

BABCP Level 1 Accreditation Pathway  
Trainee Handbook



University  
*of* Exeter

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## Foreword From Course Director

Welcome the BABCP Accreditation Pathway on our DClInPsy!

As a whole programme we are excited to be able to offer our trainees enhanced secondary accreditation opportunities in several therapeutic modalities. Cognitive Behavioural Therapy (CBT) has long been one of the core therapeutic modalities taught at Exeter and we are delighted to see our aspiration to create an accredited pathway come to fruition.

Evidence-based practice is at the heart of our training programme. Given the wide variety of problem presentations and population groups with whom CBT has been demonstrated to lead to positive outcomes and the widespread application of CBT throughout mental health services and settings, it is hard to imagine how a Clinical Psychologist could be equipped to practice, supervise and lead without some competency in this area. Clinical Psychologists have pioneered the development of CBT in this country and continue to push the boundaries of our current knowledge, to innovate and evaluate and shape service delivery. Our aim is that all our graduates will emerge from the programme with a good working grasp of CBT and knowledge of the evidence-base and underpinning theory, equipped to work in this context.

If you have chosen to join the accreditation pathway, you will have enhanced opportunities to develop your CBT competence. We have worked hard to limit the “extra” work that this requires above and beyond the usual DClInPsy requirements and to integrate it into the normal teaching and learning requirements. It is our hope that any extra effort required is more than repaid with the satisfaction of the experience of seeing the recovery of your clients facilitated by the work you do in this modality and the confidence that the achievement of competency in a particular modality confers.

Enjoy!

## 1. Introduction to the Level 1 BABCP pathway

At Exeter we are excited to be applying for level 1 accreditation of the Doctorate in Clinical Psychology course, which will apply to all trainees. The CBT stream of the programme is designed to increase each participant's knowledge, procedural skills and reflective practice of cognitive behavioural therapy. The successful completion of this stream as captured in the final portfolio will allow graduates to have met all of the teaching requirements for future application to the BABCP, as well as a set proportion of the total supervised practice and training case requirements, allowing them to work towards applying for accreditation in the future. We hope that graduates will be able to act as 'product champions' for CBT and to be available as practitioners, teachers and consultants in the various settings in which they work.

### Rationale

Cognitive Behavioural Therapy is an evidence-based NICE-recommended therapy for many common mental health problems, as well as those classed as severe and enduring. Clinical psychologists working with clients in most settings will benefit from being skilled at the use of CBT, and accreditation with the BABCP shows a commitment to this. NHS providers are increasingly looking for BABCP-accredited CBT practitioners, both to work with clients directly, and to provide supervision and leadership. Given that all trainees are attending so much CBT teaching, we feel it is vital that all trainees are also given the chance to fully apply CBT in at least one placement, and get a sense of how it can work in practice.

### Course Philosophy

A major contributing resource to the programme is the knowledge and experience that programme members bring with them. We intend to draw upon and honour this knowledge and experience in order to develop clinical skills and increase awareness and theoretical understanding. It is important, however, that understanding and use of theory is integrated with clinical application in a rigorous and constructively critical manner. The series seeks to actively promote anti-oppressive practice throughout the teaching and organisation of the course, together with the implementation of an equal opportunities policy. All staff and trainees must abide by the BABCP Code of Conduct. The Level 1 BABCP pathway is embedded within the Doctorate of Clinical Psychology (DClinPsy), which is accredited the Health and Care Professions Council (HCPC) and the British Psychological Society (BPS) and is strongly committed to upholding the HCPC Standards of Education and Training, HCPC Standards of Conduct Performance and Ethics and the BPS Code of Ethics and Conduct. This pathway provides participants with all the knowledge, skills and reflective practice needed to work as an independent CBT practitioner, pending further supervised clinical practice. Throughout the teaching, participants are exposed to research into this psychological approach to promote both a constructively critical and questioning attitude to one's own therapeutic approach, and at the same time promoting an awareness of other approaches.

