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**CONTINUING PROFESSIONAL**

**DEVELOPMENT COURSE (APPROVED)**

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| Trainer: | Dr Leila Edwards & Phil Edwards | Date: Next course scheduled Apr- May 2025 | |
| Course Title | Diploma in Cognitive Behavioural Therapy  with the Psychology of Depression, Grieving & Loss | Level | 5+ |

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| Learning Objectives  This course is held over 4 intensive days usually over a period of two alternate weekends and is in two parts. Originally accredited as two separate short courses, over a period of over 10+ years we have upgraded and synthesised it into one intensive course.  The learning objectives are:   * To have a clear understanding of the principles of CBT, its basic theory & structure as a flexible, evidence-based, solution-focused form of therapy. * To understand & be able to apply the cognitive triad & explain the model to clients. * To understand & be able to apply the principles of Socratic Inductive Questioning in order to identify cognitive dissonance, challenge & reality-test dysfunctional beliefs/thoughts. * To be able to use structured interventions & provide clients with self-help assignment tasks to develop self-understanding, promote psycho-education & enable clients to trial & assess the effectiveness of different strategies. * To be aware of a variety of complementary approaches that can enhance successful therapeutic outcomes in applying the CBT approach.   PART 1:   * Overview: history & development of CBT in the context of other psychotherapeutic approaches: deficit Freudian & psychoanalytical; behavioural/ observational; humanistic/being/existential; integrative evidence-based positive psychology. * Basic structure of theory & practice, different approaches within CBT (MBCT, DBT, etc.) & incorporating CBT into Hypnotherapy, therapeutic NLP, Coaching, & other solution-focused & integrative modalities. * Considering how to utilise the CBT approach in the context of the participants’ particular specialism(s) & to enhance their existing skill-set.   DETAILED CURRICULUM:   * Brief History of CBT * CBT Basics – Key Points of Theory * Goals of CBT * The Stages of CBT * Ellis’ REBT & Beck’s CT combined: CBT & Evidence-Based Research outcomes * CBT & Hypnotherapy: similarities & differences * CBT: flexibility & complementary applications with other modalities * 50-50 therapeutic alliance between therapist & client with follow-up on progress * Use of forms, written work & journaling, using audio-materials: Self-Help Assignments within the CBT framework * Initial Consultation & Assessment * Building & Maintaining Rapport, * Helping Clients to start identifying & challenging negative/dysfunctional beliefs. * Action Planning, ‘ABC’s, Socratic Questioning * Vertical Descent & Other Techniques: Test/Challenge Negative & Catastrophic Thinking; Reframing to Elicit Change * Structured 6–session approach including Hypno-CBT & some NLP techniques * Client feedback & Evidence-Based Outcomes; Ending Therapy. * Suicidal Ideation, OCD, Anger Management * Case Studies to consider   PART 2: THE PSYCHOLOGY OF DEPRESSION, GRIEVING & LOSS   * The psychology of depression, bereavement, grieving, and loss. * The current medical model of mental illness, as detailed in the Diagnostic and Statistical Manual (DSM-V) which is prevalent internationally.   Whilst there are fundamental flaws in this model, it is important that professional practitioners have a sound understanding of the model in order to work constructively with medical and health professionals and to encourage their clients/patients to educate themselves in order to achieve the best possible therapeutic and well-being outcomes.  DETAILED CURRICULUM:   * An overview of Depression – the Medical Model & Medication * DSM V Categories & Labels * Different Treatment Modalities: Analytical & CBT * The Initial Consultation & a Plan of Action * Case Study of Multiple Issues * Suicidal Ideation & Risk Factors * Depressive Thinking * Ante- & Post-Natal Depression * Bipolar Behaviours * Death: Different Perspectives based on Mahayana Buddhist Psychology & Eastern Philosophy * The Stages of Grieving & the Khubler-Ross Model. * ‘Normal Grief’ and ‘Abnormal/Complicated Grief’ * Myths & Facts about Grieving * Techniques for Working with Depression, Grieving & Loss   • Case Studies | |
