

CBT *today*

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BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES

Hewitt gives £2 million to talking therapies

10 more CBT centres given the go-ahead



Health Secretary Patricia Hewitt has announced £2million for 10 new CBT centres, following the success of pilots in Doncaster and Newham.

But BABCP President David Veale has

described the announcement as a 'stop gap measure' and is calling for further substantial Government investment.

The Health Secretary's announcement has been criticised for giving Primary Care Trusts only until May 31st to bid for one of the pilot centres, which are due to open in September.

Some critics also argue that £200,000 per centre is not enough to provide properly qualified and trained staff, with adequate resources and support.

But the Government's announcement has also been hailed as a breakthrough in expanding access to talking therapies in England.

The Department of Health say the two existing CBT centres in Doncaster and Newham are showing that quicker access to therapy services can help patients recover from illness and lead an independent lifestyle, return to work or find employment.

The Doncaster project alone has already seen 2,500 patients, with clinical outcomes exceeding the expectations set down by the National Institute for Health and Clinical Excellence (NICE), and 9 out of 10 patients saying that they were highly satisfied with the service.

One patient, Ann Bowling, suffered from clinical depression until she underwent a course of CBT two years ago and, as a

result, was able to come off medication. She now uses CBT as part of an ongoing coping strategy.

She said: "Psychological therapy has made a huge difference to my life and basically helped me to keep functioning. CBT involves helping yourself by recognising and challenging negative thoughts. It is now very much part of my everyday existence and has helped me to get an entirely new, far more positive outlook on life."

Ms Hewitt said: "The blight of mental illness is an issue we are committed to tackling. Central to our efforts is the ability for people who are ill to be able to quickly get the right kind of therapy, instead of being prescribed medication.

"A year ago, I launched two demonstration sites to establish the best way of providing therapy and to examine the benefits.

"The demonstration sites are showing early signs that if you provide quick access to therapy services, the time that patients are ill is reduced and individuals are better able to regain their independence - for example by getting or keeping a job.

"We have a vision that, one day, people will have the choice of quickly and conveniently accessing a range of therapy services, for example via the internet or the local library. But for this to happen, we need a range of different organisations - such as social enterprises - to form partnerships with the health sector and apply to run these new sites. Together we can help to reduce the impact of mental illness."

David Veale said: "We are pleased that the Government continues to support

Improving Access to Psychological Therapies, but it is a very slow process and we must continue to work to persuade Gordon Brown to put more money into it.

"This new investment programme seems to be a stop-gap measure to enable the Department of Health to collect more data. However, the Government's Spending Review is not until the Autumn now - we at the BABCP need to try and influence the outcome."

A positive practice guide to Improving Access to Psychological Therapies has also been launched. Commissioning a Brighter Future explains why the Government is committed to improving access and highlights examples of best practice from across England. To download Commissioning a Brighter Future and other documents visit <http://www.dh.gov.uk/mentalhealth>

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CBT Today is the official quarterly magazine of the British Association for Behavioural and Cognitive Psychotherapies, the lead organisation for CBT in the UK.

The new name for the magazine has been introduced to help more effectively promote CBT.

CBT Today will continue to be published quarterly and is posted free to all our members.

Contributions and letters are very welcome, but please keep them brief. We also welcome suggestions for how **CBT Today** can be improved.

Deadline for all copy for next issue: **6th August, 2007**

All contributions should be sent to: matt@babcp.com by this date.

Next issue published: 10th September, 2007.

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New chapter opens for BABCP



After more than 30 years in Accrington, the BABCP's Head Office has now moved to Bury in Greater Manchester.

The move, which took place at the end of April, was masterminded by office manager Jenny Riggs.

It brought to an end the BABCP's connection with Accrington in Lancashire where Executive Officer Howard Lomas first began organising the BABCP back in the seventies.

But the move to Bury also opened up a potential new chapter of development and growth for the organisation, as membership continues to grow.

The new first floor offices, which are split into four separate rooms, provide more space for staff and are in a more convenient location.

Staff all helped in the move, working through the weekend to minimise disruption and smooth out any teething troubles.

Jenny said: "The move has been relatively trouble free, thanks to the extra work put in by all the staff. It was a real team effort which, hopefully, ensured that there was no obvious disruption to our normal working."

"Now we are settling into our new surroundings and looking forward to a period of positive development and improvement."

The BABCP in Bury pictured above are - from left to right, Phil McDougall (Assistant Administrator); Tim Snell (Finance); Caroline Monroe (Membership and Data Base); Anne Gorse (Accreditation); Jenny Riggs (Office Manager).



BRITISH ASSOCIATION FOR
BEHAVIOURAL & COGNITIVE
PSYCHOTHERAPIES
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North West
Wales Branch

BABCP North West Wales Branch present a One Day Workshop

CBT for OCD

Changing behaviour the cognitive way

by

Professor Paul Salkovskis

Friday 7 September 2007

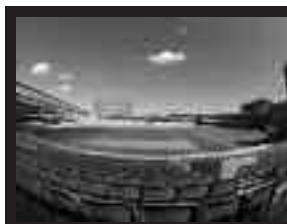
University of Wales, Bangor, North Wales

£80 - Members £95 - Non-Members Limited Places - Book Early

For further information

BABCP, Victoria Buildings, 9-13 Silver Street, Bury BL9 0EU www.babcp.com

A new era for talking therapies?



One of the largest ever gatherings of people interested in psychological therapies came together at the Oval cricket ground for the Improving Access to Psychological Therapies Stakeholder Conference. Rod Holland was amongst them.

Two of our past Presidents, Professor David Clark and Professor David Richards, joined two Lords, a Secretary of State, the Mental Health Tsar, a large contingent of BABCP members (including the current President, David Veale), psychotherapists from various persuasions, service users and carers and even an artist (!) for the plenary sessions.

So what was the Stakeholder Conference in aid of, and what was the message we were to hear? In the end, there were no surprises. Improving Access to Psychological Therapies is still alive (but not a lot of kicking) and is still on the government agenda. But we must wait a bit longer for any meaningful expansion along the lines of a workforce of 5000 new evidence-based psychological therapists (mainly CBT) that, it was hoped, would be employed in the 250 Psychological Treatment Services envisaged under the Layard proposals. We always knew this was a long shot and could only be funded if money was moved from the Department of Works and Pensions to the Department of Health. We also knew that there would be a delay until later in the year before the Treasury Spending Review would consider the proposal from IAPT that would make this a reality. We also knew that hopes of setting up eight champion sites, with around 40 therapists, across the country at a cost of £1.5K each site, had also been shelved. So how was IAPT moving forward?

Well, we will see the continuation of the two Pilot sites in Newham and Doncaster, which will continue to work to demonstrate that CBT (whether high volume-low intensity or low volume-high intensity) can make a real difference to people with mild to moderate mental health problems and in particular, anxiety and depression. The message is that they are both working well but, not

surprisingly given that they are less than a year old, have still to deliver the real evidence – releasing money from benefits that is needed to persuade the Treasury that IAPT can work financially, as well as increasing well being.

What we will also see is the development of 10 new pilots across the country, this time called “Commissioner-led Pathfinder Programmes”, which will replicate the Newham and Doncaster pilots and “continue to develop our evidence base”. Unfortunately each of these will only receive about £200,000. At £2million in total, this is a shadow of the £12million that we hoped for to develop the champion sites and a fraction of the resources requested in the IAPT proposal to the Spending Review. However, given the political and financial climate, any move to keep the IAPT initiative alive and moving forward has to be welcomed.

