



The Canadian Association of Cognitive and Behavioural Therapies - CACBT
L'Association Canadienne des thérapies cognitives et comportementales - ACTCC

Certification Task Force Report

Prepared by the Task Force to Review CACBT's Certification Requirements

Final Version Approved by the Board on June 2, 2021

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EXECUTIVE SUMMARY

In January 2020, the CACBT Board of Directors approved the formation of a Task Force to review CACBT's certification requirements. This was in response to recent changes in the landscape surrounding certification (e.g., the advent of the Ontario Structured Psychotherapy Program, similar undertakings in other provinces), research emphasizing the role of supervision in attaining competence in CBT, and an identified need to standardize CACBT's current certification process. The Task Force, which was comprised of current and previous members of the Board and other certified CACBT members with expert knowledge in CBT, met 11 times between April 2020 and April 2021. Multiple recommendations were made to revise CACBT's current certification goals and processes. These recommendations include the following: developing a process for certifying courses and workshops; making and publishing (on the website) a list of certified CACBT members who provide consultation; revising the training requirements to limit passive forms of learning; requiring consultation to become certified; asking referees to provide specific information about an applicant's skills; and the development of an appeal process. The implementation of these recommendations will standardize and equalize the certification process, reduce the burden on the Certification Chair and reviewers of the first stage of the application process, and bring CACBT's certification requirements and processes to the forefront of the field.

INTRODUCTION

Mission of the Task Force

The mandate of the Task Force was to review CACBT's current certification requirements and make recommendations as to whether they needed to be revised to be in line with recent developments in the field (e.g., the Ontario Structured Psychotherapy Program and similar developments in other provinces, the Beck Institute's certification process), CACBT's *National Guidelines for Training in Cognitive and Behavioural Therapies* adopted in April 2019, and calls for the certification of workshops, courses, and programs. The Certification Committee had also identified a need to standardize aspects of the certification process in order to equalize it and reduce the burden on the Certification Chair and future reviewers of the application process. Please see Appendix A for the Terms of Reference, as approved by the Board on January 13, 2020.

Scope of the Task Force

The Task Force was struck to make recommendations regarding CACBT's goals for certification, whether CACBT should implement certification of workshops, courses, and programs, and the process of clinician certification. The focus of the Task Force was reviewing current processes and making recommendations; it was not to be responsible for implementing these recommendations.

Composition of the Task Force

The Task Force was primarily comprised of certified members of CACBT. Suggestions for members were put forward by members of the Board and the Certification Committee. With the exception of Ms. Dunnell, CACBT's Executive Director, all members had extensive experience providing training and supervision in CBT and most had held positions on the CACBT Board. The Task Force members were as follows:

Dr. Andrea Ashbaugh (CACBT Past President, 2018-2021)

Dr. Jacquie Cohen (CACBT Certification Chair, 2017-2021) – Task Force Chair

Ms. Diana Dunnell (CACBT Executive Director)

Dr. Judith Laposa (CAMH Site clinical and Training Lead, Ontario Structured Psychotherapy Program)

Dr. Noah Lazar (CACBT Member-at-Large, 2017-2021)

Dr. Melisa Robichaud (CACBT Past President, 2016-2019)

Dr. Karen Rowa (CACBT President-Elect 2020-2023)

Timeline

The Task Force's work took place between April 2020 and April 2021. Meetings were initially held every 6 weeks for the first four months, then monthly beginning in September 2021, for a total of 11 meetings. Initially a day-long in-person meeting was proposed, to be held in conjunction with the annual CACBT conference in May 2020 in Halifax. However, with the conference moved to a virtual format in light of the COVID-19 pandemic, all meetings were held over Zoom.

