

*Needs Analysis Report:*

*Enhancing TEAM-CBT Training & Certification  
at The Feeling Good Institute*

Patrick Healy

Indiana University

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## Executive Summary

### Introduction

The purpose of this needs analysis, the first phase of the author's multi-phase research and improvement project with The Feeling Good Institute (FGI), a therapist training center, was to:

1. Review FGI's existing "Advanced TEAM-CBT Training Course Towards Level 3 Certification (Advanced Training)" to identify existing strengths and weaknesses.
2. Based on findings from (1), propose recommendations for improving the training to:
  - a. Enhance its **quality**, as measured by FGI's qualitative and quantitative metrics of training effectiveness
  - b. Improve its **efficiency**, as measured by percent of L1 enrollees successfully and seamlessly reaching L3
  - c. Increase its **scalability**, as measured by number of therapists able to enroll and achieve certification in future iterations

Later phases will involve the author working with FGI to implement recommendations and evaluating their effectiveness in 2021. This report summarizes the problem FGI faced, the methodology used to document, analyze, and validate it, key findings, and recommendations.

### Findings

Data analysis revealed several **positives and strengths** with FGI's existing training and certification, including:

- The high-quality of Advanced Training course content
- A strong sense of community provided to participants in training
- High levels of knowledge, experience, and instructor ability of trainers
- High participant satisfaction to date in the Advanced Training course
- Evidence of skill transfer into the therapist performance context

However, analysis also revealed a number of **weaknesses and opportunities** for improvement:

- A long and confusing certification process associated with training, as documented by the author and evidenced 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
- Low bandwidth of FGI leaders and trainers to revise content and offer exams

Taken together, these findings suggest high-quality training, but low overall reliability, efficiency, and scalability of FGI training and its broader certification process.

### Recommendations

Based on these findings, recommendations include:

- Revising the certification process to Increase reliability & efficiency of training
- Streamlining the Advanced Training course & clarifying trainer and participant expectations to increase efficiency of training and certification
- Incorporating new technologies to allow for greater scale in future iterations of training

## Acknowledgments

The first phase of this ongoing research, analysis, and improvement project would not have been possible without the permission and help of a number of organizations and individuals.

First and foremost, I would like to thank The Feeling Good Institute (FGI) for its willingness to work with me to improve its training courses and certification process and conduct this interesting research.

In particular, I would like to thank the following individuals for agreeing to collaborate with me on this project and always being available to answer questions:

- Dr. Maor Katz, FGI Institute Director
- Dr. Jill Levitt, FGI Director of Training

I'd also like to thank the following individuals for their support gathering materials, accessing data, and contacting participants:

- Richard Lam, FGI Program Manager, Certification and Training
- Dr. Ellaine Wong, L4 Certified Therapist and Trainer, Advanced TEAM-CBT Training Course Toward L3 Certification
- Suzanne LaVere, L4 Certified Therapist & Trainer, FGI Marketing Lead

Second, I'd like to thank five past participants, all busy mental health professionals, who agreed to be interviewed for this project. For the purposes of my work with FGI, I have left their names and some identifying information out of this report. Nonetheless, their perspectives on the course, certification process, and the work of therapists was each unique and invaluable.

Last, I'd like to thank my advisor and R621 professor Dr. Tom Brush for teaching me some neat methods of problem dissection, data collection, and analysis this semester, as well as my fellow Indiana University R621 classmates for feedback of the presentation that accompanies this report.

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## Introduction and Purpose (Scope)

### Introduction

For my R621 final project, I completed the first phase of a comprehensive needs analysis and improvement project for The Feeling Good Institute (FGI), a treatment center based in Mountain View, CA that 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. FGI was founded in 2014 in Mountain View, CA, by a group of master clinicians in “TEAM-CBT,” an evidence-based form of Cognitive Behavioral Therapy (CBT), developed by Dr. David Burns.

### Contacting FGI

Having heard about the therapist training provided by FGI on Dr. David Burns’ weekly Feeling Good podcast, I reached out to Dr. Jill Levitt, FGI’s Director of Training, via e-mail to inquire if the organization had a need for my services in analyzing, designing, and/or evaluating training programs, courses, and curricula. Dr. Levitt indicated such a need did exist and directed me to Dr. Maor Katz, M.D., Director of FGI, to discuss strengths and weaknesses in FGI’s current approach to therapist training and certification and identify high-value problems or opportunities I might work with the Institute to address.

### Initial Conversations & Agreement to Collaborate

During our initial conversation, Dr. Katz and I discussed FGI’s certification process, its range of training modalities, and his desire to improve the quality, efficiency, and scale of FGI’s therapist offerings. In particular, he saw an opportunity to significantly enhance FGI’s “Advanced TEAM-CBT Training Course Towards Level 3 Certification” (Advanced Training course), one of the Institute’s courses aimed at training mental health professionals in mastering the knowledge, skills, and attitudes needed to become certified as an advanced practitioner of TEAM-CBT. Given my personal interest in doing work in the area of mental health education and Dr. Katz’s desire for a systematic external review of this training, he and I agreed that we would mutually benefit from working together.

### Narrowing in on Project Scope and Timeline

Via e-mail conversations over the next few weeks, we agreed that I would conduct a training needs analysis based on course materials and participant data from FGI’s Spring 2020 offering of the Advanced Training course. I would also have the opportunity to contact past participants, if needed, to conduct interviews to better determine the needs of the target learner population and how well FGI’s current solution had met those needs. Finally, I would have access to FGI leadership, SMEs, and trainers to request additional information, ask questions, and interview as needed. The output from my work would be a set of recommendations to FGI to enhance its upcoming Spring 2021 offering of the Advanced Certification course. While conducting my analysis, I would have the discretion to also identify opportunities to improve the broader TEAM-CBT certification process within which the course was one part.

Based on my work in 2020, Dr. Katz and I also discussed the opportunity to work with FGI to implement the recommendations in early 2021, audit the Spring 2021 training course (February-April), and conduct an evaluation of its effectiveness. After gathering additional data in this second iteration of the course, we might then look to further innovate to dramatically scale up the number of participants taking the course (from “20” to “200” as Dr. Katz would desire) and becoming certified as advanced practitioners of TEAM-CBT. See **Appendix A** for a tentative timeline for the whole project.

### Purpose of Needs Analysis (Phase I)

In sum, the purpose of this first phase of the project was twofold:

1. Review FGI’s existing “Advanced TEAM-CBT Training Course Towards Level 3 Certification”, including course content and participant data from the last iteration of the course, to identify strengths and weaknesses.
2. Based on my findings from (1), propose recommendations for improving the training (and potentially revise FGI’s TEAM-CBT certification process) to:
  - a. Enhance its **quality**, as measured by FGI’s qualitative and quantitative metrics of training effectiveness
  - b. Improve its **efficiency**, as measured by percent of L1 enrollees successfully and seamlessly reaching L3
  - c. Increase its **scalability**, as measured by number of therapists able to enroll and achieve certification in future iterations

## Background<sup>1</sup>

### The Organization

The Feeling Good Institute (FGI) is a treatment center based in Mountain View, CA that 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. FGI was founded in 2014 in Mountain View, CA, by a group of master clinicians in “TEAM-CBT,” an evidence-based form of Cognitive Behavioral Therapy (CBT), developed by Dr. David Burns. Today, FGI also has a sister office in New York City, and offers online therapy to clients in many U.S. states, as well as in Canada. A growing network of 300+ clinicians provides TEAM-CBT therapy and services to clients and training to colleagues worldwide.

### Mission(s)

The Feeling Good Institute has three separate, but related 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.”

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<sup>1</sup> All information on FGI in this section can be found at [www.feelinggoodinstitute.com](http://www.feelinggoodinstitute.com)

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." It does so via the provision of innovative and effective therapy to patients, leading to increased numbers of referrals, and through the provision of training and certification to therapists around the world, increasing the number of mental health professionals practicing the TEAM-CBT approach.

### Services & Offerings

FGI currently aims to fulfill its mission to patients by offering high-quality TEAM-CBT therapy across a range of locations and via a range of modalities including:

- In-person therapy with therapists in Mountain View, CA or New York, NY
- Online therapy with therapists in 20+ U.S. states and Canada

FGI seeks to fulfill its mission to therapists by providing a full range of in-person and online training offerings and certification services to clinicians at all levels. These include:

- Free live webinars on CBT and other topics in conducting effective therapy
- Day-long and multi-day workshops and intensives
- Live online multi-week TEAM-CBT training courses on special topics
- Basic, Intermediate, and Advanced TEAM-CBT Certification courses
- Regular Therapist Consultation Groups
- Local training courses (by office)

Most offerings, including the Advanced TEAM-CBT Training course, are approved 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.

