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A Novel CBT Web Course for the Substance Abuse Workforce: Community Counselors' Perceptions

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Abstract

This article describes (a) a web-based course for substance abuse counselors on Cognitive-Behavioral Therapy (CBT), and (b) the evaluation of a prototype module from the web-based course to determine the feasibility of the e-learning program for a community-based counselor audience. The course is part of a unique study that trains counselor-supervisor teams to increase the transfer of learned skills to the agency. Following curriculum design, we sought counselor reactions to the prototype module on strengths/limitations of the design, functionality, and effectiveness. Results showed that counselors learned new information, found this format effective compared to other training, and wanted to complete a full CBT web course. Counselors' evaluation led content and technology changes: we add and segmented material aimed at the advanced, more theoretically-oriented counselor, and housed these topics behind an "advanced concept" graphics button; added 7 screens to accommodate text broken into smaller units; and increased the difficulty of the end-of-module quiz.

Keywords

Cognitive-behavioral Therapy; web-based course; substance abuse counselors; evaluation of prototype module

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Note: Dr. Larson was at New England Research Institutes at the time this research was completed.

BACKGROUND

Despite widespread promotion of evidence-based practices by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), the Institute of Medicine noted that great disparity exists between what is known to be effective treatment and current practice in drug and alcohol treatment programs (1). Behavioral treatment models that have strong empirical evidence for effectiveness are infrequently adopted outside research settings. Unfortunately, what is being practiced at community-based programs is infrequently supported by existing research.

Technology transfer

Scientific research is contributing new knowledge that will likely improve outcomes in the addictions system -- once clinical practice in the field changes to incorporate such knowledge. Community-based addiction providers must be exposed to effective technology transfer in order to learn the new counseling approaches (2). Technology transfer, as defined by the NIDA, is the “systematic process through which skills, techniques, models and approaches emanating from research are delivered to and applied by practitioners” (1). Technology transfer does not occur unless new practices are adopted and used in the field; this requires that practitioners be engaged in the transfer process so they have opportunities to master new protocols and techniques “by doing” (2, 3, 4).

Although community-based addictions counselors want more training and supervision in advanced addictions techniques (5, 6), the current methods used in clinical trials to train research clinicians are not suited to diverse treatment settings, the range of clinical backgrounds, and the perceived interests of the counselors (7). Training methods that rely exclusively on manuals are ineffective because retention from solely reading instructions is low; training based on in-person workshops is costly and time-prohibitive for many agencies. Counselors desire skills-oriented training, and while most counselors have opportunities to be exposed to science-based techniques, there are limited opportunities for structured learning that promote actual transfer of a high level of competence in service delivery. Electronic educational technology offers new opportunities to accomplish this goal. The robust growth of the Internet has opened a new and significantly improved channel for education and training programs for both consumers and clinicians. On-line coursework could help bridge the gap between knowledge of effective treatment in the research world to actual practice in the community – a pressing priority identified by the Institute of Medicine (1).

The authors have developed a training innovation for this community-based audience called Technology to Enhance Addiction Counselor Helping: Cognitive Behavioral Therapy (TEACH-CBT), a web-based course to improve the knowledge and skills of these counselors in using cognitive behavioral therapy (CBT). All technology elements were designed by the technology development staff of the New England Research Institutes, Inc. (NERI). NERI’s e-programs have already guided providers in communicating with older adults, trained medical clinicians on the research aspects of the pharmacology of pain (http://symptomresearch.org/), and provided Continuing Education Credit-approved ethics training for nurses.

The addictions scientific community has identified CBT as one of a small number of therapeutic approaches with overwhelming evidence of effectiveness (8, 9). Major studies of CBT training for substance abuse counselors have shown positive counselor and client outcomes (10, 11). The CBT course developed for this project contains eight instructional modules focusing on the principles and techniques of CBT; the modules highlight issues

such as using a functional analysis to understand client patterns, behavioral skills training, cognitive skills training, applying CBT to a case, and applying CBT to HIV/AIDS concerns.