BACKGROUND INFORMATION AND CURRENT CERTIFICATION REQUIREMENTS

Rationale for Reviewing Certification Requirements

The review of CACBT's certification requirements was proposed for a few reasons. These included the following:

- CACBT's goals for certification and certification process had not been reviewed for several years (at least not since 2016). It is important that CACBT remain current and relevant in terms of certification. With the advent of the Ontario Structured Psychotherapy Program and the Beck Institute's certification process, as well as the growing emphasis on defining competence, it is important for our certification requirements to be in-step with other developments. As such, CACBT's requirements should be reviewed in light of these changes. Further, the literature on training in CBT has made it increasingly salient how important supervision is to the development of competence in CBT. CACBT's *National Guidelines for Training in CBT*, published in April 2019, emphasized this as well as other necessary components for competence in CBT. The certification process needs to evolve to reflect changes in the climate in which CBT training is provided, emerging evidence, and its own stance on training in CBT.
- At present CACBT's certification requirements do not stipulate any requirements related to the content and delivery methods of CBT training. For example, with the burgeoning availability of online trainings, many applicants have only received online training, much of which is asynchronous and consists of passive forms of learning (i.e., there are no experiential or evaluative components). Moreover, with the advent of the Training Guidelines, we now have specific content areas and experiential and evaluative components that CACBT recommend be included. These should be reflected in our certification requirements.
- At present CACBT's certification requirements do not include a requirement for supervision; yet this appears to be a key component of competence in CBT and is emphasized in our Training Guidelines.
- Letters of support for applications for certification vary greatly in terms of who provides them (sometimes they are provided by managers who appear to have little knowledge of the applicant's clinical skills) and the extent to which they comment on an applicant's knowledge and skill. Standardization of this process would both equalize the process and reduce the burden on the Certification Chair and future reviewers. (At present it is only the Certification Chair who reviews the first part of the application; however, with a growing number of applications, more reviewers will be needed.)
- Many people have difficulty securing letters of support from clinical supervisors or certified members. This is particularly a problem for clinicians who are not clinical psychologists, making it difficult to diversify (in terms of discipline) our body of certified members.
- Currently we use the Cognitive Therapy Scale (CTS) to evaluate applicants' work products. Yet the Cognitive Therapy Scale-Revised (CTS-R) is used by the British Association of Behavioural and Cognitive

Psychotherapies (BABCP), which is recognized for its high standards in terms of certification. Further, the CTS-R has advantages over the CTS. As such, a review of how we evaluate session recordings is called for.

- CACBT does not currently have an Appeal Process in place for when certification applications are rejected. This would be important for standardizing and equalizing such processes.

Current Certification Requirements

At present there are two paths to certification. Please see Appendix B for the current Application Form.

One option (Option B) is to demonstrate certification in CBT from another credible organization, namely the Academy of Cognitive Therapy (ACT), BABCP, or the American Board of Professional Psychology (ABPP) with a CBT specialization.

The second option (Option A) is a two-step process that involves the submission of an application (Stage 1) and a work product (Stage 2). Applicants following this option are required to have the following:

1. 40 hours of formal training in CBT;
2. following completion of their formal education and registration/licensing, recent substantial experience in CBT as demonstrated by a description of 12 cases across a range of presenting problems; and
3. two letters of support by supervisors or individuals familiar with their practice.

Following approval of their application in Stage 1, applicants are then invited to submit an audio recording of a single CBT session accompanied by a case history, formulation, and treatment plan for the same patient. The session and formulation are evaluated by a single reviewer (only certified members are invited to be reviewers), who evaluates the session using the CTS.

FINDINGS AND RECOMMENDATIONS

The Task Force reviewed the following:

1. CACBT’s certification goals, with a focus on whether (in addition to certifying individual clinicians) CACBT should certify workshops, courses, and programs as well as trainers and consultants; and
2. CACBT’s requirements and process for certifying individual clinicians.

These are presented in separate tables below.

Table 1. Issues and Recommendations Related to CACBT’s Overall Certification Goals

