/will the implementation of the new LMS make the training and certification process more *efficient*?
- To what extent did/will the implementation of the new LMS make the certification process more *scalable*?

While the evaluation provided hints as to the impact of the changes, it's important to note upfront that it is still too early to determine the effect on these outcomes. More data could and should be gathered. This report provides a look at participant training evaluation data captured to date. I will seek to gather additional data in the weeks and months ahead to determine the impact of changes to the certification process.

Participants

The target audience for the evaluation consisted of mental health professionals enrolled in FGI's Winter/Spring 2021 ATC. This audience consisted of approximately 42 mental health professionals who had some background in TEAM-CBT (Level 1 TEAM-CBT certified therapists or above) and were committed to advancing their TEAM-CBT skills quickly to become eligible to take the exam to become Level 3 Advanced TEAM-CBT certified therapists in just 12 weeks. Learners included:

- Psychiatrists (M.D.)
- Psychologists (Ph.D. or Psy.D.)
- Licensed Mental Health Counselors (LMHC)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Clinical Social Workers (LCSW)
- Others involved in the provision of therapeutic and social services

These mental health professionals made up the target population of the evaluation.

Data Sources

Data was collected from several sources during Winter/Spring 2021. Sources included:

- **Real-time observation/audit** of the Spring 2021 ATC by the author (weekly)
- **Revised post-session formative feedback forms** filled out by participants online (weekly during the course)
- **A revised post-program summative evaluation survey** filled out by participants online (end-of-course)
- **Interviews** with program participants conducted by the author to gather qualitative data on their experiences in the program

Additional data will be collected from program participants in the future via a **3-month follow-up survey** of participants to gauge application of learnings on-the-job and the impact of changes on their experience taking the Level 3 certification exam. It will be important in the future to also gather data on the number of therapists enrolling in the ATC, the number that sign up for the Level 3 exam, and percentage that pass the exam at the revised standard of quality to better determine the impact of process changes on efficiency, reliability, and scale.

Data Collection & Analysis Procedures

I followed the following procedures to collect and analyze data from the four main evaluation sources:

Real-Time Observation of Training

I audited the Winter/Spring 2021 ATC from February 2021 to April 2021 to assess how FGI staff were implementing Phase I changes and how participants were receiving them. During each week, I took notes on how trainers were presenting revised materials and how participants seemed to be engaging with them. I jotted down questions that participants asked and joined breakout groups with participants myself to determine how well groups of participants were able to understand and utilize the materials. After each session, I also met with trainers to assess how they thought the session went and troubleshoot issues they had. At the end of each session, I catalogued my notes into a master folder for later analysis. To analyze these notes, I used the same coding scheme as in Phase I of the project. See **Appendix I** for the coding scheme.

Post-Session Participant Feedback Surveys

After each weekly session of the ATC, participants were asked to fill out a short feedback form online on TalentLMS asking them what they thought about that session, what they liked and didn't like, and a few topical questions to help cement their learning. These forms served as useful pulse checks each week to help the course team correct for errors and cater to participant needs the next session. See **Appendix H** for a consolidated list of specific formative evaluation questions participants were asked after individual sessions over the course of the 12-week course.

Post-Program Participant Evaluations

After the ATC ended in late April 2021, participants were asked to complete a longer summative evaluation online on TalentLMS to provide more substantial feedback on their overall experience in the course and reflect, what they learned, and how they might apply it going forward. Greatly

informed by Kirkpatrick & Kirkpatrick (2016), this survey aimed to measure key Level 1 to 4 program measures. See **Appendix H** for a consolidated list of specific summative evaluation questions participants were asked at the end of the 12-week course.

Participant Interviews

Finally, over the course of a week at the end of April 2021, I conducted three semi-structured interviews with Winter/Spring 2021 ATC program participants. Participants were selected based on expressing interest on the end-of-course program evaluation. Each interview took place via Zoom at a time convenient for the interviewee and lasted 30-60 minutes. Interviews were audio-recorded for me to later double check what I heard.

Common goals for all interviews included:

- Better understanding the motivations of these stakeholders in engaging with the course, the TEAM certification process, and FGI as an organization.
- Determining what they believed to be strengths and weaknesses of the training and certification process.
- Hearing about their experience with select new ATC elements, especially the LMS.
- Hearing their ideas for how the training and certification process might be improved.

To analyze the interview data, I added all my interview notes to a single document so that I could group like notes together by tag and identify key themes. To analyzing the notes, I used the same coding scheme as for analysis of my course notes.