This article describes the CBT web-based course and the evaluation of a prototype module to determine the feasibility of the e-learning program for this community-based counselor audience. Substance abuse educators, researchers and agency administrators may find TEACH-CBT especially interesting since it offers an exciting and financially feasible method of counselor training, and, if shown to be effective, can be used with a variety of health care professionals to accomplish the goals of technology transfer. Since TEACH-CBT will be evaluated in a randomized controlled trial, researchers may be interested in the unique study design that recruits counselor-supervisor teams to increase the likelihood of the transfer of learned skills to the agency.

TEACH-CBT CURRICULUM

Based on the NIDA CBT manual (8), the curriculum for the e-learning program was developed by the authors who consulted with CBT experts to develop additional instructional and training materials. Desired behavioral outcomes in knowledge, attitude and skill arenas were identified for counselors completing the course, and the curriculum designers chose CBT content to match these outcomes. The process was iterative as experts debated desired outcomes and worked to match TEACH-CBT content to those outcomes.

Applying adult learning theories

Research on learning styles has been crucial to the development and success of the TEACH-CBT web course. In recent years, learning has been conceptualized as a cycle that begins with **experience,** continues with **reflection** and later leads to **action**, which itself becomes a concrete experience for further **reflection** (12, 13). Thus, adult learning is viewed as ‘active’ and learner-centric (13). The action phase includes **experimentation**, where the learner tests out newly acquired theories and skills in another environment and reflects on what really works. TEACH-CBT course designers sought to provide experiences that would be responsive to learners as they moved through this cycle. Efforts were also made to ensure that the web-course would be attractive to individuals with different learning styles, for example, those who learn a skill best by understanding the theory upon which it’s based, as well as those with minimal interest in theory who learn best by seeing it demonstrated. Learning activities that are matched to the learner’s style will be more attractive to the learner and the resultant knowledge, attitudes and skills will be more readily adopted (12, 13, 14).

Interested in *motivational* instructional design, an approach that attracts learners toward the instruction and increases the effort they invest in learning, researchers Bohlin, Milheim and Viechnicki (15) studied adult learners to understand the instructional methods that would increase four conditions that produce positive outcomes (16): learner attention, content relevance, learner confidence, and learner satisfaction. Bohlin and colleagues (15) developed guidelines for applying these principles to computer courseware or other forms of educational technology. Design elements required that (a) the learner controls the size of the chunks learned before testing, (b) the feedback links the learner’s success to his/her ability and effort, illustrating to the learner that he/she can do it when he/she works at it, and (c) the learner feels supported and understands that he/she can try it again and again until mastery. These principles shaped the building of TEACH-CBT which is intended to attract the adult learner with its flexibility, engagement, periodic options for choosing basic vs. advanced content, and choice of exercises.

Advantages compared to traditional training

While the web format as a learning tool is no longer innovative for some audiences (17, 18, 19), it is particularly well suited as an effective training technique for substance abuse counselors who have few opportunities for advanced learning, receive spotty on-site supervision, and infrequently attend scientific conferences where new counseling studies and methods are discussed (1, 20). Bringing CBT skills to the counselor through an online training program rather than the standard written manual or outside-the-agency brief workshop is innovative for this particular audience with promise of more effectiveness (21). Advantages over traditional training for community-based counselors include: (a) immediate feedback to the learner through on-line quizzes and exercises, so the learner is actively engaged in self-evaluation, (b) brief audio vignettes which bring the clinical material to life, (c) links to web resources so learners can satisfy their interest in related topics at the click of a button, (d) learner-paced access 24 hours/7 days a week, and (e) easily printed course handouts for use with clients. For agencies and counselors, the web course saves time and travel and requires no or little cost. For course developers, an advantage is web course scalability -–– new information can be inserted and graphics, voice-overs, and animation can be added without starting from scratch.

Web-based programs have been used by others to disseminate innovative methods, for example, child welfare practices to foster parents (22), clinical practice guidelines to hospital nurses (23), buprenorphine information to psychiatrists and physicians (24), and tutorials on using the electronic patient record to hospital and community health providers (25). Such methods have also been used to disseminate CBT courses to substance abuse counselors (26) and substance abuse prevention information to health educators (27). Findings from these efforts show the need to address the “goodness of fit” between the technology and learners’ needs since this is still a relatively unfamiliar training method for many learners.