With so little short term money, the fact that the Pathfinder Programmes have to be developed using “redesign techniques to implement a defined care pathway, service specification and service framework” and the very tight timetable for bidding (expressions of interest by 31st May and final applications by 29th June), anyone interested will have to be quick off the mark, with a lot of resources and commitment to develop their services. By the time you read this, bids will already be developed. We would be interested to know if any BABCP members are involved in any of the initiatives.

A commitment to CBT as the most effective psychological therapy for the IAPT programme is still there. This was apparent throughout the day with no clear dissent – even from those delegates who represented other psychotherapy modalities and who did not seem to be enjoying the many

positive remarks being made about CBT.

The day had started with a powerful personal presentation by Ann Bowling, a service user who is now involved with the Doncaster pilot as patient advisor to the project. Ann related how her own circumstances had been dramatically improved by her use of CBT and the way she uses it each and every day. Her journey has now moved on, helping others at an early stage in their problems rather than having to live through years of waiting for therapy.



Lord Layard never misses a chance to push the IAPT agenda and forcefully appealed to the Government and Department of Health not to lose sight of developing a proper strategy for

implementing IAPT, rather than piecemeal developments which fail to address the need to ensure the right workforce, with the right skills and the right support to deliver the therapy. One cannot help but be impressed by his commitment and vision. We can only hope that his appeal for the government to consider the original IAPT proposal in the spending review will be heard. New Prime Minister, Gordon Brown, has already indicated his priority for developing the NHS. Let us hope that within this, there is a focus on mental health and in psychological therapies, particularly evidence-based CBT.

The Conference (and illustrations) are published on the CSIP website. (csip.org.uk)

Rod Holland



Getting in on the ACT - new special interest branch created

BABCP member Frank Bond explains the background to the creation of a new special interest branch for Acceptance and Commitment Therapy.

Over the past 30 years, a considerable amount of research has demonstrated the effectiveness of cognitive behaviour therapies (CBTs) in treating a range of psychological disorders.

Yet why do they actually work?

Most people can recite the theoretical account of how CBTs work: by changing cognitive content so that it is more functional and less distorted.

Whilst this has become an accepted proposition, it has received very little empirical support.

Indeed, recent research reviews indicate that there is little evidence that cognitive change techniques produce therapeutic improvements.

Moreover, cognitive change does not appear to be a mechanism, or mediator, by which CBTs produce their benefits (Longmore & Worrell, 2007).

The third-wave of CBTs

Against this background of theoretical ambiguity, a new perspective has emerged concerning the role of cognition in mental health.

Originating from the psychological laboratory as much as the clinical consulting room, it maintains that dysfunctional or distorted cognitive content does not necessarily lead to psychological disorders.

It only does so when people attempt to avoid, change, struggle with, or otherwise control that content.

In contrast, if people can deliberately observe their internal experiences on a moment-to-moment basis, in an open, non-elaborative, non-controlling, and non-judgmental manner, those psychological experiences will not lead to psychological disorders.

Promoting this 'mindful' approach to cognitions and other internal events is a primary goal of a 'third wave' of CBTs that include dialectical behaviour therapy (Linehan, 1993), mindfulness-based cognitive therapy (Segal, Williams, and Teasdale, 2002), meta-cognitive therapy (Wells, 2000), and acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999). (The first and second waves of CBT's are, respectively, traditional behaviour therapy and the cognitive change-focused CBTs, such as Beck's and Ellis').

ACT special interest branch

ACT (said as a word and not in its constituent letters) was one of the first ever third wave CBTs.

It is based on a theory of language and cognition called Relational Frame Theory (RFT; Hayes, Barnes-Holmes, & Roche, 2001).

The goal of ACT is to enhance people's 'psychological flexibility'. That is, their ability to be mindful and aware of their present situation so that they can either persist with, or change, their (even inflexible, stereotypical) behaviour, in an attempt to pursue their goals and values.

Both ACT and RFT have been actively researched over the past 20 years, with over 80 published RFT experiments and a greater number of published studies that have focused on ACT (including those that show the enhancement of psychological flexibility as a key mechanism of change).

In the UK, there is a substantial and growing number of academics with active

ACT and RFT research programmes, and an even larger number of psychotherapists and clinicians who meet to support each other in their use of ACT.

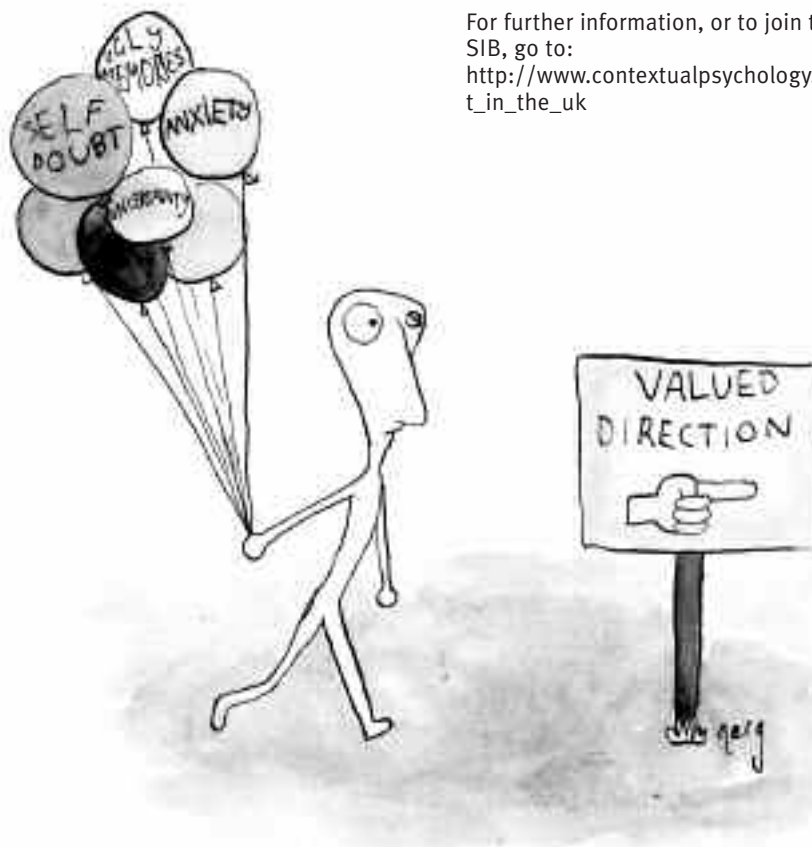
For all these reasons, we believed that the time was right to form an ACT special interest branch (SIB) within the BABCP.

We hope that this will help to support, guide, and encourage those who already practice or research ACT.

As importantly, we also hope that it can serve as a resource to those who wish to learn more about ACT and the third wave of CBT.

The ACT SIB have organised a number of introductory and intermediate training days over the next six months, including two-day workshops in the North of England on 8th-9th September and another one in London on 10th-11th September. These will be given by a leading ACT expert, Dr. Robyn Walser from the Veterans Administration Hospital in Palo Alto, California. Look out for specific details on these and other training opportunities in BABCP publications.

For further information, or to join the ACT SIB, go to:
http://www.contextualpsychology.org/act_in_the_uk



Charity sponsors first ever 'Chair of CBT'



A UNIQUE partnership has created the first ever Chair of CBT at Reading University.

Dr Roz Shafran has taken up the new post which has been created as a result of a tripartite agreement between a charity, the university and local health service.

Roz, a former Wellcome Trust Research Career Development Fellow at Oxford University, will combine training, research and clinical work as Chair – the first to be appointed in the UK.

She said: "It's incredibly exciting and a unique opportunity for me to help develop and disseminate CBT.

"There aren't very many posts that combine the three elements of training, academic and clinical work in this way. The challenge will be to successfully marry them together."

