

**Auckland Training Programme – our local guide to achieving the Stage 2 CBT EPA**

Make sure to read [the whole EPA document](#).

Trainees should be able to elicit a simple CBT model (such as the five part model<sup>1</sup>) from a patient using Socratic questioning<sup>2</sup>, and use this model:

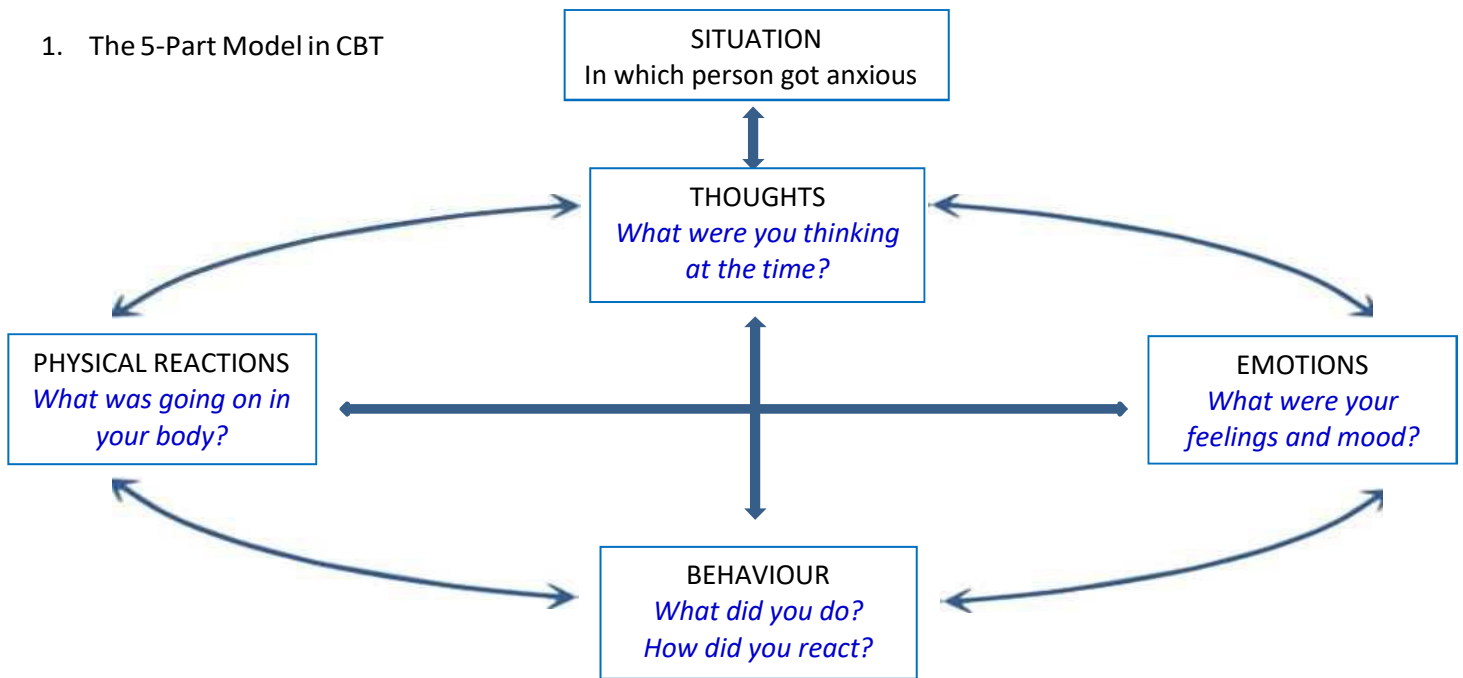
- to collaboratively formulate a simple anxiety problem,
- and as a basis from which to offer appropriate psychological education around anxiety (e.g. the adaptive and maladaptive role of anxiety).

The trainee should have sufficient skill in structured problem solving OR one de-arousal strategy (mindfulness, muscle relaxation, breathing etc.) to deliver it themselves (using Socratic questioning where appropriate), without close supervision, and they should know enough about two other strategies to recommend them appropriately and describe them to a patient. The intervention should make sense in terms of the formulation.

The trainee should be able to measure any change in anxiety from this intervention using a suitable measure such as a Visual Analogue Scale.<sup>3</sup>

From the EPA document: *Trainees should undertake CBT with a range of patients. As a minimum standard, experience with three patients is recommended.*

1. The 5-Part Model in CBT



2. Socratic Questioning

Socratic questioning is a style of interaction between clinician and patient which is based on the Socratic method of learning, where asking and answering questions is used to draw out ideas and underlying presumptions. It is in contrast to didactic learning, and in contrast to questions solely asked to obtain information.

3. Example of a Visual Analogue Scale

No anxiety											Worst possible anxiety
0	10	20	30	40	50	60	70	80	90	100	