Randomized controlled trial

TEACH-CBT is being evaluated in a randomized controlled trial. Sixty agency teams (120 counselors total) will be randomly assigned to either this web course or to usual training (NIDA’s CBT training manual) to test effectiveness of the e-learning program using outcomes such as (a) change in counselor knowledge, attitudes and confidence assessed with pre- and post-training questionnaires, (b) change in trainee level of competence in CBT delivery assessed by independent ratings of audio-taped counseling sessions pre- and post-training, and (c) trainee maintenance of CBT skills at 3 month follow-up assessed by independent ratings of audio-taped sessions. Funded by NIDA, TEACH-CBT is part of NIDA’s knowledge development program.

To increase the likelihood of “training transfer” (28) from the “electronic classroom” to client treatment sessions, counselors are required to apply for the program in groups of at least two, along with an agency supervisor who also agrees to participate and completes questionnaires. Thus, participating agencies will have individuals at more than one agency level who have used this innovation and understand its scope and benefits. This multi-person, multi-level approach has been recommended for programs trying to move research findings into practice because it provides staff support for innovations and offers the potential for reinforcement of learning by peers and supervisors (2, 3, 4). The role of supervisor here is especially powerful as he/she can shape the clinical approach to include CBT as an important treatment modality. Thus, the approach is a more blended one, where supervisors serve as trainers and are part of the technology transfer.

PROTOTYPE STUDY

Following a standard curriculum development process in which parts of the curriculum were piloted and feedback sought from participants, the project team elicited counselor reactions to a web course prototype module to understand the strengths and limitations of the design, appeal of the training components, ease of use (user-friendliness), and perceived teaching effectiveness. The team's primary question was whether the web course could reach and be used by community substance abuse counselors in diverse, non research-based settings (Was the product feasible for the marketplace?) and to learn how counselors viewed the module's relevance for day-today practice. The testing of prototypes is a typical step in the development of commercial products such as e-programs. (NERI seeks to make this product available to the public following the randomized trial).

A prototype module with 27 screens was built on introductory material from several research sources (9, 29, 30) including the NIDA CBT manual (8) and contained "drag and drop" games with interactive questions, a client handout, a written on-line exercise, an off-line assignment, two audio segments, many graphics, and a quiz with remediation. After substantial changes, it became the first module in the series of eight and typified the clinical CBT content and educational structure of the course as a whole. Screen shots of the page template and an exercise entitled, "Sorting Thoughts and Feelings," are shown in Figures 1 and 2. A template of all the features used in the prototype is available upon request from the first author.

The module content introduced counselors to the major components of cognitive-behavioral therapy, the basic format of a CBT session, and the role and approach of a functional analysis (See Table 1). This module was beta tested in June 2004 using a convenience sample of 22 counselor participants who viewed the prototype at home or at work. Beta testing refers to the testing of an original product after it has been thoroughly examined and designated as functional by the internal users (alpha test). Our research questions included: (1) What are the counselors' experiences and perceptions of the content, format and technology of the prototype module? and (2) What design changes are needed to enhance the training experience and increase the functionality and appeal of the web course? We wanted to know whether counselors perceived that the e-program had merit and whether they would be motivated to take the rest of the course if they had the opportunity to do so. In addition to pedagogical questions about instructional methods, we had technological questions: Would the counselors' computer operating systems be compatible with the design of the course? Would counselors experience frustration in using the e-program and would that impede learning? Mixed quantitative and qualitative study methods allowed us to explore these issues in depth.

PROTOTYPE STUDY METHOD

Participant requirements

To recruit counselors who were representative of the substance abuse treatment workforce for the randomized trial, we sought 10 BA-level counselors with alcohol and/or drug certification or licensure and 10 MA-level counselors, with 2 or more years of substance abuse counseling experience, currently treating clients, and from diverse rural and urban settings. An e-mailed recruitment flyer was distributed in two waves over a 3-week period to community-based substance abuse treatment agencies throughout the New England states. Participants were offered $75 for viewing the prototype module, completing the written evaluation, and completing an extensive telephone interview. Participating counselors who volunteered were screened in as eligible, and provided written informed consent. NERI's Institutional Review Board approved the study protocol.

