



GUIDELINES AND EXAMPLES FOR COMPLETION OF LOG BOOKS OF CBT CLINICAL SUPERVISION & REFLECTIVE STATEMENTS OF CPD

**FOR USE FOR FULL ACCREDITATION AND RE-ACCREDITATION AS A BEHAVIOURAL
AND/OR COGNITIVE PSYCHOTHERAPIST**

Your Log Books of CBT Clinical Supervision and Reflective Statements for Continuing Professional Development (CPD) must be provided as part of your Full Accreditation and Re-accreditation application, as evidence of your sustained commitment to the theory and practice of CBT.

You should record Clinical Supervision contact and CPD activity contemporaneously; spot checks and audits may be carried out.

All forms are to be typed, not hand-written (contact the BABCP office if this is not possible).

Use more than one sheet where necessary for each 12 month period. On the supervision logs ensure you provide total hours for each section and/or sheet.

Log Book of CBT Clinical Supervision

CBT Clinical Supervision is not the same as professional or managerial supervision (although these may be provided by the same person as Clinical Supervision). Additionally, it should be noted that Clinical Supervision is something more than professional consultancy.

Supervision should be provided by an appropriately qualified BABCP Accredited Practitioner or equivalent.

Applicants should be receiving regular Supervision, which means a minimum of one and a half hours per month total supervision time for a full time practitioner; this can be taken to mean an average, providing the contact is regular, to accommodate individual circumstances. Accreditors will be looking for evidence that sufficient Supervision arrangements are available to the applicant, in respect of the case-load of their clinical practice and level of expertise. For those working less than half time clinical work, accreditors are flexible in consideration of the Supervision time required. This is evaluated on an individual basis.

All time spent in group supervision will count with the provisos that the group must be no more than six members, all group members must present their own material regularly, and that the applicant member must have an opportunity for individual Supervision should it be needed, or quickly available alternative supervision, e.g. advice in a crisis situation. For the sake of clarity, it is considered that the minimum of one and a half hours of group supervision alone would be inappropriate for a full-time experienced clinician.

Types of Supervision may be individual, in a CBT Supervision Group, telephone, peer review, or by e-mail (but not telephone or e-mail alone – there must be some direct personal contact on occasions).

For the log book, give details as requested, including the date of Supervision contact, whether individual, group or peer, the name of the Supervisor or members of the group, including facilitator, the duration of the contact, *details* of the content of the Supervision, and the methods used.

Content of Supervision refers to the kind of material reviewed, including case reviews and discussions, techniques, skills, practice, theory, etc.

Methods of Supervision refers to the way the supervision is undertaken, including case presentations, role-play, telephone or e-mail contact, and MUST include, on a regular basis, the use of in-vivo, video or audio recording assessment, preferably using formal skills measures, e.g. CTS-R.

See example below of 12 months of Supervision recording; this is the standard of recording that is expected

LOG BOOK OF CBT CLINICAL SUPERVISION for 12 months

Detail, session by session, your CBT Clinical Supervision and support contact for the past 12 months, providing requested detail for each individual session

- All forms to be typed, not hand-written (*contact the BABCP office if this is not possible*)
- Refer to the Guidelines and Examples for Completion of CBT Log Books for Clinical Supervision and Continuing Professional Development
- Use more than one sheet if necessary for each 12 month period
- Ensure you provide total hours for each sheet

Name: **Sara Withers**

Membership Number: **999111**

Date Accredited: **20 April 2004**

12 Month Period: **FROM May 2012 TO April 2013** (month & year)

Date	Individual / Group / Peer	Name of Supervisor; or No. of People in Group and Name of Facilitator	Duration of Contact (hours)	Content	Method
12/5/12	Individual	Paul Jones	1.5	Review of supervision arrangements, planning for video assessments Discussed increasing client workload	Discussion
30/6/12	Individual	Paul Jones	2	Client SS sudden death at home ?overdose; review of risk and procedures	Discussion
28/6/12	Individual	Paul Jones	1.5	Client GD case discussion, working with boundaries – review formulation relating to boundaries. General discussion on formulations	Case presentation, role-play, discussion
8/9/12	Individual	Paul Jones	1.5	Client GW case discussion and video	Full video assessed CTS-R
11/9/12	Group	Paul Jones (facil), Katie McCann, Talia Caven	2	Case presentations and discussions – GAD and social phobia (I did not present)	Case presentations
29/9/12	Individual	Paul Jones	1	Client GD case discussion, ending Client YM stuck with client's sense of hopelessness	Case presentation and discussion
30/10/12	Individual	Paul Jones	1.5	Client AR, bipolar, discussed medication and overall approach and planning Client YM video	Discussion Full video assessed CTS-R
20/11/12	Individual	Paul Jones	1.5	Client AP, bipolar, review formulation Client PM, adolescent, OCD, discussion about family, boundaries Client	Case presentation and discussion
12/12/12	Group	Katie McCann (facil), Paul Jones, Talia Caven	2	Case presentations and discussions – Depression and my case client AD, BPD	Case presentations
23/12/12	Individual	Paul Jones	0.5	Client HB, grief, discussed risk	Telephone
22/1/13	Individual	Paul Jones	1.5	Client HB, grief, case presentation General discussion about social phobia, latest research, and self-help books	Case presentation and discussion
SHEET TOTAL HOURS			16.5		