ISSUE	CURRENT STATE	CONSIDERATIONS	RECOMMENDATIONS
Certification of workshops, courses, and/or programs	CACBT does not currently provide this	<ul style="list-style-type: none"> ▪ Certifying workshops, courses, and programs would provide an indicator of their quality. This would serve clinicians seeking training well (allowing them to make more informed choices); it would hold providers of workshops, courses, and programs to a high standard; it would make CACBT more relevant and well-known; and it would reduce the administrative burden in terms of individual clinician certification. ▪ Certifying programs would be very resource intensive (site visits might be needed, for example). 	<ol style="list-style-type: none"> 1. CACBT provide certification of workshops and courses. While the Task Force had some general discussion of what this might look like, workshop/course certification was regarded as beyond the purview of the Task Force. 2. CACBT not certify programs at this time given that this would likely be very resource-intensive.
Certification of trainers and consultants	CACBT does not currently provide this	<ul style="list-style-type: none"> ▪ Certifying trainers and consultants would serve clinicians seeking courses and consultation well; it would establish a level of quality in terms of training and consultation; and it would make CACBT more relevant. ▪ Certifying trainers and consultants would also be resource intensive, especially given CACBT is already stretched in terms of resources for certifying clinicians. 	<ol style="list-style-type: none"> 1. CACBT not certify individuals as trainers or consultants at this time in order to focus on increasing the number of certified clinicians. 2. CACBT develop and make available a list of certified members who provide consultation. This would make high quality consultation more available to clinicians seeking to develop their CBT expertise and/or apply for certification.

Table 2. Issues and Recommendations Related to Certification of Individual Clinicians

COMPONENT	CURRENT STATE	CONSIDERATIONS	RECOMMENDATIONS
Training	40 hours of training in CBT through a formal clinical training program that is CBT-intensive	<ul style="list-style-type: none"> ▪ CACBT does not currently have any stipulations related to the content and delivery methods of CBT training. For example, all 40 hours theoretically could comprise asynchronous online trainings that include no experiential or evaluative components. ▪ With the advent of the Training Guidelines, CACBT is recommending that specific content area be covered and that experiential an evaluative components be included in trainings. 	<ol style="list-style-type: none"> 1. CACBT increase its requirement to 50 hours of training. 2. No more than 20 hours of the formal training be obtained through passive learning (i.e., through training that does not include experiential and/or evaluative components). 3. The application form include a chart with examples to standardize and clarify this requirement. 4. CACBT continue to take the word of the applicant as to their training experiences rather than requiring documentation <p>See Appendix C for the proposed application form.</p>
Experience	At least 12 clients/groups, across a breadth of presenting problems; minimum of 5 sessions each.	<ul style="list-style-type: none"> ▪ Sometimes applications only include a summary statement (e.g., “I have been practicing CBT for 20 years in [name of clinic or setting]”). This is insufficient yet often difficult to communicate to applicants. ▪ It is important that CACBT make it clear how much detail is required. 	<ol style="list-style-type: none"> 1. Continue to require 12 cases of 5 sessions each, of which 3 cases may be any combination of group therapy or internet-based CBT (ICBT). Each group cycle will count as a single case. The group cycles may be for the same type of group (e.g., they may all be a CBT for Panic group). In the case of ICBT, the applicant’s involvement should be active and consistent.

			<ol style="list-style-type: none"> 2. Standardize the documentation of experience, making explicit the requirement to list protocols and strategies used. Provide a sample table for clarification.
Supervision/ Consultation ¹	No requirement	<ul style="list-style-type: none"> ▪ Supervision and/or consultation appears to be key to competence in CBT and CACBT has emphasized this in their Training Guidelines. 	<ol style="list-style-type: none"> 1. Require applicants have a minimum of 20 hours of supervision or consultation, which can take place pre- or post-licensing/registration. Include a table and example to make the requirement clear.
Letters of Support	2 letters from supervisors familiar with applicant’s practice	<ul style="list-style-type: none"> ▪ Many applicants for certification run into difficulty securing letters of support from clinical supervisors or consultants, or from certified members. This is particularly a problem for clinicians who are not clinical psychologists. ▪ Letters of support vary greatly in terms of who provides them (sometimes they are provided by managers who appear to have little knowledge of the applicant’s clinical skills) and the extent to which they comment on an applicant’s knowledge and skill. 	<ol style="list-style-type: none"> 1. Letters must be from clinicians who provided direct clinical supervision or consultation. In the event that a supervisor/consultant who had direct exposure to the applicant’s provision of CBT is not available, one letter may be from a clinician who directly observed their CBT skills. 2. Referees that are not certified be required to describe their expertise in CBT and also provide a copy of their CV. 3. A template for letters of support be used for standardization and to ensure that letter writers speak to specific skills as well

¹ The Task Force recommends that for the purposes of certification, supervision and consultation be distinguished. Supervisors are legally responsible for the actions of their supervisees. In contrast, consultants are not responsible for the work of those to whom they consult. Information sharing is voluntary and the consultee can chose to implement the suggestions or not. As such, supervision typically takes place prior to a supervisee becoming licensed/registered for independent practice; consultation takes place after a consultee is already a licensed/registered and independent practitioner.

