Title

Training and Supervision of Cognitive Behavioral Therapy in Japan: A Decade of Challenges

Yasue Mitamura[1,2], Hitomi Oi[1], Ikue Umemoto[1,2], Yutaka Ono[1,3], Hironori Kuga[1]

1. National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry
2. Jikei University Graduate School of Medicine
3. Ono Research Institute

Abstract:

Cognitive behavioral therapy (CBT) has been proven effective in treating various mental disorders, but its dissemination and implementation have been challenges due to a lack of therapists. The National Health Service developed the Improving Access to Psychological Therapies (IAPT) program to provide more psychotherapy in the United Kingdom. This initiative not only improved accessibility and therapeutic effects but also demonstrated economic benefits (Wakefield et al., 2020; Clark et al., 2018). In Japan, opportunities to learn CBT are limited. Traditionally, individuals had to study under a therapist who was familiar with CBT or take training courses in self-improvement to learn CBT. Addressing this issue, in 2010, the Ministry of Health, Labor and Welfare (MHLW) launched a CBT training initiative as part of its anti-suicide measures, making it possible for participants to receive training and supervision free of charge. In the project, participants attend 2-day CBT training which allows them to conduct CBT at their own workplaces with supervision. Until FY2022, a total of 1,807 participants had taken the 2-day training course, of whom 541 had completed supervision. A questionnaire survey was administered to participants before and after the 2-day training course in the project, and 189 of the participants who attended the course in FY2023 responded to the survey. Participants were primarily physicians, certified public psychologists, and nurses, with percentages of 39%, 39%, and 17%, respectively. This presentation will report the current states and issues of the CBT training system in Japan, including the survey results. Furthermore, the discussion will extend to prospects of the CBT training and supervision with a view toward enhancing its dissemination and implementation within the broader Asian context.

8th Asian Cognitive Behavioral Therapy Congress

Training and Supervision of Cognitive Behavioral Therapy in Japan: A Decade of Challenges

Yasue Mitamura[1,2], Hitomi Oi[1], Ikue Umemoto[1,3],
Yutaka Ono[1,3], Hironori Kuga[1]
[1] National Center for Cognitive Behavior Therapy and Research,
National Center of Neurology and Psychiatry (NCNP), Japan
[2] Jikei University Graduate School of Medicine
[3] Ono Research Institute, Japan

Agenda

- Cognitive Behavioral Therapy(CBT) training in Japan
- Effectiveness of the CBT training
- Issues to the implementation of CBT in Japan

Backgrounds

- The dissemination and implementation of CBT have been challenges due to a lack of therapists.
- CBT training system such as Improving Access to Psychological Therapies (IAPT) has been improving accessibility, therapeutic effects, and economic benefits (Clark et al., 2018; Liness et al., 2018)

CBT training in Japan

Suicide >30,000 people/year

Ministry of Health, Labor and Welfare (MHLW) launched a CBT training project

Individual CBT was in billed in health insurance system

MHLW Training Project For Depression

Two-day training workshop

Individual CBT for depression & Supervision (16 sessions)

One-day brush-up workshop



Training system

	IAPT (to be a High Intensive Therapist)	MHLW CBT training project (to be a Supervisor)
Target group	Clinical psychologists, mental health nurses, occupational therapists, social workers, and other trainees who can prove that they are professionally equivalent	Physicians, nurses, psychologists, and other healthcare professionals working in medical institutes
Training institute and period	·One or two years as a trainee in IAPT course at a university or other institution ·At least 72days lessons	·Attend training while performing duties at their institution ·Two-day workshop (15hrs.)
Required CBT case, SV time	·Assessment and treatment of individual CBT, 200 hrs. ·Individual CBT, 8 cases (at least 2cases for depression, 1 case for PTSD, 1 case for SAD) ·SV, 70hrs.	·Individual CBT for depression, 2cases ·SV, about 32hrs. (2 cases for depression)
Evaluation	·Cognitive Therapy Rating Scale (CTRS) ·Self-assessment for the therapy ·Case report ·Feedback from patients	·CTRS33 points、at least 2 points per item

Settings to provide the training system are different. In Japan, workplace understanding is essential to deliver CBT.

