

## 2012 Fellowship Program

# Psychotherapy EPAs & COE forms

All Stage 1 and 2 EPAs available for entrustment in the RANZCP Fellowship Program are collated in the *EPA Handbook – Stage 1 and 2*. The Handbook also contains a preamble which includes information about EPA standard and the EPA entrustment process.

The psychotherapy EPAs in this document are identical to those in the *EPA Handbook – Stage 1 and 2* and have been collated here, together with their respective Confirmation of Entrustment (COE) forms, for ease of printing.

#### Document version history

<b>Version N°</b>	<b>Revision description/reason</b>	<b>Date</b>
v0.6	Updated with new WBA (DOPS) tool.	13/12/16
v0.5	Obsolete EPA removed, table 1 updated.	22/12/15
v0.4	Amendments made to EPA: ST2-PSY-EPA4. Table 1 updated.	10/11/15
v0.3	Table 1 added to reflect EPA changes.	30/05/14
v0.2	Approved EPA and COE added: ST2-PSY-EPA4.	21/01/13
v0.1	First version of collated psychotherapy EPAs & COE forms published on website.	20/12/12

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**Table 1 – EPAs in Stage 1 and Stage 2 of RANZCP Fellowship training**

<i>Area of practice</i>	<i>EPA number</i>	<i>Title</i>
<b>Stage 1 mandatory EPAs</b>		
<b>Adult psychiatry</b> 12 months adult psychiatry training, 6 months in an acute setting.	ST1-GEN-EPA5	Use of an antipsychotic medication in a patient with schizophrenia/psychosis.
	ST1-GEN-EPA6	Providing psychoeducation to a patient and their family and/or carers about a major mental illness.
<b>Stage 2 general psychiatry EPAs – may be entrusted during Stage 1, must be entrusted by the end of Stage 2</b>		
<b>General psychiatry</b> Mandatory EPAs to be attained by the end of Stage 2. These general psychiatry EPAs may be attained in any area of practice rotation during Stage 1 or Stage 2 and will be assessed at a proficient (Stage 2) standard.	ST2-EXP-EPA1	Demonstrating proficiency in all the expected tasks associated with prescription, administration and monitoring of ECT.
	ST2-EXP-EPA2	The application and use of the Mental Health Act.
	ST2-EXP-EPA3	Assessment and management of risk of harm to self and others.
	ST2-EXP-EPA5	Assess and manage adults with cultural and linguistic diversity.
<b>Psychotherapy EPAs – may be entrusted during Stage 1</b>		
Trainees must attain two (of three) EPAs by the end of Stage 2: The remaining EPA must be attained by the end of Stage 3. These EPAs may be attained in any area of practice rotation and will be assessed at a proficient (Stage 2) standard.	ST2-PSY-EPA2	Psychodynamically informed patient encounters and managing the therapeutic alliance.
	ST2-PSY-EPA3	Supportive psychotherapy.
	ST2-PSY-EPA4	Cognitive-behavioural therapy (CBT) for management of anxiety.
<b>Stage 2 mandatory EPAs</b>		
<b>Child and adolescent psychiatry</b> Mandatory rotation, must complete associated EPAs.	ST2-CAP-EPA1	Develop a management plan for an adolescent where school attendance is at risk.
	ST2-CAP-EPA2	Clinical assessment of a prepubertal child.
<b>Consultation-liaison psychiatry</b> Mandatory rotation, must complete associated EPAs.	ST2-CL-EPA1	Care for a patient with delirium.
	ST2-CL-EPA2	Manage clinically significant psychological distress in the context of the patient's medical illness in the general hospital.