Findings

Data analysis revealed several important conclusions regarding the impact of Winter 2021 revisions on the Winter/Spring 2021 ATC and certification process.

Impact of ATC Changes on Kirkpatrick L1-4 Measures

Several sources pointed to a positive impact of the changes we made to the Winter/Spring 2021 ATC on participant reaction, learning, and application.

Level 1 Reaction

Table 1 below provides quantitative data from the post-program evaluation on participant impressions of training. As one can see, respondents were wildly satisfied with the course overall, rating it a 6.9/7. Participants also found it to be a highly engaging experience, one that facilitated their learning and encouraged their participation. Additionally, participants indicated they felt well-prepared prior to each session (6.9). Most importantly, participants felt that what they learned in the program would help them going forward in their clinical work (6.9).

Table 1

FGI Winter/Spring 2021 Advanced Training Course End-of-Course Participant Reaction (n=27)

Q: “On a scale of 1 (strongly disagree) to 7 (strongly agree), with 4 being neither agree nor disagree, please indicate the extent to which you agree with the following statements related to your recent training program:”

	Statement	Average Rating	Standard Deviation	Median	Mode
1	I was satisfied with the program.	6.9	0.5	7	7
2	The training environment helped me to learn.	6.8	0.6	7	7
3	My participation was encouraged.	6.7	0.7	7	7
4	The training experiences held my interest.	6.7	0.6	7	7
5	I received the necessary information and materials prior to each of the sessions to make the most out of training.	6.9	0.3	7	7
6	The course materials facilitated my learning and growth.	6.2	0.9	6	7
7	The course platform (TalentLMS) facilitated my learning experience.	4.2	1.5	4	3
8	What I learned from this program will help me in my clinical work.	6.9	0.3	7	7

Participant perception of new course materials, however, was less positive – yielding a rating of only 6.2/7. While this is still high, it is lower than other ratings and suggests room for improvement. This finding is supported by several qualitative responses to survey questions and my own observations of several course sessions in which the trainer was not totally comfortable providing guidance to participants on the use of a particular handout.

Most alarming, participants were lukewarm about the new LMS, feeling that it did not facilitate or discourage their learning experience (4.2/7). I am not surprised. The rollout of the LMS was somewhat clunky with neither trainers nor participants being provided adequate training on how to upload files, post questions, and perform other basic functions. It was no surprise that many participants did not like it, with Interviewee 3 telling me it was “the least intuitive” LMS she had ever used. Salty survey responses during the course, especially at the beginning but even still in Weeks 10, 11, and 12, also indicated it was not a fan favorite. This is a major area for FGI to address in the future.

Level 2 Learning

Table 2 below provides quantitative data from the post-program evaluation on participant perceptions of learning and motivation to apply new knowledge in the future. Like Level 1 results, respondents were also very positive, rating all statements 6 or above. Self-assessment of knowledge, skills, motivation to apply, confidence, and commitment were all extremely high. Encouragingly, participants also noted that they believed they would see a positive result

Table 2

FGI Winter/Spring 2021 Advanced Training Course End-of-Course Participant Assessment of Learning (n=27)

Q: “On a scale of 1 (strongly disagree) to 7 (strongly agree), with 4 being neither agree nor disagree, please indicate the extent to which you agree with the following statements related to your recent training program:”

	Statement	Average Rating	Standard Deviation	Median	Mode
1	I am more knowledgeable in TEAM-CBT methods after completing the program than when I began.	6.7	0.6	7	7
2	I possess more TEAM-CBT skills after completing the program than when I began.	6.7	0.6	7	7
3	I believe it will be worthwhile for me to apply what I learned in the program in my professional work going forward.	6.9	0.3	7	7
4	I believe this course prepared me well to take the Level 3 certification exam.	6.1	1.5	6	6
5	I feel confident about applying what I learned in the program in my professional work.	6.4	0.9	7	7
6	I plan to apply what I learned in the program in my professional work.	6.9	0.5	7	7
7	I am clear on how to apply what I learned in training with my patients/clients.	6.8	0.5	7	7
8	I believe I will see a positive impact on my professional and/or organizational outcomes if I consistently apply what I learned in this program.	6.9	0.5	7	7

Impact of Revised Evaluation Methodology

The revised evaluation methodology consisted of employing Kirkpatrick 4-Level Training Evaluation Framework to gather *more useful data* for FGI beyond what they had traditionally collected via required continuing education surveys. The revisions also included collecting data *through a wider variety of means* and *over a longer amount of time per participant*. Given the above positive ATC results, the methodology seems promising, but it is too early to conclude whether the revisions to the evaluation process itself is/will be a success one way or the other.