A Reading-based charity, the Charlie Waller Memorial Trust will provide the majority of the funding in the first five years, with support from the University of Reading and Berkshire Healthcare NHS Trust. The University will continue the funding after 5 years and have also

committed to funding a Senior Clinical Lecturer to help achieve the goals.

The Trust (www.cwmt.org) was set up by Appeal Court judge Sir Mark Waller and his wife Rachel in memory of their 28-year-old son, Charlie who committed suicide after suffering from depression.

As well as helping fund the post, the Trust has also set up a website www.studentdepression.org to give young people a forum in which to hear others' stories and get help themselves.

The University say that as Chair, Roz will head a team of teachers and researchers who will bid for research funding and will also engage in local CBT training programmes. It is hoped that this will contribute to an increase in CBT practitioners in various settings including NHS primary and secondary care.

Dr Judi Ellis, Head of the School of Psychology and Clinical Language Sciences, said: "The Department of Psychology at Reading is one of the premier psychology departments in the UK, so the University is well placed to host the Chair.

"The appointment of this Chair will increase the number of students able to take a specialist option in clinical psychology and provide a new and valuable opportunity for some to learn about CBT."

Berkshire Healthcare NHS Trust is in the process of radically changing its provision of psychotherapeutic care. This involves extensive psychological (including CBT) training and delivery at all levels.

Kevin Lewis, Director of Modernisation and Performance for Berkshire Healthcare NHS Trust said: "From our work with service users we know that they greatly value talking therapies such as CBT.

"We are working across our Trust to train staff at all levels so that we can provide rapid access to appropriate talking therapies for our service users. The Chair will be expected to oversee this local innovative training to ensure quality and development as well as contributing nationally to NHS provision of CBT. This programme will bring exciting professional challenges for our staff while improving the service we deliver."

The Charlie Waller Trust said: "As a result of discussion with the University of Reading and Berkshire Healthcare NHS Trust, we have agreed to help fund a Chair in CBT for a period of 5 years at a cost to CWMT of £50,000pa. This will enable the University to double the number of graduates trained in CBT from about 40 to 80 per annum, thus helping to meet the demand for this popular and effective therapy. It is thought that this will be the first Chair in CBT in the UK. "

Getting in on the ACT - continued

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Acceptance and Commitment Therapy (ACT)

- Two-day Introductory Workshop, 8/9 September, in Sheffield
- Two-day Intermediate Skills Development Workshop 10/11, September, in London

with Robyn Walser

Monthly CPD program will run from October 2007 for SIG members.

For more details on this and other ACT training, email actsig@babcp.com

News from the Board

by Helen Macdonald, Honorary Secretary, May 2007

Meetings

The National Committees' Forum (NCF) met on 13th March 2007, at MIC in London, ably chaired by our president David Veale. The Chairs of the committees and our representatives on various bodies fed back to the board and discussed future plans. We managed a significant amount of work, getting through an impressive agenda in a whole day of concentrated effort.

The NCF is an opportunity to see just how much is going on in the BABCP all the time. The sheer amount of effort and commitment on the part of committees and representatives of the organisation is amazing, even more so because the majority of work is done on a voluntary basis. The employees of the organisation also give beyond the call of duty and we couldn't function without them either!

Central Administrative Office - The Move

The Big Move of the Central Admin Office has now taken place, and we are extremely grateful to our admin team for organising the move, and their efforts in organising and carrying out the preparations. These included an evening dash from Bury to Sheffield by Jenny Riggs and Anne Gorse, so that papers

could be signed by Helen Mac (surrounded by children and cats); and Steve Kellett, (also in Sheffield, but in less chaos!). This meant that the move could take place in time to avoid complications and with a minimum of disruption to services. I am sure it is a complete coincidence that the new location has a number of drinking establishments within easy reach of the offices.

Communications

Ann Gledhill, Chair, Communications Group, reported back to the Board. The group is currently working on updating the Website, with John Kentish as webmaster. John's input continues to compete with the professionals in terms of the functioning and content of the site. Chairs of committees are having more input to the content relating to their area. The Communications Group is also looking to develop more press releases around the conferences we organise, and issues in the media relevant to promoting CBT.

Membership

One of the issues before the Board is to look at membership. Increasing membership means increased resources so that we can promote CBT more effectively. There is now a membership strategy group looking at increasing

membership, but also considering classes of membership. Matt Finnegan, together with the Communications Group has now completed the first membership leaflet, which most of you will have seen by now, and the group are now working to update the information leaflets.

E-Journal

Michael Townend was welcomed to the NCF as one of the co-editors of the e-journal, Mark Freeston is the other editor.

The advisory board for the e-journal will be a mix of professional backgrounds, service users, practitioners and academics. Currently, the detail of the peer review processes, and submission guidelines are being agreed. The aim is to be particularly focussed on the practitioner. We were also led to believe that there will be room for humour, which, as a practitioner, I would regard as essential!

QUALITY ASSURANCE

Accreditation and Registration

Mandy Cole and Charlie McConnochie fed back about the work of the Accreditation and Registration Committee. At present our accreditation procedures are based on professional standards, and work is ongoing regarding competencies, with a view to moving towards competency-based accreditation in the longer-term. It was reiterated at the meeting that the KSA route is intended for members, for those who have already built up significant experience in CBT, rather than as a route into CBT training for those who do not have a core profession. It was recognised that this can lead to some complications for people without a core profession who wish to do CBT training, and the continuing discussion on competencies and professional regulation is likely to address these issues.

Rod Holland reported back regarding training course accreditation, with more courses applying. Some work is being carried out to look at standard setting for introductory courses as well.

There will be a session at the Brighton conference on Accreditation, Course accreditation and Supervisor/Trainer accreditation, so please bring any questions or comments you have to the conference. You can, of course contact Charlie or the committee chairs at any time with enquiries about accreditation.

Here is the latest overview of the business of the Board and the National Committees' Forum since my last report in January 2007.



Complaints and Disciplinary

Chris Cullen has continued to Chair the Complaints committee, for which the Board expressed its appreciation. As mentioned previously, there has been some recent discussion since the UKCP proposed forming an independent complaints organisation. In principle, the Board would prefer to have an independent organisation; however, there are a number of issues surrounding how complaints are heard and what happens on appeal which would need to be addressed. This includes what happens if someone belongs to more than one professional or accrediting body, and a complaint is made to each one about the same issue, or the 'double jeopardy' situation. David Baker, Treasurer, is looking at ways to manage the financial costs to the organisation should one be needed. The organisation also needs to develop a full ethical code, which is particularly relevant to those who do not have a core profession. The terms of reference and membership of the committee is to be reviewed and updated.

Conferences and Workshops

At the time of writing, the Spring Workshops have already taken place, and the World Congress will soon be upon us. Katy Grazebrook as EABCT rep brought it to our attention again just how much hard work and dedication Rod Holland and Philip Tata have put into the congress, and we owe them a great deal. The UK had the largest group of delegates signed up by the meeting in March; and of course the committees are working hard on the Brighton Conference as well. The Board is considering organising conferences in-house in the future. The infrastructure and skills now available in our administrative team would form a strong basis should we decide to move in that direction.

World Congress website for Barcelona 2007 is www.wcbct2007.com.

Research Fund

The research fund award committee, comprising Bill Yule, Andrew Matthews, Ivy Blackburn, Philip Tata and Craig Steele are looking to shortlist from applications and make the first award from the research fund towards the end of the year. We should acknowledge David Veale's energy and enthusiasm in developing this project and bringing it to the point where

the first award is ready to be made.

External relations

The organisation continues to have involvement in a number of national initiatives, and in negotiations with other bodies.