<i>Area of practice</i>	<i>EPA number</i>	<i>Title</i>
<b>Stage 2 mandatory EPAs</b>		
<b>Addiction psychiatry</b> (Elective rotation) Mandatory EPAs, may be attained in any rotation.	ST2-ADD-EPA1	Management of substance intoxication and substance withdrawal.
	ST2-ADD-EPA2	Comorbid mental health and substance use problems.
<b>Psychiatry of old age</b> (Elective rotation) Mandatory EPAs, may be attained in any rotation.	ST2-POA-EPA1	Behavioural and psychological symptoms in dementia (BPSD).
	ST2-POA-EPA2	The appropriate use of antidepressants and antipsychotics in patients aged 75 years and over (or under 75 with excessive frailty).
<b>Adult psychiatry (elective rotation) if first Stage 2 adult psychiatry rotation, trainee must undertake two of the following adult psychiatry EPAs. If second Stage 2 adult psychiatry rotation, trainee may undertake any Stage 2 EPAs.</b>		
<b>General Adult psychiatry</b>	ST2-AP-EPA1	Assess treatment-refractory psychiatric disorders.
	ST2-AP-EPA2	Physical comorbidity.
<b>Adult Eating disorders psychiatry</b>	ST2-AP-EPA3	Assess and manage a patient with anorexia nervosa presenting in a severely underweight state.
	ST2-AP-EPA4	Assess and manage an adult with bulimia nervosa.
<b>Adult Perinatal psychiatry</b>	ST2-AP-EPA5	Assess and manage a woman experiencing a major postpartum illness within 12 months of childbirth.
	ST2-AP-EPA6	Assess and manage a pregnant woman presenting with a psychiatric disorder.
<b>Adult Neuropsychiatry</b>	ST2-AP-EPA7	Assess and manage a mental illness occurring in an adult with an established diagnosis of epilepsy.
	ST2-AP-EPA8	Assess and manage psychological and behavioural symptoms in an adult under the age of 50 with an acquired brain injury.
<b>Pacific peoples' mental health</b>	ST2-AP-EPA9	Assessment of people of Pacific Island descent.
	ST2-AP-EPA10	Collaborative management of people of Pacific Island descent.
<b>Early Psychosis Intervention</b>	ST2-AP-EPA11	Differential diagnosis in people presenting for the first time with psychosis.
	ST2-AP-EPA12	Engagement with people with first episode psychosis and with their families.

<i>Area of practice</i>	<i>EPA number</i>	<i>Title</i>
<b><i>Other elective rotations – if undertaken, must complete associated EPAs</i></b>		
<b><i>Forensic psychiatry</i></b> (Elective rotation)	ST2-FP-EPA1	Violence risk assessment and management.
	ST2-FP-EPA2	Expert evidence.
<b><i>Indigenous mental health – Australia</i></b> (Elective rotation)	ST2-INDAU-EPA1	Interviewing an Aboriginal or Torres Strait Islander patient.
	ST2-INDAU-EPA2	Develop a mental healthcare management plan for an Aboriginal or Torres Strait Islander patient.
<b><i>Indigenous mental health – New Zealand</i></b> (Elective rotation)	ST2-INDNZ-EPA1	Interviewing a Māori patient.
	ST2-INDNZ-EPA2	Develop a mental healthcare management and recovery plan for a Māori patient.

***For the detailed EPA requirements, please see the EPA Policy and Procedure available on the [Regulations, policies and procedures](#) page of the RANZCP website.***

**ST2-PSY-EPA2 – Therapeutic alliance**

<b>Area of practice</b>	Psychotherapy	<b>EPA identification</b>	ST2-PSY-EPA2
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.4 (BOE-approved 08/11/12)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b><i>Psychodynamically informed patient encounters and managing the therapeutic alliance.</i></b>		
<b>Description</b> Maximum 150 words	The trainee can create and manage a therapeutic alliance with patients including those who are challenging or resistant. The trainee will be able to recognise points of conflict and disjunction and take steps to repair these. These steps will be informed by a familiarity with the evidence base in managing the therapeutic alliance.		
<b>Fellowship competencies</b>	<b>ME</b>	5	<b>HA</b>
	<b>COM</b>	1	<b>SCH</b> 1,
	<b>COL</b>	1, 2	<b>PROF</b> 1, 2, 3
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Positive correlates of therapeutic alliance quality, for example: <ul style="list-style-type: none"> <li>– client characteristics such as psychological mindedness, expectation for change and attachment quality</li> <li>– therapist characteristics and behaviours such as warmth, flexibility, honest, respectful, trustworthy, confident, interested and higher maternal care (good attachment).</li> </ul> </li> <li>• Negative correlates of therapeutic alliance quality, for example: <ul style="list-style-type: none"> <li>– client characteristics such as avoidance, interpersonal difficulties, depressive thoughts</li> <li>– therapist characteristics such as rigidity, highly critical attitudes, being distant, disconnected and indifferent.</li> </ul> </li> <li>• Basic understanding of defence mechanisms including those used by distressed patients.</li> <li>• The impact of transference and countertransference on the clinical encounter.</li> </ul> <p><b>Skills</b></p>		