			<p>as the methods of evaluation.</p> <p>See Appendix D for the proposed template for Letters of Support.</p>
Work Product	<p>Audiorecording of a single session accompanied by a case history, formulation, and treatment plan for the same patient</p>	<ul style="list-style-type: none"> ▪ Applicants sometimes ask to submit role plays or briefer sessions. ▪ It is important that CACBT be transparent regarding how sessions are evaluated. 	<ol style="list-style-type: none"> 1. Be explicit that sessions must be of a real patient. Be explicit that applicants may submit virtual sessions. 2. Sessions should be 45 – 60 minutes in length. If sessions are briefer, then two 25 – 30 minute sessions can be submitted in lieu of one full-length session. 3. CACBT should include the method of evaluation (i.e., the CTS-R) in their application materials.
Evaluation of Work Product	<p>CTS; evaluation of a case history, formulation, and treatment plan.</p> <p>No feedback is provided to applicants who fail this stage.</p>	<ul style="list-style-type: none"> ▪ The CTS is dated. The CTS-R is used by the BACBP and IASP. It has advantages including a consistent rating scale for all items, a separate focus on eliciting cognitions and emotions, a new item on emotional processing, and the renaming of two CTS items for clarity. 	<ol style="list-style-type: none"> 1. Continue to require a work product, consisting of a single audio (or visual) recording of a session, and a case history, formulation, and treatment plan. 2. Continue to have a single reviewer evaluate the work product. 3. Evaluate the session recording using the CTS-R rather than the CTS. 4. If an applicant fails this stage, they are provided brief feedback (based on the CTS-R items) outlining in which areas they need to improve.

<p>Appeal Process</p>	<p>None</p>	<ul style="list-style-type: none"> ▪ It would be helpful, and fairer to applicants, to have an Appeal Process in place for when certification applications are rejected. 	<ol style="list-style-type: none"> 1. Implement an Appeal Process. The proposed process is outlined in Appendix E. 2. Require that applicants who fail wait two years before applying again. 3. Include an item in the application in which applicants are asked if this is their second application. If it is ask them to describe how they have improved on their CBT skills since their first application.
<p>Application Form</p>	<p>See Appendix B</p>	<ul style="list-style-type: none"> ▪ There is considerable room for interpretation of various requirements. 	<ol style="list-style-type: none"> 1. Standardize the application, being clearer and more transparent in terms of the requirements.

APPENDIX A

Task Force to Review CACBT's Certification Requirements: Terms of Reference

Approved by the CACBT Board on January 13, 2020

1. Mission Statement

The mandate of this Task Force is to review CACBT's current certification requirements and make recommendations on whether they need to be revised. Should they need to be revised, the Task Force will make recommendations regarding which components need to be revised and what those revisions should entail.

2. Problem Statement

This review is being proposed for a few reasons.

- (a) Supervision. At present our certification requirements do not include a requirement for supervision; yet this appears to be a key component of competence in CBT. Note that this is emphasized in our Training Guidelines. Should our certification requirements reflect this?
- (b) Training. At present our certification requirements do not stipulate any requirements related to the content and delivery methods of CBT training. For example, with the growth of online trainings, some applicants (and likely a growing number) have only received online training. It is not clear if online methods are sufficient to confer CBT knowledge. Moreover, with the advent of the training guidelines, we now have specific content areas that CACBT recommend be covered. Should these be reflected in the training requirements for certification?
- (c) Letters of Support. Several applicants for certification run into difficulty securing letters of support from clinical supervisors or certified members. This is particularly a problem for clinicians who are not clinical psychologists. Should this requirement be adjusted to reflect the training experiences of different disciplines?
- (d) Changing Landscape for Certification. With the advent of IASP and Beck's certification process, and the growing emphasis on defining competence, it is important for our certification requirements to be in-step with other developments. As such, our requirements should be reviewed in light of these changes.
- (e) Evaluation of Work Products. Currently we use the CTS to evaluate applicants' work products. Given that the CTS is dated, and the CTS-R has a number of advantages, should we consider using this?
- (f) Appeal Process. We do not currently have an Appeal Process in place for when certification applications are rejected.
- (g) Our Long-Term Goals. We have not reviewed CACBT's long-term goals for certification in a long time (at least not during my tenure on the Committee). It will be important to establish these, especially in light of our resources, to make decisions on any of the issues identified above.