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- Refer to the Guidelines and Examples for Completion of CBT Log Books for Clinical Supervision and Continuing Professional Development
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Name: **Sara Withers**

Membership Number: **999111**

Date Accredited: **20 April 2004**

12 Month Period: *FROM* **May 2012** *TO* **April 2013** (*month & year*)

Date	Individual / Group / Peer	Name of Supervisor; or No. of People in Group and Name of Facilitator	Duration of Contact (hours)	Content	Method
15/2/13	Group	Katie McCann (facil), Paul Jones, Talia Caven	2	Case presentations and discussions, PTSD and use of EMDR, and I presented video excerpt of client HB, grief	Case presentations and video excerpts
2/3/13	Individual	Paul Jones	1.5	Client YM video	Full video assessed CTS-R
19/3/13	Individual	Katie McCann	0.5	Client DD, support in making decision to refer to specialist eating disorders clinic	E-mail exchange
6/4/13	Individual	Paul Jones	1.5	Client DD, anorexia, discussion about referral and handover to specialist services, family contact, difficulties with ending, personal reflections	Case presentation and discussion Role-play
10/4/13	Group	Paul Jones (facil), Katie McCann, Talia Caven	2	Case presentations and discussions, BPD and depression (I did not present)	Case presentations
27/4/13	Individual	Paul Jones	1.5	Client WB, GAD & depression, case presentation and discussion Client LP, psychosis, discussed formulation General discussion about behavioural experiments	Case presentation Discussion and role-play
30/4/13	Individual	Katie McCann	0.5	Client LP, psychosis, discussed risk, and child protection issues	Telephone
SHEET TOTAL HOURS			9.5		

CBT CPD ACTIVITY AND REFLECTIVE STATEMENTS

For your annual CBT related CPD you are expected to engage in a minimum of five activities drawn from across the range of listed acceptable types of learning and development activities. You are required to complete a separate reflective statement for each. Within this, you are required to include at least six hours of skills workshop(s) per year and complete reflective statements for these. You must be able to provide evidence for each activity.

Acceptable types of Learning and developmental activities which can be included within your CBT CPD for accreditation are:

Clinical role

Short courses / in service-training
Secondment to specialist area (CBT relevant)
Workshops
Journal clubs / peer review
Skills practice groups (not supervision)
Presentations
Attending a Special Interest Group (SIG)
Shadowing / doing or coaching by others (CBT relevant work)
Project work / structured discussion with colleagues
Service audits
Personal development plans (PDP), job appraisals
Self-development
Committee representative

Management elements (clinical role)

Member of occupational group for managers (within CBT) i.e. IAPT service managers
CBP service managers training courses / modules
Expanding role
Organising courses

Professional role

Mentoring
Lecturing / teaching
Examining
Accrediting
Expert witness
Tutoring
Involvement with professional body (BABCP), branch meetings, SIG's
Maintaining or developing specialist skills - expanding role
Job / role promotion related activity

Formal/educational role

Member of learning / teaching committee
Review for a professional journal - academic or 'CBT today' etc.
Studying for a teaching award
Seminars
Distance learning
Planning and running a course
Writing a professional article
Supervising clinical research
Reading books, journals / articles (CBT relevant)

Research role

Presentations at conferences
Membership of an ethics or research committee
Working for an academic journal / selecting CBP articles etc.
Completing a dissertation or thesis as part of an academic course (CBT relevant)

Self-directed study

Reading journal articles
Reviewing books / articles

Updating knowledge via TV, DVD, Internet / software
Keeping files of own progress

Other

Public service (CBT related)
Voluntary work (CBT related)
Promoting CBT / Publicising CBT (media etc.)

You are also required to include supporting evidence for your CPD activity and Reflective Statement.