National Curriculum for High Intensity Cognitive Behavioural Therapy Courses, 2022

Effectiveness of MHLW Training Project

Demographic data of participants

Table 1 Demographic data of participants attended the two-day training workshop (n=189)

Age, mean(SD)	40.1 (10.4)
Gender, male (%)	111 (58.7)
Occupation (%)	
Physician	73 (38.6)
Certified public psychologist (CPP)	74 (39.2)
Nurse	33 (17.5)
Others	9 (4.8)
Period of practicing clinical psychiatry, year, mean(SD)	9.2 (7.8)
Period of CBT conducted, year, mean(SD)	1.8 (3.6)
Number of individual CBT conducted ,mean (SD)	2.4 (9.0)
Have received SV for CBT, yes(%)	20 (10.6)

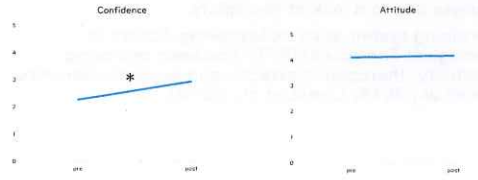
Demographic data of participants

Table 2 Demographic data of participants attended the two-day training workshop by occupations (n=189)

	Physician	CPP	Nurse	Total
Period of practicing clinical psychiatry, year, mean(SD)	8.3 (8.3)	9.1 (7.4)	9.9 (7.3)	9.2 (7.8)
Period of CBT provided, year, mean(SD)	0.85 (2.7)	3.4 (4.5)	0.2 (0.5)	1.8 (3.6)
Number of individual CBT provided ,mean (SD)	1.2 (6.1)	5.0 (12.8)	0.03(0.2)	2.4 (9.0)
Have received SV for CBT, yes(%)	1 (1.4)	16(21.6)	2(6.1)	20 (10.6)

Effectiveness of training

Confidence and Attitude to provide CBT

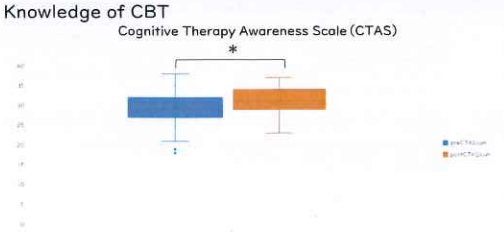


- Confidence score improved after the workshop (* t=10.75, p<0.001)
- Attitude score showed no significant differences (t=1.36, p=0.17)

Effectiveness of training

・Knowledge of CBT

Cognitive Therapy Awareness Scale (CTAS)

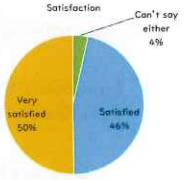


・CTAS score improved after the workshop (t=5.78, p<0.001)

Effectiveness of training

- Satisfaction
"Very satisfied" or "Satisfied" 96%

・Comments
"The group work helped me to learn the details."
"The skilled therapist explained CBT in a way that was easy to understand."



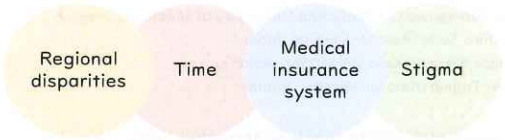
Summary of the effectiveness of MHLW CBT training

- Some positive effects were achieved through MHLW CBT training project.
- The attitude to provide CBT didn't change significantly. This may be because many participants intended to do CBT, and their scores were already high before the training.
- We plan to evaluate the patients' outcome and the quality of CBT sessions.

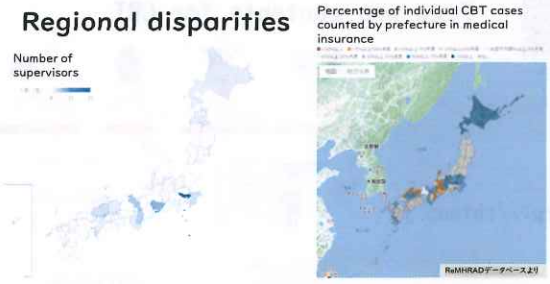
Can the frequency of CBT use be increased simply by providing the quality training?