3. Boundaries

The Task Force will remain focused on reviewing our current process and making recommendations in light of CACBT's goals, new research, other developments in the field, and what other organizations are doing. The Task Force will not be responsible for implementing the suggested revisions.

4. Specific Issues to Be Addressed

The Task Force will review our current certification requirements in detail, including but not limited to the following:

- Goals of CACBT as they relate to certification
- Training requirements
- Lack of supervision requirements

- CBT experience requirements
- Letters of support
- Work product, specifically the requirement of the single session and case conceptualization
- How the work product is reviewed
- Appeal process
-

In undertaking this review, the Task Force will consider the following sources of information:

- Certification requirements of other organizations, including but not limited to BABCP, ACT, and Beck Institute
- Plans for the roll out of IASP in Ontario
- CACBT's Training Guidelines
- Research speaking to key competencies and training methods in CBT

5. Desired Outcomes/Outputs

The Task Force will make a recommendation to the Board regarding whether to revise the current certification requirements. Should the recommendation be that they should be revised, the Task Force will make recommendations regarding which components should be revised and how (i.e., what the revised requirements would be).

6. Persons Involved

The Task Force will be comprised of certified members of CACBT-ACTCC. However, the Task Force will actively solicit the opinions of clinicians who are not certified regarding the specific issues to be addressed (as described under #4). At present, the following individuals have volunteered to sit on this Task Force.

- Andrea Ashbaugh (current President)
- Jacque Cohen (current Certification Chair)
- Judith Laposa (CAMH Site Lead for Training and Supervision, IASP)
- Noah Lazar (Member-at-Large)
- Melisa Robichaud (Past President)
- Karen Rowa (past Certification Chair)

7. Project Administration

Timeframe. The Task Force's work will take place between February 2020 and March 2021, with a report and recommendations provided to the Board and Certification Committee by March 31, 2021.

Meetings. Meetings will be one hour in duration, will be held via teleconference, and will take place approximately every six weeks, with clear action steps to be taken between meetings. A day-long in-person meeting will be held in conjunction with the annual CACBT conference in May 2020 in Halifax. Task force members who are already attending the conference will have their accommodation covered for one night and also receive a per diem (amount?). Task force members who are not attending the conference will be invited to join by teleconference/Skype.

Resources: Ms. Diana Dunnell, CACBT Executive Director, will help out with administrative duties as she is able.

Reporting Guidelines: The Task Force will send a brief update to both the Board and the Certification Committee following each meeting. They will seek the Board's and the Certification Committee's input on an as-needed basis.

APPENDIX B

Current Certification Application



Canadian Association of Cognitive and Behavioural Therapies
 Association Canadienne des Thérapies Cognitives et Comportementales

CERTIFICATION APPLICATION – Stage 1 –

Application Requirements

- Be a member of CACBT - ACTCC in good standing.
- Hold professional liability insurance that covers all professional activities.
- Be licensed/registered/certified for independent practice by a provincial/territorial regulatory body (or equivalent).
- Provide an up-to-date Curriculum Vitae.
- Provide information under Option A or Option B of the Application below (*see Section 4 below*).

1. Applicant Information

Name:

Address:

City:	Province/Territory:
Postal Code:	Country:
Phone:	Email:

Are you currently a CACBT-ATCC member in good standing? Yes No

2. Liability Insurance Information

Do you hold professional liability insurance that covers all professional activities? Yes No

Who is your insurance Provider:

Supporting insurance documentation must be included with certification application. Scanned copies accepted.

3. Independent Practice Information

Applicants **must** be a regulated professional (e.g., registered or certified psychologist, licensed physician, registered social worker, registered nurse, etc.) in good standing.