### 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.



## 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:

- 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.

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 B** for details on what is needed for therapists to reach each level and conversion of various training modalities into continuing education (CE) credits.

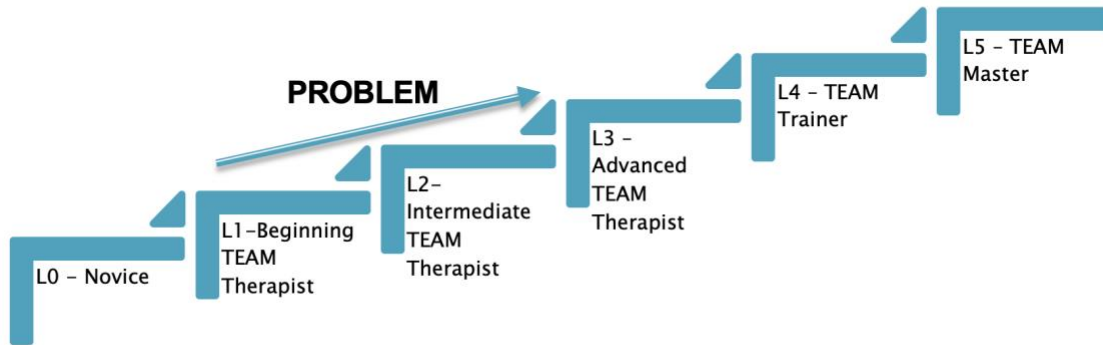
## Problem(s)/Opportunities

Prior to my analysis, Dr. Katz indicated that the issue he thought needed to be addressed was:

- *a perceived gap in the organization's ability to train Level 1 Beginning TEAM therapists in an effective, efficient, consistent, and scalable manner to reach Level 3 Advanced TEAM certification.*

This problem manifested in two ways. First, there existed a glut of L1 and L2 therapists who were not able or motivated to reach Level 3. Second, the training and certification processes that produced Level 3 Advanced TEAM therapists yielded clinicians with varying levels of knowledge and skill in TEAM-CBT; in other words, the process from getting to L1 to L3 did not produce reliable training outcomes, calling into question the meaning of what it meant to be a Level 3 therapist. In sum, the potential problem to be solved was a bottleneck to get to Level 3 and a questionable training and certification process for doing so. See the figure below for a visual depiction.

# The Problem



These problems also produced another organization-level problem for FGI: it served to reduce the number of highly skilled L3 candidates who might be considered for Level 4 Trainer training. Level 4 TEAM Trainers are crucial to the growth of TEAM therapy because it is Level 4 at which TEAM therapists are skilled enough in the theory and practice of TEAM to train and serve as mentors for other aspiring TEAM therapists in their practices around the world. The lack of L4 training candidates thus served to limit the potential spread of TEAM and thwart FGI's third mission.

My goal going into the needs analysis was to validate if the L1 to L3 pipeline problem was indeed the issue to be solved. If so, I planned to measure its impact and recommend solutions to address it. If not, I planned to explain to FGI why not, uncover what the actual problem was, and recommend remedies for addressing the real problem behind what Dr. Katz and FGI were seeing.

## Key Stakeholders

### Leadership

FGI is led by Maor Katz, M.D., Institute Director, Angela Krumm, Ph.D., Clinical Director and TEAM Certification Lead, and Jill Levitt, Ph.D., Training Director. Taylor Chesney, Psy.D. leads the New York Office. 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 Burns from whom Level 5 clinicians consult for best practices of TEAM. For the purposes of the needs analysis, the most important leadership stakeholders were Dr. Katz and Dr. Levitt.

### Staff – Program 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 Certified Therapists and Trainers serve as subject matter experts (SMEs) and trainers, developing and delivering content to participants via various modalities. Lorraine Wong, Ph.D., worked with Dr. Jill Levitt to design, develop, and deliver the content for the first Advanced Training course in Spring 2020 and will also be delivering the second iteration in Spring 2021. Richard Lam, L.M.F.T., was recently hired by FGI as a Program Manager to manage certification and administration for all FGI programming, including the Advanced Training course. Finally, Suzanne LaVere, L.M.F.T., markets courses to mental health professionals, including the Advanced course. For the purposes of the needs analysis, Jill, Lorraine, Richard, and Suzanne, were the most important FGI staff stakeholders.

### Participants – Mental Health Professionals

Of course, key stakeholders for the analysis also include participants in FGI training offerings. The target audience for FGI offerings, including the Advanced Training course, 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. More on this stakeholder group is described in the Project Methodology - Participants section.

### Clients of Participants

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.

## Project Methodology

### Participants

The target audience for the “Advanced TEAM-CBT Training Course Towards Level 3 Certification” consists of mental health professionals who have some background in TEAM-CBT (Level 1 Beginning TEAM Certified Therapists) and are committed to advancing their TEAM-CBT skills quickly to become Level 3 Advanced TEAM Certified Therapists in just 12 weeks. Learners have included and may in the future include:

- 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

Such mental health professionals make up target population of the training needs analysis.

### Past Participants (Phase I)

Initial data from participants enrolled in the Spring 2020 iteration of the Advanced Training course were collected by FGI in Spring 2020. Additional data from a sub-set of these

participants was collected by the author in Fall 2020. 24 mental health professionals took the course when it was first offered. See **Appendix C** for selected summary statistics on these participants.

#### Future Participants (Phase II)

Additional data will be collected from future participants enrolled in the Spring 2021 iteration of the Advanced Training course.

#### Project Phases and Data Sources

Data collection and analysis for this project is proceeding in three phases:

- Phase I (Fall 2020)
- Phase II (Spring 2021)
- Phase III (Summer 2021)

This section documents data sources utilized in Phase I and outlines likely data sources to be used in future phases of the project pending implementation of recommendations from this report in the Advanced Training course in Spring 2021.

#### Phase I (Fall 2020)

Phase I consisted of both data collection and analysis that took place during Fall 2020. Key data sources included:

- Advanced Training course content,
- past participant information and survey data,
- and semi-structured interviews with stakeholders.

#### Phase II (Spring 2021)

Phase II will consist of additional data collection and analysis and take place during Spring 2021. This phase will likely encompass evaluating the effectiveness of recommendations from Phase I via the following data sources:

- Real-time observation/audit of the Spring 2021 iteration of the Advanced Training course
- Creation and dissemination of a more thorough and robust post-training evaluation instrument
- Conducting additional interviews or focus groups with Spring 2021 participants

#### Phase III (Summer 2021)

Phase III will take place during Summer 2021. It will not consist of any new data collection but will rather involve analyzing data collected from the Spring 2021 course and distilling and implementing new recommendations for the potential Fall 2021 Advanced training iteration with an eye toward scaling up the training.

### Data Collection Procedures (Fall 2020):

This section outlines my process for collecting data during Phase I (Fall 2020). Data collection proceeded in three stages:

- gathering Advanced Training course content for analysis
- obtaining past participant information and survey data,
- and conducting semi-structured interviews with stakeholders.

### Content Gathering for Analysis

To begin, I gathered all of FGI's existing course materials for its Advanced Training course, including documents such as slides, schedules, worksheets, rubrics, templates and media such as session recordings. These materials were provided to me upon my request by FGI leadership and staff and would serve as my raw materials for my content analysis. The purpose of this content analysis would be to help me to get a sense for what the objectives of the training were, what content it covered, and how it was delivered to participants. It would give me a nice picture of what had been delivered in Spring 2020.

### Collection of Past Participant Information & Survey Data

Next, I obtained participant registration information and training evaluation data from learners from the Spring 2020 iteration of the Advanced Training course. These data had been collected by FGI before and after the course, respectively, via the survey tool Qualtrics. The purpose of collecting such data was to conduct a learner analysis to better understand the population the training was serving (registration information). It was gain background information on the learners enrolled in the training and determine how it was received by these participants, including strengths, weaknesses, and ideas for improvement (training evaluation).

### Conducting Interviews with Stakeholders

Finally, over the course of 3-4 weeks I conducted ten semi-structured interviews with key stakeholders, including:

- 2 members of the FGI leadership team
- 3 subject matter experts (SMEs) and/or trainers
- 5 past participants

Given patient confidentiality concerns, it was unfortunately not possible for me to interview the clients of past participants.

