WORK SAMPLE GUIDE: MASTER LEVEL CERTIFICATION

The final step in the Beck Institute CBT Master Level Certification process is completing and submitting two Work Samples. The Work Samples consist of two parts: 1. A Case Write-up of a real client and their conceptualization and treatment (without the client's full name) and 2. An actual recording of a live CBT session with this client (without client's full name). Both parts of the Work Sample (Case Write-up and Recorded Therapy Session) are to be submitted at the same time according to the instructions provided. You may not use a client you submitted for supervision.

Case Write-Up: Summary and Conceptualization

PART ONE: INTAKE INFORMATION

IDENTIFYING INFORMATION AT INTAKE:

Age: Report the client's age at the time the Session Recording was made.

Gender Identity and Sexual Orientation: What was the client's reported identity and sexual orientation at the time of the Recorded Session?

Cultural Heritage: What did the client say their cultural heritage was?

Religious/Spiritual Orientation: What did the client say their orientation was (if any)?

Living Environment: What kind of structure does the client live in (e.g., apartment, single house, homeless, etc.)? In what environment do they live (e.g., inner city, farm, suburb)? Who else lives in their household? What is their relationship to the client?

Employment Status: What kind of work does the client do (e.g., laborer, office worker, manager, professional)? Is this work paid or unpaid? How long has the client worked at this job? Is it full-time or part-time? How satisfied is the client with their work? If relevant, state "takes care of home and family" or, if relevant, "unemployed."

Socioeconomic Status: What is the client's socioeconomic status (SES; as defined by the American Psychological Association: social standing or class measured as a combination of education, income, and occupation), State "high SES," "middle SES" or "low SES."

CHIEF COMPLAINT, MAJOR SYMPTOMS, MENTAL STATUS, AND DIAGNOSIS:

Chief Complaint: Why did the client seek treatment at this time?

Major Symptoms: What symptoms did the client have in these four areas:

Emotional:

Cognitive:

Behavioral:

Physiological:

Mental Status: How did the client appear? What was their mental status, including orientation, memory, and other characteristics that could negatively influence their ability to fully participate in therapy?

Diagnosis (from the Diagnostic and Statistical Manual or International Classification of Disease): What was the name and current Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) or International Classification of Diseases (current ICD-10) diagnostic code for the client's disorder(s)? Include relevant descriptors.

CURRENT PSYCHIATRIC MEDICATIONS, ADHERENCE, AND SIDE EFFECTS; CONCURRENT TREATMENT:

Psychiatric Medications: What medications was the client taking at intake or later on? What was the dosage and the condition for which the medication was prescribed?

Adherence to Treatment Recommendations: What was the client's attitude toward taking prescribed medications and following other treatment recommendations made by psychiatrists and other medical treatment providers?

Side Effects: If applicable, what side effects did the client experience?

Concurrent Treatment: If applicable, what other treatment was the client receiving for his psychiatric or psychological condition?

CURRENT SIGNIFICANT RELATIONSHIPS: At intake, what significant relationships did the client have? What were the relationships like?

PART TWO: HISTORICAL INFORMATION

BEST LIFETIME FUNCTIONING (INCLUDING STRENGTHS, ASSETS AND RESOURCES): At what age did the client experience their highest level of functioning and how long did this last? What made this the best period? What strengths did they show? What beliefs did they have about themselves, about others, and about the future? How did others see them?

HISTORY OF PRESENT ILLNESS: When did the client's symptoms first appear, how long have they persisted, and how severe have they been? What has their impact been on the client's functioning?

HISTORY OF PSYCHIATRIC, PSYCHOLOGICAL OR SUBSTANCE USE PROBLEMS AND IMPACT ON FUNCTIONING: What were the client's previous psychiatric diagnoses (if any) and/or substance use conditions (if any)? How old was the client at the time of diagnosis? How severe was the condition(s) and how long did it (they) last? How did the condition(s) impact the client's functioning?