Name of governing body:

Date of registration/certification:

License/registration number:

4. Documentation Required – Please select EITHER Option A OR Option B

OPTION A

1. Documentation of Formal Training in CBT:

At least 40 hours of training in CBT through a formal clinical training program that is CBT-intensive (e.g., CBT-intensive courses, seminars, practicum placements/rotations, pre-doctoral internship program, post-doctoral or fellowship specialization, organized workshops in CBT, post-graduate program in CBT, or a series of formal supervised clinical experiences equating to one year, etc.).

Please provide a detailed description of your formal training experiences in an attachment including:

- Names of program(s), workshop(s), etc.
- Dates attended
- Names of faculty, supervisors, instructors
- Description of CBT content

2. Minimum CBT Experience:

Please provide a detailed description of your CBT clinical experience and applicable dates including presenting problems of clients seen, approximate number of therapy hours, specific treatment protocols used, and any supervision received. Following the completion of one's formal education and registration or certification, the applicant must have recent, substantial experience in CBT as an independent professional (at least 12 clients (or groups) across a breadth of symptom presentations using CBT; a minimum of 5 sessions each case). Please note that clients seen as a group will count as one client towards the minimum of 12.

3. Letters of Support:

Please attach at least 2 Letters of Support from supervisors familiar with your practice. Letters written by individuals who provided direct supervision for your CBT training are preferred. In the event that a clinical supervisor is not available to write a letter, we will consider letters of support from CACBT-Certified Members who are familiar with your CBT skills. Letter writers should comment on your CBT training, knowledge and skills.

OPTION B

Hold CBT Credentials from another credible organization:

Current certification from Academy of Cognitive Therapy (ACT), American Board of Professional Psychology with a specialization in CBT (ABPP) or British Association for Behavioural and Cognitive Psychotherapies (BABCP) will be readily recognized.

Please provide the following information and a scanned copy of a certificate, letter of credentialing, or confirmation email from the credentialing association:

Name of Organization		
Date of Membership:		Membership Number (if applicable):

5. Applicant's Verification

I hereby certify that all information that I have provided in this application is accurate. I understand that the information I have provided may be verified by the CACBT Certification Committee.

Print Name	Signature	Date

Certification Application (Stage 1), supporting documentation and a PDF copy of your Curriculum Vitae can be submitted online by logging into your CACBT member area. Applications will be reviewed by the CACBT Certification Committee - certification@cacbt.ca

APPENDIX C

Proposed Template for the Certification Application

Stage 1 Requirements. Applicants are required to meet each of the following criteria to successfully pass this stage of certification.

- Be a member of CACBT in good standing. Note that to maintain their certification status, members must pay their membership dues (and any associated late fees) by June 1st of each year. Should they fail to do so, their certification status will be revoked.
- Be licensed/registered in your province/territory in a discipline for which psychotherapy is part of your scope of practice.
- Hold professional liability insurance that covers all your professional activities
- Provide an up-to-date Curriculum Vitae
- Submit this application, providing the requested information under Option A or B below.

1. Applicant Information

2. Are you currently a member of CACBT in good standing?

3. Independent practice information

4. Liability insurance information

If you are applying under Option B, please complete number 5 then move on to number 11 (Applicant’s Verification). If you are applying under Option A, please move directly to number 6.

OPTION B

5. CACBT certification will be granted to applicants who hold certification from any of the following organizations. Please provide the following information and a copy of a certificate, letter of certification, or confirmation email from the certifying organization.

Organization (check one)

- Academy of Cognitive Therapy (ACT)
- American Board of Professional Psychology (ABPP) with a specialization in CBT
- Beck Institute CBT Certification
- British Association for Behavioural and Cognitive Psychotherapies (BABCP)

Date of Membership _____

Date of Certification _____

OPTION A**6. Is this your first application for CBT certification with CACBT?**

- Yes (please go directly to item 7)
- No (please respond to the questions immediately below)

If you answered no, please indicate the date when you received notification that your first application was not successful: _____. Note that new applications will only be accepted two years after this date.

Please describe what additional steps you have taken to improve your CBT skills since you were first notified that your application for certification was not successful.