| Teaching & Assessment methods   * This course is held over 4 intensive days over 2 weekends, it can be (and has been) held face-to-face in a class/training room setting and/or online. * Personal study to be conducted before and after the online/class/training room sessions (extensive reading, viewing, listening, research, & case studies material & references are provided). * Slides are shown & supplied after each of the two modules. For online courses, Zoom recordings are supplied after each of the two modules. * Presentations by trainers with interactive discussion sessions in the whole group; also paired/triad/small group work in break-out rooms, including discussion and/or role play on case studies, with group feedback & Q & A sessions. * Experiential closed-eye focusing exercises incorporating visualisation, mindfulness & body awareness. * Assessment is based on a final post-course seen exam. This includes both open & multiple-choice questions, & a case study. Successful completion at the required standard (75% minimum pass mark in both parts of the paper) leads to the award of the Diploma. External assessment is conducted by the original course creator, Dr David Kato. | |
| Any other Accreditation:  This course has received multiple accreditations since its first inception. These have included:   * National Register of Psychotherapists & Counsellors (NRPC) * Association for Professional Hypnosis & Psychotherapy (APHP) * Cambridge College of Hypnotherapy * The National School of Hypnosis & Psychotherapy * Hypnotherapy Control Board (HCB) * National Register of Advanced Hypnotherapists (NRAH) * The Open College Network (SWR), UK   **Research Evidence & Endorsements for CBT:**  As is referenced on the course, CBT has become increasingly popular with clinicians and the general public alike, over recent years, and it was the therapy recommended as a replacement for most drug-based therapy in the highly influential Depression Report published by the London School of Economics in 2006. The Report recommended a radical shift in health policy, away from prescription medications and towards the provision of “short, effective, evidence-based psychological therapies” that help people to build on the positive side of their personalities, particularly CBT. These recommendations were strongly endorsed by the U.K.’s National Institute for Health and Clinical Excellence (NICE), the Mental Health Foundation, the American Psychiatric Association (APA), and many other organisations dedicated to improving mental health, including: MIND, Rethink, the Sainsbury Centre for Mental Health, Young Minds.  CBT has become a favourite choice of care with companies and health services looking for cost-effective alternatives to traditional psychotherapy. Its popularity is partly because of its common sense and clear principles, and also because the short, structured nature of the treatment makes it particularly amenable to empirical investigation, and it has accumulated an impressive research base.  The UK government responded favourably to these recommendations at the time and, following the success of pilot projects in 2007, National Health Service policy has been steadily shifting towards the implementation of this new approach.  For political and economic reasons progress has been slow but even if funding is made available, there is the problem that there is a shortage of suitably trained and qualified therapists to meet the increasing demand.  Studies indicate that CBT is superior to anti-depressants and has even been shown to be an effective treatment for schizophrenic patients in clinical settings as well as for more severe forms of mental illness, including bi-polar and BPD. It is not surprising that CBT is now included in most treatment guidelines for a variety of psychiatric conditions.  GPs are encouraging their patients to seek help from CBT therapists because of its evidence-based results. CBT has been proved to gain superior outcomes, as compared with other talk-based therapeutic approaches, with fast results in the short-term, and often with long-lasting benefits. In this respect, CBT, like hypnotherapy, can be accurately described as a form of ‘brief therapy’.  A number of published studies have demonstrated that when combined with hypnotherapy, the success rates are even higher, so this short intensive course covers the key principles and methods of CBT and how it can be combined with hypnotherapy as ‘Hypno-CBT’ or ‘Cognitive Behavioural Hypnotherapy’ to achieve better outcomes with clients who present with depression, grieving and loss, and how a combination of both approaches can be beneficial for clients. It includes an introduction to mindfulness and alternative views of the process of dying and death from the perspective of Eastern and Buddhist Psychology, which are increasingly influential in the latest versions of CBT, such as Dialectical Behavioural Therapy (DBT) and Mindfulness-based CBT. most evidence-based therapy with variations, especially Beck’s Cognitive Therapy (CT) being demonstrated as an effective and lasting treatment for depression and many other mental health conditions (well over 400 peer-reviewed research projects cited by Beck alone). | |

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