Certified Cognitive Behaviour Therapists:

How referrers to psychological services can have increased confidence in the treatment and technical skills of psychologists.

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The problem of unregulated psychological services

Psychological services in many islands of the English speaking Caribbean are unregulated. The lack of regulation has led to two problems: –

1) Practitioners who lack the requisite academic and professional training
2) Patients being exposed to ineffective treatment protocols.

The regulation of psychological services would require a Bill being placed before parliament, debated and the creation of laws which govern the practice of psychological services and psychologists. Jamaica and Barbados are among the islands where psychological services are unregulated.

In contrast, Bermuda has the Bermuda Psychologist Registration Council which was established under the Psychological Practitioners Act (1998) to "(1) ensure that "Registered Psychologists" are properly credentialed and experienced, (2) that they abide by an ethical code of conduct and (3) that service users, psychologists and related professionals have a body to receive complaints or to provide information or guidance" (www.govsubportal.com/ministries/).

A Bill regulating the practice of psychologists in Jamaica has been on the verge of being placed before parliament for the past ten years. In the mean time the need for psychological services continues to grow. Doctors, employers and the general public who refer patients, employees, family members and friends to psychological services are at risk of referring the patient to individuals who practice ineffective or harmful treatments.

Psychologists who are trained and certified in psychological treatments send a message to referrers and consumers that they have an advanced knowledge of psychological theories and evidence based treatment protocols. Those that are trained and certified in cognitive behavioural therapies are demonstrating an ability to provide therapy using treatment protocols that research has found to be highly effective in treating psychological disorders.

The aim of this paper is to increase physicians' and other referrers 'confidence in psychological services and reduce the risk of referring patients to individuals that may do harm. It hopes to accomplish this goal by:

1. Citing the literature on guidelines when referring to psychological services (p 4).
2. Providing a list of evidence based therapies for specific emotional and psychiatric disorders (p 5).
3. Describing the theory of cognitive therapy and cognitive case conceptualization (p 6).
4. Outlining the 4 steps involved to become a certified cognitive therapist and inform about training opportunities (p 8).
5. Outlining the process of locating a certified cognitive therapist in Jamaica and the Caribbean (p 8).

Why do physicians refer?

The literature has consistently identified a high rate of comorbid psychiatric and emotional problems in primary care (Cwikel, Zilber, Feinson & Lerner, 2008; Roca, Gili, Garcia-Garcia, Vives, Salva, Garcia Campayo & Comas, 2009; Rasmussen, Bernard & Harmsen, 2008; Westphal, Olfson, Gameroff, Wickramaratne, Pilowsky, Neugebauer, Lantigua, Shea & Neria, 2011) and secondary care medical settings (Coulter& Campos, 2012; Doyle, Mcgee, Conroy & Delaney, 2011; Pedersen, 2010; Yohannes, Willgoss, Baldwin & Connolly, 2010).

These findings also been discovered among African and Afro- Caribbean populations, the youth and elderly, (Abel, Kestel, Eldemire-Shearer, Sewell & Whitehouse-Smith, 2012; Gibson, Martin & Neita, 2010; Maginn, Boardman, Craig, Haddad, Heath, Stott, 2004; Martin, Gibson & Neita, 2012; Mauerhofer, Berchtold, Michaud, Suris, 2009). The high prevalence of mental health disorders present in primary care practice have given rise to investigations that seek to determine how General Practitioners (GPs) manage psychiatric and emotional problems.

Forrest, Nutting, Starfield and Von Schrader, (2002) sent questionnaires to 141 physicians in 31states in America and found that 5% of all office visits resulted in a referral. They found that the most common reasons for referral were; to seek advice on treatment and diagnosis, to utilize a specialized skill, referred at patients' request or the initial treatment failed.

In the Jamaican context, Gibson, Martin and Neita (2010) discovered that the rate of referral from general medicine, surgical and intensive care wards in a teaching hospital to psychiatric services was quite low at 1.5%. Their investigation revealed that depression, suicidal ideation and strange behavior were the most common disorders referred to psychiatric liaison services.

Wright, Harmon, Bowman, Lewin and Carr (2005) studied GPs management and detection of depression in primary care and found that physicians referred a small percentage of patients who presented with depression. Physicians felt compelled to refer to psychological services when patients expressed suicidal ideation, were non responsive to treatment and the clinician was unsure of the diagnosis. GPs expressed increased confidence in referring patients if they received feedback about the case and the mental health practitioner used Cognitive Behaviour therapy.