Impact of Changes to Certification Process on Participant Understanding and Perceptions

While it is still too early to tell whether

To what extent did/do participants find the revised certification process simpler and easier to understand?

- How prepared do participants feel for the Level 3 certification exam after taking the revised ATC?

Impact of Changes to Certification Process on Reliability

The impact of changes we made to the Level 3 exam rubric and process remains to be seen.

Though some signs are encouraging. For example, as shown in Table 2 above, participants noted that they felt the course prepared them well to take the Level 3 exam (6.1/7).

In addition, compared to Spring 2020 interviewees, Winter/Spring 2021 interviewees thought the revised rubric was far higher quality and more objective. However, not enough exams have been taken to detect if the combination of improved training and revised rubric have made a real difference. This is another “too early to tell.”

Impact of LMS Adoption on Efficiency and Scalability

While participants did not like the LMS, there were clear signs that its implementation helped administrators to enroll participants, manage their participation, and communicate with them more effectively. This prevented participants from being left off e-mail lists, as happened in the last iteration of the ATC, causing 5 participants to drop out. The new LMS also seems to be freeing up time for staff to engage in other tasks, such as marketing the course. This round had 42 participants vs. 28 last year, indicating that FGI is becoming more popular. The LMS helped to manage the increased load with ease. Finally, once hiccups are cleared up, it can potentially allow trainers time to advise more L3 participants to achieve L4, teach more courses, and create a virtuous cycle for FGI to expand its reach.

Recommendations

Based on the above analysis and findings, I propose the following two sets of recommendations going forward to continue to improve the ATC and certification process and increase the reach and impact of TEAM therapy this year and in the years ahead.

Recommendations for the Advanced Training Course (ATC)

First and foremost, I propose that FGI provide its trainers and staff with training on the new LMS so that they can focus on training and not solving technical issues. This was not formally done as recommended before the Winter/Spring 2021 ATC due to time pressure and the lack of onboarding showed. Participants rated TalentLMS by far the lowest in facilitating their learner. Providing more adequate training to FGI staff will set them up to set participants up for success.

Second, I propose that lead trainer Ellaine Wong and her helpers review session-by-session feedback from the post-session surveys to make improvements to individual sessions for upcoming offerings of the ATC. This would allow the course team to become more comfortable with new materials and, hopefully, increase her stellar ratings even more.

Third, I recommend that FGI continue to employ a more sophisticated evaluation strategy consisting of not only surveys, but also participant interviews, focus groups, and delayed follow-ups with program alumni to better assess the impact of its training beyond the training room. Doing so will serve numerous benefits, most notably allowing FGI to determine the level of transfer of knowledge and skills to therapist practice in real world (L3) and in results with clients (L4).

Recommendations for the Certification Process

As it pertains to the certification process, I recommend a “wait-and-see” approach. Not enough data has been gathered at this time on Winter/Spring 2021 ATC participants taking the Level 3 exam to determine anything definitively about whether changes to the rubric have improve training or certification reliability.

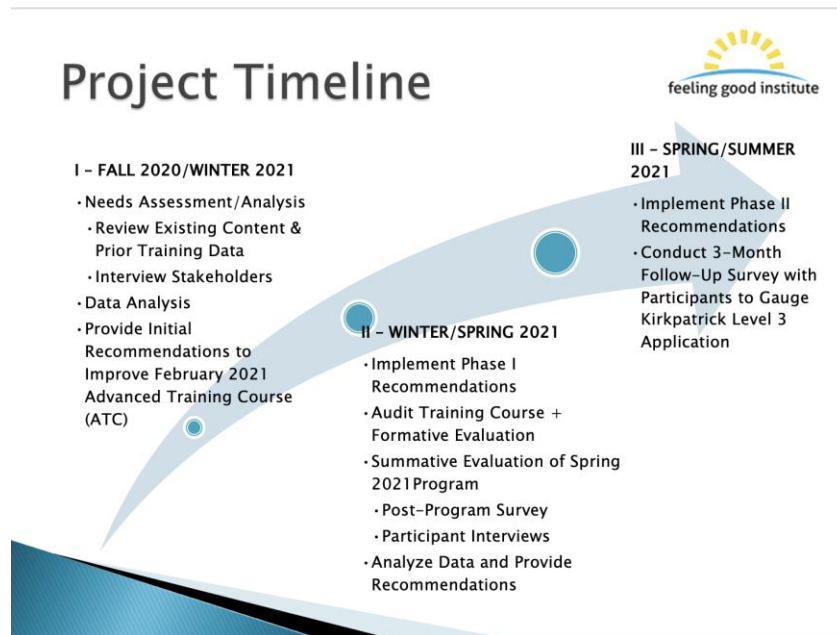
Instead, I recommend FGI focus its efforts on continuing to make the process of enrolling in training and becoming certified more efficient and automated to allow for greater scale. The organization can, for example, continue to build out automated processes for participant enrollment, email administration, and more in TalentLMS.