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. See **Appendix D** for basic details on these interviewees.

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 their ideas for how the training and certification process might be improved.

Different stakeholders were also asked interviewee-specific questions.

See **Appendix E** for the questions asked to FGI leadership, staff, and participants

#### Data Analysis Procedures (Fall 2020):

This section outlines my process for analyzing data during Phase I (Fall 2020). Data analysis was aligned with data collection and proceeded in three stages:

- analyzing Advanced Training course content
- reviewing past participant information and survey data,
- synthesizing notes from semi-structured interviews with stakeholders and identifying key themes

#### Content Analysis

Before sifting through all of the training content provided to me by FGI, I created a basic coding/tagging scheme to use for my analysis that could also be used when interview notes.

While reviewing documents and recordings I used various symbols to distinguish between:

- type of comment made (e.g., “+” for strength, “-“ for weakness, etc.),
- what outcome I hypothesized the phenomena might be impacting (e.g., “Q” for training quality, “E” for efficiency, etc.), and
- if I had an idea for improvement, the relative amount of effort required to implement the idea (e.g., “1” for a little, “3” for a lot, etc.)

See **Appendix F** for the complete coding scheme used for content analysis.

After creating this scheme, I went through all of the digital course documents provided to me, making notes and adding symbols as needed. Next, I watched videos of two of the recorded sessions from Spring 2020. I selected which videos to watch based on the recommendation from Dr. Levitt and Dr. Wong based on what they believed would give me a somewhat representative sample of the skills targeted in TEAM training and the instructional techniques employed. I took notes while watching, using the same coding scheme to jot down comments, outcomes, and ideas.

#### Review of Participant Information and Survey Data

Next, I reviewed participant registration information FGI had collected from the Spring 2020 Advanced Training course. Such data included participants’, demographic, cultural, education, career, and other personal and professional information. It also included qualitative comments on their past experience with TEAM and their motivations and expectations for enrolling in the course.

## Analysis of Interview Data

Finally, I added all of 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 content analysis. See Appendix F once more for an overview.

## Findings (Phase I)

### Overview

Content analysis, review of pre-course participant information and post-course survey data, and stakeholder interviews revealed a number of key insights relevant to FGI’s potential training and certification problem. Most notably, analysis validated that the problem was indeed a problem, with a number of factors hampering the quality, efficiency, and scalability of training and certification, as Dr. Katz had communicated. In this section I discuss some notable findings from my analysis.

### Content Analysis

Content analysis of documents and session recordings revealed a number of interesting findings regarding the course materials and instructional context. First, course materials were found to be a major strength. Slides, worksheets, and templates were high-quality, consisting of clear language, relatable examples, and crisp takeaways for participants. Learning goals were also concrete. See **Appendix G** for learning objectives for the entire course.

In addition, based on video recordings, the majority of time in sessions was spent having participants practice new techniques, receive feedback, and try again. For instance, in the figure below, two L4+ trainers, Richard and Jill, demonstrated how to master the “Externalization of Voices” technique to help Richard with a vulnerable personal issue.



This heavy emphasis on practicing techniques seems aligned with learning objectives, most of which consist of procedural knowledge.

One point of confusion I had was with course sequencing. See **Appendix H** for the Spring 2021 Course Schedule, which is currently the same as it was in 2020. In particular, it was unclear to me why the course was 12 weeks, aside from the need for participants to earn a certain number of continuing education credits. Based on a review of slides and activities, which were sometimes repetitive, the course could be consolidated and done in 10 or even 8 weeks.

Two key weaknesses were a lengthy and input-based (vs. outcome-driven) certification process and a relatively subjective rubric for the Level 3 oral verification exam. See Appendix B for FGI's Certification Requirements & Units Tables again for details on what is needed for therapists to reach each level. It's clear that the process could be simplified and presented more clearly.

In addition, See **Appendix I** for a sample of the L3 Exam Oral Verification Rubric used by L4+ trainers to grade aspiring L3 therapists in their final oral clinical skills exam. Note how the language used to guide the examiner is often open to interpretation and does not measure observable examinee behaviors.

#### Survey(s)

FGI pre-program participant registration data provided a useful snapshot of a diverse class of Spring 2020 enrollees. Some interesting findings:

- 17/24 participants were paying for the course out of their own pockets, with 6 having their employers pay for it; thus, participants were highly motivated to improve their skills and make the most out of the course. This came through in the two recorded sessions I watched, with most if not all participants engaged.
- Participants ranged from psychiatrists to licensed mental health counselors and practiced in a variety of settings.

FGI post-program participant evaluation indicated overall positive perceptions from Spring 2020 participants (n=24). For example:

- Participants indicated they found the training 8.2/10 useful, on average, on a scale of 0 (not at all useful) to 10 (incredibly useful). This ranged from 4 to 10, with a median of 9/10.
- Participants also indicated they would be 7.9/10 likely to continue to practice the TEAM skills after the training and apply them in their jobs, on average, on a scale of 0 (I don't plan to continue) to 10 (I intend to practice and apply the skills I learned regularly). This ranged from 4 to 10, with a median of 8/10.

However, not all was so rosy. For example:

- 1/3 of participants reported that they had a technical issue during training that negatively impacted their experience. This should be further investigated and addressed in future trainings.



It's important to also note that the surveys conducted by FGI themselves could have been clearer in their language, more consistent in the scales used, and included additional questions to gain information on the participant experience post-training.

### Interviews

Interviews with stakeholders, including two FGI leaders, three FGI staff members, and five past participants, added useful granularity and additional perspectives to the previous analyses.

### Leaders

Two main themes came out of interviews with FGI leadership. First, both leaders interviewed believed that the intimacy and comradery of small groups, especially 4-5-person consultation groups, was a key value driver for TEAM training that kept participants coming back to FGI events. One leader mentioned that the quaintness of training "defined the TEAM training experience." While this family-feel is likely responsible for some of the high-quality ratings of FGI offerings, including the Spring 2020 Advanced Training course (see below), received to date, it may be a barrier to scaling up TEAM training in the future.

Second, FGI leaders (L5+) admitted that they and other L4+ TEAM therapists and trainers were often extremely busy and unable to coordinate times for multiple individuals to conduct the required oral verification clinical skills exam for L3 certification. This is a key bottleneck to the efficient and scalable certification of such therapists.

Both of these were taken into consideration when devising recommendations.

### SMEs & Trainers

Interviews with SMEs and trainers revealed that these stakeholders were highly knowledgeable in TEAM-CBT (as should be expected from L4+ trainers) and motivated to continue developing content and delivering training in the future. The trainer interviewed noted that leading the training was the "highlight of [her] week."

At the same time, multiple interviewees noted a tension between tailoring the training to the needs of the particular group vs. "sticking to the script." Given that participants would often bring in unique personal or professional issues to discuss, it was sometimes difficult for trainers bring the class back to the key teaching points for the session and stay within the allotted time. Trainers expressed the need for additional guidance on "when to flex and when to focus."

### Participants

Finally, interviews with participants yielded much useful information regarding strengths and weaknesses of the training and certification process.

### **Key positives:**

- All interviewees indicated excitement and enthusiasm when they were originally enrolling in the program and during most courses.