HISTORY OF PSYCHIATRIC, PSYCHOLOGICAL OR SUBSTANCE USE TREATMENT, TYPE, LEVEL OF CARE, AND RESPONSE: What treatments has the client already received for psychiatric and/or substance use? How old was the client when provided with this treatment? What type of treatment was it and how long did it last? What was the client's attitude about treatment? What was their response to treatment?

DEVELOPMENTAL HISTORY (Relevant Learning, Emotional, and Physical Development): What were significant adverse life events from the client's lifetime that have had an impact on the client's functioning (e.g., learning problems, bullying, medical conditions, accidents, and trauma)?

PERSONAL, SOCIAL, EDUCATIONAL, AND VOCATIONAL HISTORY: What were the client's significant positive and negative relationships like with family, friends, teachers, persons in authority, and peers?

MEDICAL HISTORY AND LIMITATIONS: What medical conditions did the client have? How severe were they? What limitations, if any, did they impose on the client's life?

CURRENT NON-PSYCHIATRIC MEDICATIONS, TREATMENT, ADHERENCE, AND SIDE EFFECTS: What non-psychiatric medications (including homeopathic and over-the-counter medication) did the client taking at intake or during treatment? Why did they take the medication? What side effects did the medication have?

PART THREE: THE CASE CONCEPTUALIZATION DIAGRAM (CCD)

COGNITIVE CONCEPTUALIZATION DIAGRAM (CCD): Complete the CCD in its entirety and attach it to this Case Write-Up. Make sure that you choose situations in which the meanings of the automatic thoughts differ from one another, if there are different themes.

PART FOUR: THE CASE CONCEPTUALIZATION SUMMARY

HISTORY OF CURRENT ILLNESS, PRECIPITANTS AND LIFE STRESSORS: What were the internal and external problems the client was dealing with? How did the problems contribute to the onset of symptoms? (Internal stressors could include illnesses, injuries, memories, images or sensations. External stressors might include problems at work/school, relationships, or not meeting performance standards.)

MAINTAINING FACTORS: What helped maintain the client's symptoms? (Maintaining factors could include the continuation of internal or external stressors, the way the client processed information, maladaptive cognitions about and reactions to negative emotion, dysfunctional thought processes, maladaptive behavior, and/or skill deficits.)

VALUES AND ASPIRATIONS (OPTIONAL): What has been most important to your client in life (values)? What does your client want from life or how do they want their life to be (aspirations)?

NARRATIVE SUMMARY, INCORPORATING HISTORICAL INFORMATION, PRECIPITANTS, MAINTAINING FACTORS, AND CASE CONCEPTUALIZATION DIAGRAM INFORMATION: Provide a narrative summary of the completed CCD (starting at the top of the page) to explain why the client's reactions to current problematic situations make sense. Optional: Integrate aspirations and values into your explanation.

PART FIVE: TREATMENT PLAN

OVERALL TREATMENT PLAN: What were your broad therapy goals?

PROBLEM LIST/CLIENT'S GOALS AND EVIDENCE-BASED INTERVENTIONS: Problems are the flip side of goals. What CBT interventions did you use for each problem/goal?

PART SIX: COURSE OF TREATMENT AND OUTCOME

THERAPEUTIC RELATIONSHIP: What was your client's attitude toward treatment and toward you? What did you do to maintain a positive relationship? If relevant, how did you solve problems in the relationship?

NUMBER AND FREQUENCY OF TREATMENT SESSIONS, LENGTH OF TREATMENT: How often were therapy sessions conducted? Were they standard CBT sessions (if not, how were they different)? How long was the client in treatment?

COURSE OF TREATMENT SUMMARY: How did the treatment process unfold? What was the client's motivation like? How easy or difficult was it to treat this client and why?

MEASURES OF PROGRESS: What quantitative measures (or assessments of functioning) did you use at intake? How did you monitor progress during treatment?

OUTCOME OF TREATMENT: How much change was there in the client's symptoms, level of functioning, and/or sense of well-being? What was the clients' overall level of satisfaction with the treatment provided?