Improving Access to Psychological Therapies

Rod Holland reported back that the Department of Work and Pensions has not approved the proposals to use its budget to fund increased access to evidence-based psychological interventions. However, IAPT are looking to extend their remit to include children and older adults as well as for chronic illness, in spite of no increase in funding at present. Anxiety and Depression will remain the focus for interventions for the time being. The NCF had some discussion on how best to bring influence to bear to support the IAPT in looking at the evidence and what competencies are needed to deliver in these areas.

Finances

David Baker, Treasurer, has continued to work on ethical investment issues and managing our finances in accordance with Charities' Commission requirements. He has been considering income generation and strategic planning so that we can do

as much as possible of our proposed activities within an appropriate budget.

Branches

Nick Wade, new Branch liaison rep was welcomed to the NCF for the first time, and he fed back to the Board that the Branches have generally managed a smooth transition of their finances to the central office. The contribution of outgoing Branch Liaison Chris Alderton was acknowledged and appreciated. The Branches have the key role to play in recruiting new members at local events, and promoting CBT in their activities.

Meetings

The next Board meeting is planned for 7th June, the next NCF meeting is in November 2007. If you wish to raise items please do not hesitate to contact me, or any member of the Board or Admin team.

Helen Macdonald,
Honorary Secretary.



Central Branch

Mindfulness-based Cognitive Therapy for Depression: An Introductory Workshop by Professor Mark Williams

Friday October 26th 2007, 10am – 4.30pm
Ripon College, Cuddesdon, Oxford

Background: There is a high risk of relapse and recurrence in patients suffering a first episode of major depression. Once an episode has recurred, the risk of a further episode is substantially increased. Mindfulness-based cognitive therapy (MBCT) combines Jon Kabat-Zinn's Stress Reduction program with techniques from Cognitive Therapy for patients who are currently in remission. It aims to teach participants how to become aware of early warning signs of relapse, and to reduce tendencies to avoid these early signs.

Learning Objectives: By the end of the workshop, participants should be more familiar with:

- the recent evidence on the nature of cognitive risk for relapse
- why a mindfulness-based approach may be an appropriate way to address such risk the preliminary evidence on efficacy

And will have experienced:

- some of the MBCT practices used in the 8-week program
- how these are integrated with CBT through dialogue and discussion of the practice

Workshop Fees: £50 for BABCP members and £60 for non-members.

Workshop leader: Mark Williams is Professor of Clinical Psychology and Wellcome Principal Research Fellow in the University of Oxford.

For further details on this workshop ...

See BABCP website or Contact Suzanne Straebl on telephone number 01865 226387; or on email address suzanne.straebl@psych.ox.ac.uk



Howard Lomas FROM THE EXECUTIVE OFFICER'S DESK



Since I last wrote much has happened. It's a great time of the year here in Harris now that the long, dark nights of Winter are over, with almost perpetual daylight to look forward to in June, when the sun rises at 4.15 am and sets at 10.35 pm. It is hard to believe that not only am I in my fourth year here in the Outer Hebrides, but also that on 1 May it was 10 years since I retired from my 'day job' to concentrate entirely on BABCP. It is also 35 years since BABCP (BABP) was founded. There are still 39 of us remaining as members from the 193 who joined back in 1972!

AGM and Election

It is election time again. In this copy of the Magazine, you will find a notice of the AGM and a "Call for Nominations" for vacancies occurring on the Board at the AGM in September. The vacancies on the Board are for a President Elect and two Elected Members. We now only seek nominations for President Elect every two years because the Presidential term of office is now two years. The President Elect serves for only one year prior to their Presidency and then for one year as Past President following their Presidency.

If you are interested in being nominated for any of the posts, we have now prepared some

draft role descriptions to give members some idea of the responsibilities involved in the posts. Members are also invited to contact any existing post holders to discuss the responsibilities and commitments.

Membership

On the 10th May as I write this, we have 6,097 fully paid up members of the Association which is already a 2% increase on the final total last September of 5,945. We still expect and hope for many more to join in this current year particularly after circulating the membership promotion posters with the last magazine. If you know of people interested, then encourage them to join. They can join for the remainder of the current year (to end of September) at half price (£20.50 direct debit rate for full members). They will receive the remaining two journals for the current year and all the Magazines and other material circulated as well as being eligible for the reduced rates at conferences this year. If we could increase the membership by only an additional 300 members, it would increase our income by £12,000 which would help fund some of the many new projects being discussed to assist members in promoting CBT.

Other ways we are hoping to increase our

revenue are to increase our income for sale of advertising not only in the Magazine and mail outs but also with the newly available advertising on the website. If any members wish to avail themselves of web advertising or assist their employers in this, contact the office or check the website for more details www.babcp.com

We are building up a directory of email addresses of members as we move more to this as a means of rapidly communicating news and other material to the membership. Members can assist this in two ways:

- Providing us with the email address with which they wish us to communicate
- Updating us with any changes of email address.

Not only do we still have very many members without email addresses but also about 1,000 of those we do have are returned as currently invalid. So, come on, all you have to do is email us with the up to date info to babcp@babcp.com

It is a while since I published the statistics showing the breakdown of members (including accredited members) by profession and location, so here they are:

Membership Statistics at 10th May 2007

Total number of fully paid up members	6,097
Number of above members residing in UK	5,758
Number of above UK members Accredited	1,091 (19%)
Number of Accredited members UKCP Registered	313 (5%)

Projected Numbers from Survey of BABCP Members in UK Practicing CBT

Total UK Members	5,758
Members CBT trained	4,533
Currently CBT Practitioners	4,073
Consider they meet Accreditation criteria	3,443
Considering applying for Accreditation	2,159

UK Members by Profession

	All UK Members	Accredited Members
Unknown	21	1
Clinical Psychology	1,851	277
Counselling Psychology	239	39
Educational Psychology	40	8
Other Applied Psychology	215	29
Nursing	1,516	471
Psychiatric Medicine	305	55
General & other Medicine	68	9
Occupational Therapy	149	43
Other Allied Health Professions	45	1
Counselling	581	94
Social Work & Probation	201	45
Teaching & Lecturing	99	12
Miscellaneous Therapies	76	2
Research	56	1
Assistant Psychologists	51	1
Students under/postgrad	145	0
No stated Therapy Profession	101	3
TOTALS	5,758	1,091

All Members by Location

	All UK Members	Accredited Members
Address unknown	49	1
West Scotland [Glasgow etc]	270	55
East Scotland [Edinburgh etc]	283	69
Northern England [NE & Cumbria]	271	42
Yorkshire	349	73
North West England	791	124
East Midlands	324	74
West Midlands	297	49
North Wales, Chester & Wirral	219	39
South Wales & Bristol	254	28
Central England [Oxfordshire etc]	332	53
East of England [E. Anglia etc]	399	80
London & South East [Kent]	1,163	229
South [Dorset, Hants, Sussex]	456	100
S.West [S'mrset, Devon Cornwall]	198	30
Northern Ireland	130	43
Channel Islands	21	3
Republic of Ireland	118	20
Rest of Europe	70	2
North America [USA, Canada]	29	0
Rest of Northern Hemisphere	23	2
Southern Hemisphere	51	6
TOTALS	6,097	1,122

Three week wait for CBT in Edinburgh

BABCP Board member Henck van Bilsen asked for accounts of how CBT was being provided. Here we have two different accounts – the first from Scotland and overleaf from two departing CBT practitioners in primary care...



I write in response to the recent BABCP magazine article “The waiting lists for CBT are unacceptably long.”

I am a Cognitive Behavioural Therapist band 7 and am accredited with the BABCP.

I work at the Community Drug Problem Service (CDPS), Substance Misuse Directorate within the Primary and Community Care Division at NHS Lothian.