- All interviewees said the program was “somewhat” to “incredibly useful” to their current practice ~5 months post-training. In particular, interviewees noted the most useful aspects were:
  - The opportunity to be part of a consultation group during training and after
  - The chance to engage in role plays and practice skills being learned
  - Witnessing the TEAM approach work for them and others who would bring to class personal issues to work through using CBT skills
  - Continuing to use templates and methods encountered in training in their current practices.
- Interviewees noted that key aspects of the program helped keep them accountable for putting in work to improve their skills:
  - Weekly consultation groups
  - Inter-session homework
  - Public commitments in class to report back on how a certain technique went with a patient
- Some noted the opportunity to do personal work as key to their own grasping of TEAM principles and practices

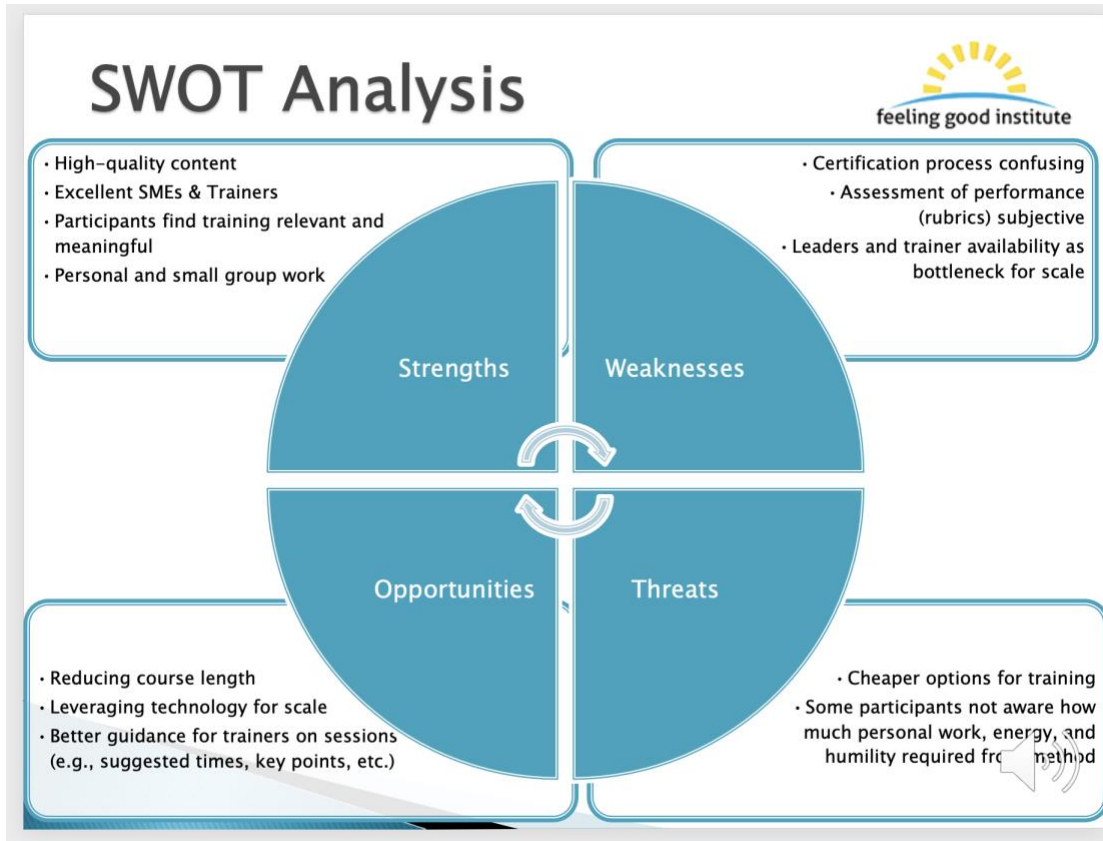
**Key weaknesses or areas for improvement:**

- Some noted that their motivation waned over the course after seeing how difficult some of the skills were to learn, especially the “Five Secrets of Effective Communication” Still, 4/5 interviewees emphasized the criticality of being willing to learn through practice and implementation of skills being learned in their own jobs
- Others interviewed noted personal work as exhausting and unhelpful
- 4/5 interviewees mentioned that certification could be improved, labeling it as “confusing,” “expensive,” “a lot of work,” and “somewhat arbitrary.”

My general perception from interviews was that all learners were ambitious, high achievers, and dedicated to improving their therapy skills to better serve their clients

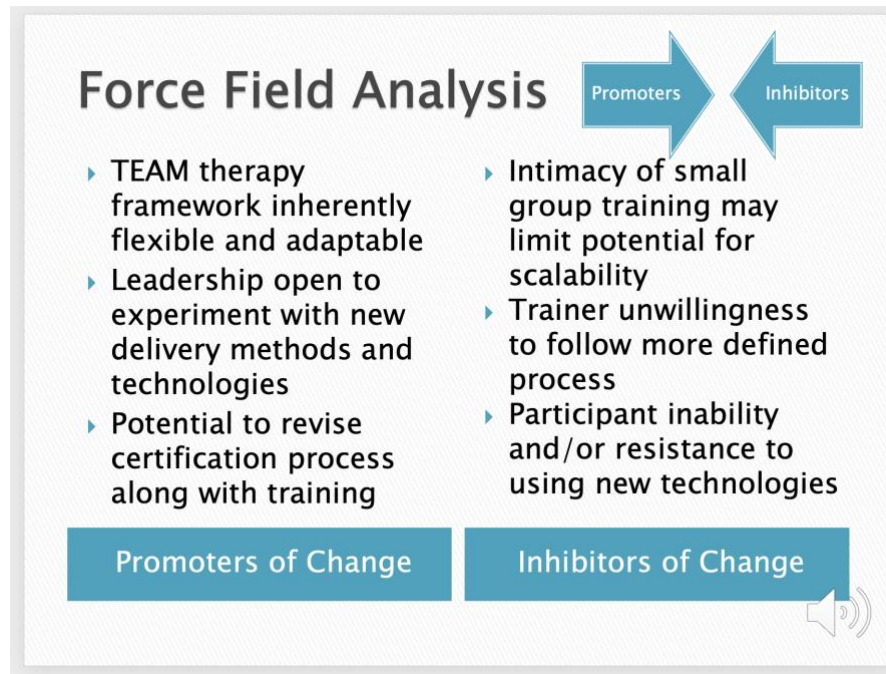
[SWOT Analysis](#)

One alternative way to organize the above findings is with a SWOT analysis. See the figure below for a consolidation of strengths, weaknesses, opportunities, and threats from multiple data sources.



## Force Field Analysis

Another way to organize the above findings is with a Force Field analysis. See the figure below for a brief list of promoters and inhibitors of change that came up in my analysis.



### Summary

Overall, data analysis produced a number of key findings. On the positive side were:

- The quality of training content
- The sense of community provided to participants in TEAM training
- The knowledge, experience, and instructor ability of TEAM L4+ therapists and trainers
- Overall participant experience to date in the Advanced Training course
- Evidence of transfer into the therapist performance context

However, analysis also validated the pipeline problem that concerned Dr. Katz and revealed a number of weaknesses and opportunities for improvement. These included:

- A long and confusing certification process, as reported by multiple parties
- Significant time, resources, and energy required of participants to become L3 certified
- An opportunity to provide trainers and participants with additional guidance during training
- Low bandwidth of L4+ therapists and trainers to revise content and offer exams

Taken together, these weaknesses contributed to the low reliability, efficiency, and future scalability of the TEAM training and certification processes.

## Recommendations (Phase I)

### Overview

Based on the above analysis and findings, I propose the following three sets of recommendations to address the pipeline problem that was validated, improve the Advanced training course and certification process, and increase the reach and impact of TEAM therapy going forward.

### Revise Certification Process to Target Quality & Efficiency

First and foremost, it is recommended that FGI revise its current certification process. While flexible in its approach to training, the existing certification process is based on effort expended and time spent in continuing education rather than TEAM-CBT competencies aligned to each level. In short, it is input-based, rather than outcome-based. Combined with a rather subjective oral skills verification exam rubric to achieve L3 status and it's no surprise the process itself is producing varying levels of therapist skill. In addition, the process is lengthy and confusing to participants, causing some to stop at L1 or 2.

To address these issues, the following changes are recommended:

- Re-align the levels of TEAM certification with specific TEAM knowledge, skills, and attitudes (KSAs) from relevant training courses, including the Advanced Training course. If such KSAs do not exist for certain courses, create them. If KSAs cannot be created, FGI might consider discontinuing that course.
- Simplify the Certification Requirements Table and create an accompanying process diagram to document the path from L0 to L5 certification
- Change the language of the L3 exam rubric to emphasize observable behaviors and conduct interrater reliability analyses amongst a few L4+ trainers to ensure it is fair

If implemented, I believe FGI will see increases in its:

- participant Advanced Training course ratings (training quality)
- number of qualified participants reaching L3 status (certification process quality/reliability)
- number of participants reaching L3 status per year (training and certification efficiency)

### Streamline Advanced Training Course & Clarify Trainer & Participant Expectations to Increase Efficiency

Second, it is recommended that FGI streamline its Advanced Training course and clarify trainer and participant expectations for each session in the course to reduce the number of required sessions from 12 to 10 (or potentially even 8). While content and training sessions were strong on the whole, content analysis and observation of recorded sessions also revealed that some content and activities were not aligned with learning objectives or identifiable TEAM standards, producing inefficiency in training and certification. Trainers and participants alike also expressed the need for additional guidance heading into each session beyond the materials provided.