References

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Appendix

Appendix A: FGI Advanced Training Course & Certification Process Redesign – Project Timeline



Appendix B: The Feeling Good Institute

History, Evolution, and Present

The Feeling Good Institute (FGI) was founded in California in 2014 by a group of master clinicians in “TEAM-CBT,” an evidence-based form of Cognitive Behavioral Therapy (CBT), developed by David D. Burns, M.D. As of April 2021, FGI also has sister offices in New York City, Canada, and Israel and offers online therapy to clients in over twenty U.S. states. A growing network of 1000+ clinicians provide TEAM-CBT therapy and coaching services to clients in over two dozen countries. 50+ Level 4 and 5 master clinicians are certified to train therapists in TEAM across the globe.

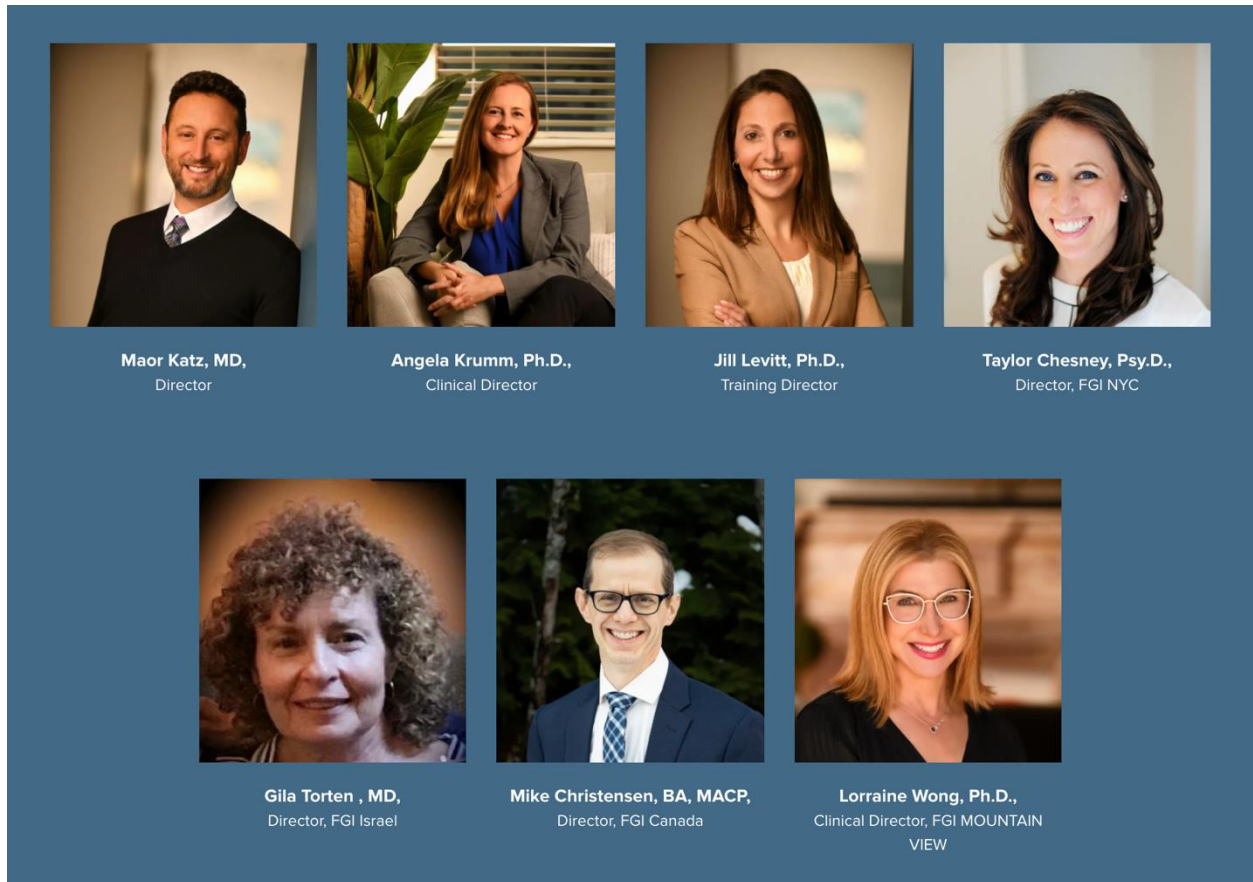
Organizational Mission

FGI has three separate, but interrelated missions:

1. As a treatment center, FGI seeks to “provide better therapy for patients seeking tools for change.”
2. As a training organization, FGI seeks to “help therapists become more successful practitioners by training [them] in advanced CBT skills and offering [them] a supportive, collaborative, and engaging community.”
3. As the world’s leading institute dedicated to the research and practice of TEAM therapy, FGI seeks to “expand the reach and impact of its framework and tools around the globe.”

Appendix C: FGI Leadership

The FGI leadership team is made up of:



Appendix D: What is TEAM-CBT?

TEAM is a framework for clinicians to provide more effective and expedited CBT. Given a particular client, a trained TEAM-CBT therapist will be able to:

- **Test/assess/measure** the client's symptoms and perception of the therapeutic alliance before and after each therapy session
- **Empathize** with the client via the use of a range of interpersonal skills and techniques to establish a warm therapeutic relationship with the client during each session
- **Agenda-set** – create a collaborative list of goals or issues to work on with the client and address any client motivation issues/reduce resistance to change for each issue under consideration during each session
- **Employ Methods** – Employ a range of cognitive-behavioral therapy (CBT) and other therapeutic techniques appropriately for different types of symptoms

TEAM therapists differ by level of training based on how effective they are in applying knowledge, skills, and ways of being from each of these four competencies.

Appendix E: Certification Process

FGI’s TEAM-CBT certification process serves as a roadmap to help therapists advance their skills in TEAM therapy. Certification is intended to provide quality training to clinicians interested in providing TEAM therapy and to publicly acknowledge those who have received training. Five progressive certification levels provide opportunities for clinicians to deepen their level of skill mastery.

Your Path to Master TEAM-CBT Skills

TEAM-CBT certification has five levels— from introductory to master level. The levels provide a path to building your mastery in TEAM-CBT, recognizing you for your skills as you advance.



- Level 1 Beginning TEAM Certified Therapists: Have completed initial training in TEAM-CBT.
- Level 2 Intermediate TEAM Certified Therapists: Have completed substantial individual and/or group training in TEAM-CBT.
- Level 3 Advanced TEAM Certified Therapists: Have completed many hours of individual and/or group training in TEAM-CBT and passed an oral clinical skills verification exam.
- Level 4 TEAM Certified Therapists & Trainers: Have completed extensive training in the provision of TEAM-CBT. They are also certified to provide training to other mental health professionals in these methods.
- Level 5 Master Clinicians & Trainers: Leaders in practicing, advancing, and teaching TEAM-CBT.

Appendix F: Certification Requirements & Units Table

Certification Requirements

	Units* Required	Additional Requirements	Application fee (USD)
Level 1	12	None	\$50
Level 2	24	1. Use of the Brief Mood Survey (BMS) and Evaluation of Therapy Session (ETS) forms with 3 patients (2 sessions per patient). Submit de-identified original forms to certification@feelinggoodinstitute.com . 2. Purchase Therapist Toolkit and Therapist E-book. Signed application affidavit certifying E-book has been read in entirety. (These materials are sold by David Burns, MD, not FGI. To purchase: www.feelinggood.com)	\$200
Level 3	12	1. Completion of either: a. Level 3 exam preparation course (21 CE), or b. Minimum 4 hours of 1:1 exam preparation sessions with a Level 4 or 5 Trainer. 2. Passing an oral exam (i.e., role-play based skills exam that demonstrates all key components of TEAM-CBT). Endorsement of readiness is required, from a Level 4 or 5 Trainer, prior to scheduling the exam. 3. Use of the Brief Mood Survey (BMS) and Evaluation of Therapy Session (ETS) forms with 5 patients (2 sessions per patient). Submit de-identified original forms to certification@feelinggoodinstitute.com .	\$200
Level 4 Trainer	NA	1. Learn to provide TEAM-CBT 1:1 consultation, either: a. 40 weeks of “Advanced Consultation Group” focused on learning skills of TEAM-CBT consultation (exclusively for Levels 3+; taught through FGI), or b. 14 hours of 1:1 Training with a Level 5 Trainer; Must follow specific guidelines (request from angela@feelinggoodinstitute.com) whereby the trainee acts in the role of consultant on cases. 2. Learn to lead TEAM-CBT training groups, choose one: a. 24 weeks (minimum) co-leading a training group with a Level 4 or 5 trainer, or b. Teach a 12-week structured curriculum with supervision from a Level 5 TEAM trainer (requires 6 one-hour meetings; supervisor must observe at least one group meeting), or c. Teach a 12-week structured curriculum with supervision from “Train the Trainers Group” (Currently offered free via FGI. Contact: jill@feelinggoodinstitute.com) 3. Endorsement of readiness from two Level 5 Trainers.	\$100
Level 5 Master	NA	Level 5 Master Clinicians and Trainers are selected for their demonstrated proficiency in Training Skills, Clinical Skills, Interpersonal Skills & Community Building. Request application process and criteria from FGI.	No fee