Box 1.1
Factors that influence physicians' referrals to psychological services

1. Patient is not responding to treatment
2. Uncertainty about diagnosis
3. Patient presents with suicidal ideation, psychosis or strange behavior
4. Patient request referral
5. Physician lacks time and training for non medical strategies
6. Physician perceives that they lack the ability treat presenting issues
7. Client is perceived to possess characteristics that would do well in therapy
8. Physician has access to mental health services
9. Physician is confident in the abilities of the psychologist

The researchers (Wright, Harmon, Bowman, Lewin & Carr,2005) also found that time constraints, the physicians' lack of training, and patients' refusal to follow up the referral and limited access to mental health services were barriers in the referral process.

Sigel and Leiper (2004) investigation discovered that physicians felt that their use of non medical strategies in the management of psychological and psychiatric problems impacted on their time management and caused a back up in the waiting room. The decision to refer was most often initiated when physicians' perceived that they lacked the ability to treat a disorder and patients' requested a psychological referral. They also considered the patients' characteristics and the availability of mental health resources when making a referral. The physicians' confidence in referring to psychological services was diminished when they didn't know enough about the psychologists or psychological therapies.

These studies suggest that the referral process is most often initiated when GPs are unsure about the diagnosis and treatment of a disorder or the current treatment has failed. See boxes 1.1 and 1.2.

Box 1.2
Factors that hinder referrals to psychological services

1. Limited access to psychological services
2. Patient does not follow up on the referral
3. Physician don't know who has qualified as competent psychologist
4. Lack of knowledge about the psychological therapies
5. Poor communication between referrer and psychologist

To whom do physicians refer?

Forrest, Nutting, Starfield &Von Schrader (2002), in their study which sought to identify why and to whom GPs referred patients, found that the physicians referred to specialists that they knew and who they believed to be technically competent.

The respondents in Greenaway's and Fortune's (2006) study revealed that they preferred to refer clients to psychological services that, primarily, had a short wait list and a simple referral process. It was also important that the mental health practitioner offered a quality service and practiced cognitive behavioural therapy. The respondents also felt that it was important that the psychologist or counsellor be willing to provide feedback about the client and therapies being used.

Practice guidelines for referral to psychological services

It has been recommended that practice guidelines be used to simplify the referral process for patients with emotional problems (Cape & Parham 2001). Cape and Parham (2001) investigated whether GPs were following the evidence-based guidelines which sought to match psychological therapies, therapists and counsellors to patients' particular mental health issues.

The guidelines recommended that patients with anxiety disorders, severe depression, personality disorders and in general more severe emotional problems should be referred to clinical psychologists who specialized in cognitive – behavioral therapy and other structured therapies. Patients with milder depression, adjustment disorders and relational issues should be referred for brief counselling by counsellors.

Cape and Parham (2001) study's aim was to discover if GPs actually distributed their cases according to these guidelines. They examined the case load of counselors and clinical psychologists. Their investigation revealed that the case mix of counselors and clinical psychologists reflected the referral guidelines albeit not perfectly. The results showed that that the case mix of clinical psychologists contained more patients with more severe, chronic and complex disorders and a higher percentage of counsellors' clients had less severe emotional problems.

The studies reviewed in the preceding paragraphs outlined some of factors GPs consider important when deciding to refer and to whom to refer. Hundreds of GPs from several studies cited the importance of referring to professionals that they know and know to be competent. Physicians also expressed a need to have a better understanding of the therapies that psychologists use and a greater need for mental health providers to be competent in evidence- based therapies like cognitive behavioural therapy.