### Programme Aims

This level 1 pathway provides all the necessary teaching so that on graduation from the Doctorate, individuals will have received the teaching hours required to fulfil the BABCP's [Minimum Training Standards \(MTS\)](#). They will also have met an agreed subsection of the rest of the requirements, which can be complemented by further supervised clinical practice as a qualified clinical psychologist.

## 2. Meet the Team



Jessica Davies

CBT Convenor

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Jessica is a BABCP accredited practitioner, supervisor and trainer. She qualified as a CBT therapist in 2013 from the Institute of Psychiatry, Psychology and Neuroscience, and has since worked in IAPT, student services and private practice. Prior to starting at the University of Exeter, she was the course director for the PGDip in CBT at UEA. Currently, she splits her time between the DClInPsy and the University of Exeter's MCAPs degree apprenticeship course.



Catherine Butler

Course Director

[c.a.butler@exeter.ac.uk](mailto:c.a.butler@exeter.ac.uk)

Dr Catherine Butler is the Course Director on the DClInPsy at the University of Exeter. She is not BABCP qualified, but she works with the BABCP lead to ensure that the accreditation pathway first smoothly within the DClInPsy and trainees are clear what is required of them and supported to do this.



Tracy Rydin-Orwin

Clinical Practice Director

[t.j.rydin-orwin@exeter.ac.uk](mailto:t.j.rydin-orwin@exeter.ac.uk)

Tracy trained in Clinical Psychology on the Exeter course between 1999-2002. Since qualifying she has worked in Devon for the NHS in perinatal infant mental health and clinical lead for the county. During her time in the NHS she has provided placements for trainees and supervised trainee's major pieces of research in the area of perinatal infant mental health. 3 years ago Tracy joined the DClIn Clinical Team as clinical tutor for Devon, Dorset and International trainees. In January 2022 she took up the post as Clinical Practice Director. Tracy also convenes the child teaching in year 1 of the course. Outside of work she loves being with her family, in the countryside and by or in the sea.



Gemma Palmer

CBT Marker

Gemma has worked in the NHS for 17 years - First, as a Cognitive Behavioural Therapist working with adults, and then as Clinical Psychologist working in a variety of settings including Health, IAPT and Community Mental Health. Since 2020 Gemma has been working in National Deaf CAMHS and is now the Principal Clinical Psychologist and Clinical Lead in the South West.

Gemma completed her clinical training at University of Exeter in 2018 and has been working as a marker for the course since 2021. Gemma has special interests in Deaf Mental Health, Social Communication Conditions, CBT, Compassion Focussed Therapy and has recently training in EMDR.



Cara Haines

CBT Marker

Cara is a clinical psychologist who has worked in both adult and child and adolescent mental health services. She is BABCP accredited and has experience of both teaching and supervising DCLinPsy trainees on placement.



Cathy Jones

CBT Marker

Cathy is a Counselling Psychologist and BABCP accredited practitioner and supervisor. She worked in the NHS for many years both in CMHTs and IAPT. She previously taught on the HI training course at Exeter University. For the last 5 years she has led a Counselling Psychology service within HM Prisons.



Nick King

CBT Marker

Nick completed his Clinical Psychology doctorate at the University of East London qualifying in 2003. He is also a BABCP accredited CBT therapist and completed his PGDip in CBT at Royal Holloway, University of London in 2007.

After training he worked in a clinical role for 7 years within HIV, GUM and oncology services and then 10 years working in an IAPT service in. He has extensive experience of supervising trainee and qualified CBT therapists and Clinical Psychologists and has taught on various doctoral courses. His particular clinical interest is in the application of CBT in adult mental health across the lifespan.

### 3. Learning Outcomes

On completion of the Level 1 BABCP pathway, you will have met all the teaching requirements of the BABCP for accreditation, and have completed one case in terms of practical application of this teaching. The overall learning objectives are:

- To attain a good understanding of the theory and evidence base underpinning Cognitive Behavioural therapeutic approaches, including its strengths and limitations.
- To become familiar with core therapeutic techniques used across and within different problem areas and client groups, and to attain a basis for developing competence in these through the clinical practice elements of the programme.
- To gain an appreciation of the place of cognitive behavioural therapy within the practice of Clinical Psychology.
- To develop an awareness of areas for individual professional development within cognitive behavioural understanding and practice, both during training and post qualification.

