

BABCP Level 2 Accreditation Pathway
Trainee Handbook



University
of Exeter

Contents

Foreword From Course Director	3
1. Introduction to the BABCP Level 2 accreditation pathway.....	4
Rationale	4
Course Philosophy.....	4
Programme Aims	4
2. Meet the Team.....	5
3. Learning Outcomes	7
4. Overview of BABCP accreditation pathway components.....	8
4.1 Teaching and learning	8
Teaching Sessions	8
4.2 Study/Reading.....	10
4.3 Clinical Practice	11
BABCP Membership	11
Field Supervision	11
University Supervision	11
5. Overview of Assessment.....	12
5.1 Case Reports and Presentations	12
5.2 CTSr	12
5.3 Summative CBT Portfolio	13
6. The Accreditation Process.....	14
7. Governance and Quality Assurance of the BABCP Level 1 & 2 pathways	14
Appendix 1: Key Reading for CBT Pathway.....	15
Appendix 2: Self Directed Study Log.....	16
Appendix 3: Level 2 Portfolio Checklist.....	17
Appendix 4: Applied CBT in specialist Areas.....	20

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 BABCP Level 2 accreditation pathway

At Exeter we are delighted to offer an optional embedded pathway to Level 2 accreditation with the BABCP. The programme is designed to increase each participant's knowledge, procedural skills and reflective practice of cognitive behavioural therapy. The successful completion of this pathway as captured in the final portfolio will allow graduates to immediately apply for provisional accreditation with the BABCP upon graduation, via the streamlined Level 2 forms. 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. Those following this pathway will have the opportunity to make best use of the extensive CBT teaching provided on the course, and reach a high level of competency.

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 2 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. 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 2 pathway provides all the necessary training so that on graduation from the Doctorate, individuals will have received the training required to fulfil all of the BABCP's [Minimum Training Standards \(MTS\)](#).

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

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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

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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 BABCP accreditation pathway, you will have met all the requirements of the BABCP for provisional accreditation. 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 BABCP accreditation pathway components

A level 2 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 2 course can be found at <https://babcp.com/Level-2-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
- 40 hours supervision
- 200 hours therapy
- 8 completed CBT cases across a range of disorders, including 3 “closely supervised” and 4 assessed as formal case reports
- 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 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	
1	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	
	2	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		2*+2	
CBT with older people		2	
CBT for Psychosis		3	
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	2		

3	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
	Total CBT hours	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
1	<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
2	<i>Advanced Formulation Skills</i>	2 (2 hrs CBT)
	<i>Intervention Skills</i>	2 (2 hrs CBT)
	Total CBT hours	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 study, and this study logged separately via a missed session catch up form.

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, you will be expected to carry out 200 hours of CBT with suitable clients, including 8 completed cases of assessment and treatment.

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. As a level 2 pathway student, we will aim to pair you with supervisors who are BABCP accredited practitioners for any placement where you are doing predominantly CBT, though there may be times where this is not possible. In addition, your third-year placement will be CBT-focused, and will be with a BABCP accredited practitioner as your supervisor. In total, for the level 2 pathway you will need to build up at least 35 hours of CBT field supervision.

University Supervision

In addition to field supervision, all trainees will have university supervision during one of their placements in either year 1 or 2, to allow them to have a closely 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 2 stream of the DClIn, trainees must pass all relevant aspects of the course as summarised below:

Assessment Component	Details
Attendance at Teaching	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.
Case Reports/Presentations	If following Level 2 pathway, all assignments possible in years 1, 2 & 3 should be focussed on CBT. Further case reports as needed to take total to 4 will also need to be submitted across year 3 to the CBT convenor. At least 1 case report must be 4000+ words (such as a CPR).
CTSr or alternative rating scale of session recording	All trainees considering the level 2 pathway submit 1 recording to the university to be assessed via CTSr (or accepted alternative scale) in year 1 or 2. Level 2 pathway trainees must then pass 2 further recordings with their field supervisor in year 3. Each recording should be between 50-60 minutes.
Portfolio	Full portfolio to be submitted at the end of year 3. See appendix 3 for checklist.

All assignments will be submitted via eBART, with the exception of the actual recordings and consent forms for the session recordings, as these will be submitted separately to a secure SharePoint in line with our data sharing agreements of confidential data with NHS services.

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.