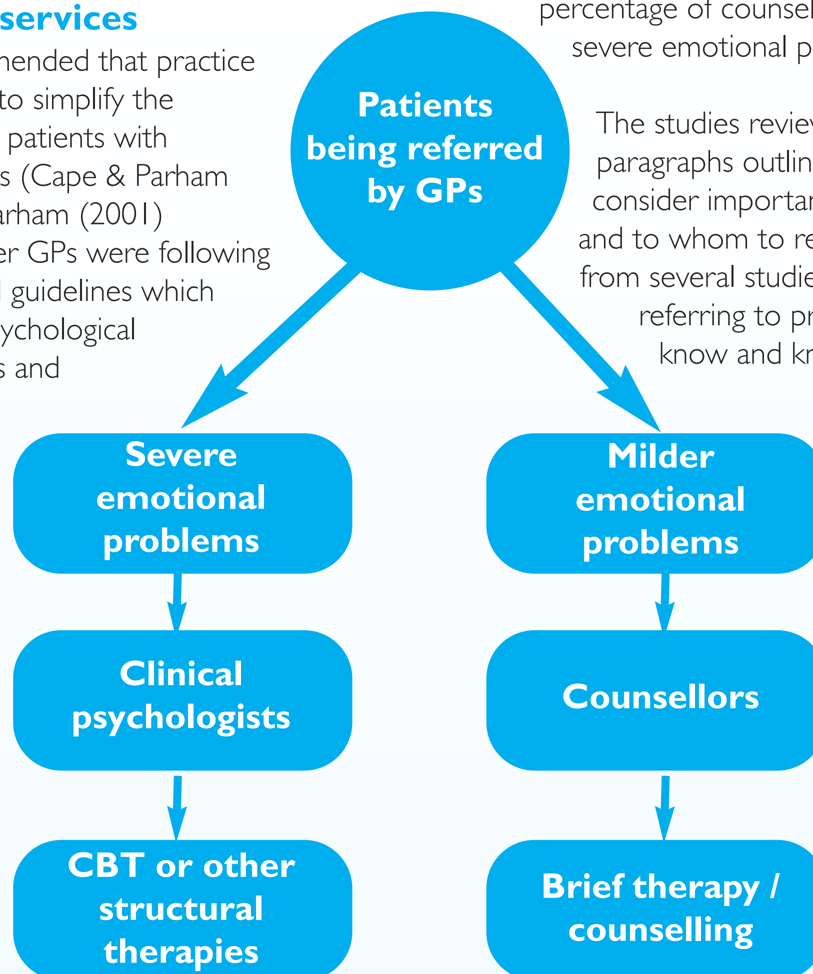

Fig.1 Model of practice guidelines for referral to psychological services as described by Cape and Parham, (2001).

The following paragraphs will describe cognitive therapy, evidence based therapies for psychological disorders and the process to become a certified cognitive therapist and how to locate certified cognitive therapist.

Evidence based therapies

Evidence based therapies for psychological disorders are defined as therapeutic protocols that have been subjected to randomized control studies and have been found to be effective and efficacious treatments. The Division 12 (Clinical Psychology division) of American Psychological Association has further classified the support for efficacious treatments as strong, modest or non supportive (www.div12.org/PsychologicalTreatments/index).

Table 1 contains a list of evidence based psychological therapies with strong support for the treatment of various psychological disorders.

Psychological disorder	Evidence based therapies-strongly supported
Depression	Cognitive therapy Behaviour Activation
Panic disorder Social phobia Generalized anxiety disorder	Cognitive behaviour therapy (CBT)
Post traumatic stress disorder	Cognitive processing therapy Prolonged exposure therapy
Borderline Personality Disorder	Dialectical behavior therapy Schema focused therapy
Bipolar	Psycho education
Schizophrenia	Social skills training
Substance abuse	Motivational interviewing

Table 1

The principles of Cognitive Therapy

The Division 12 guidelines for efficacious treatments have identified cognitive therapy and cognitive behaviour therapy as being a highly effective treatment for several disorders. Cognitive therapy was developed by Aaron T. Beck in the 1960's as a structured, short term therapy for the treatment of depression, (Beck, 1995). In the past fifty years cognitive therapy (CT) has evolved to become the treatment of choice for a variety of emotional disorders. When cognitive therapy incorporates a behavioural component in the conceptualization and treatment of emotional disorders it is called cognitive behavioural therapy (CBT).

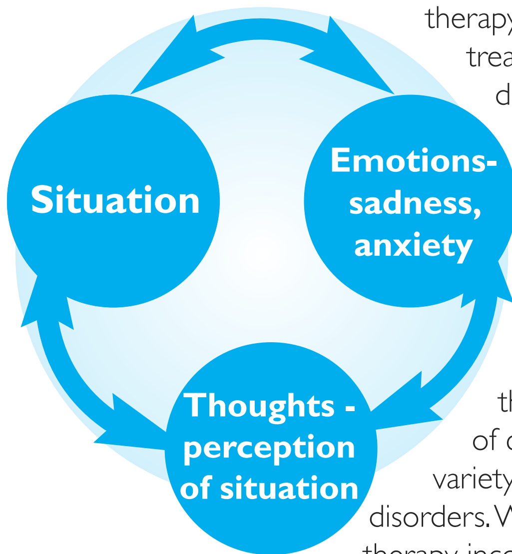

Fig.2 Cognitive Model

Cognitive therapy is guided by ten principles (Beck, 1995) see box 1.3. These principles inform consumers and referrers about the structure and nature of cognitive therapy, the aims of therapy and the change techniques used in cognitive therapy.