Sample Characteristics

Forty-six counselors expressed interest and 38 completed the screening process. Of these, 6 were wait-listed because they were not New England-based, and 7 were ineligible. Of 25 eligible counselors who were mailed consent forms, 22 completed the evaluation. Thus, the response rate for those screened eligible was very high (88 percent) and exceeded our goal of 20 completed evaluations. Fifteen of the recruited sample were MA-level counselors, and seven were BA-level counselors. Most (68%) were female, the mean age was 44 years (range 26–67), and most (86%) were Caucasian (with two Latinos and one "other"). Agency settings were diverse: 12 were from outpatient programs, 8 were from methadone maintenance programs, and 2 were from inpatient or residential programs. The median years of counseling experience among participants was 11 (range 2–25). Thus, the respondent group was also mixed on gender, age, race, years of experience, and educational degrees.

Measures

Counselors, responding to a 59-item questionnaire developed for this prototype study, rated website features on a 5-point Likert scale including content, format and feel. They provided information about the type of web browser and Internet connection used, the amount of time they spent completing the module, whether they worked at home or at work on the module, and their motivation to continue learning about CBT following this exposure. A semi-structured telephone interview elicited additional evaluation information including respondents' understanding of CBT as distinct from their usual counseling approaches, most useful areas of learning, and recommendations for improving the website. This interview was conducted by one author (G. Blitzman) who is a training consultant with expertise in adult learning programs.

Data analysis

Descriptive frequencies were examined for each questionnaire item and the pattern of specific closed-ended responses was compared with comments elicited in the interviews.

RESULTS

Product feasibility

To determine product feasibility for the marketplace, we inquired about participants' experience with on-line courses and comfort with the technology. We found that 41% (n=9) of counselors had engaged in no previous on-line course work, while a third (n=7) had previously completed only one on-line course. Fifty-nine percent (n=13) had access to a high-speed Internet connection, 27% (n=6) had dial-up, and 14% (n=3) could not report their Internet connection method; one third (n=7) had difficulty "loading" the audio elements which suggests a difficulty with dial-up connection. For 54% (n=12) of the counselors, completion time of the 27-screen module was longer than 45 minutes; however, 17% (n=6) of counselors completed the module in less than 35 minutes; ten in one sitting, 9 in two sittings, and 3 in more than two sittings. More than half (54%) (n=12) completed the module at work or a combination of at work and at home. There was diverse response to the instructional formats: 10 wanted *more* exercises, 5 wanted *more* graphics, and 4 wanted *more* audio. At the same time, 4 wanted *less* audio, and 4 wanted *less* text material.

Perceived value of training content

Ninety-one percent (n=20) of the counselor respondents agreed with the statement, *"The web course would help me in my work with clients."* The qualitative findings indicated that the module immediately and positively affected the counselors' perceptions of the value of CBT. Almost all participants volunteered that they were motivated by the prototype module

to use CBT and get more CBT training. Respondents' comments below describe their motivations to continue learning about CBT:

> Respondent "A", a counselor with some basic coursework in CBT who viewed this as adding more depth to previous learning in that it made clearer distinctions about work to be done on thoughts and feelings: *"I liked learning about CBT because it's not confrontational, and good for short-term work with adolescents."*
>
> Respondent "B", a Boston-based counselor who became committed to taking the full course when viewing the module: *"It [CBT] seemed to really work—puts more emphasis on the client—puts more of the responsibility on them."*
>
> Respondent "C", a counselor self-described s a former addict with lengthy recovery who directs a treatment program found the tools concrete and usable: *"CBT allows counselors to focus on today—what behaviors today—what decisions is the client making today that cause problems?"*
>
> Respondent "D", a supervisor with about 15 years of experience, had been doing CBT for about 7 years and found the structure and reinforcement of the concepts especially helpful: *"There is always a conflict in counseling – how much to listen to the client's stories and how much to get to skills—CBT can help keep the focus."*
>
> Respondent "E", a counselor who had worked in a methadone maintenance program for several years and especially valued the focus of sessions with a beginning, middle and end: *"I had CBT in a substance abuse course—used it a long time ago. I had some understanding but didn't see the potential until now. What's distinctive compared to my current approach is how it links thoughts, triggers and behavior."*

Most participants expressed interest in a hands-on, practical learning experience, and reported that they had relatively little interest in theory. One respondent was concerned that CBT might work less well with the chronic mentally ill substance abuser, and another respondent said CBT would be difficult to employ in early treatment with some trauma survivors due to confused thinking and poor memory, but no respondent expressed doubts about its value for a large number of clients with substance abuse problems.