For those taking the Level 2 pathway, a total of 3 further cases must be academically marked, either as case reports or as presentations (with a maximum of 2 as presentations). These will be agreed with the CBT convenor at the start of year 3, after reviewing the work submitted so far. These cases should include at least one mood disorder case, and two different anxiety/trauma disorders.

5.2 CTSr

All trainees hoping to follow the Level 2 pathway will have one recording assessed by the course team during their first two years. Those choosing the Level 2 pathway will further need to submit and pass 2 further sessions during their third year intensive CBT placement.

Alternative measures may be used instead where the CTSr would not apply. The following alternatives are known and accepted:

- Cognitive Behaviour Therapy Scale for Children and Young People (CBTS-CYP)
- Cognitive Therapy Scale for Psychosis (CTS-Psy)
- Amended for 1:1 version of The Manualised Group Intervention Check (MAGIC)

The expectation from the BABCP is that CBT courses will use validated measures of clinical competence suited to the skills being demonstrated and the population served. If you would like to suggest an alternative measure, please speak to the CBT Convenor, as we are happy to consider any validated alternatives where the measures above would be inappropriate for assessing the type of CBT being carried out. In all cases, the pass mark should be 50%, the marker should have attended University marking training to support benchmarking, and a subsection of the field-rated recordings will be audited by the course team for consistency.

5.3 Summative CBT Portfolio

A summative portfolio is submitted near the end of year 3, showing how the trainee has met all the Minimum Training Standards for the BABCP accreditation. 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 level 2 pathway, 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, Level 2 pathway students can apply for Level 2 Provisional Accreditation directly with the BABCP. For more information, go to: <https://babcp.com/Level-2-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 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.

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 (3rd 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 2: Self Directed Study Log

Date(s)	Resource (book, website, paper etc)	Duration
e.g. 25/07/22	<i>Veale D, Gournay K, Dryden W, Boocock A, Shah F, Willson R, et al. Body dysmorphic disorder: A cognitive behavioural model and pilot randomised controlled trial. Behaviour Research and Therapy. 1996;34(9):717–729.</i>	1 hour
e.g. 26/07/22-29/07/22	<i>Veale D., & Neziroglu F. (2010). Body Dysmorphic Disorder: A Treatment Manual. Chichester, John Wiley & Sons, 2010.</i>	8 hours
Total		

Please add further rows as needed.

Appendix 3: Level 2 Portfolio Checklist

Below is a list of the 19 documents that should be uploaded to BART to show how you have met all 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>BABCP Standard: a minimum of 200 hours of CBT assessment and treatment</p>	<p>1) Please upload your log of clinical contacts form -Trainee as Principal or Joint Therapist from your clinical activity log, highlighting all those where CBT was the intervention, and providing a total of these CBT intervention hours at the end</p>
<p>Completed treatment with a minimum of 8 service users:</p> <ul style="list-style-type: none"> - for a minimum of 5 treatment sessions for each case - with a minimum of 5 hours clinical supervision for each case - 2 different types of Anxiety problems and 2 of Depression - a minimum of 3 closely supervised cases - These 8 must include the 4 cases used for each of your case reports and the 3 cases with a passed CTSr 	<p>2) Please upload your Training Case Summary Sheet covering all 8 cases, stating for each of the 8 cases:</p> <ul style="list-style-type: none"> • Which disorder it was covering • Which written assignment/presentation it was submitted for if any (passed assignments only) – 4 must meet this requirement. • Whether it has passed a CTSr/equivalent – 3 must meet this requirement. • How many hours of therapy and supervision were had for each. <p>3-10) Please upload each of your 8 Training Case Brief Report Forms, covering the cases listed in the summary sheet.</p>
<p>Regular on-going clinical supervision with a therapist who is BABCP accredited.</p> <p>A minimum of 40 hours of clinical supervision must be logged appropriate to n = group.</p>	<p>11) Please upload your CBT Specific Supervision log from your clinical activity log, providing a total of these hours at the end, along with your supervisors' BABCP numbers.</p> <p>The total supervision time</p>