To address these issues, the following changes are recommended:

- Identify content and activities in the Advanced Training course not aligned to stated learning objectives and TEAM standards. Cut these
- Have a pool of L4+ current trainers work with the Director of Training to co-create trainer guides for each FGI course
- Recruit enthusiastic and satisfied past participants to create a “Things You Should Know” Guide for the Advanced Training course to accompany session materials

If implemented, I believe FGI will see increases in its:

- number of participants reaching L3 status per year (training and certification efficiency)
- average number of training enrollees per year (scale)

### [Consider New Technologies to Allow for Scale in Fall 2021 Revamp](#)

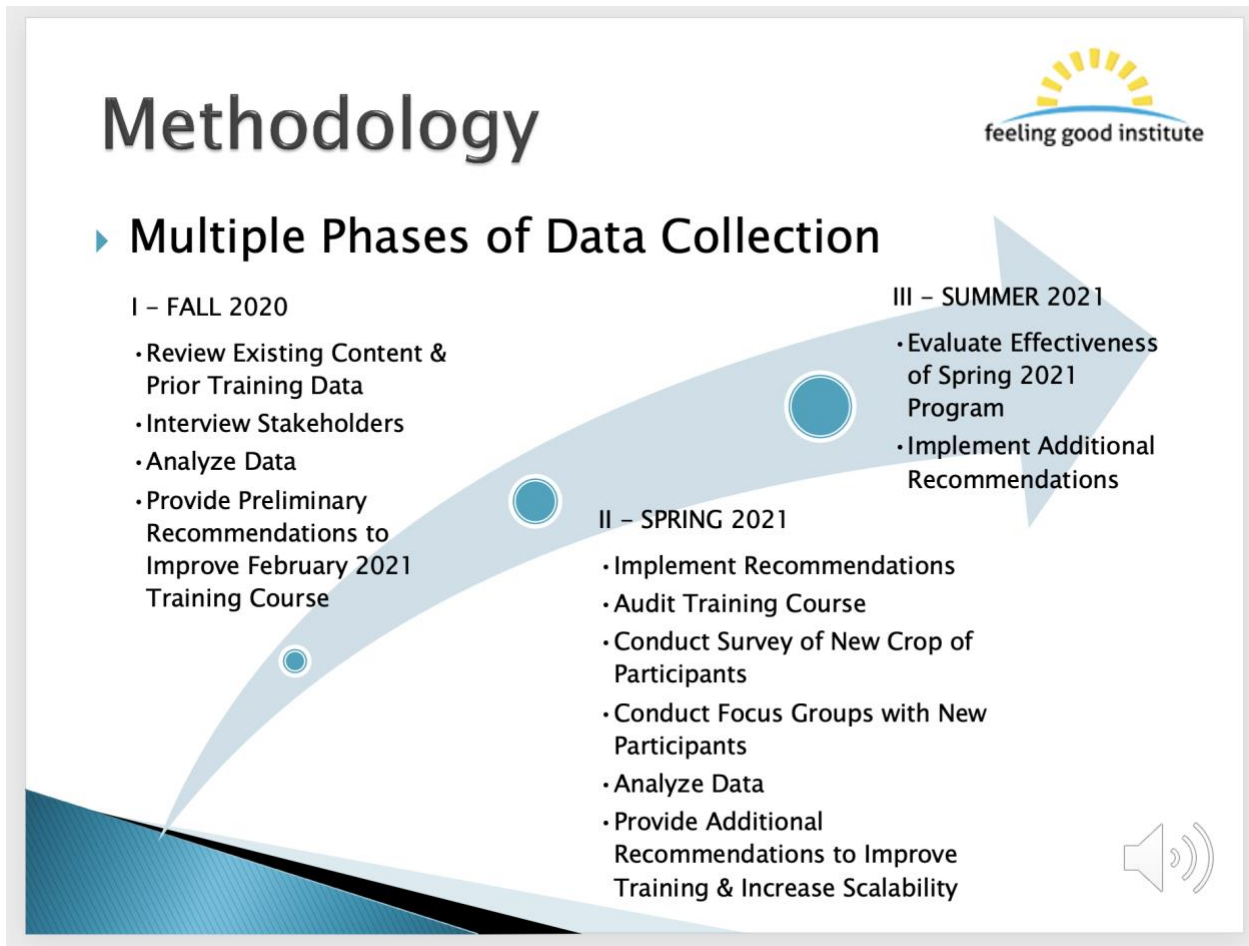
Finally, it is recommended that FGI research new technologies in early and mid-2021 that may allow the Advanced Training course to scale to a greater number of participants the next time it is offered in Fall 2021 and the certification process itself to be less burdensome. While FGI did an admirable job pivoting its initial offering of its Advanced Training course to Zoom in Spring 2020, participants not used to offering telehealth in particular experienced some technical issues, which led them to rate the training lower than others who were experienced using video communication tools. One interviewee also noted lags when using Zoom in role plays vs. face to face, which they felt diminished the experience. The Zoom platform itself does allow for the training to scale up to greater than 24 participants; however, with anymore, the “family-feel” of TEAM training that leaders and participants noted was crucial may be lost and the experience may become more of a webinar than an engaging training sessions. Separately, participants and trainers both noted that the certification process and oral exam was burdensome and hard to schedule.

To address these issues, the following opportunities may be explored:

- Gradual phase out of the weekly Zoom training and replacement with twice-weekly consultation groups, including asynchronous recordings of trainers and more robust participant guides to practice activities together
- Convert the first hour of Zoom training to individual, asynchronous e-learning or mobile learning of conceptual knowledge and focus weekly Zoom sessions on practicing skills under the guidance of L4+ therapists
- Record participant oral exams for asynchronous L4+ review (instead of real-time grading)

If implemented, I believe FGI will see increases in its:

- average number of training enrollees per year (scale)



## Appendix B: Certification Requirements & Units Table

### Certification Requirements

	Units* Required	Additional Requirements	Application fee (USD)
<b>Level 1</b>	12	None	\$50
<b>Level 2</b>	24	1. Use of the Brief Mood Survey (BMS) and Evaluation of Therapy Session (ETS) forms with 3 patients (2 sessions per patient). Submit <b>de-identified</b> original forms to <a href="mailto:certification@feelinggoodinstitute.com">certification@feelinggoodinstitute.com</a> . 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: <a href="http://www.feelinggood.com">www.feelinggood.com</a> )	\$200
<b>Level 3</b>	12	1. Completion of either: a. Level 3 exam preparation course (21 CE), <i>or</i> 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 <b>de-identified</b> original forms to <a href="mailto:certification@feelinggoodinstitute.com">certification@feelinggoodinstitute.com</a> .	\$200
<b>Level 4 Trainer</b>	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), <i>or</i> b. 14 hours of 1:1 Training with a Level 5 Trainer; Must follow specific guidelines (request from <a href="mailto:angela@feelinggoodinstitute.com">angela@feelinggoodinstitute.com</a> ) 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, <i>or</i> 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), <i>or</i> c. Teach a 12-week structured curriculum with supervision from “Train the Trainers Group” (Currently offered free via FGI. Contact: <a href="mailto:jill@feelinggoodinstitute.com">jill@feelinggoodinstitute.com</a> ) 3. Endorsement of readiness from two Level 5 Trainers.	\$100
<b>Level 5 Master</b>	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](http://www.feelinggoodinstitute.com/certification)

Sign-up for trainings at [www.feelinggoodinstitute.com/training](http://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.