*to calculate “units” for trainings attended, please see the Certification Units Table

Feeling Good Institute R2019. Requirements are subject to change.

Apply online at www.feelinggoodinstitute.com/certification

Sign-up for trainings at www.feelinggoodinstitute.com/training

Certification Units Table

All TEAM-CBT trainings provided by David Burns, MD or a Level 4 or 5 Trainer count toward certification. Locate the type of training you attended on the table. Next, determine the number of units received. Refer to the Certification Requirements table to determine number of units required for each certification level prior to applying.

Type of Training	Examples	Units Awarded per Training Hour	Examples of Units
Workshop/Course/Webinar	<ul style="list-style-type: none"> - CE workshops - Didactic-based training - CE based home study course - Structured curriculum (e.g., 12 week overview curriculum) 	1 hour = 1 unit	1hr webinar = 1 unit 6hr CE workshop = 6 units 24 hr (12 week) structured curriculum = 24 units
Large Group Training	<ul style="list-style-type: none"> - Tuesday group at Stanford and similar groups - Any other group of 5+ members that combines didactic, case consultation, role play, and personal work 	4 hours = 1 unit	2hrs training group = .5 unit 24hrs of training group = 6 units
Small Group Training	<ul style="list-style-type: none"> - Small group (2-4 people) that combines didactic, case consultation, role play, and personal work 	2 hours = 1 unit	2hrs of small group time = 1 unit
Individual (1:1) Training with a Level 4 or 5 Trainer	<ul style="list-style-type: none"> - Can be used for case consultation or practice/role plays 	1 hour = 3 units	1hr with a trainer = 3 units 4hrs with a trainer = 12 units

For Requirements, please see the Certification Requirements Table

Feeling Good Institute R2019. Requirements are subject to change.
 Apply online at www.feelinggoodinstitute.com/certification
 Sign-up for trainings at www.feelinggoodinstitute.com/training

Appendix G: Winter/Spring 2021 Advanced Training Course (ATC): Learning Objectives & Session Topics

Learning Objectives

Following completion of this course you will be able to:

1. Utilize evidence-based outcome measures to track your patients' progress
2. Review summary scores from pre- and post- session outcome measures
3. Skillfully empathize with challenging patients
4. Describe "the five steps of agenda setting" to address and decrease resistance in CBT
5. Issue an "Invitation step" and "sit with open hands" when necessary
6. Guide your patients in determining a specific problem to work on and a specific moment in time so as to make better use of CBT
7. Determine & articulate the conceptualization of the patient's problem
8. Issue the "magic button and magic dial" techniques to reduce resistance and boost motivation
9. Explore outcome resistance through the use of "positive reframing"
10. Apply "dangling the carrot and sitting with open hands" to address process resistance

11. Use “the gentle ultimatum” technique to address process resistance
12. Describe the purpose of the recovery circle
13. Articulate your reasoning for the selection of methods based on the conceptualization of the patient’s problem
14. Set up and deliver the “Externalization of Voices” method to generate positive thoughts to counter a negative belief
15. Set up and deliver the “Double Standard” technique to help patients combat self-critical thoughts
16. Set up and deliver the “Feared Fantasy” technique to help patients combat social anxiety
17. Select a cognitive behavioral method suited for the treatment of depression or anxiety and provide a thorough explanation for the purpose of the method.
18. Disarm an angry patient
19. Bring cognitive therapy role-playing methods to closure in order to facilitate patient learning

Key Topics

Session 1: Review a sample case that will be used throughout the course. Leader will demonstrate a role play of the pre-session BMS (outcome measure) for the current session & provide didactic instruction before having group members grade the demonstration with a scoring rubric.