## 4. Overview of Level 1 BABCP pathway components

A level 1 accredited BABCP training equips trainees with the knowledge and skills to be able to work with clients using CBT in health service settings. The pathway is delivered over all three years of the Clinical Psychology training. More information on accreditation following a Level 1 course can be found at <https://www.babcp.com/Accreditation/Provisional-Accreditation/About-Provisional-Accreditation>. Teaching takes place in seminars, workshops and lectures, as well as via course and placement supervision. Assessment of CBT will be completed partially within the core components of the DCLin, and partially via additional assignments within your placement, and will be brought together via completion of a summative portfolio. In summary the pathway is comprised of:

- Minimum of 250 hours teaching
- Minimum of 200 hours of independent study
- 5 hours supervision
- 25 hours therapy
- 1 completed CBT assessed as a formal case report
- A final summative portfolio bringing together evidence for all of the above

### 4.1 Teaching and learning

Trainees will be expected to adopt an adult approach to learning, contributing from their existing knowledge and skills and acquiring new knowledge and skills through attendance at University lectures, guided self-study, Problem Based Learning activity and private study. You will also be encouraged to reflect and draw on your own beliefs and behaviours and apply self-practice self-reflection. A variety of teaching/learning opportunities will be offered including lectures, small group working, and experiential learning exercises. Trainees will also be expected to undertake preparatory reading and complete learning projects for some teaching sessions. Core references will be provided prior to the course and additional references and handouts will be given for specific sessions.

**Attendance:** Whilst we very much hope you will be able and keen to participate in all elements of the course you are required to have 100% attendance on all training days to meet the required hours. If you need to miss teaching for any reason, you must discuss this with the CBT Convenor and Academic Director and alternative arrangements will be made.

**Participation:** Also, you need to have demonstrated active participation in the different course components as identified in feedback from trainers and clinical supervisors.

**Feedback:** Trainees are required to give feedback on teaching which will be used to quality assure the teaching that is provided.

CBT teaching is delivered throughout the three years of the Doctorate in Clinical Psychology, as detailed below.

#### Teaching Sessions

The content of each teaching session is available to trainees on ELE.

The CBT and related teaching spans approximately 66 centrally taught sessions across the DCLinPsy programme, with several additional unfacilitated study-pack sessions. In addition, CBT is covered within sessions that form part of other teaching strands.



The content of the sessions is informed by the British Psychological Society competencies for doctoral programmes in Clinical Psychology, the UCL CBT competencies frameworks, the BABCP Core Curriculum 2021 and the Health Professions Council Standards of Proficiency.

The present curriculum aims to provide coverage of basic and specific competencies, with generic competencies being covered by both the CBT strand and teaching provided within the Psychological Therapies strand (Core Skills sessions) as well as the Reflective Organisational Practice strand. The CBT strand provides some coverage of the problem-specific competencies. Some elements of the problem-specific competencies are covered in other strands (such as the Adult strand), whilst some teaching on client-group specific CBT work is covered in lifespan strands (for example, using CBT when working with people with learning difficulties).

The structure and delivery of the CBT teaching is informed by the requirements of the BABCP for individual accreditation as a CBT practitioner, and we provide trainees with at least 250 taught hours as required by BABCP for accreditation as a CBT practitioner. In keeping with the criteria for accreditation with BABCP, the majority of our teaching is skills-based.