Experience with CBT

Eighty-two percent (n=18) agreed with the statement, *"I learned new information about CBT from the course."* Counselor participants who reviewed TEACH-CBT approached the prototype module with some knowledge of CBT; some believed they understood CBT principles and approaches prior to viewing the module. However, after viewing the basic overview of CBT techniques, many participants acknowledged that they were not familiar with all the concepts introduced. The following statements exemplify this:

> Respondent "F", an MSW with more than 20 years of experience in human services praised the fact that information was chunked, precise, and deliverable to the client: *"I found a new distinction in the module—a clear emphasis on teaching some of the theory to the client. It's [CBT] very interactive with the client—learn by doing, structured, one-step-at-a-time gives the client a sense of discovery, excitement."*
>
> Respondent "G", an MSW counselor with 15 years of experience had worked with cognitive restructuring but had not used CBT to focus on feelings: *"I definitely use CBT with depression. I hadn't used it with substance abuse. My interest in CBT has shifted a lot as a result of this module—I hadn't been using CBT with substance abuse—will do so now."*

Interest in the full course

77% (n=17) agreed with the statement, *"I would take the full 8 module course."* In response to this question, one counselor had no opinion and four counselors did not agree with the statement: two said that they were too advanced for the current course and that the prototype approach was too simple. (Prototype content material was an overview only and participants desiring new skills are expected to complete all 8 modules.)

On-line learning

Ninety-one percent (n=20) agreed with the statement, *"Compared to other training, the module was effective."* After viewing the module, almost all endorsed the idea that an online learning experience was a good training option. Participants mentioned that they viewed this prototype as the best on-line learning experience they had encountered. For first-time users, the technology worked well and they were comfortable navigating the module. Respondents could not identify any training course on CBT that would offer the same scope or access.

Figure 4 shows the methods identified as most effective. Handouts for clients, exercises, and using exercises to analyze personal problems were seen as highly effective, with audio dialogue between the counselor and clients seen as not very effective.

Ways to strengthen the content

Respondents also offered opinions on ways to improve the course.

Responding to a question about whether the website needed more substance abuse examples, one stated: "*I liked that you can use CBT for anxiety, depression, other things, therefore, don't limit yourself to more substance abuse examples only – many clients have other issues.*"

Another counselor recommended, "*Show how to make CBT work when it doesn't work—what to do with hard-to-treat clients where CBT is not working smoothly.*"

A respondent from an ethnic minority group, said, "*Include how to adapt CBT to immigrants for whom there may be cultural barriers*." Show how to *"use CBT to consciously empower them—this aspect is very important." In other words, counselors can say that CBT can 'strengthen the internal powers in you—don't depend on others' power over you.…Help clients build on their successes and what they have overcome in the old country – historical difficulties that they have already overcome.*"

This respondent also suggested that some immigrants' low level of education may require that the counselor work on a very concrete conceptual level, as well as use examples from the client's own culture.

Other specific reactions to CBT methods also were provided in interviews. A respondent with supervisory experience serving primarily ethnic minorities and immigrants advised that counselors should be somewhat flexible with the session structure rule referred to as the "20/20/20 rule" (i.e., spending 20 minutes of the session reviewing client skill practice from the previous week, 20 minutes on current issues and new learning, and 20 minutes introducing skills to be practiced for the next session). In his experience, many clients are unused to such structure in sessions when they seek help, thus this approach could put them off. Other respondents, after reviewing the proposed course outline, suggested that the course provide more material on using CBT to address anger management and domestic violence, and provide counselors with as much feedback/evaluation as possible on their progress through the course.

DISCUSSION

Study Limitations

This study followed the usual practice in recruiting a purposive sample to test a prototype product before full development. Accordingly, the sample size is small and the recruitment strategy relied on volunteers who do not necessarily represent the substance abuse workforce in New England. In particular, volunteers in this type of study may be more motivated to look for opportunities for skill-development, or may have more exposure to training or CBT than non-volunteers. Because volunteers were paid to evaluate the product, they may report more favorable responses than those who take training under usual circumstances. Nevertheless, some respondents suggested improvements to the web-based training program and understood it was a prototype to be evaluated in order to make improvements.