The CDPS fields both the city of Edinburgh and the Lothians. Edinburgh city has a population of approximately 448,624 and collectively East, West and Midlothian's population is 325,000.

The current total number of people engaged in drug treatment programmes within the various services offered at the CDPS is 1,228, Edinburgh has 808 patients, East Lothian 90, West Lothian 120 and Midlothian 210.

There are currently approximately 40 clinical staff comprising psychiatric nurses of varying grades, Consultant Psychiatrists, SHO's, hospital practitioners and GP's with a special interest in drug treatments.

I am the only therapist and offer CBT to all patients within the CDPS and affiliated services as required.

I receive referrals from keyworkers whose patients are engaged in a programme of drug treatment and who have co-occurring mental health problems.

Within Edinburgh our main premises are within the centre of the city and those referred with a city address I see at this base.

For those people referred from the rural areas I see them either at the main hospital, St John's in West Lothian, GP practices, social work departments, health centres or the patient's home.

I have not encountered any referrals only requiring short term treatment, it is usually either medium or long term.

My current caseload is 33 and the average waiting time for appointment, from receipt of referral, is 3 weeks.

Heather Barber

Heather.Barber@lpct.scot.nhs.uk

“There is no waiting list in this area...”

We love the work that we do in primary care. Well, at least we did.

At the time of writing these thoughts, we are both leaving our positions to work elsewhere.

Since November 2002, however, we have worked together in one large GP practice. Together we questioned many aspects of service provision, considered the literature and policy documents, and evaluated our work.

We seem to be working in paradoxical times.

NHS Scotland policy documents, for example, state unequivocally that patient-centred care is a high priority. The ethos of this seems to involve moving towards the empowerment of individuals to take more control over their own health.

Even the BPS Code of Ethics and Conduct states explicitly that psychologists should recognise patients' rights to self-determination.

While the sentiments of patient-centred care are numerous and clear, it seems that practices regarding psychological treatments are lagging behind.

It is common, for example, to send patients a reminder letter if they miss their appointment as though they somehow might have been unaware that they missed it or would be incapable of getting in touch if they wanted another. Sometimes even a second reminder letter follows the first.

We also speak freely of “engaging the patient”, or “socialising them into the model”, or “getting the patient to buy into the treatment” as though they have to be convinced or persuaded of what is best for them.

It is commonly found that patients don't attend as many sessions as clinicians expect them to. Nor do they attend as many sessions as treatment programmes are designed for.

Given these discrepancies it seems that there are three options. One option would follow the patient's lead and work out ways of providing treatments in whatever time frame was acceptable to the patient. Option two would spend time trying to motivate or persuade patients to attend for the length of time the clinician thought was necessary. Option three would negotiate some mutually acceptable time frame.

Given the power imbalance that exists in these types of relationships, however, we are not sure that any legitimate collaboration can occur. It seems far more likely that the patient would defer, either implicitly or explicitly, to the wishes of the

clinician. In our experience option two is commonplace. Option one, however, would seem to be more in line with current policy initiatives.

When we came to work together at the GP practice we were encouraged to use the same appointment booking system that the GPs use. Unwittingly, this started us on a new way of working with patients.

In our work at this practice, patients book appointments to see us in the same way that they book appointments to see GPs. They can book as many appointments as they like as often as they like. They can even see both of us if they want to.

Intuitively, it might seem that if you made access to a service unlimited, it would quickly be overrun. We've found the opposite.

We've operated this service since its beginning without a waiting list. In this time we've experienced an increase in referrals and still haven't needed a waiting list.

It hasn't all been smooth sailing. Some of our colleagues think of our work as crisis intervention or rapid assessment or that we are abandoning our professional responsibilities by developing this approach. The patients and GPs appear to think differently.

We have now used this approach in some other practices in the same locality and

the results seem similar although evaluations are ongoing. Another colleague has joined us in our endeavours.

In the middle of July 2002, the waiting list in this area was about 15 months long. At the beginning of 2007, there was no waiting list in this area.

The effects of this way of working in some of the GP practices, therefore, also seems to have affected the waiting list more generally. In other districts our department covers, however, the waiting times remain over three months and over twelve months in places.

We certainly support the call for more clinicians who use evidence-based methods. We also wonder, however, whether part of the issue with waiting times might not be of our own doing. Are some of our practices keeping patients in treatment longer than they would prefer? Are we being as therapeutically useful to patients as we can be? Are we ready for the implications of patient-centred care and patient self-determination?

We've had an exciting time exploring and evaluating our own answers to these questions.

At the time of writing, Timothy A. Carey was a Principal Clinical Psychologist and Richard J. Mullan was a Cognitive Behavioural Psychotherapist working in the Clinical Psychology Department, Fife, Scotland.

British Association for Behavioural & Cognitive Psychotherapies

ELECTION OF TRUSTEES/BOARD MEMBERS 2007/08

By **Howard Lomas**, Hon. Sec

Nominations are sought for Trustees/Board Members for the positions of President Elect and two Elected Members to serve on the Board and as Trustees from the Annual General Meeting in September 2007.

The President Elect is elected for one year after which she/he automatically becomes President for the following two years and then Past President for a further one year. In total, they serve as a Trustee and Board Member for four years. The current President is David Veale who commences his second year as President from the AGM this year. Chris Cullen retires from the Board as Past President at the AGM.

There are six Elected Members on the Board who each serve a three year term. Each year, two Elected Members retire and two new Elected Members are elected for a three year term of office. Henck van Bilsen and Stephen Kellett have two years remaining, Helen Johnson and Peter Armstrong have one year remaining, but Helen Nightingale and Craig Steel finish their term of office this year. Nominations are invited for their replacements.

Nominees for any of the three posts must currently be fully paid-up members of the Association and have expressed their agreement to stand. Proposers and Seconders must also be fully paid-up members of the Association. Members may propose or second nominees for any or all of the posts. All parties must both print and sign their names on the form below.

Names of Nominees should be entered in the appropriate box on the form (or a copy of it) and must include names of Proposers and Seconders. Nominees should send a personal statement of not more than 200 words in support of their nomination. In the event of a ballot, personal statements will accompany the ballot forms sent to the membership. The nomination form and personal statements should be returned to **BABCP, Victoria Buildings, 9-13 Silver Street, BURY, BL9 0EU** to arrive no later than Friday 13th July 2007.

Committee Post	Nominee	Proposer	Secunder
President Elect	PRINT	PRINT	PRINT
	Sign	Sign	Sign
Elected Member 1	PRINT	PRINT	PRINT
	Sign	Sign	Sign
Elected Member 2	PRINT	PRINT	PRINT
	Sign	Sign	Sign

What makes a good BABCP President?



Current president David Veal

Purpose of the post:

- During the year as President Elect and as Past President, the office holder will also deputise for and assist the serving President.
- Provide leadership both within the organisation and representing the organisation, to external bodies
- In consultation with the Board, Trustees and the Membership, to help develop, guide and implement the strategic direction of the organisation in line with changing circumstances, both within the organisation and external to it.
- With the Board Trustees, provide management support and regulation to the administrative employees of the organisation.

Desirable skills and experience:

- Commitment to furthering the aims of the BABCP
- Able to represent the diversity of the membership
- National reputation in CBT which seeks to be inclusive rather than exclusive
- Able to keep in touch with developments in the practice and theory of CBT
- Able to keep apprised of challenges to the organisation and the practice of CBT eg implications of NICE guidelines, Health Professions Council
- Able to make the time commitment required

Specific tasks:

- Chair of Trustees (four meetings per year)
- Chair the National Committees Forum (two meetings per year)
- Chair the AGM
- Along with the Honorary Secretary, ensure that the BABCP's employees are effectively managed. Specifically, conduct annual appraisals of Company Secretary and Senior Administrative Officer, help set and review their annual targets, and provide assistance to the BABCP Office on management issues where required.
- Open and close the annual Conference
- Welcome the elected membership representatives and ensure that they receive the training and support necessary to contribute to the management of the organisation

■ Write regular articles for the Newsletter as required

■ Represent BABCP at EABCT and the World Conference (paid by BABCP). If unable to attend, the immediate Past President attends.