	<ul style="list-style-type: none"> <li>• Exploration.</li> <li>• Reflection.</li> <li>• Noting past success.</li> <li>• Accurate interpretation.</li> <li>• Facilitating the expression of affect.</li> <li>• Attending to the patient's experience.</li> <li>• The ability to engage patients under challenging circumstances.</li> <li>• The ability to work towards shared treatment goals using empathy and rapport.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Situational sensitivity – a permanent alertness/responsiveness for the feedback regarding the therapeutic alliance and progress and/or obstacles.</li> <li>• Therapeutic flexibility – openness to adapt the therapeutic approach following the feedback of the patient.</li> <li>• Alertness for therapeutic obstacles and risk for drop-out.</li> <li>• Open and questioning attitude towards their own (the trainee's) blind spots.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion of three patients: <ul style="list-style-type: none"> <li>– a patient seen in an emergency situation</li> <li>– a patient who is described as 'difficult' in an inpatient setting</li> <li>– a patient managed in the community by the trainee for at least 4 weeks.</li> </ul> </li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<p><b>References</b></p> <p>ACKERMAN SJ &amp; HILSENROTH MJ. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. <i>Clin Psychol Rev</i> 2003; 23: 1–33.</p> <p>DUNCAN B &amp; MILLER S. <i>The outcome and session rating scales: the revised administration and scoring manual, including the child outcome rating scale</i>. Chicago: Institute for the study of therapeutic change, 2008.</p> <p>HERSOUG AG, HØGLEN P, HAVIK O et al. Therapist characteristics influencing the quality of alliance in long-term psychotherapy. <i>Clin Psychol Psychother</i> 2009; 16: 100–10.</p> <p>OKIISHI J, LAMBERT MJ, NIELSEN SL &amp; OGLES BM. Waiting for supershrink: an empirical analysis of therapist effects. <i>Clin Psychol Psychother</i> 2003; 10: 361–73.</p>	

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





RANZCP ID:	
Family name:	
First name:	
Zone:	
Hospital/service:	

**CONFIRMATION OF ENTRUSTMENT FORM**

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College: [training@ranzcp.org](mailto:training@ranzcp.org)

<b>ST2-PSY-EPA2 – Therapeutic alliance (COE form)</b>			
<b>Area of practice</b>	Psychotherapy	<b>EPA identification</b>	ST2-PSY-EPA2
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.4 (BOE-approved 08/11/12)
<b>Title</b>	<b><i>Psychodynamically informed patient encounters and managing the therapeutic alliance.</i></b>		
<b>Description</b>	The trainee can create and manage a therapeutic alliance with patients including those who are challenging or resistant. The trainee will be able to recognise points of conflict and disjunction and take steps to repair these. These steps will be informed by a familiarity with the evidence base in managing the therapeutic alliance.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

**ST2-PSY-EPA3 – Supportive psychotherapy**

<b>Area of practice</b>	Psychotherapy	<b>EPA identification</b>	ST2-PSY-EPA3
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.3 (BOE-approved 08/11/12)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Supportive psychotherapy.</b>		
<b>Description</b> Maximum 150 words	The trainee is able to see a patient in a dyadic treatment and use direct measures to ameliorate symptoms and maintain, restore or improve self-esteem, ego functions and adaptive skills. They can develop and implement a psychotherapeutic treatment plan within a comprehensive treatment plan, when required. This includes determining which form of therapy would be suitable for the patient’s needs and awareness of the resources available. The trainee is able to adapt their treatment to the needs of the patient and, where appropriate, incorporate other techniques (eg. techniques borrowed or modified from cognitive–behavioural therapy [CBT], analytic approaches or others) within the underlying supportive approach. The trainee understands the term therapeutic alliance and how to bolster this.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 3, 4, 5	<b>HA</b>
	<b>COM</b>	1	<b>SCH</b>
	<b>COL</b>	1, 2	<b>PROF</b> 1, 2
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• The principle objectives of supportive psychotherapy – to maintain or improve the patient’s self esteem, ameliorate or prevent recurrence of symptoms, improve psychological or ego functioning and enhance adaptive capacities.</li> <li>• Understands that the practice of supportive psychotherapy is used in many therapeutic encounters.</li> <li>• The paramount importance of the patient–therapist relationship.</li> <li>• Indications and contraindications for supportive psychotherapy including grief, bereavement.</li> </ul> <p><b>Skills</b></p>		