Year	Title	Number of Sessions	
<b>1</b>	An introduction to the CBT model and evidence base	1	
	Assessment, measurement and goal-setting	1	
	Basic Skills in CBT	2	
	Formulation in CBT	1	
	Phobias and exposure	1	
	CBT with people with learning disabilities	1+1*	
	Activity Scheduling & Problem Solving	1	
	Working with Cognitive Products	1	
	Working with Conditional Assumptions	1	
	Working with Core Beliefs	1	
	Assessment and Formulation with young people	2	
	CBT Interventions with young people	2	
	Applied Relaxation	1*	
	Safety and Coping	1*	
	CBT for Social Anxiety Disorder	2	
	CBT for Panic Disorder	2	
	CBT for Obsessive Compulsive Disorder (OCD)	2	
	<b>2</b>	Working with parents within CBT	1
		Working with young people who have experienced trauma	2
		CBT for Bipolar Disorder	3
Compassion based approaches		2	
CBT, cultural competency, and complexity		1*+2	
CBT with older people		2	
CBT for Psychosis		4	
CBT for Generalised Anxiety Disorder (GAD) / intolerance of uncertainty		2	
CBT for Post-Traumatic Stress Disorder (PTSD)		2	
CBT for insomnia		2	
Values-based BA	1		
<b>3</b>	Dialectical Behaviour Therapy (DBT)	2	
	Acceptance and Commitment Therapy (ACT)	2	
	Schema Therapy	2	

	Working with complex PTSD in adults	2
	Working with complex PTSD in young people	4
	CBT for Illness Anxiety Disorder	2
	Working with Imagery in CBT	2
	CBT for Eating Disorders	4
	CBT for Body Dysmorphic Disorder	2
	<b>Total CBT hours</b>	198 + 12 directed study

\*denotes a study-pack session.

In addition, there are a number of combined psychological therapies teaching days, which include CBT, and days in other streams, which will add to the overall CBT learning.

Year	Title	Number of Sessions
<b>1</b>	<i>Secondary Accreditation Pathways</i>	1 (1 hr CBT)
	<i>Introduction to Psychosis (Adult/CBT)</i>	1
	<i>Working with Self Harm (Adult/CBT)</i>	1
	<i>Formulation workshop</i>	2 (2 hrs CBT)
	<i>Use of the Self in Therapy</i>	2 (2 hrs CBT)
	Generic skills in psychological assessment	2
	Supervision part 1	1
	Positive behavioural support	1
	Communication with people with LD	1
	Assessing and managing risk of suicide	2
	Generic Skills in Formulation	2
	Specialist therapies for addictions and mental health	2
	Psychological Management of Chronic Pain	2
	Psychopharmacology	1
	Supervision part 2	1
	Assessing risk	2
	Supervision part 3	1
	Working therapeutically online	2
	Working with personality disorder	2
<b>2</b>	<i>Advanced Formulation Skills</i>	2 (2 hrs CBT)
	<i>Intervention Skills</i>	2 (2 hrs CBT)
	<b>Total CBT hours</b>	81

*Session in italics cover both CBT and other modalities, and so countable hours have been pro-rata'd accordingly.*

**As it is key for all students to meet the 450 total hours of learning, missed sessions from the CBT strand need to be caught up through an equal amount of independent study, and this study logged separately via a missed session catch up form Appendix 5). Trainees will also sign to confirm that said independent study does not account for more than 20% of the total CBT teaching.**

#### 4.2 Study/Reading

In addition to your taught hours, you are also expected to complete a minimum of 200 hours of independent study on CBT across the 3 years. See appendix 1 for core and further reading lists for CBT. This study should be recorded on the self-directed study log (appendix 2) and submitted as part of your final CBT portfolio.

### 4.3 Clinical Practice

A major part of BABCP practitioner accreditation is based on having successfully engaged in CBT Clinical Practice. Over the three-year programme (normally within the first year of training for those not doing the level 2 option), you will be expected to carry out at least 25 hours of CBT with suitable clients, including 1 completed case of assessment and treatment written up as a CPR.

### BABCP Membership

All trainees on the programme are expected to join the BABCP as student members for the duration of their doctoral training, as per the requirements of the BABCP for level 1 and level 2 courses. For more information about signing up as a member, please visit the [BABCP webpages](#).

To confirm membership status, all trainees will be expected to provide their membership numbers on all relevant work submissions; assignments without a BABCP membership number will not be marked as a BABCP case.

### Field Supervision

Throughout the course, you will be expected to have regular supervision from the placement of your clinical practice, however this may not be with a BABCP accredited practitioner.