Responsible to:

The President will be responsible to the organisation in general and to the Board of Trustees in particular.



Two outgoing Elected Members have given their verdict on three years on the Board of BABCP.

Craig Steel and Helen Nightingale (pictured) both have the same advice for anyone considering standing for the Board: "go for it!"

Craig says: "You've got to have a slightly 'go for it' attitude. It's about getting involved rather than standing back and waiting to be invited. Alongside that you need to be a good team player."

Helen agrees: "People need to consider what contribution they can make and what skills have they got to offer? Have you experience in communications, finance, media, accreditation or training? Have you got a particular background that will offer an understanding of some aspect of the board? Are you patient, a listener, but able to speak up in a public forum when necessary?"

Both also agree that the first year on the Board is "a steep learning curve."

Craig, a Clinical Psychologist at the Institute of Psychiatry in London, first joined the BABCP in 1998, after being recruited by the Association's long-serving web master John Kentish. Six years later, he was on the Board.

"It's not as scary as some people seem to think. The Board is quite a small group and you get to quickly learn a lot about a wide range of health issues and then have your say. But it does take a while to find your place – depending on how confident you are or how much knowledge you have."

What makes a good Elected Member (EM)?

Purpose of the post(s):

- To manage the Association in accordance with its Memorandum and Articles of Association in furtherance of the Objects of the Association.

Main areas of responsibility:

- Overseeing the day-to-day management of the Association, via direction and management of the Executive Officer
- Management and governance of the Association's funds.
- Appointment, management and support of the Association's employees.
- Making of new, or revising existing Association rules, as required.
- Appointment and supervision of sub-committees as required, including complaints, disciplinary, finance, accreditation & registration, and scientific committees.

Main duties:

- Represent the views of the membership in respect of CBT
- Regular attendance at Board meetings and National Committee Forum [NCF] meetings (six-seven days per year) – in particular the Trustee/Board Induction meeting scheduled for 10th and 11th October 2007 at BABCP Head Office, in Bury.
- Other dates for the year 2007/08 are:
 - National Committees Forum; 27th November - London
 - Board; 24th January 2008 - London
 - National Committees Forum; 11th March 2008 - London
 - Annual General Meeting; 17th July 2008 - Edinburgh

- Teleconferences are also used to discuss strategic issues.

- Attendance at the AGM (during Conference – expenses paid by BABCP)
- Reading of relevant Board and NCF papers.
- Strategic and financial planning, including identification of risks to the Association.
- Represent the Board on designated committees such as complaints, finance, accreditation & registration, scientific or communications, as negotiated with the Board. (This could involve attendance at additional meetings - up to four a year).
- Ensure effective organisational structures and systems are in place to achieve the Objects of the Association.
- Behave in a professional and prudent manner in all matters concerning Association business.

Accountable to:

- The membership of the Association in general and to the Board of Trustees in particular

What can you gain from the role?

- Experience of working on a Board of Directors and managing a charity
- Giving back to the CBT profession and setting the agenda for the future
- Keeping ahead of developments affecting the profession, from CBT theory to health service changes
- Working with a diverse group of colleagues, from other mental health and service areas and from across the

UK, broadening your perspective on CBT

- Providing a voice for your own area of expertise/interest
- Experience debating and considering CBT issues within a committed team, from politics, CPD and training to CBT theory issues
- An opportunity to see how the organisation really works
- Feeling as if you can really influence the way the organisation works
- An expanded network and socialising!
- An experience to add to your CV
- Free place at the Annual Conference for the duration of your term

Other requirements:

- To work well and enjoy being part of a team
- Flexibility and share administrative responsibilities
- Well organised and self-motivated
- Need to have sufficient time and commitment to give to the Association to support its development. This probably includes about eight days a year at meetings, with some work in between, sometimes including teleconferencing.
- Some financial or charitable organisation experience can be useful, but not essential
- Need to be a BABCP member and a CBT practitioner, trainer or researcher

Helen, says: "Like starting any new job, even if you have worked in a number of organisations before, it takes time to get the hang of things, and this includes the language and the pecking order of who is important and what they actually do. I struggled during my first year, and it certainly took nearly a full year of meetings (six per year) before I understood all the abbreviations and the terminology alone."

Both believe the Board induction is crucial to an Elected Member settling in. Craig has since been involved in the Scientific Committee and the awarding of research grants. Helen has been involved in the Accreditation Committee.

Helen says of Board membership: "If you are someone who is familiar with committee behaviour and understands the behaviour of committee meetings then this may be a suitable role for you and I encourage you to stand for election.

"You will be guided by the officers of the Board, Helen Macdonald (secretary), David Baker, (Treasurer) and the "Old Soldiers" who may object to this description, but are the great and good who have been around since the 1970s and know the score. (Howard Lomas being the lead centurion, and of course Rod Holland, Francis Lillie, Amanda Cole, Chris Williams, Chris Cullen and Anne Garland to just mention a few gladiators !)

Craig adds: "It is not a place for egos, or making a name for yourself or trying to influence things in your own personal favour. It's more about the greater good.

"But if you are interested in the future of CBT, then the Board is the place to be. It is a small enough group for your voice to be heard and you will be at the cutting edge of what is happening in CBT in this century."

BABCPBRITISH ASSOCIATION FOR
BEHAVIOURAL & COGNITIVE
PSYCHOTHERAPIES
Registered Charity No 1098704

Notice is given to all members of BABCP of the:

Annual General Meeting

To be held at: **University of Brighton, 13th September 2007**

AGENDA

1. Apologies for absence
2. Minutes of the 2006 Annual General Meeting
3. Matters arising from the 2006 minutes
4. Annual reports 2006/2007
 - i) President
 - ii) Secretary
 - iii) Treasurer
5. Proposed Changes to the Memorandum and Articles of Association of BABCP
Any proposed changes will be posted on the website of the Association (www.babcp.com) at least 21 days before the AGM
6. Membership subscriptions 2007/08
7. Election of Board Members for 2007/08
 - i) President Elect
 - ii) 2 Elected Members
8. Any other business

Howard Lomas

Look after yourself...

A Therapist Guide to Personal and Professional Wellbeing - Ellen K Baker

(reprinted 2005) APA: Washington DC: ISBN 1-55798-934-6

This book opens by acknowledging the lack of attention that therapists give to the area of personal and professional wellbeing.

There is a discussion of the emotional, intellectual and spiritual challenges that we all receive from our work and an acknowledgement that we all need to maintain a balance between the professional and personal parts of our lives.

What prompted me to read further was the notion that we have a responsibility and a duty of care to our clients to ensure our wellbeing. It is an important aspect of our jobs and not a choice. We need to be able to contain therapy and model concepts of self awareness and self regulation. Ensuring our wellbeing ensures our clients wellbeing.

The strength of the book lies in the interviews undertaken by the author to obtain a picture of what others do to self care. We also learn what happens when a therapist consistently neglects their own wellbeing and a useful discussion on burnout is given, described as "the terminal phase of therapist distress".

We are reminded that we have as much right as our clients to healthy amounts of self acceptance, self awareness and self celebration.

The book presents an experiential workshop format which guides you through the stages of understanding the various barriers to self care. The reader is encouraged to keep a journal and throughout the book, questions and reflections are given to enhance the quality of the journal entries.