Scoring for Case Write-Up

There are 23 sub-sections on the Case Write-Up. Each of the items will be scored separately.

You are required to complete all items in the Case Write-Up. If you don't complete a section, you won't be able to submit your Case-Write Up. The range of possible total scores will be 0- 50. Items in the Cognitive Conceptualization Diagram, Narrative Summary of Conceptualization, and Problems Lists/Goals/EBT's Sections are weighted more heavily than other sections. These sections require minimum scores of 4 on each item to pass; 12 out of 15 possible points. The remaining sections must total to a minimum score of 28 out of 35 possible points**. A total score of 40 is the minimum passing score.** The scoring grid is as follows:

Case Write-up Scoring Grid

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Item	Scoring Range	Your Score
Part One: Intake Information		
Identifying Information (Age, Gender Identity, Cultural Heritage, Religious/Spiritual Orientation, Living Environment, Employment Status, Socioeconomic Status)	0-1	
Chief Complaint	0-3	
Current Psychiatric Medications	0-1	
Current Significant Relationships	0-2	
Part Two: Historical Information		
Best Lifetime Functioning	0-2	
History of Present Illness	0-2	
History of Psychiatric, Psychological, or Substance Use Problems	0-2	
Impact on Functioning of Psychiatric, Psychological, or Substance Use Problems	0-2	
History of Psychiatric, Psychological, or Substance Use Treatment, Type, Level of care, and Response	0-2	
Developmental History	0-3	
Personal, Social, Educational, and Vocational History	0-3	
Medical History and Limitations	0-2	
Non-Psychiatric Medications, Treatment, Adherence and Side Effects	0-1	
Part Three: Case Conceptualization Diagram(CCD) * **	**0-5**	
Part Four: Case Conceptualization Summary		

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History of Current Illness	0-2	
Maintaining Factors	0-2	
Values and Aspirations (Optional)	--	--
Narrative Summary, Incorporating Historical Information, Precipitants, Maintaining Factors, and CCD Information***	0-5	
Part Five: Treatment Plan		
Client's Broad Goals, Problem List, Evidenced-Based Interventions Broad Goals***	0-5	
Part Six: Course of Treatment and Outcome		
Therapeutic Relationship	0-1	
Number of and Frequency of Treatment Sessions, Length of Treatment	0-1	
Course of Treatment Summary	0-1	
Measures of Progress	0-1	
Outcome of Treatment	0-1	
Totals for Shaded Items Must Equal at least 12 **Minimum Score of "4" on Each Shaded Item**		
Totals for Unshaded Items Must Equal at least 28		
Total Score **Your Total Score Must Equal at Least 40 (Maximum Score: 50)**		

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Recording of a Live Session

The second part of the Work Sample is the recording of a live therapy session with the client described in the Case Write-Up. The work sample must be original work completed by the applicant without assistance. The client recorded must not have been discussed during supervision. The recorded therapy session should be a standard Cognitive Behavior Therapy session. It will be rated on the Cognitive Therapy Rating Scale (Revised) (CTRS-R). The CTRS-R has 11 items; each item is scored on a scale of 0-3. **A score of 25 is the minimum passing score.** A copy of the CTRS-R is included with this Guide.

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Cognitive Therapy Rating Scale-Revised

Scoring Rubric

Scoring Key:

0 = Item was NOT PRESENT.

1 = Item was present but was UNSATISFACTORY.

2 = Item was present and performed with MODERATE SKILL.

3 = Item was present and performed VERY WELL.