### University Supervision

In addition to field supervision, all trainees will have university supervision during their CBT-compatible placement (normally in year 1), to allow them to have an appropriately supervised case that they can write up for one of their clinical practice reports. Supervision will occur in small groups on a fortnightly basis over the course of the placement. Supervision hours will be worked out via the BABCP formula, ensuring each trainee has 5 hours of supervision hours recorded. This formula is as follows:

Supervision hours = total time in supervision x 2 / number of supervisees in the group.

For example, a 60-minute supervision group with 3 trainees would be recorded for 40 minutes supervision per trainee. This is to account for the learning from cases other than your own during the supervision. For more information, see page 12 of the [BABCP minimum training standards](#).

## 5. Overview of Assessment

To successfully graduate from the Level 1 stream of the DClIn, trainees must pass all relevant aspects of the course as summarised below:

Assessment Component	Details
<b>Attendance at Teaching</b>	All teaching must be attended. If missed, the recording must be watched, followed by a conversation with the lecturer or CBT convenor to cover key learning.
<b>Case Reports</b>	If following Level 1 pathway, one of the clinical practice reports during year 1 or 2 must be based on CBT, and submitted to be marked in line with the BABCP requirements
<b>Portfolio</b>	Full portfolio to be submitted January of year 3. See appendix 3 for checklist.

All assignments will be submitted via eBART.

### 5.1 Case Reports and Presentations

All trainees will submit a number of CPRs across their Doctoral training. Within these, one must be focussed on CBT, and will be marked by the CBT team.

### 5.2 Summative CBT Portfolio

A summative portfolio is submitted in January of year 3, showing how the trainee has met an agreed subsection of the Minimum Training Standards for the BABCP accreditation, including all taught components. See appendix 3 for the portfolio checklist, which details all the requirements and how these should be evidenced, including the specific forms to use. As a course aiming for level 1 accreditation, we have designed your study to naturally meet many of the requirements for this portfolio within your overall study, but we advise that you familiarise yourself with the rest of the requirements from the start, to assist with contemporaneous logging of study hours etc.

## 6. The Accreditation Process

The course itself will be applying for accreditation of both its level 1 and level 2 pathways on the completion of the first year of running in 2022/23. If this is successful, accreditation for students will be as follows:

- On completion of the DClIn, all trainee names will be added to either the Level 1 or Level 2 pass lists.
- Following this and the collation of further clinical hours and training cases, Level 1 pathway students can apply for individual Provisional Accreditation directly with the BABCP. For more information, go to: <https://www.babcp.com/Accreditation/Provisional-Accreditation/About-Provisional-Accreditation>.

## 7. Governance and Quality Assurance of the BABCP Level 1 & 2 pathways

The level 1 & 2 BABCP pathways are embedded within the Doctorate of Clinical Psychology (DClinPsy). As part of its accredited status by the Health and Care Professions Council (HCPC) the DClinPsy must abide by the [HCPC Standards of Education and Training](#) and [HCPC Standards of Conduct Performance and Ethics](#). In addition the programme is accredited by the British Psychological Society and it is committed to the [BPS Code of Ethics and Conduct](#).

The BABCP Level 1 & 2 pathways are currently seeking accreditation by the [BABCP Course Accreditation Team](#). If successful, this will require reaccreditation every 5 years, involving a full review of all aspects of the course.

## 8. Accredited Prior Certified Learning

Accredited Prior 'Certified' Learning (APCL) is the achievement of learning that has been formally assessed and certificated from previous study with a higher education institution, which can include the University of Exeter. For the DClInPsy at the University of Exeter, this applies to the Level 1 BABCP pathway that is embedded in the training. APCL of this qualification will mean that the student does not submit the BABCP portfolio or the CTSr, and is not obliged to have a CPR marked against BABCP criteria (however, they will still be expected to attend all CBT teaching). Only the completion of a previous Level 2 BABCP accredited course or individual provisional accreditation will be considered for APCL, as these are the learning outcomes that are assessed for this DClInPsy assignment.