Product feasibility

There is great interest among counselors in completing a full web course on an evidence-based treatment practice (CBT). Most prototype features held appeal, the technology worked well, and users were comfortable navigating the module. Respondents could not identify current training courses on CBT that would offer the same scope or access, suggesting that TEACH CBT filled a training gap.

Counselors' understanding of CBT

Although many participants had years of counseling experience, most welcomed the opportunity to reinforce and test what they knew about CBT. After viewing the basic overview of CBT techniques, counselors acknowledged that they were not familiar with all the concepts introduced. Faculty experts involved in TEACH-CBT had suggested that the actual understanding of CBT in the field is poor and even those who think they rely on CBT lack adherence to CBT methods. We found that participants reported that they actually use eclectic techniques in sessions depending upon client needs. This eclectic approach is not 'evidence-based', and may be the result of poor understanding of specific clinical practices, lack of training, and/or minimal skill level. Learning from training manuals alone does not address this problem because there is no opportunity for structured skill practice or feedback from experts. Given the fact that counselors report using an eclectic approach and believe they know more about CBT than they might actually know, 'testing' counselor knowledge during training and giving immediate feedback to stimulate the counselor's critical thinking ability relative to the new approach is an essential element of skill change and transfer of training (6, 28).

Utilization of evaluation data to modify web-course

The evaluation provided information on key feasibility aspects of the web course for counselors in community-based settings, and influenced the final web design and teaching strategies of TEACH-CBT. Accordingly, the web course approach was changed to: (a) break up audio segments to download more quickly; (b) balance use of photo graphics with charts and cartoons of instructional content; (c) enlarge the font size; (d) design colorful graphic icons to house additional pop-up text; (e) add and segment material aimed at the advanced, more theoretically-oriented counselor; these optional advanced topics were housed behind an "advanced concept" graphic button; (f) increase module length by 7 screens to a total of 34 screens to accommodate text broken into smaller units; (g) increase difficulty of the end-of-module quiz; and (h) increase the number of handouts per module.

Next steps

After this prototype testing, the remaining seven course modules (containing 23 CBT-specific counseling skills) were programmed and reviewed by expert faculty advisors (See Table 2 for full content outline). The full trial is now completed and involves 127 counselors from 54 agencies randomly assigned to either the web course or the NIDA CBT manual with the competent application of CBT in client sessions (judged by audiotape transcripts) as the primary outcome assessed.

CONCLUSION

Although CBT was a familiar, appealing topic for these substance abuse counselors, even those who were sophisticated counselors with previous CBT exposure gained new knowledge. Among this audience that was predominantly inexperienced with on-line training, an interactive web course was very appealing. Feedback on the prototype from diverse constituencies (setting, education, experience) strengthened the design of the course and reinforced our commitment to emphasize skill techniques and application of materials during client sessions. Counselors perceived this CBT training course to be unique in its attractiveness and comprehensiveness. The randomized trial will help determine the effectiveness of this e-learning method for the substance abuse workforce. It may also have implications for the training of other health professional groups who have clinical roles with drug abusing patients.

Web-based education is likely to increase the accessibility of evidence-based treatments so clinicians, supervisors, and administrators can learn about them, which may in turn help organizations adopt these treatments, facilitating technology transfer at the individual and organizational levels (23). However, approaches to changing clinical practice will ultimately need to focus both on counselor knowledge and skills, and on organizational factors such as staff buy-in, workplace incentives for change, and skill reinforcement through supervision and peer support.

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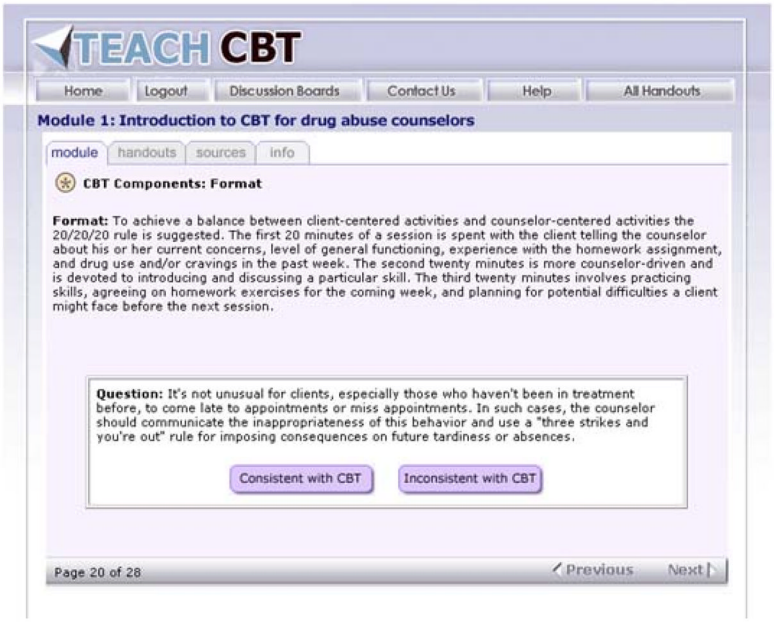