CTRS-R Item	Criteria Questions	Y/N	Score
1. Agenda	Did the therapist... • Provide transition to the previous session? • Identify significant events [positive and/or negative] since previous session? • Review Action Plan [complete review may be done as part of the agenda]? • Conduct a mood check? • Identify specific goals or problems to work on during the session?	____ ____ ____ ____ ____	
	If therapist completed none of the above items		0
	If therapist completed one or more but not all of the above items		1
	If therapist completed all five of the above items		2

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	If therapist completed all five of the above items PLUS... 1. Made certain that all items important to the client were addressed and prioritized; 2. Followed the agenda throughout the session unless there was an overt discussion about deviating from the agenda.		3

CTRS-R Item	Criteria Questions	Y/N	Score
2. Feedback	Did the therapist... • Ascertain the client's reaction to the session, the therapist, or the therapeutic process? • Ensure that the client understood and agreed with the treatment plan? • Respond appropriately to feedback?	____ ____ ____	
	If therapist completed none of the above items		0
	If therapist completed one or more but not all of the above items		1
	If therapist completed all three of the above items		2
	If the therapist completed all three of the above items PLUS... The therapist fluidly requested feedback throughout the session [agenda, transitions, use of techniques, and/or developing an Action Plan].		3

CTRS-R Item	Criteria Questions	Y/N	Score
3. Understanding	Did the therapist… • Demonstrate they generally heard and understood the content of what the client expressed through repeating, summarizing, etc. what the client said during the session?	____	
	If therapist did not demonstrate the above item		0
	If therapist inconsistently listened and reflected the client's statements		1
	If therapist listened and reflected the client's statements throughout the session		2
	If the therapist consistently listened and reflected throughout the session PLUS… 1. Therapist demonstrated recognition of understanding the client's emotional state through acknowledgement, reflection, empathy; 2. Discussed the client's emotional state within the context of the conceptualization; 3. Demonstration of emotional state is accomplished by a combination of words, expressions, gestures, tone, and body language throughout the session.		3

CTRS-R Item	Criteria Questions	Y/N	Score
4. Interpersonal Effectiveness	Throughout the session, did the therapist… • Demonstrate concern for client and help the client reach their goals?	____	

	• Provide positive reinforcement for actions taken by the client (e.g. completing action plans)? • Maintain professional and ethical behavior?	____ ____	
	If therapist completed none of the above items		0
	If therapist completed one or two, but not all three of the above items		1
	If therapist completed all three of the above items		2
	If the therapist completed all three of the above items PLUS... • Through words, gestures, and expressions, demonstrated warmth, genuineness, and unconditional acceptance (absence of judgment) by making positive statements about the client's character or characteristics (e.g. strength, determination, caring, vision, values, integrity, etc.)		3

CTRS-R Item	Criteria Questions	Y/N	Score
5. Collaboration	Did the therapist... • Ask the client for input/agreement when setting the agenda and respond appropriately to the input? • Ask the client for input/agreement when selecting or using CBT techniques and respond appropriately to the input?	____ ____	

	• Ask the client for input/agreement when determining the Action Plan to be followed between sessions and responded appropriately to the input?	____	
	If therapist completed none of the above items		0
	If therapist completed one or more but not all three of the above items		1
	If therapist completed all three of the above items		2
	If the therapist completed all three of the above items PLUS… • Throughout the session, the therapist made a consistent effort to invite client's participation/agreement on every major decision about the session and responded appropriately. The collaboration resulted in a mutually agreeable direction for the session.		3

CTRS-R Item	Criteria Questions	Y/N	Score
6. Pacing and efficient use of time	Did the therapist… • Allocate appropriate time for ○ transition and agenda setting; ○ intervention(s); ○ feedback and action planning? • Complete the session within 40 – 60 minutes?	____ ____	
	If therapist completed none of the above items		0
	If therapist completed one but not both of the above items		1
	If therapist completed both of the above items		2

	If the therapist completed both of the above items PLUS... 1. Provided pacing that allowed discussion to seamlessly move through each of the different segments; 2. AND, if needed, made appropriate attempts to limit peripheral or unproductive discussion; 3. AND the session was conducted within 45 – 55 minutes		3