	<ul style="list-style-type: none"> <li>• Establishes and maintains a positive therapeutic alliance and interacts with the patient in an empathic, respectful, direct, responsive and non-threatening manner.</li> <li>• Establishes realistic and appropriate treatment goals.</li> <li>• Uses supportive therapy interventions (clarification, confrontation, interpretation, advice, reassurance, encouragement, praise, rationalisation, reframing) in an appropriate and timely manner.</li> <li>• Respects and strengthens adaptive defences, distinguishes between adaptive and maladaptive defences and works to minimise anxiety in an appropriate and timely way.</li> <li>• Provides education about the patient’s psychiatric condition and medication and if necessary about community systems of care and ancillary treatments.</li> <li>• Focuses on the patient’s present day life while not ignoring the past; consistently works at improving self-esteem, promoting adaptation and ego functions and ameliorating symptoms.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Respectful, open, non-judgemental and collaborative; able to tolerate ambiguity plus display confidence in the efficacy of supportive psychotherapy.</li> <li>• Understands that appropriate boundaries (confidentiality, professional attitude) must be established and maintained.</li> <li>• Sensitive to sociocultural, socioeconomic and educational issues that arise in the therapeutic relationship.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<p><b>References</b></p> <p>WINSTON A, ROSENTHAL RN &amp; PINSKER H. <i>Learning supportive psychotherapy: an illustrated guide</i>. Arlington: American Psychiatric Publishing, 2012.</p> <p>BROWN N &amp; MALIK A. Case-based discussion. In: Bhugra D, Malik A &amp; Brown N, eds. <i>Workplace-based assessments in psychiatry</i>. London: RCPsych Publications, 2007.</p>	

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



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<b>ST2-PSY-EPA3 – Supportive psychotherapy (COE form)</b>			
<b>Area of practice</b>	Psychotherapy	<b>EPA identification</b>	ST2-PSY-EPA3
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.3 (BOE-approved 08/11/12)
<b>Title</b>	<b>Supportive psychotherapy.</b>		
<b>Description</b>	The trainee is able to see a patient in a dyadic treatment and use direct measures to ameliorate symptoms and maintain, restore or improve self-esteem, ego functions and adaptive skills. They can develop and implement a psychotherapeutic treatment plan within a comprehensive treatment plan, when required. This includes determining which form of therapy would be suitable for the patient's needs and awareness of the resources available. The trainee is able to adapt their treatment to the needs of the patient and, where appropriate, incorporate other techniques (eg. techniques borrowed or modified from cognitive-behavioural therapy [CBT], analytic approaches or others) within the underlying supportive approach. The trainee understands the term therapeutic alliance and how to bolster this.		

Please refer to the EPA handbook's preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....

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

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

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

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



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<b>ST2-PSY-EPA4 – CBT: anxiety management (COE form)</b>			
<b>Area of practice</b>	Psychotherapy	<b>EPA identification</b>	ST2-PSY-EPA4
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.5 (EC-approved 04/09/15)
<b>Title</b>	<b>Cognitive-behavioural therapy (CBT) for management of anxiety.</b>		
<b>Description</b>	The trainee can manage anxiety in psychiatric patients. The trainee demonstrates an ability to assess anxiety and employ basic management skills such as psychoeducation, structured problem solving and de-arousal strategies to a proficient level.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

**ENTRUSTING SUPERVISOR DECLARATION**

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**PRINCIPAL SUPERVISOR DECLARATION (if different from above)**

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print) .....

Supervisor RANZCP ID: ..... Signature ..... Date .....

**TRAINEE DECLARATION**

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) ..... Signature ..... Date .....

**DIRECTOR OF TRAINING DECLARATION**

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print) .....

Director of Training RANZCP ID: ..... Signature ..... Date .....