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**TRANSFER OF TRAINING AND THERAPIST FACTORS
IN COGNITIVE BEHAVIOUR THERAPY**

**A thesis presented in partial fulfilment of
the requirements for the degree of
Doctor of Philosophy
in Psychology at
Massey University,
Auckland, New Zealand**

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**This thesis is dedicated to the late
Professor I. R. H. Falloon (DSc).
He is remembered here for his unwavering
commitment to the competent delivery of evidence-based
treatments for mental illness**

ABSTRACT

There is a call for the training of greater numbers of therapists in the use of Cognitive Behaviour Therapy (CBT) in order to meet the needs of growing populations worldwide. However, issues relating to transfer of training and therapist competence have been noted following the training process (Beidas & Kendall, 2010; Carroll, Martino, & Rounsaville, 2010; Kendall et al., 2004). To date, research investigating the impact that therapist characteristics, or effects, may have on therapist competence has focused on demographic data (McManus, Westbrook, Vasquez-Montez, Fennell, & Kennerley, 2010), with limited attention given to therapist factors that may have a theoretical or empirical association with competence. To date, studies have reported mixed results concerning the relationship between observed competence and therapist self-confidence in using CBT (Brosnan, Reynolds, & Moore, 2006; Beidas & Kendall, 2010), and a positive relationship between observed competence and current practice (Mannix et al., 2006). Studies investigating therapy behaviours have suggested positive relationships between observed competence and career growth (Orlinsky & Rønnestad, 2005), and negative relationships with organisational barriers (Fadden, 1997; Kavanagh et al., 1993).

The present study is an exploratory investigation of therapist competence and therapist factors both during and following postgraduate diploma training in CBT. Therapist factors investigated in the present study were therapist self-confidence in using CBT, current CBT practice, perception of career growth, and perception of organisational barriers.

Two separate studies were conducted. Study One employed a longitudinal design. Competence and therapist factors were assessed for trainees ($N=16$) at three time points during the diploma practicum. Training transfer was measured at 12 months follow-up. Study Two employed a cross-sectional design to investigate relationships between competence and therapist factors following training. Study Two participants were 20 postgraduate practitioners who had

completed the practicum 1 to 9 years prior to assessment within the present study.

Results showed that 94% ($N=16$) of Study One participants were rated competent at the end of the practicum. Two of the nine participants who completed Study One showed evidence of training transfer at 12 months follow-up. Positive relationships between observed competence, self-confidence, and career growth were consistently found throughout the training. However, at the end of training participants rated as more competent reported practice with fewer clients and a greater perception of organisational barriers. Results for Study Two showed 65% of participants were rated competent 1-9 years following training. All relationships between observed competence and therapist factors were negative 1-9 years following training. Also, more competent participants reported lower self-confidence, less career growth, and practice with fewer clients, while the opposite was found for participants rated as less competent.

These findings suggest that supervised practicum training in CBT increases trainee observed and self-reported competence, although the maintenance of training gains appears problematic. The implications of the findings are discussed and recommendations made for further research.

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Many thanks to my supervisors, most especially Mei Williams and Bev Haarhoff who have guided my efforts with good humour and considerable patience. Also to NikKazantzis, who reframed my questions relating to therapist competence and helped me to finally get started.

Belated thanks to Ian Falloon who passed away just as I was beginning this project. It was Ian who first introduced me to the reality that there are effective interventions for many mental illnesses. However, limited access to clinicians who are competent in the delivery of these interventions currently prevents too many individuals from experiencing their benefits. Thus, I must also thank the many clients and their families who welcomed me into their homes over the past twenty years. Their stoic endurance of illnesses that are treatable has continued to provide the motivation to undertake and complete this project. I sincerely hope that the results reported here help facilitate a time when access to effective treatment rapidly and routinely follows the first signs that „something is not quite right“.

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