### Procedure

#### Stage 1 - Application

All applications for APCL must be submitted at the start of the DClInPsy. Students can seek guidance on this from the DClInPsy CBT Convenor, who will arrange an online meeting to discuss the type of evidence that may be required and the likely timetable of the process. The CBT Convenor should act as a central contact for all APCL requests. The student should submit their APCL request form (APCL\_application\_form.docx (live.com)) to the admin team on the DClInPsy (Dclinpsy@exeter.ac.uk) who will then pass it on to the DClInPsy CBT Convenor.

#### Stage 2 - Initial assessment of case

The DClInPsy CBT Convenor should discuss the APCL application form with the student and:

- Clarify what learning outcomes the student is seeking credit for
- Advise the student on how and when to submit the necessary portfolio of evidence
- Consult with the Academic Director, Programme director and other colleagues as necessary on the appropriate method(s) to be used to assess the applicant's evidence submitted.

#### Stage 3 - Submission of Evidence

The third stage requires the candidate to submit the evidence demonstrating the learning achieved and to complete the application form to indicate what is being submitted against which ILOs. The portfolio should include:

- Certificate & transcript from previous BABCP level 2 training OR proof of provisional accreditation
- Learning Outcomes Form APCL

#### Stage 4 - Assessment

The submission of evidence should be considered by the CBT Convenor and discussed with the Academic Director. Once the assessment is complete the CBT Convenor should sign off the recommendation section of the form, following approval from the DClInPsy Programme Director.

The College should assure itself that the prior certified study is equivalent to the standard of learning that would otherwise have been achieved from submitting the CBT portfolio in the DClInPsy.

### Stage 5 - Outcome and feedback

Students should be informed by the DClinPsy Programme Director in writing of the decision on their application as soon as possible. APCL decisions should be recorded on the student record system and clearly identified on a student's transcript.

## Appendix 1: Key Reading for CBT Pathway

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.

Beck, J.S. (2011). *Cognitive therapy for challenging problems*. The Guilford Press.

Beck, J. S. (2021). *Cognitive therapy: Basics and beyond (3<sup>rd</sup> Edition)*. The Guilford Press

Bennett-Levy, J., Butler, G., Fennell, M., Hackman, A., Mueller, M. & Westbrook, D. (2004). *Oxford guide to behavioural experiments in cognitive therapy*. Oxford University Press.

Bennett-Levy, J., Thwaites, R., Haarhoff, B. & Perry, H. (2015). *Experiencing CBT from the inside out: A self-practice / self-reflection workbook for therapists*. The Guilford Press.

Friedberg, R.D. & McClure, J. M. (2015) *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts (2nd Edition)*. New York: The Guildford Press.

Fuggle, P., Dunsmuir, S., & Curry, V. (2013). *CBT with children, young people and their families*. London: Sage.

Kuyken, W., Padesky, C.A. & Dudley, R. (2009). *Collaborative case conceptualization*. New York: The Guilford Press.

Laidlaw, K. (2014) *CBT for older people: an introduction*. London: SAGE Publications Ltd.

Leahy, R.L., Holland, S.J. & McGinn, L.K. (2011). *Treatment plans for anxiety and depression, second edition*. New York: The Guilford Press.

Padesky, C.A. & Greenberger, D. (2015). *Mind over mood (2nd Edition)*. New York: The Guilford Press.

Reinecke, M A., Datillio, F. M. and Freeman, A. (Eds) (2006) *Cognitive therapy for children and adolescents (2nd Edition)*. The Guildford Press

Stenfert Kroese, B., Dagnan, D. & Loumidis, K. (1997). *Cognitive-Behaviour Therapy for people with learning disabilities*. Routledge.

Whittington, A. & Grey, N. (2014). *How to become a more effective CBT therapist: Mastering metacompetence in clinical practice*. Chichester, U.K.: Wiley Blackwell.

Beyond this, please refer to the [BABCP Core Curriculum](#) for a complete list of all core texts.





## Appendix 3: Level 1 Portfolio Checklist

Below is a list of the 8 documents that should be uploaded to BART to show how you have met the agreed subsection of the BABCP portfolio requirements – please upload them in order with the relevant number as part of the document title, so your marker can find all the evidence.