Issues for the implementation of CBT in Japan

Issue

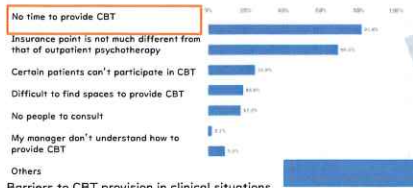


Regional disparities



Regional maldistribution of supervisors can also affect the number of CBT cases

No time to provide CBT



Barriers to CBT provision in clinical situations (Physicians) (Japan Health Policy Institute, 2021)

	Japan	US
Psychiatric consultation time (min.)	8.3	36.1
Number of patients (/day)	32.7	4.4

Differences of time for psychiatric examination (Nakagawa et al., 2015)

Medical insurance system in Japan

	Outpatient psychotherapy	Individual CBT
Requirements	Suggestion or direction to the patients under the treatment plan	Provision of the structured CBT (up to 16 sessions)
Provider	Designated psychiatrist	Trained physicians/ trained nurses with physicians
Cost	3300 yen	4800/3500 yen
Time	>5min.	>30min.

- Only physicians and trained nurses can bill "Individual CBT"
- "Outpatient psychotherapy" can be performed in 5 minutes and is more profitable for hospitals than "Individual CBT".

Stigma associated with mental health problems in Japan

- "Culture of shame" makes Japanese hesitant to ask for advice (Benedict, 1946)
- Students not seeking advice even when they are in need is a big issue in university education (Japan Students Service Organization, 2011)
- Resistance to psychiatry is the factor that hinders willingness to get treatment for depression (Kawamoto et al., 2014)

Methods to solve the issues

Regional disparities

- Face-to-face training in rural areas, increase online training

Time

- Developing the digital intervention to provide CBT in short time
- Stepped care (group therapy, using digital contents)

Medical insurance system

- Find ways for reimbursement "Individual CBT" by other occupations such as CPP, social workers, occupational therapists

Stigma with mental health problems

- Digital contents for psychoeducation
- Education from student period

Free web contents for CBT

Website 「CBT map」

Download the worksheets, Watch the videos

CBT manuals

Acknowledgements

Masaru Horikoshi (NCNP, Japan)
Daisuke Fujisawa (Keio University, Japan)
Atsuo Nakagawa (St. Marianna University of Medicine, Japan)
Mitsuhiro Sado (Keio University, Japan)
Toshiaki Kikuchi (Keio University, Japan)
Miyuki Tajima (Keio University, Japan)

We would also like to thank all the other instructors who have cooperated with the MHLW CBT project and all those who have filled out the survey.

発表概要報告書

2024年2月28日から3月3日までインドのニューデリーで行われた8th Asian CBT Congress（ACBTA）に参加させて頂きました。私はCBTのトレーニングとスーパービジョンというシンポジウムで、厚労省認知行動療法研修事業と日本におけるCBTの普及・実装について発表させて頂きました。会場からはアジアでのCBT普及のための必要事項について質問があり、学会長のNimisha先生からは、アジアでCBTを実践されている方はアメリカやイギリスで訓練を受けた人ばかりで、その国独自のトレーニング体制の構築や実施が必要という回答をされていました。さらに、Beck InstituteのAllen Miller先生も各国の文化への適応を話されていました。これまで私は海外のCBTトレーニング体制に追いつかねばという問題意識ばかり先行してましたが、今回のシンポジウムを通して、日本の文化や実情を踏まえた体制構築の必要性を再認識しました。

夜は交流会にも参加して、World Congress of Cognitive and Behavioral Therapiesのプレジデントの Lata McGinn先生ともお話ができました。現在、CBTの団体を各大陸で作ることに尽力されていて、今後はアフリカ大陸での設立を目指すと熱く語られており、CBT普及への情熱を感じました。本学会ではアジア各国の認知行動療法関連の学会を代表される先生方が多数来られており、前述したシンポジウムのテーマに関連して、各国でのCBTの普及や実装についてお伺いしましたが、どの先生からもご苦労されながらも精力的に活動されていることをお聞きできて、励まされました。

インドの学会運営はスケジュール変更がリアルタイムであるなど、驚きの連続でした。ただ、困っているとどこからともなく誰かが助けてくれ、インド人の方の温かさも感じました。始終”easy-going”な空気は、通常日本での業務ではあまり感じない空気で、心地よさもありました。

日本で開催される次回のACBTAでは、今回交流できた先生方とまたお会いできることを目指して、日々の臨床と研究に励みたいと思います。参加にあたっては石川先生と始めとし、本学会の先生方の強力なご支援を頂きました。初めてのインドでビザやホテルが決まるまでは不安でしたが、おかげ様で安心して渡航でき、充実した滞在となりました。心より御礼申し上げます。

採用された方についてはウェブページ等で内容が公開される場合があります。