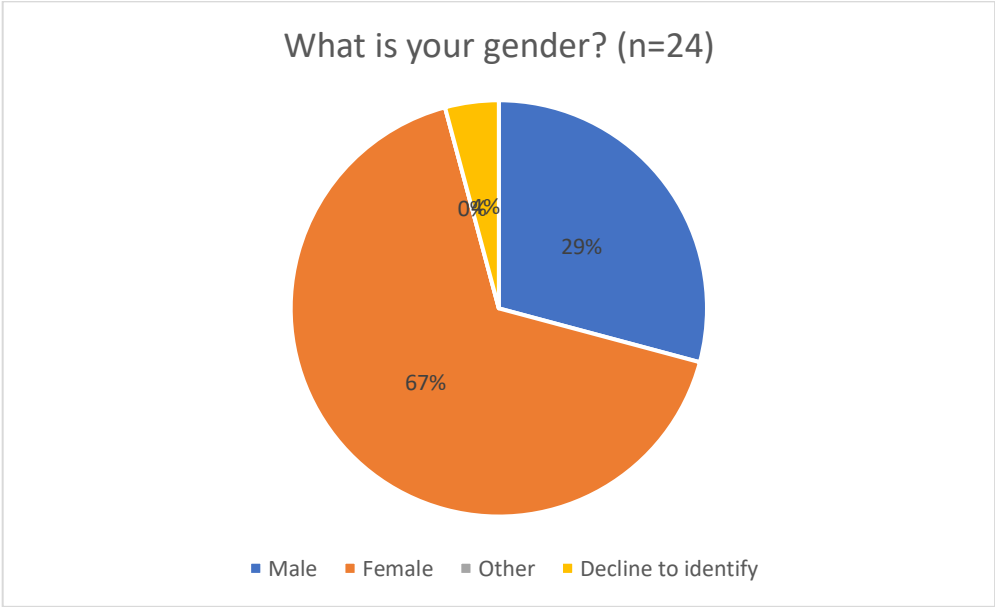
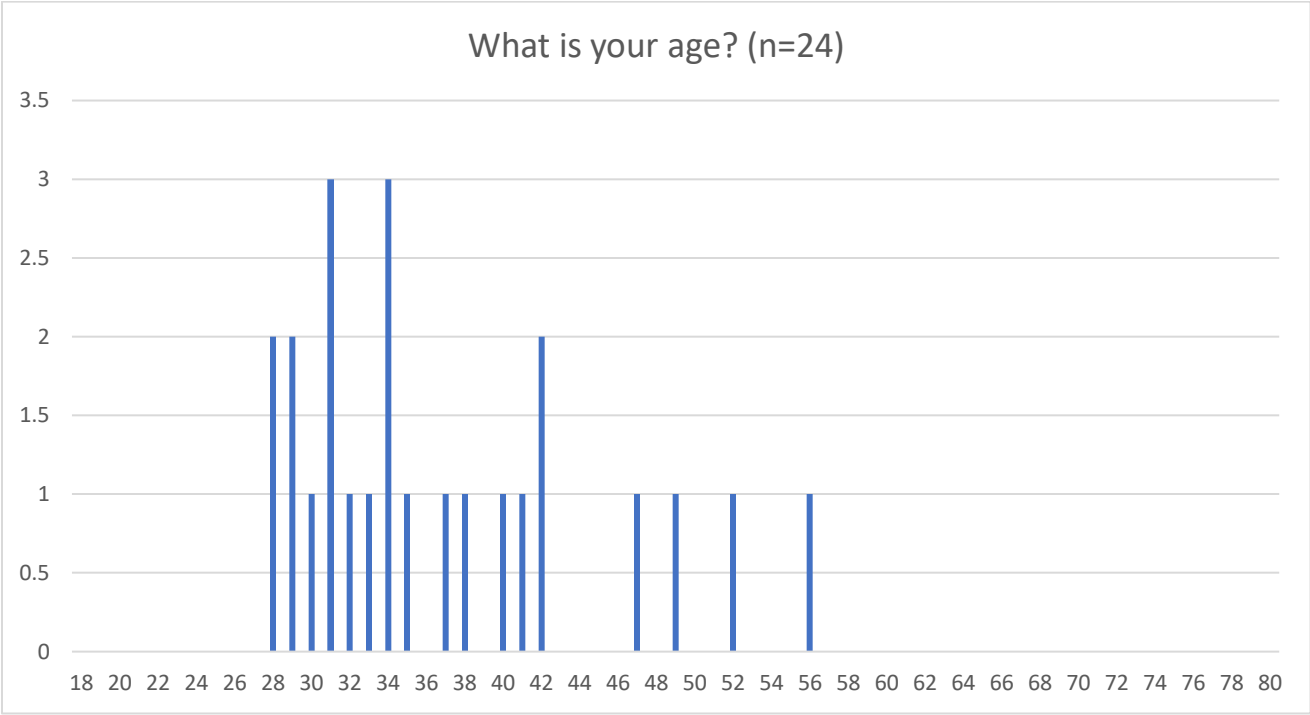
Type of Training	Examples	Units Awarded per Training Hour	Examples of Units
<b>Workshop/Course/Webinar</b>	<ul style="list-style-type: none"> <li>- CE workshops</li> <li>- Didactic-based training</li> <li>- CE based home study course</li> <li>- Structured curriculum (e.g., 12 week overview curriculum)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

For Requirements, please see the Certification Requirements Table

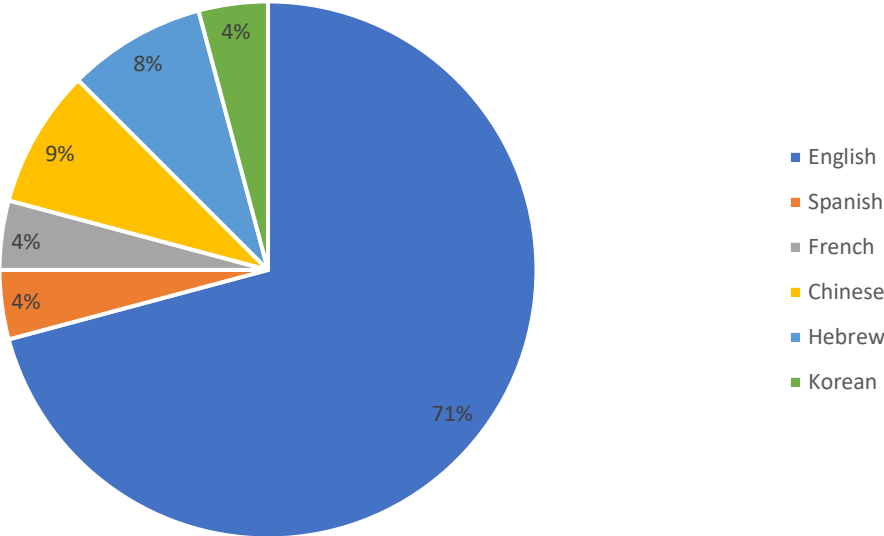
Feeling Good Institute R2019. Requirements are subject to change.  
 Apply online at [www.feelinggoodinstitute.com/certification](http://www.feelinggoodinstitute.com/certification)  
 Sign-up for trainings at [www.feelinggoodinstitute.com/training](http://www.feelinggoodinstitute.com/training)

Appendix C: Spring 2020 Participant Registration Data – Selected Statistics

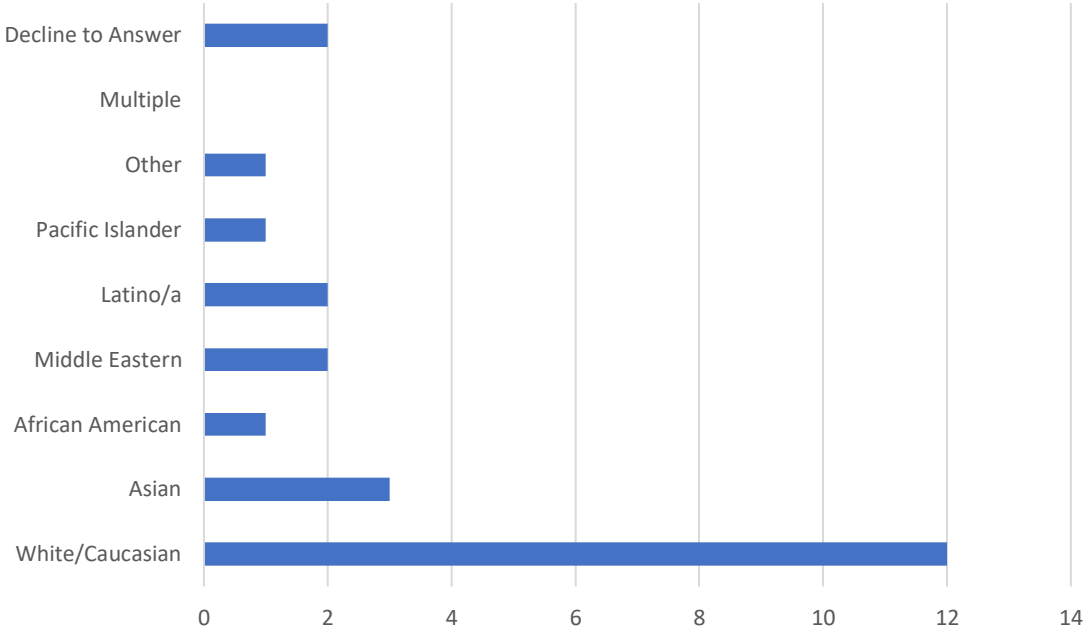
The following data was collected by Feeling Good Institute prior to the Spring 2020 offering of its Advanced Training course using Google Forms. It was subsequently analyzed by the author in Fall 2020