Session 2: A demonstration and didactic training will be provided for review of the BMS and ETS (outcome measure and alliance measure) from the previous session.

Session 3: Didactic teaching as well as a demonstration of advanced empathy skills (the five secrets of effective communication) with an angry patient.

Session 4: Leader will demonstrate an invitation, sitting with open hands, and specificity (choosing a specific problem and a specific moment in time). Leader will teach conceptualization.

Session 5: Assessing and addressing outcome resistance – part 1. Leader will demonstrate the magic button, voicing outcome resistance by eliciting advantages and core values of the problem and the magic dial.

Session 6: Assessing and addressing outcome resistance – part 2. Additional demonstration of magic button, voicing resistance and magic dial steps to address resistance.

Session 7: Assessing and addressing process resistance with dangling the carrot, the gentle ultimatum and sitting with open hands will be demonstrated.

Session 8: Use of recovery circle and demonstration describing “failing as fast as we can.” Questions and answers about selection of methods.

Session 9: Demonstration, practice and feedback of the Double Standard Cognitive Role Playing method to help patients address self critical thoughts.

Session 10: Demonstration, practice and feedback of the Externalization of Voices Cognitive Role Playing Method to help patients address anxious and/or depressed thoughts.

Session 11: Demonstration, practice and feedback of the Feared Fantasy Exposure method to help patients address thoughts common in social anxiety.

Session 12: Demonstration of the TEAM-CBT Level Three Exam will take place to help participants learn how to integrate all of the learning from the course and to experience and practice the flow of a TEAM-CBT therapy session from beginning to end.

Source: <http://www.feelinggoodinstitute.com/advanced-team-cbt-training-course-towards-level-3-certification/>

Appendix H: Winter/Spring 2021 Advanced Training Course Evaluation Questions

The training evaluation consisted of both formative and summative aspects.

Formative Evaluation Questions:

Formative evaluation took place *during the program* and sought to address the following questions:

- Level 1: General Reactions & Impressions
 - **Satisfaction:**
 - How satisfied were participants with each session?
 - With course materials?
 - With the lead trainer?
 - With the helpers?
 - With the technology?
 - RingCentral Meetings
 - TalentLMS
 - Was there anything about the training experience that interfered with participant learning? If so, what?
 - How likely would participants be to recommend the session to a colleague (NPS)?

- **Engagement:**
 - How conducive was the training setting to learning?
 - How much did the participants feel encouraged to participate/own their learning?
 - How engaged did participants feel?
- **Usefulness & Relevance:**
 - What material did participants find the most helpful/relevant to their professional goals?
 - What material did participants find the least helpful/relevant to their professional goals? What material was a waste of time?
 - If we were to conduct this session again, what should we keep the same?
 - If we were to conduct this session again, what should we change, add, or remove? How could this session be improved?
- Level 2: Learning:
 - **Knowledge & Skills**
 - How much progress did participants make in accomplishing session learning objectives?
 - **Motivation, Confidence, & Commitment**
 - How worthwhile do participants believe it will be to apply what they learned on-the-job? Why?
 - How confident do participants feel in applying what they learned after on-the-job? Why?
 - To what extent do participants plan to apply what they learned in the session in practice?

Level 3: Behavior & Application

- **On-the-Job Application**
 - What is the first thing that participants plan to apply from what they have learned in the recent session?

Summative Evaluation Questions:

Summative evaluation took place *immediately after the program ended* and sought to address the following questions:

- Level 1: General Reactions & Impressions
 - **Satisfaction:**
 - How satisfied were participants with the program as a whole?
 - With course materials?
 - With the lead trainer?
 - With the helpers?
 - With the technology?
 - RingCentral Meetings
 - TalentLMS
 - Was there anything about the training experience that interfered with participant learning? If so, what?
 - How likely would participants be to recommend the program to a colleague (NPS)?
 - **Engagement:**

- How conducive was the training setting to learning?
- How much did the participants feel encouraged to participate/own their learning?
- How engaged did participants feel?
- **Usefulness & Relevance:**
 - What material did participants find the most helpful/relevant to their professional goals?
 - What material did participants find the least helpful/relevant to their professional goals? What material was a waste of time?
 - If we were to conduct this program again, what should we keep the same?
 - If we were to conduct this program again, what should we change, add, or remove? How could this program be improved?