(time ÷ n × 2)	(placement and uni) should add up to at least 40 hours.
Name of supervisors (Field Supervisor & UEA supervisor and BABCP Membership numbers) Field Supervisor Reports Course Supervisor Reports	<p>Include 1 Field Supervisor Rating Report Form per module, passed as competent inclusive of professional conduct and statement of competence conducting assessments.</p> <p>12) Please upload your signed course supervisor report.</p> <p>13) Please upload each of your relevant Clinical Competence Goals and Evaluation Forms (if need to upload as separate documents, use a, b, etc)</p>
Self-rated 6 sessions using the CTS-R. Include a brief reflective analysis of the session	<p>14) Please upload your CTSr summary table noting the 6 self-rated recordings you have done across the course.</p> <p>15) Please upload each of the six self-rated CTSr marking feedback sheets, to show your self-reflections.</p>
Reflected on at least 5 samples of CBT literature and its application to practice with individual service users	<p>16) Please upload your Reflection Summary Sheet, summarizing the 5 key pieces of literature reflected upon in your case reports.</p>
A log of training hours attended on the course and through personal study to show 450 hours has been achieved. Missed Session catch up forms for any course missed sessions must be included	<p>17) (sub-label a, b, etc.) Please upload all missed session catch up forms. If none, this document section should be a single page stating that 100% attendance was achieved = 250 hours.</p> <p>18) Please upload your log of self-directed study (this must cover the 200 hours not provided by the course).</p>
Observation of Experienced CBT	It is highly recommended that trainees

Therapists

Number of opportunities to observe an experienced CBT therapist /clinical psychologist practicing CBT

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.

19) Please upload your log of clinical contacts form -Trainee as Observer from your clinical activity log, highlighting all those where CBT was the intervention.

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).

Appendix 6: Training Cases Summary Sheet

Case	Disorder	Passed as Case report/case presentation (N/Y and which)	Passed as CTSr (N/Y and which from CTSr summary table)	Total Hours Therapy	Total Hours Supervision
Case Form 1					
Case Form 2					
Case Form 3					
Case Form 4					
Case Form 5					
Case Form 6					
Case Form 7					
Case Form 8					

Appendix 7: Training Case Brief Report Form

Please use a copy of this form for each of your eight CBT training cases

1. Case identifier

2. Adult/child/other:

3. Number of CBT sessions (minimum of 5 treatment sessions)

4. Clinical Supervision (min 5 hours) (provide dates and time spent discussing the service user)

Supervisor/s to sign your account here

5. Closely Supervised ie includes CTS-R (min 2 each item plus min 36 total) Yes / No

6. Was this written up as case report Yes / No

Brief outline of the assessment, formulation (including the formulation diagram and narrative),
& goals:

Treatment Plan (give an overview of your treatment plan, including any disorder specific models and treatment protocols):

Therapy (briefly describe what you did in therapy and any difficulties you encountered and how you worked with these problems):

Reflection on clinical work & outcome

Comment briefly on how the work went, relationship issues, termination and outcome, key learning etc. Include here literature you used to support your interventions & reflect on the impact:

Appendix 8: Course Supervisor Report

Placement:

Date:

No. in Group:

Supervisor:

Supervisee:

Supervision Hours Attended:

Trainees learning objectives identified for the placement:

1.

2.

3.

Review of learning objectives:

1.

2.

3.

Nature of clinical presentations brought to supervision

Clinical Presentations e.g. depression; panic disorder, GAD	Suitability for trainee Y/N	Passed on CTSr?

Supervision methods used e.g. role play; audio recordings; case discussion:

Professional Conduct:

Did the supervisee actively participate in supervision? Y \ N

If no please comment:

Was the supervisee punctual? Y / N

If no please comment:

Did the supervisee adhere to BPS and BABCP Professional Practice Guidelines? Y / N

If no please comment:

Recommendations for further development:

In your opinion are there matters that need to be brought to the attention of the Course Director?
Y / N

If yes please detail:

Has this Report been discussed with the Supervisee? Y / N

Course Supervisor's signature:

Supervisee's signature:

Date:

Date:

Appendix 9: CTSr Summary Table

CTSr	Case Initials	Disorder	Session number	Passed (N/Y and which case on Training Case Summary Sheet)	Self-rating	Supervisor rating
1						
2						
3						
4						
5						
6						

Appendix 10: Reflection Summary Sheet

1. Reference:	
Reflected upon in:	
Key Point(s):	
2. Reference:	
Reflected upon in:	
Key Point(s):	
3. Reference:	
Reflected upon in:	
Key Point(s):	
4. Reference:	
Reflected upon in:	
Key Point(s):	
5. Reference:	
Reflected upon in:	
Key Point(s):	