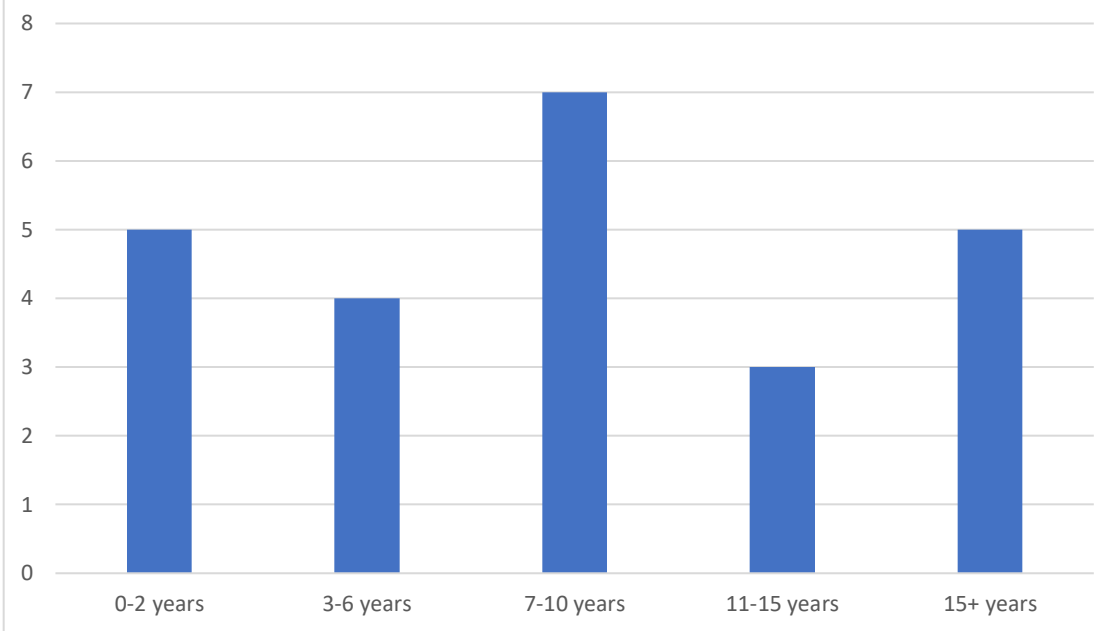
In what primary language do you offer therapy? (n=24)



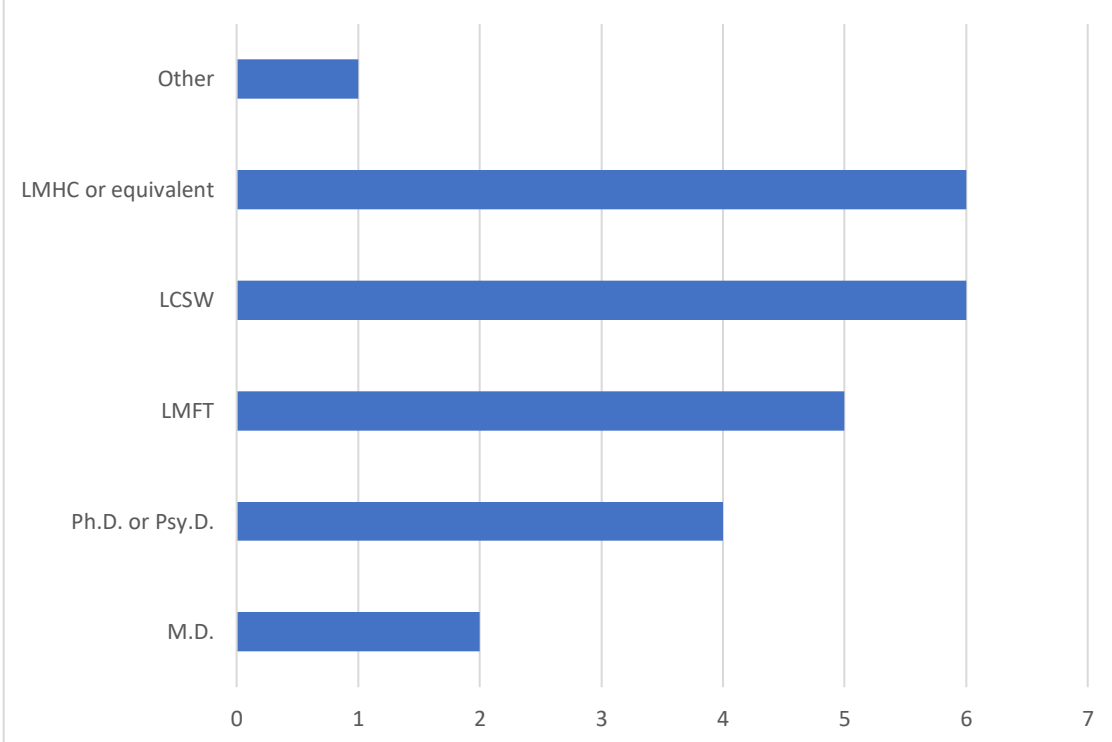
What is your race/ethnicity? (n=24)



How many years of relevant work experience do you have as a mental health professional? (n=24)

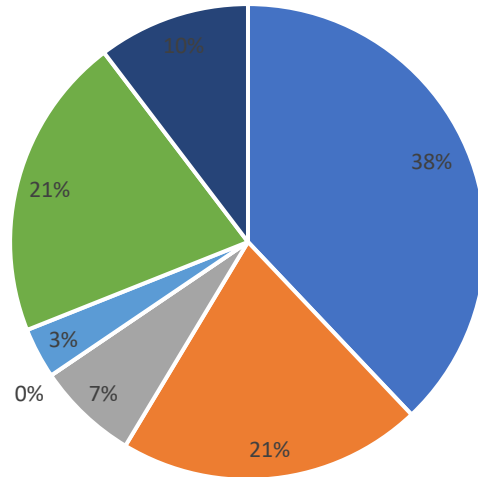


What is your highest level of licensure completed? (n=24)

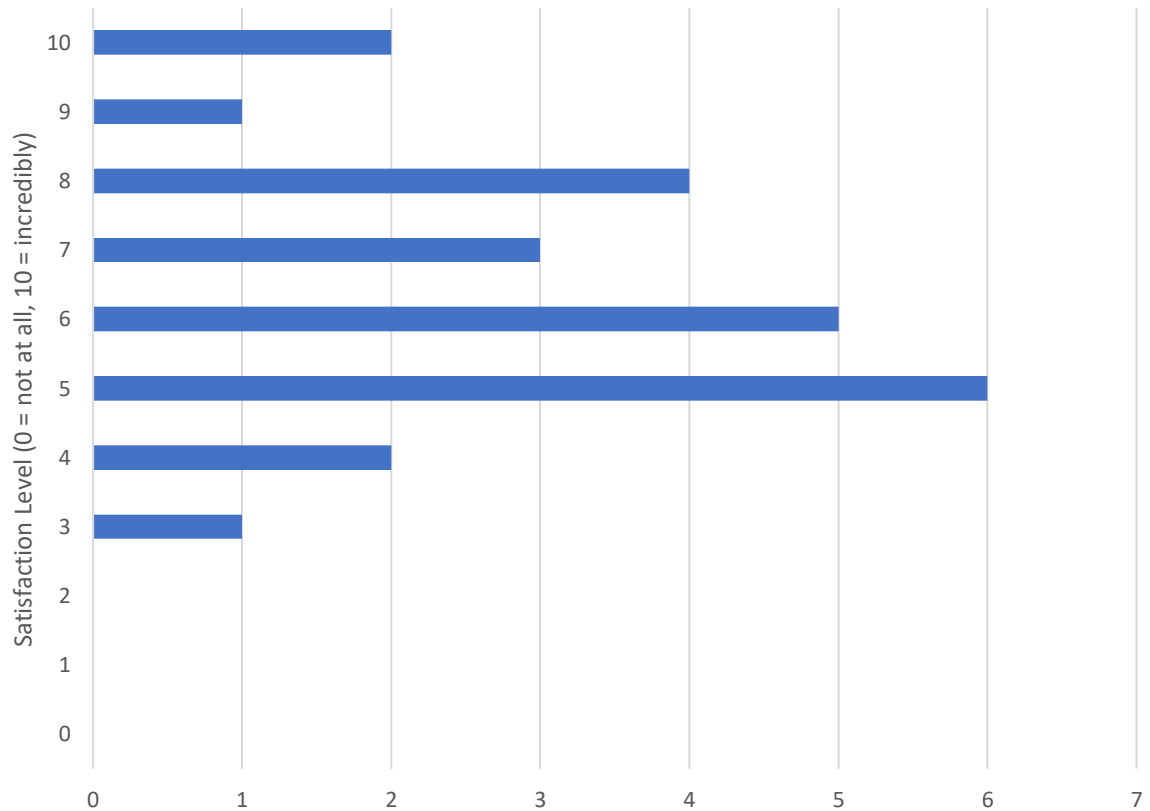


### Where do you currently work? (n=24)

■ Private practice ■ Clinic or treatment center ■ Hospital ■ School ■ Government ■ Multiple ■ Other