7. Documentation of Formal Training in CBT. You must have 40 hours of formal training in CBT. This might include CBT-intensive graduate coursework, practicum placements, rotations during a residency or post-doctoral fellowship, seminars, workshops, or courses in CBT. This may include either synchronous or asynchronous virtual training or in-person training. However, **20 hours of this training must include experiential strategies and/or the evaluation of knowledge and/or competencies**

Experiential strategies (in contrast to didactic strategies) include case presentation and discussion, role plays, skills practice and reflection, completing an assessment or treatment under supervision/consultation, teaching others, and case supervision/consultation.

The evaluation of knowledge might take place through quizzes and exams, essays, presentations, teaching, and/or a review of case reports. **The evaluation of competencies** might include role plays, adherence evaluation of live or recorded sessions (for example by using the Cognitive Therapy Scale or Cognitive Therapy Scale-Revised), case summaries and discussion, and/or case conceptualization.

Note that CACBT does not approve specific training workshops, programs, or courses. However, we do recommend that in choosing your trainings, you look for those that are provided by CACBT-certified members and that you review the curricula of the training you are considering for their inclusion of the core knowledge and competencies as well as the experiential strategies and evaluative components outlined in CACBT's *National Guidelines for Training in CBT*.

Please complete the following table.

Title of training	Instructor/Presenter and relevant training/certification status	Dates attended	Total hours	Experiential strategies Y/N	Evaluative components Y/N
<i>Example.</i> Transdiagnostic Treatment of Anxiety Disorders	Dr. Anxiety Expert, RPsych.	March 17, 2021	6	Y	N
<i>Example.</i> Foundations of DBT	Dr. DBT Specialist, RPsych	January 8 – March 20, 2020	36	Y	N
<i>Example.</i> Cognitive-Behavioural Therapy Fundamentals	Ms. CBT Expert, MSW, RSW, CACBT-Certified	September – November 2019	30	Y	Y

Total hours that include experiential and/or evaluative components (must be at least 20): _____

Total hours of formal training in CBT (must be at least 40): _____

- 8. Documentation of CBT Supervision and/or Consultation Experiences ².** You must have participated in a minimum of 20 hours of supervision and/or consultation. The supervision and/or consultation may have taken place before you were licensed/registered, after, or a combination of the two.

Please complete the following table.

Dates	Supervisor/consultant, degree, licensing/registration information, and relevant expertise (please indicate if CACBT-certified)	Total supervision/consultation hours	Number of cases seen under supervision/consultation
<i>Example.</i> December 2020 – March 2021	Dr. Expert, RPsych, CPT-Approved Trainer	12	2
<i>Example.</i> September – December 2019	Ms. Specialist, RSW, MSW, CACBT-Certified Clinician	20	6

² While they have many things in common, supervision and consultation are distinct. Supervisors are legally responsible for the actions of their supervisees. In contrast, consultants are not responsible for the work of those to whom they consult. Information sharing is voluntary and the consultee can choose to implement the suggestions or not. As such, supervision typically takes place prior to a supervisee becoming licensed/registered for independent practice; consultation takes place after a consultee is already a licensed/registered and independent practitioner.

9. **Documentation of Minimum CBT Experience.** You must have recent, substantial experience in CBT following becoming licensed/registered as an independent professional. To demonstrate this, please use the table below to list a sample of 12 cases you followed for therapy for a minimum of 5 sessions each.

Up to 3 cases may be any combination of courses of group therapy or internet-delivered CBT (ICBT, in which online treatment materials are paired with therapeutic assistance by telephone or asynchronous emails). In the case of ICBT, your involvement must have been active and consistent (e.g., included regular active instruction and problem-solving).

Make sure to include a range of presenting problems and treatment protocols or interventions.

Client, including brief demographic information	Dates seen	Presenting problems	Therapy hours	Protocols or main interventions used (e.g., interoceptive exposure, behavioural activation)
<i>Example 1.</i> J.W., 37-year-old Caucasian ciswoman	December 2020 – March 2021	Principal diagnosis: PTSD; Comorbid diagnoses: BPD, Social Phobia	15	Cognitive Processing Therapy (Resick, Monson, & Chard, 2017)
<i>Example 2.</i> T.F., 27-year-old Caucasian transman	September – December 2020	Worry	14	Psychoeducation regarding worry, identifying types of worry, increasing tolerance for uncertainty, developing a positive problem orientation, problem solving, imaginal exposure, enhancing self-compassion, relapse prevention
<i>Example 3.</i> C.D., 47-year-old Mi'kmaq ciswoman	July 2020 – January 2021	Principal Diagnosis: BPD	26	Standard Dialectical Behaviour Therapy (Linehan, 1993 and 2015)