Cognitive therapy is informed by the cognitive model of emotional disorders. The cognitive model suggests that it is how an individual thinks about a situation which influences the emotions they experience and their behaviours. It is the interpretation of the situations, expressed as automatic thoughts, that predisposes the person to depression and anxiety disorders (see fig. 2). The therapist informed by theory, evidence based treatment protocols; clinical experience collaborates with the client to develope a cognitive case conceptualization of their problems.

Box 1.3
10 principles of cognitive therapy

1. Cognitive therapy is based on case formulation
2. Cognitive therapy requires therapeutic alliance
3. Cognitive therapy emphasizes collaboration active participation
4. Cognitive is goal oriented and problem focused
5. Cognitive therapy initially emphasizes the present
6. Cognitive therapy is educative
7. Cognitive therapy aims to be time limited
8. Cognitive therapy sessions are structured
9. Cognitive therapy teaches patients to identify, evaluate and respond to their dysfunctional thoughts
10. Cognitive therapy uses a number of techniques to change mood, behaviours and thinking

Note : Adapted from J. Beck (1995)

Box 1.4
Functions of case conceptualization in CBT

1. Synthesizes clients experience, CBT theory and research.
2. Normalizes presenting issues.
3. Promotes client engagement.
4. Makes complex problems more manageable.
5. Guides selection, focus and sequence of interventions.
6. Identifies client strengths and suggests ways to build resilience.
7. Suggest the simplest and most cost efficient interventions.
8. Anticipates and addresses problems in therapy.
9. Helps understand non response to therapy and suggest alternative routes.
10. Enables supervision.

Note; Adapted from Kuyken, Padesky & Dudley, (2011).

The case conceptualization describes and explains the presenting issues and as such is a guide for therapy which seeks to improve the distress of the client and build their resilience (Kuyken, Padesky & Dudley, 2011) (see box 1.4).

This definition of case conceptualization suggests that it is an integral part of the treatment process and the ability of the therapist to construct valid case conceptualizations is vital for effective therapy. The training of psychotherapist in cognitive behavioural therapy improves their ability to provide valid and reliable case conceptualizations (Kuyken, Padesky & Dudley, 2011).

A certification in cognitive behavioural therapy indicates to the consumer and referrer that the therapist is trained and competent in cognitive theory and therapy.This is likely to increase the confidence of the referrer in the abilities of the psychologists.

How to become a certified cognitive behavioural therapist

1 Intensive training in CBT

Intensive training in cognitive therapy is offered by centers like the Beck Institute. These programmes are yearlong and graduates are invited to apply to the Academy of Cognitive Therapy (www.academyofct.org).

2 Apply to Academy of Cognitive Therapy

The Academy of Cognitive Therapy (ACT) is the "*only certifying organization for cognitive-behavioral therapy that evaluates the applicants' knowledge and ability of applicants form all mental health fields before granting certification…..ACT certification indicates to consumers, potential employers, and other clinicians that the individual is a skilled cognitive therapist*", (www.academyofct.org).

3 Provide documentation of training

- Provide evidence of training in cognitive –behavioural therapy and post graduate degree
- Summit case conceptualizations of actual sessions
- Summit audio tapes of actual sessions

4 Certification

The credentialing committee has determined that the applicant has demonstrated advance knowledge of the theory and techniques of cognitive-behavioural therapy.

Choosing a certified therapist

The ACT website has a Find a Certified Cognitive therapist application that will locate certified cognitive therapists in Jamaica, Caribbean and worldwide.

Patricia Prescott: Certified cognitive therapist in the Caribbean

Ms. Patricia Prescott, MA, ACT, has been a certified cognitive therapist since 2009. She has undergraduate and post graduate degrees in Psychology. These include a Masters in Forensic Psychology and a pending PhD in Clinical psychology. Ms. Prescott was trained in Cognitive Therapy at the Beck Institute from 2005 -2007. She gained her certification from Academy of Cognitive therapy in 2009. Ms. Prescott was born in Barbados and is married and resides in Jamaica.

Ms Prescott can be contacted at (876) 995-5259 or p_prescott@hotmail.com for referrals for cognitive behavioural therapy and evidence based treatment protocols for Borderline PD, Depression, PTSD and Anxiety disorders.

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