Self care is described as "a healthy self respecting mature process that can balance physical inactivity, relative inactivity and emotional deprivation that characterises the work of psychotherapists. This must be balanced by their outside interests and involvements".

This description provoked me as a reader to examine the interests that I consider I don't have time for - but used to love.

Chapters on tending to mind, body and spirit and a discussion on the challenges of a professional career are presented in a clear and practical style. I was particularly struck with the section on being a "good enough" therapist and the complex nature of the judgments we make.

As a CBT trainee I am reminded and directed to attend to my own well-being by tutors, supervisors and my mother! However this does not attend to the tendency we all have to put this to the



back of our minds and stay focused on the client's problems, the reports, formulations and improving the quality of our sessions. This book reminds us that this focus is lost if we don't attend to ourselves.

This book (along with a present of some yoga classes from my supervisors) has improved my focus and value on my own need for space and self nurturing which has the knock on effect of improving my therapeutic work.

I can only speak from my position as a young therapist whose attention has been brought to the importance of personal wellbeing. Reading Bakers work, I have begun to find my own formula to ensure my continued enjoyment and value of the work that I do.

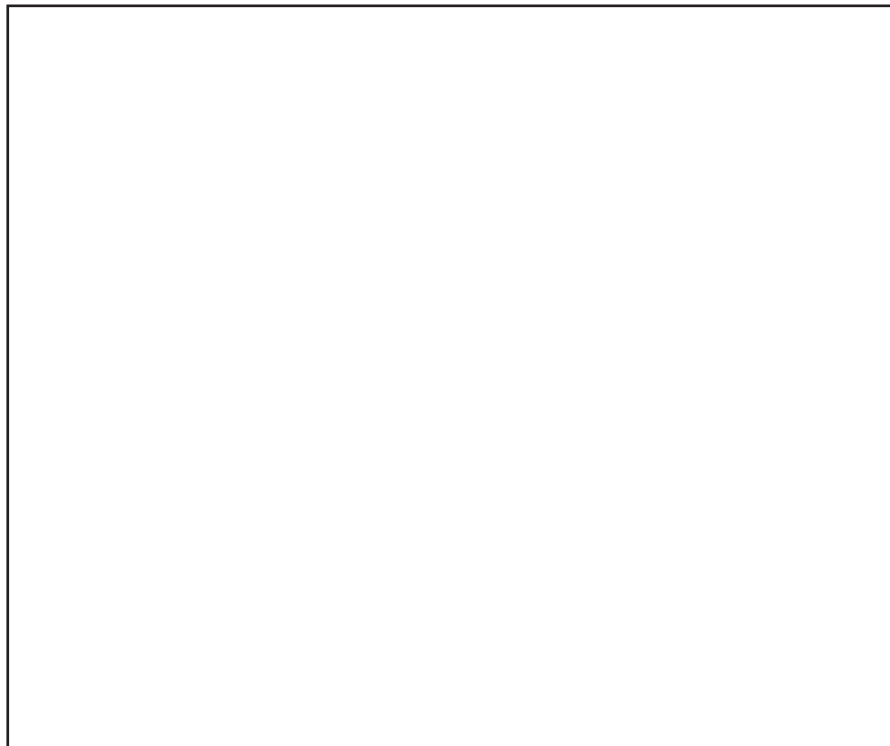
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Liz Hutchinson

CBT Associate
CBT Partnership



CBT Supervisors day in the South West



The South West branch facilitated a very successful day exploring some of the many issues of supervising.

Led by Ann Gledhill and Amanda Cole (pictured), the day provided a supportive and informative day for CBT Supervisors with skills ranging from Novice (just a few) to Experienced (the majority) plus a few Experts.

The requirements for accreditation as a BABCP supervisor were briefly covered. This was followed by the consideration and pros and cons of various models. The parallel processes of long term supervisory work and the single session, plus the structures of CBT sessions and Supervision sessions were usefully drawn out.

For me, not having ever been supervised by Mandy, my learning point centred on the importance of 'The Question'.

Following the usual wonderful lunch that Buckfast Abbey always offers, we spent the afternoon considering the supervising of a disparate group. This may include a group of mixed non-CBT/CBT practitioners; CBT practitioners of varying experience; supervisees from various services such as primary, secondary and specialist, etc.

The day ended with attempts at resolving individual problems.

This day highlighted the need for time spent on this important, essential,

subject and I will be looking out for the regular supervision slot at Conference.

Our next workshop will be June 5th and will be lead by James Bennett-Levy.

Fran Hamilton

BABCP North West Wales Branch workshop 'a success'

Our branch held its second workshop on May 4th. Dr Mary Shinner, Clinical Director of the Centre for Cognitive Therapy Training, gave an excellent workshop on Case Formulation in Cognitive Therapy. It was very well attended.

We have our next event planned. Professor Paul Salkovskis will present a one-day workshop on 'CBT for OCD: Changing behaviour the cognitive way'. This will be on Friday September 7th 2007 at the University of Wales, Bangor, North Wales.

We had a winter training programme of evening events but have not been very successful at sustaining this. We wondered if there are any local members who may want to contribute, or who knows of someone who might want to. These events are very informal. We're talking of holding the next one in a pub so we can really enjoy the evening. We'd be pleased to hear from anyone interested.

Jan Rawlinson

Committee Member.

BABCP Eastern Counties Branch

The Eastern Counties Branch of BABCP are pleased to announce a one day introductory workshop on

Acceptance and Commitment Therapy (ACT) - by Mark Webster

This one-day workshop will discuss and demonstrate ACT techniques, particularly acceptance, cognitive defusion, and behavioral commitment strategies. Data supportive of this approach will be discussed. The workshop will at times be experiential, not merely didactic. The intention of the workshop is to provide clinicians with a basic understanding of ACT skills, and with personal experiences that will allow further development of these.

Venue: The Annex, Angel Corner, Angel Hill, Bury St Edmunds

Date: 10th July 2007

Fees: members £50 Non-members £65

The Annual General Meeting will be held over lunch time - all members are welcome, please feel free to join us.

For further information please contact **Nicola Taylor** on 01508 531175 or **Sheila Winton** on 01473 329370

V World Congress of Behavioural & Cognitive Therapies

Barcelona '07

10th-14th July 2007

European Association
of Behavioural and Cognitive
Therapies (EABCT)



WCBCT2007

This congress will be the largest international gathering of CBT clinicians and researchers ever held.

At least 3000 delegates from over 60 countries

Join 500 delegates travelling from the UK

Invited Addresses and Pre-congress Workshops include:

Judith Beck, USA	Charles Morin, Canada
Ramón Bayés, Spain	Gordon Nagayama Hall, USA
Richard Bentall, UK	Corey Newman, USA
Thomas Borkovec, USA	Tom Ollendick, USA
Chris Brewin, UK	Christine Padesky, USA
Jose Antonio Carrobes, Spain	Xavier Pellicer, Spain
David M Clark, UK	Sean Perrin, UK
Miguel Costa, Spain	Ron Rapee, Australia
Frank Dattilio, USA	Mark Reinecke, USA
Chris Fairburn, UK	Patricia Resick, USA
Melanie Fennell, UK	Paul Salkovskis, UK
Rocío Fernández-Ballesteros, Spain	Juan Jose Sánchez Sosa, Mexico
Edna Foa, USA	Soledad Santiago, Spain
Philippa Garety, UK	Silvia Schneider, Switzerland
Kim Halford, Australia	Neil Schneiderman, USA
Steven Hayes, USA	Fanny Muldman Schorr, Chile
Steve Hollon, USA	Juan Sevilla, Spain
Patricia Howlin, UK	Nirbhay N Singh, USA
Sheri Johnson, USA	Mark van der Gaag, Netherlands
Dominic Lam, UK	Marcel van den Hout, Netherlands
Robert Leahy, USA	Jaime Vila, Spain
William Lindsay, Scotland	Daniel Wegner, USA
Colin Macleod, Australia	Adrian Wells, UK
Alan Marlatt, USA	Mark Williams, UK
John Monahan, USA	Terry Wilson, USA
Peter Monti, USA	Jeff Young, USA

Enquiries

Rod Holland@wcbct2007.com
Congress Organiser

25 Pre Congress Workshops

International Invited Speakers

200 + Symposia

Panel Debates & Roundtables

Open Papers

1000 Poster Presentations

In-Congress Workshops

Exhibition

Opening Reception

International Party

Congress Banquet

It is still not too late to register

www.wcbct2007.com
for programme and registration form

Accreditation Matters!