Figure 1.
Web Course Screen Shot of Page Template

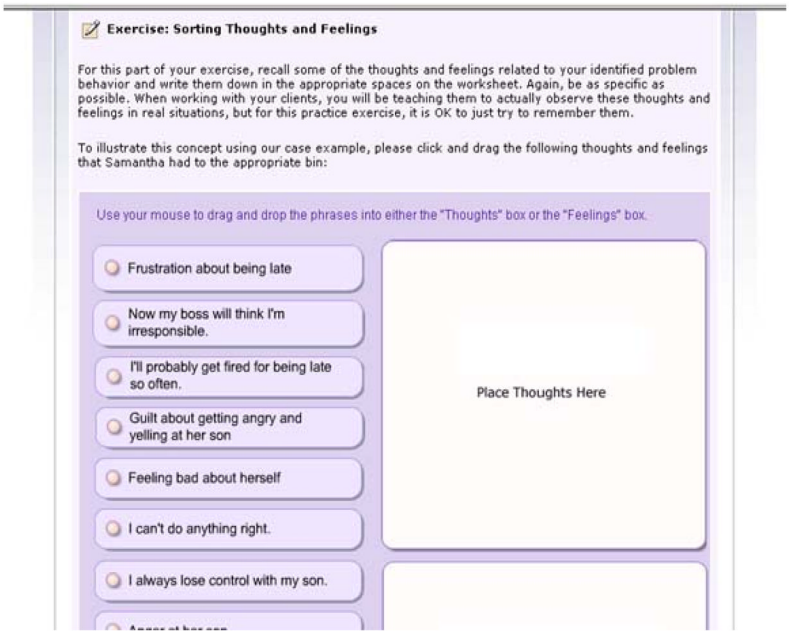

Figure 2.
Web Course Screen Shot of “Exercise: Sorting Thoughts and Feelings”