### How satisfied are you with your current job? (n=24)



Appendix D: List of Phase I Interviews (Fall 2020)

The following interviews took place over the course of 3-4 weeks in from October 16, 2020 to November 10, 2020. Past participants were assured anonymity but allowed me to provide basic information about them and their experience as mental health professionals.

<b>Name</b>	<b>Degree</b>	<b>Title</b>	<b>TEAM-CBT Certification Level</b>	<b>Organization</b>
Maor Katz	M.D.	Director	L5	FGI
Jill Levitt	Ph.D.	Director of Training	L5	FGI
Richard Lam	L.M.F.T.	Program Manager, Certifications & Training	L4	FGI
Ellaine Wong	Ph.D.	Advanced Course trainer	L4	FGI
Suzanne Lazare	L.M.F.T.	Marketing Lead	L4	FGI
Spring 2020 Participant 1	M.D.	Psychiatrist	L3	Private Practice 1
Spring 2020 Participant 2	Ph.D.	Psychologist	L3	Private Practice 2
Spring 2020 Participant 3	L.M.F.T.	Therapist	L3	Private Practice 3
Spring 2020 Participant 4	L.C.S.W.	Social Worker	L3	Government Agency
Spring 2020 Participant 5	L.M.H.C.	Counselor	L3	Mental Health Clinic

## Appendix E: List of Phase I Interview Questions

### Common Questions:

- Career
  - Tell me about what you do.
  - What made you get into the area.
  - What are the key traits or skills of a good therapist?
  - How long have you been practicing? CBT? TEAM?
  - What motivated you to get involved in TEAM?
- FGI
  - How did you get involved with FGI?
  - How long have you been involved?
  - What offerings have you [attended/led]?
- Certification & L3 Exam
  - What do you think of the certification process?
    - What ideas do you have for improving it?
  - What do you think of the L3 skills exam?
    - What ideas do you have for improving it?
- 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 ideas do you have for improving it?

### Questions for Leaders:

- What motivates you to lead FGI?
- What are your goals for the organization in the next:
  - 6 months?
  - Year?
  - 2+ years?
  - 5 years?
- What's your schedule like?

### Questions for SMEs, Trainers, and Staff:

- What motivates you to develop content?
- What motivates you to be a trainer?
- What motivates you to work for FGI?
- What's your schedule like?

### Questions for Participants:

- Career
  - Looking back, are you using what you learned in your job? Why or why not?
- FGI
  - Have you attended another FGI offering since then?

- Do you plan to attend in the future?
- Where else do you look for PD?
- Certification:
  - What do you think of the certification process?
  - What ideas do you have for improving it?
- Advanced Training Course
  - Looking back, what were the most useful aspects?

Appendix F: Coding Scheme for Content & Interview Analysis

<b>Symbol</b>	<b>Meaning</b>
+	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
S	Metric Targeted - Scale
1, 2, or 3	Estimated effort to implement an idea (1 = small, 2 = medium, 3 = big)



## Appendix G: Advanced Training Course 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 utilizing inquiry when highlighting changes in mood to elicit deeper understanding and connection
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 skillfully know when to "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 the cognitive behavioral model
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" cognitive role playing 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" exposure 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. Successfully deliver a self-chosen cognitive behavioral therapy method from beginning to end, incorporating set up, delivery, and wrap up as well as maintaining empathy and connection throughout.
19. Disarm an angry patient through skillful use of inquiry, I feel statements and thought and feeling empathy.
20. Bring cognitive therapy role playing methods to closure in therapy sessions in order to facilitate patient learning.

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

## Appendix H: Advanced Training Course 12 Week Curriculum

### 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. Group members will break out into groups to role play and provide each other with feedback on their empathy skills using grading.

### 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. Participants will break out into groups to role play and provide each other feedback on how to process these measures with patients using the grading system.

### Session 3

Didactic teaching as well as a demonstration of advanced empathy skills (the five secrets of effective communication) with an angry patient will be followed by practice in break out groups. Participants will offer feedback with use of the grading rubric.

### Session 4

Leader will demonstrate an invitation, sitting with open hands, and specificity (choosing a specific problem and a specific moment in time) followed by role play practice in small groups with feedback. Leader will teach conceptualization. Scoring rubric will be reviewed to highlight grading criteria to increase the helpfulness of feedback among participants.

### 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. Group members will learn and then practice these skills with feedback.

### Session 6

Assessing and addressing outcome resistance – part 2. Additional demonstration of magic button, voicing resistance and magic dial steps to address resistance. Group members will practice these skills with feedback.

## Session 7

Assessing and addressing process resistance with dangling the carrot, the gentle ultimatum and sitting with open hands will be demonstrated. Practice and feedback with use of grading rubric will follow.

## Session 8

Use of recovery circle and demonstration describing “failing as fast as we can.” Participants will give and get detailed feedback. 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 I: Rubric Sample for Oral Skills Exam for Level 3 Certification

**TEAM Therapy Level 3 Scoring Worksheet**

**Directions:** Complete the subscore worksheet. An **overall** score of 5 or more is required for an acceptable performance on the 4 major items below (T-E-A-M). Please note that these scores are for overall performance in each area; the therapist is not required to pass each sub-item (other than the Empathy test). **Complexity of Role Plays** provide a contextual basis for the observation & may be used to weight the evaluation.

**1. Testing & Empathy**

Overall Score (Avg 1-1, 1-2, and 1-3): \_\_\_\_\_  Acceptable: Overall score is  $\geq 5$

**1-1. Review of BMS (pre-session) from current session**

<b>Excellent:</b>	Skillfully incorporates 5 Secrets when asking about BMS	<input type="checkbox"/> 8
	Reviews summary scores from each symptom section in meaningful way	
	Asks questions about scores/invites patient to discuss symptoms further	<input type="checkbox"/> 7
<b>Good:</b>	Adequately warm/interested demeanor when asking about BMS	<input type="checkbox"/> 6
	Reviews summary scores from at least one section in meaningful way	<input type="checkbox"/> 5
<b>Fair:</b>	Awkward demeanor	<input type="checkbox"/> 4
	Looks at BMS but does not discuss specific scores	<input type="checkbox"/> 3
<b>Poor:</b>	Rude or inappropriate comments	<input type="checkbox"/> 2
	Completely ignores BMS	<input type="checkbox"/> 1

**1-2. Review of BMS and ETS form from previous session**

<b>Excellent:</b>	Comments on any pre-post sx changes on last-session's BMS	<input type="checkbox"/> 8
	Comments in interested/non-defensive manner on ETS form	
	Invites patient to discuss sx changes and/or ETS form	
	Skillfully incorporates 5 Secrets when processing scores.	<input type="checkbox"/> 7
<b>Good:</b>	Comments on the BMS and ETS form	<input type="checkbox"/> 6
	Is interested in discussing form	
	Asks for patient's thoughts in adequate manner	<input type="checkbox"/> 5
<b>Fair:</b>	Comments awkwardly on BMS and/or ETS form	<input type="checkbox"/> 4
	Does not comment on one of the forms	<input type="checkbox"/> 3
<b>Poor:</b>	Does not comment on the BMS or ETS form	<input type="checkbox"/> 2
	Is critical, defensive, or demanding when reviewing ET. form	<input type="checkbox"/> 1