CTRS-R Item	Criteria Questions	Y/N	Score
7. Guided Discovery	Did the therapist... • Design and conduct the session to help the client achieve a cognitive shift regarding agenda items? • Throughout the session, avoid showing bias and avoid use of directions, arguments, or coercion to lead the client to "see" things the way the therapist thinks the client should see them? • Assess the cognitive shift following an intervention?	____ ____ ____	
	If the therapist made no attempt to help the client achieve a cognitive shift		0
	If the therapist completed one or more but not all of the above items		1
	If the therapist completed all three of the above items		2

	If the therapist completed all three of the above items PLUS... 1. Throughout the session, skillfully utilized the process of discovery to help the client arrive at their own conclusions; 2. Assess the potential impact of the cognitive shift on the client's emotions and behaviors.		3

CTRS-R Item	Criteria Questions	Y/N	Score
8. Focus on Key Cognitions and Behaviors	Did the therapist... • Focus on specific cognitions, images, sensations, emotions, behaviors, and or meanings about aspirations or challenges associated with the sessions Agenda item(s)?	____	
	If the therapist did not focus on any particular item during the session		0
	If the therapist focused on an issue that was unrelated to Agenda items or was unable to elicit specific cognitions, images, sensations, emotions, behaviors, and/or meanings related to Agenda items		1
	If the therapist focused on specific cognitions, images, sensations, emotions, behaviors, and/or meanings about aspirations or challenges associated with the sessions Agenda items		2
	If the therapist completed the above item PLUS... • The items(s) were the most relevant cognitions, images, sensations, emotions, and/or meanings that held greatest promise for a positive impact on the client's aspirations or challenges related to the sessions agenda item(s).		3

CTRS-R Item	Criteria Questions	Y/N	Score
9. Strategy for change	Did the therapist... • Discuss evidence-based (CBT) techniques as part of an overall strategy for change with the client? • Select and use at least one identifiable evidencebased technique that was appropriate for the agenda item being addressed?	____ ____	
	If the therapist did not appear to have any strategy that incorporated use of evidence-based (CBT) techniques		0
	If the therapist appeared to have a strategy that did not include use of an appropriate evidence-based (CBT) technique		1
	If the therapist discussed an overall strategy for change with the client and used at least one appropriate evidence-based (CBT) technique		2
	If the therapist completed both of the items above PLUS... 1. The therapist explained the rationale for use of the technique; 2. Offered other options (if applicable); 3. Obtained the client's agreement to participate in use of the techniques.		3

CTRS-R Item	Criteria Questions	Y/N	Score
10. Application of CBT Technique	Did the therapist... • Apply a CBT technique with sufficient skill that the technique was recognizable? • Apply a CBT technique in such a way that it would likely facilitate change in a motivated client?	____ ____	
	If the therapist attempts to apply a CBT technique was not done with sufficient skill that it was recognizable		0
	If the therapist achieved one of the above items but not the other one		1
	If the therapist performed the technique with sufficient skill that it accomplished both of the above items		2
	If the therapist accomplished both of the above items PLUS 1. The therapist demonstrated good familiarity with the technique; 2. The therapist was comfortable applying the technique; 3. The therapist applied the technique in a technically correct manner (i.e. as the technique is described in the literature).		3

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CTRS-R Item	Criteria Questions	Y/N	Score
11. Action Plan	Did the therapist… • Review the Action Plan from the previous session? • Ask the client to provide input/agreement or incorporate spontaneously offered ideas into the development of a new Action Plan? • Develop an Action Plan based on work done in the current session [and/or continued from a previous session, if applicable] that, if completed, the Action Plan would answer a question, or help the client to better cope, develop a new skill, or improve their relationships?	____ ____ ____	
	If the therapist did not complete any of the above items		0
	If the therapist completed one or more but not all of the items listed above		1
	If the therapist completed all three of the items listed above		2
	If the therapist completed all of the items listed above PLUS… 1. The therapist ensured that the client knew what to do, was capable of doing it, and it was specified when, where, how often, and how long to do the Action Plan; and 2. The therapist assessed the reasonable likelihood that the client would complete the Action Plan; and 3. The therapist addressed any challenges or obstacles that would potentially reduce the likelihood of the client completing the Action Plan.		3