10. **Letters of Support.** Your application should be accompanied by two letters of support. Letters should be from clinicians who provided direct clinical supervision or consultation regarding your CBT training and practice. Ideally, supervisors or consultants will have had direct exposure to your provision of CBT (live or recorded). In the event that two such individuals are not available, one of your letters may be from a clinician who has directly observed your CBT skills (e.g., a group co-facilitator, a colleague who has listened to multiple recordings of your sessions). **Please ensure that your letter writers use the standardized form. Letters that are not submitted in this format will not be accepted.**

11. Applicant’s Verification

[Lay out expectations after submission (wait, then what will be asked to do)]

APPENDIX D

Proposed Template for Letters of Support

Letter of Support to Accompany Certification Application

Applicant: Your application should be accompanied by two letters of support. Letters should be from clinicians who provided direct clinical supervision or consultation regarding your CBT training and practice. Ideally, supervision or consultants will have had direct exposure to your provision of CBT (e.g., live or recorded). In the event that two such individuals are not available, one of your letters may be from a clinician who has directly observed your CBT skills (e.g., a group co-facilitator, a colleague who has listened to multiple recordings of your sessions).

Letters should be uploaded to the website as part of your application.

TO BE COMPLETED BY REFEREE

Date

Name of Applicant

PART A: Referee Information

1. Name
2. Degree and licensing information
3. Contact Information
4. Are you certified by CACBT or another credible certifying organization (e.g., the Academy of Cognitive Therapy, the British Association of Behavioural and Cognitive Psychotherapies)?
 - Yes. Please indicate the name of the certifying organization. _____
 - No
5. If you answered No to Question 4, please briefly describe your expertise (i.e., your training and experience) in CBT and provide a CV. (Applicant: Please make sure to upload the CVs of any non-certified referees.)

PART B: Knowledge of the Applicant

1. Describe the nature of your involvement with the applicant, what activities they completed under your clinical supervision/consultation, and the frequency and duration of your supervision/consultation relationship.

2. Please indicate which of the following methods you used to evaluate the applicant’s CBT knowledge and skills (check all that apply)
 - Direct (“live”) observation
 - Review of video or audiotaped sessions
 - Ratings of live or recorded sessions (using a standardized rating scale such as the CTS-R)
 - Case discussion
 - Review of written or presented case conceptualizations
 - Review of session notes/progress notes
 - Other. Please specify: _____

PART C: Evaluation of the Applicant’s Knowledge and Skill

1. Please rate the applicant in the following areas

Domain	Incompetent (inappropriate performance, with major problems evident)	Novice (evidence of competence, but numerous problems and lack of consistency)	Advanced beginner (competent, but some problems and/or inconsistencies)	Competent (good features, but minor problems and/or inconsistencies)	Proficient (very good features, minimal problems and/or inconsistencies)	Expert (excellent performance, even in the face of patient difficulties)	No basis for rating
CBT knowledge							
Case conceptualization							
Structuring sessions							
Therapeutic alliance							
Behavioural interventions							
Cognitive interventions							
Relapse prevention							

2. If you rated the applicant as below competent in any domain, please explain your rationale for supporting their application for certification.

PART D: Summary recommendation

Do you recommend this applicant for CACBT certification?

- Yes, without reservation
 - Yes, with reservation. Please comment on the nature of your reservations below
 - No
-

PART E: Signature

APPENDIX E

Appeal Process

Applicants have the right to appeal a decision not to award certification. Application materials will be reviewed by two new reviewer upon appeal. Fees will be levied for an appeal (as laid out below). Alternatively, applicants can repeat each stage of the application once and full fees apply. If applicants continue to not be successful in obtaining certified status after the appeal or after repeating each stage, they must wait two years before applying again. In their new application they must describe what actions they have taken (e.g., additional training or supervision/consultation received) to improve their CBT skills.

Stage 1 Appeal \$100

Stage 2 Appeal \$200