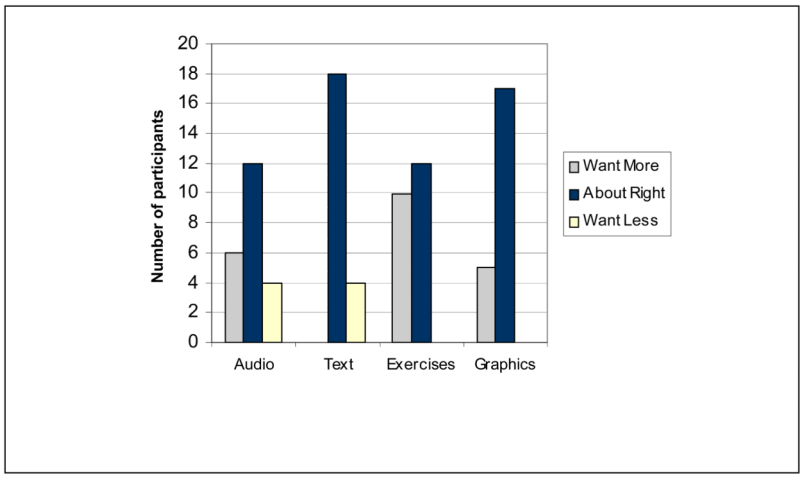

Figure 3.
Balance Achieved in Teaching Elements of Prototype Module

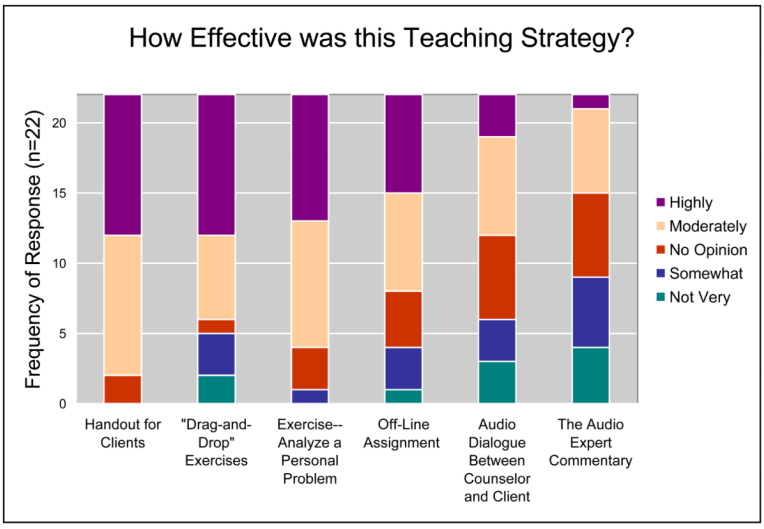

Figure 4.
Responses to Question about Perceived Effectiveness of Web Course Teaching Strategy

TABLE 1

Detailed Outline of Prototype CBT Module Content

- **I.** Learning Objectives
  - **1.** Understand the major components of CBT
  - **2.** Know about the basic format of a CBT session
  - **3.** Perform a CBT analysis on a specific issue in your own life
  - **4.** Understand the unique aspects of CBT compared to other treatment modalities
  - **5.** Analyze a specific drug use situation of a client using a CBT approach
- **II.** What is Cognitive Behavioral Therapy?
- **III.** Exercise to Learn Purpose Functional Analysis
- **IV.** Advantages of CBT for the Counselor and Client
- **V.** Similarities/dissimilarities to other Therapies
- **VI.** Session Length, Format, Settings and Appropriate Clients
- **VII.** Essential Characteristics
- **VIII.** Audio Vignette of a Session
- **IX.** Module Source Documents (8), (9) (29), (30), (31) (32)

Table 2

Full Content of Web-based CBT Course

Module 1: Conducting CBT Sessions

- Introduction and Objectives
- What is CBT?
- Why Use CBT with Clients?
- Functional Analysis
- Skills Training

Module 2: Enhancing Client Motivation

- Introduction and Objectives
- Readiness to Change
- Seek Incremental Change—Your Role
- Useful Motivational Enhancement Strategies

Module 3: Using Functional Analysis to Understand Patterns

- Introduction and Objectives
- What a Functional Analysis Accomplishes
- Using a Functional Analysis Approach to Assessment
- Explaining Functional Analysis with Clients
- Making it Stick

Module 4: Behavior Skills Training

- Introduction and Objectives
- Major Paths of Cognition
- Results from Cognitive Intervention Techniques
- Processes Involved in Cognition
- Cognitive Intervention Techniques
- Applying Cognitive Strategies to Common Drug Use Problems
- Using Cognitive Skills to Maintain Sobriety

Module 5: Cognitive Skills Training

- Introduction and Objectives
- Major Paths of Cognition

Subst Abus. Author manuscript; available in PMC 2012 April 8.

- Results from Cognitive Intervention Techniques
- Processes Involved in Cognition
- Cognitive Intervention Techniques
- Applying Cognitive Strategies to Common Drug Use Problems
- Using Cognitive Skills to Maintain Sobriety
- Using Cognitive Skills to Maintain Sobriety
- Resumed Drug Use

Module 6: Applying CBT to HIV/AIDS

- Introduction and Objectives
- Risk Patterns for HIV/AIDS
- Assessing HIV Risk
- Interventions to Reduce HIV Risk
- Using CBT to Reduce Risk
- Working with HIV-Positive Clients

Module 7: Helping Clients Manage Other Life Problems

- Introduction and Objectives
- Other Life Problems in a CBT Framework
- Identifying Priority Life Problems
- Intervening with Other Problems
- Addressing Common Psychiatric Comorbidities
- Medications for Treatment
- Developing Additional Resources

Module 8: Applying CBT to a Case

- Introduction and Objectives
- Initial Session
- Third Session
- Fifth Session
- Sixth Session
- Final Session