Level 2: Learning

- **Knowledge & Skills**
 - How much progress did participants make in accomplishing course learning objectives?
 - How knowledgeable do participants feel after completing the program compared to when they began?
 - How skilled do participants feel after completing the program compared to when they began?
- **Motivation, Confidence, & Commitment**
 - How worthwhile do participants believe it will be to apply what they learned after the course ends? Why?
 - How confident do participants feel in applying what they learned after the course ends? Why?
 - To what extent do participants plan to apply what they learned in the program in practice?

Level 3: Behavior & Application

- **On-the-Job Application**
 - What major concepts or skills learned in the program have had (or do participants anticipate having) the biggest impact on progress achieving professional or organizational goals?
 - What is the first thing that participants plan to apply from what they have learned in the program?
 - How optimistic are participants that they will see a positive impact by consistently applying what they learned on the job?
- **Required Drivers**
 - What additional support do participants feel they might need to be successful in applying what they have learned in the program?
- **Barriers to Success**
 - What barriers do participants anticipate that could limit their success at applying what they have learned in the program?

Level 4: Results

- What specific outcomes do participants hope to achieve because of their efforts in this program? How do they feel about their likelihood of success? Why?

Future Summative Evaluation:

Further summative evaluation (delayed follow-up) will take place roughly 3-4 months after the course ends and seek to address the following questions:

- Level 1: General Impressions & Reactions
 - **Satisfaction**
 - Looking back after a few months on the job, to what extent was the program a good use of participants' time?
 - Looking back after a few months on the job, how could the program have been improved?
 - Looking back after a few months on the job, what would participants change about the course?
 - **Usefulness & Relevance**
 - What information from the program has been the most useful/relevant to the participant's job?
 - What information from the program hasn't been useful/relevant to the participant's job?
 - What information might be added to the program to make it more relevant?
 - How useful and relevant have certain program materials been?
 - Handouts?
 - Recordings?
 - Job aids for participant use in their own clinical practices?
 - Others?
- Level 2: Learning
 - N/A
- Level 3: Behavior & Application
 - **On-the-Job Application**
 - How have participants used what they learned on the job?
 - To what extent have participants successfully applied what they learned in training on the job?
 - Which techniques, if any, have participants had the most success with?
 - Which techniques, if any, are participants struggling to put into practice?
 - **Required Drivers**
 - To what extent have participants had the opportunity to apply what they learned in the program in their work?
 - To what extent have participants had the support necessary to successfully apply what they learned in the program in their work?
 - What factors have contributed to successful application the most?
 - What other supports do participants need?
 - What has helped participants implement what they learned?
 - **Barriers to Success**
 - What challenges are participants experiencing in applying what they have learned in their work?
 - What solutions have they tried to overcome such barriers? What has been the outcome?
- Level 4: Results
 - **Leading Indicators**
 - What early signs of success have participants identified from their efforts?

- What is one positive outcome participants have experienced in their work since the program?
- **Desired Results**
 - What impact, if any, do participants think changes in their behaviors because of the program have had with their clients?

Appendix I: Coding Scheme for Content & Interview Analysis

Symbol	Meaning
+	Strength
-	Weakness
?	Area of Confusion
!-x	Idea for Improvement – Problem to Address
!-o	Idea for Improvement – Opportunity
Q	Metric Targeted - Quality
E	Metric Targeted - Efficiency
R	Metric Targeted - Reliability
S	Metric Targeted - Scale
ATC	Applies to course
CP	Relevant for certification process
1, 2, or 3	Estimated effort to implement an idea (1 = small, 2 = medium, 3 = big)

Appendix J: Phase II Participant Interviewee Details and List of Interview Questions

The following interviews took place over Zoom over the course of the last week of April 2021. Participants were assured anonymity but allowed me to provide basic information about them and their experience as mental health professionals.

Name	Degree	Title	TEAM-CBT Certification Level	Organization
Participant 1	Ph.D.	Psychologist	L2	Hospital
Participant 2	L.M.F.T.	Therapist	L1	Substance Abuse Center
Participant 3	L.C.S.W.	Social Worker	L1	Government Agency

Interviewees were asked some or all the following questions:

- General
 - Tell me about what you do.
 - How long have you been practicing? CBT? TEAM?
 - What motivated you to get involved with FGI and learn TEAM?
- Certification & L3 Exam
 - What do you think about the certification process?
 - What have you heard about the Level 3 skills exam?
- Advanced Training Course
 - What do you see as some of the strengths of the training?
 - What do you see as some of the weaknesses of the training?
 - What was your experience with:
 - New or revised course material [X]
 - The LMS
 - What ideas do you have for improving it?