Acceptable forms of evidence include:

PDP's / appraisals
Paperwork from reviews / performance appraisals / formal feedback / certificates etc.
Business plans
Reflections - experiences, discussions with mentor / manager
Reflective statements

Materials

Information leaflets
Case studies
Critical reviews / Adapted notes (study notes etc.)
Policy / position statements
Discussion documents
Procedural / process documents
Job descriptions / applications
Reports / audits / reviews-forms
Business plans / appraisals / PDP plans
Guidance materials / guidelines
Course assignments feedback / module credits
Action plans
Course programme documents / in service training / conferences / workshops
Presentations (power-point etc.)
Articles done
Questionnaires
Research papers / proposals / applications
CBT literature / leaflets etc., produced
Contributions to professional body
SIG contributions
Material showing reflection / evaluation of learning, for work, clients etc.
The reflective statement document

Material from others

Testimonies/letters - from staff / colleagues / clients / carers
Feedback from organisations / students / institutions (universities etc.)
Teaching assessment / feedback
Course certificates

See examples below of 12 months of Reflective Statements; this is the standard of recording that is expected

CBT Related CPD Reflective Statement

Name: Sarah Withers	
Membership Number: 999111	Date Accredited: 1 March 2013
12 month period from: 01/03/2013 to: 01/03/2014 (month and year)	
<p>For your annual CBT related CPD you are expected to engage in a minimum of five activities drawn from across the range of listed acceptable types of learning and development activities. You are required to complete a separate reflective statement for each. Within this, you are required to include at least 6 hours of skills workshop(s) and complete reflective statements for these. You must be able to provide evidence for each activity.</p>	
For skills workshop note number of hours: 6	
What was the activity and how was this relevant to your work as a CBT practitioner (100 words indicative)	
<p>Obsessive Compulsive Disorders Master class presented by Professor Paul Salkovskis, 23 May 2013. I was interested in developing my knowledge in the Cognitive Model of OCD as my training was primarily based on Exposure and Response Prevention, this was mainly because it was relatively cheap and easy to deliver within a stepped care service. However, I felt that with some clients this approach was limited and I found a number of my clients were unwilling to engage in exposure. I therefore began some reading around the cognitive model for OCD and thought this would be helpful to those clients. I realised that further formal training with some experience in using this model was needed.</p>	
What did you learn and how will this impact on future CBT practice (100 words indicative)	
<p>I gained an understanding of the model including understanding of how to formulate and socialise the client to this model and the conceptual aims of the treatment techniques. This model will help me with clients who fell unable to engage in exposure and response prevention due to the high level of anxiety it leads to. I have used this model with one client since completing the workshop and with the help of supervision was able to work with the client to achieve progress in the client's problem. I came away from the workshop with further questions however. I find it difficult using this model with clients with co-morbid problems such as depression and generalised anxiety disorder. This has led me to identify further areas of CPD that are needed.</p>	
Please indicate what evidence you have enclosed for the above activity (see listing of acceptable forms of evidence of CBT related CPD)	
<p>Certificate of attendance (labelled A1) and this reflective statement.</p>	

CBT Related CPD Reflective Statement

Name: Sarah Withers	
Membership Number: 999111	Date Accredited: 1 March 2013
12 month period from: 01/03/2013 to: 01/03/2014 (month and year)	
<p>For your annual CBT related CPD you are expected to engage in a minimum of five activities drawn from across the range of listed acceptable types of learning and development activities. You are required to complete a separate reflective statement for each. Within this, you are required to include at least 6 hours of skills workshop(s) and complete reflective statements for these. You must be able to provide evidence for each activity.</p>	
For skills workshop note number of hours: 10 hours	
What was the activity and how was this relevant to your work as a CBT practitioner (100 words indicative)	
<p>I was seconded for 10 hours to Older Adults team to help in the development of a "Wellbeing in Later Life" course for people aged over 65. Within the IAPT team I have the responsibility for the initiative – 'Older Adults Work stream', which aims to develop relevant services to encourage referrals from people over the age of 65. This secondment led to providing 3 days training to PWP's and CBT therapists and resulted in the development of a 10 week CBT based course for older adults. We received positive feedback and useful ideas from participants of the group and we have incorporated these ideas into the programme.</p>	
What did you learn and how will this impact on future CBT practice (100 words indicative)	
<p>This secondment gave me some essential experience in order to provide a structure to the group. We identified how to use and adapt a CBT model to best meet the needs of people of this age group. As a result we included an introduction to the CBT model, including links between thoughts, feelings and behaviour and the development of an idiosyncratic formulation. We included about life stages that we identified was important during the secondment. Also thought to be important for the group was information on available resources and resilience, their own and those available from the community. The secondment gave me insight into some of the assumptions I held about this age group and I believe that this insight helped with engagement with the participants and enhanced the therapeutic process.</p>	
Please indicate what evidence you have enclosed for the above activity (see listing of acceptable forms of evidence of CBT related CPD)	
<p>Group leaflet and schedule; and reflective statement.</p>	