STANDARD	EVIDENCE
<p><b>BABCP Standard: a minimum of 25 hours of CBT assessment and treatment</b></p>	<p>1) Please upload your <b>log of clinical contacts form -Trainee as Principal or Joint Therapist from your clinical activity log, highlighting all those where CBT was the intervention,</b> and providing a total of these CBT intervention hours at the end</p>
<p>Completed treatment with a service user:</p> <ul style="list-style-type: none"> <li>- for a minimum of 5 treatment sessions</li> <li>- supervised</li> </ul>	<p>2) Please upload your CPR mark sheet and a <b>Training Case Brief Report Form,</b> summarizing your completed case.</p>
<p>Regular on-going clinical supervision with a therapist who is BABCP accredited.</p> <p>A minimum of 5 hours of clinical supervision must be logged appropriate to n = group.</p> <p>(time ÷ n × 2)</p>	<p>3) Please upload your <b>CBT Specific Supervision log from your clinical activity log, providing a total of these hours at the end, along with your supervisors' BABCP numbers.</b> The total supervision time (placement and uni) should add up to at least 5 hours.</p>
<p>Name of supervisors (Field Supervisor &amp; UEA supervisor and BABCP Membership numbers)</p> <p>Field Supervisor Reports Course Supervisor Reports</p>	<p>4) Please upload your signed <b>course supervisor report.</b></p>
<p>A log of training hours attended on the course and through personal study to show 450 hours has been achieved.</p>	<p>5) (sub-label a, b, etc.) Please upload all <b>missed session catch up forms.</b> If none, this document section should be a single page stating that 100%</p>

<p><b>Missed Session catch up forms for any course missed sessions must be included</b></p>	<p>attendance was achieved = 250 hours.</p> <p>6) Please upload your <b>log of self-directed study</b> (this must cover the 200 hours not provided by the course, but can include study pack time).</p>
<p><b>Observation of Experienced CBT Therapists</b></p> <p><b>Number of opportunities to observe an experienced CBT therapist /clinical psychologist practicing CBT</b></p>	<p>It is highly recommended that trainees have the opportunity to observe an experienced CBT therapist. If live observation is not possible trainees need to have at the very least access to recordings of therapy sessions.</p> <p>7) Please upload your <b>log of clinical contacts form -Trainee as Observer from your clinical activity log, highlighting all those where CBT was the intervention.</b></p>

## Appendix 4: Applied CBT in specialist Areas

The BABCP recognise a range of applied CBT approaches (third wave approaches) to be used in specified specialist areas, in line with the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN), Cymru/Matrix Wales, or the American Psychological Association. These are as follows:

“Applied CBT in specialist areas

- Acceptance and Commitment Therapy (ACT) for chronic pain
- ACT for depression, mixed anxiety, OCD and psychosis
- Behavioural couples therapy
- CBT for adult ADHD
- CBT for bipolar disorder
- CBT for chronic headache
- CBT for eating disorders
- CBT for insomnia
- CBT for long term health conditions (chronic pain, diabetes, IBS, CFS, fibromyalgia, arthritis)
- CBT for psychosis (CBTp)
- CT for personality disorders
- Cognitive behavioral analysis system of psychotherapy (CBASP)
- Dialectical behaviour therapy (DBT) for EUPD/BPD
- Mindfulness based cognitive therapy (MBCT) for reducing relapse in recurrent depression
- Motivational interviewing, motivational enhancement therapy (MET) plus CBT for mixed substance abuse/ dependence
- Rational emotive behavioural therapy (REBT) for depression
- Seeking safety for PTSD with substance use disorder
- Schema therapy for borderline personality disorder”

(see [BABCP Core Curriculum 2021](#))

## Appendix 5 Missed session catch up form

Date:

Session title:

Learning activities used (e.g. watching back recording, reading slides, role play etc):

Key learning points (what are the key topics covered, and most important new ideas for you):

Key references:

Please complete this form for each missed session, to evidence the learning hours), and submit with your portfolio. While the learning itself should generally take about the same time as the missed learning, the form should be a brief summary (400-600 words).