Having been appointed to the role of Accreditation Liaison Officer just over a year ago, it seems appropriate at this stage for me to provide a general report to members.

One of the main aspects of the job has been dealing with queries around issues of Accreditation, Re-Accreditation, and Supervisor and Trainer Accreditation, as well as more general queries on career change or progression, availability of courses, and so on. Queries have arrived in a steady stream - with approximately 350 responses (many of them detailed and complex) being produced during the year.

Acting as 2nd Accrerator, there has also been direct involvement in approximately 200 applications – with a key aspect of the role involving liaison with applicants, external bodies, and members of BABCP Accreditation & Registration (A&R) Committee, in cases where additional information is required – or where there are other problematic aspects to applications.

With attendance at meetings (12 to date); development work involving clarifications and adjustments to guidelines and forms; producing FAQs for the website; and admin tasks – activity within the role has been buoyant, varied and interesting.

The ‘duality of meaning’ in the title of this article reflects the importance of BABCP having a robust system of Accreditation of Practitioners in the promotion and maintenance of standards; and also my intention that the contents following will prove useful in clarifying some of the matters relating to Accreditation which have been problematic to those going through the process.

Full information on accreditation processes can be found in documents downloadable from the website – and since February 2006 in a summarised version in the Training Supplement (also downloadable).

Practitioner Accreditation

Core Professional Training:

Most applicants for Accreditation will already have acquired a relevant core professional training, and it is important that applicants ensure that they meet the criterion of having received a minimum of four years professional training. This will include training in core profession as well as any specialist CBT Training.

“The ‘duality of meaning’ in the title of this article reflects the importance of BABCP having a robust system of Accreditation of Practitioners in the promotion and maintenance of standards...”

KSA: Knowledge Skills and Attitudes:

From the outset, KSA was devised only for members who have already reached specialist CBT level, are receiving regular CBT Supervision, and are engaging in CBT Continuing Professional Development – and yet have already arrived in that position without first undertaking one of the relevant core professional trainings.

KSA then, is a method for these members of BABCP to establish equivalence to the acquisition of a core professional training, through presentation of a portfolio which shows how they have acquired key knowledge, skills and attitudes deemed common to such core professional trainings.

Postgraduate CBT training courses which have been through BABCP Course Accreditation will, as part of their selection and admission process, have systems in place to ensure that entrants to their course have either already acquired a core professional training – or have reached the standard of equivalence as laid out in the KSA criteria or will have done so during the course. Graduates from such BABCP Accredited courses, would not need to complete a KSA application when applying for individual practitioner accreditation. It should be clearly understood that in compiling the KSA route, the A&R Committee never had the intention for this route to become an alternative to the requirement of having first acquired a core professional training. *It is, therefore, not generally appropriate for career changers, and is definitely not a route for those starting out in the field.*

Career Changers and those starting out in the field:

Queries from career changers, or those starting out in the field, are dealt with on an individual basis - with all enquiries being routed to the Accreditation Liaison Officer. Advice is given after ascertaining whether the enquirer has any experience

within the field – and mainly consists of suggesting that accreditation as a cognitive behavioural therapist is most usefully thought of as a two-tier process with the first step being the acquisition of a core professional training, followed by specialist training in CBT.

Accountability within Core Profession:

Applicants must be able to demonstrate two years accountability to a senior member of one of the recognised core professions listed in the Guidelines. For those who have shown ‘equivalence’ to a core professional training via the KSA route, requirement is to demonstrate accountability for two years – counting the start of the two years from the date of the most recent evidence within their KSA Portfolio, i.e. 2 years after meeting KSA criteria.

Specialist Cognitive and/or Behavioural Training and Practice:

Given the variety of formal postgraduate CBT training courses in terms of duration and content, it should be clear that it is the individual responsibility of applicants to ensure that they fulfil the criteria as laid down in the Minimum Training Standards for accreditation. For BABCP Accredited courses, BABCP will have taken this responsibility.

Minimum Training Standards:

The ‘Minimum Training Standards’ is a key document for all applicants working towards accreditation. Here are laid out the criteria for both training and practice against which individual applicants can conduct a matching exercise to ensure that their own training route and experience are sufficient to progress to application.

Training:

In summary, all applicants should evidence accumulation of 450 hours of training, of which at least 200 have been led by known/recognised CBT practitioner trainers – and 225 must have involved skills training.

In accumulating the required number of hours, applicants can include elements of CBT training (and placements) within their core professional training; formal CBT Trainings; shorter CBT training courses; and also attendance at CBT events and conferences.

Practice:

Again in summary, all applicants should evidence accumulation of 200 hours client work which has been CBT

supervised, involving at least 8 clients of 3 different problem types. Four of these must have been written up and assessed as case studies – and three of them must have been closely supervised (live/audio/video).

Not all training courses will afford the opportunity to complete the required number of hours of practice – and there may also be a shortfall in the number of case studies or closely supervised cases covered during training.

Case Studies and Close Supervision:

Where applicants have a shortfall in the required case studies or closely supervised cases, they can privately contract with a CBT supervisor who is experienced enough to facilitate in completing the remainder. The A&R committee has recently produced a helpful set of guidelines for evaluation of case studies assessed by supervisors not working within academic settings. These should be published shortly and will be freely available as a download from the website.

All applicants are required to complete the grid for case studies & closely supervised cases which has been provided within the application form unless they have completed a course fully accredited by BABCP. The grid must still be completed if the course was only partially accredited because the course will probably not have provided sufficient supervised clinical practice and case studies.

Supervision:

There is a requirement that all applicants demonstrate that they receive specific CBT supervision on a regular basis – with a minimum of one hour per month.

It should be noted that for those doing only part-time clinical work, this can be calculated on a pro-rata basis.

CBT Continuing Professional Development:

It should be noted that in making application for accreditation, any specialist training undertaken within the three years prior to application can also be counted towards continuing professional development. In like fashion, all CBT CPD can be included in accumulation of hours of specialist CBT Training.

While many applicants will have completed (at least part of) their specialist training during the 3 year period prior to applying - and therefore

may have exceeded the overall 90 hours requested, it is nevertheless important to ensure that there is a minimum of 30 hours specific CBT CPD for each of three years prior to application as the accreditors take this as evidence of an ongoing commitment to CBT CPD.

What counts as CBT CPD?

There was a letter published in the December 2006 magazine which posed the question 'What is CBT CPD?'. A response from Mark McCartney on behalf of the Accreditation & Registration Committee in this issue of the magazine should help clarify the question.

Nomenclature

BABCP members who are not accredited may not advertise their membership in any way which infers some professional status. However, once accredited, members are entitled to state after their name 'BABCP Accredited'.

Re-Accreditation

Five years after becoming accredited, a re-accreditation form should be completed. This form also contains a section which asks for details of CBT clinical supervision and support arrangements for that five year period.

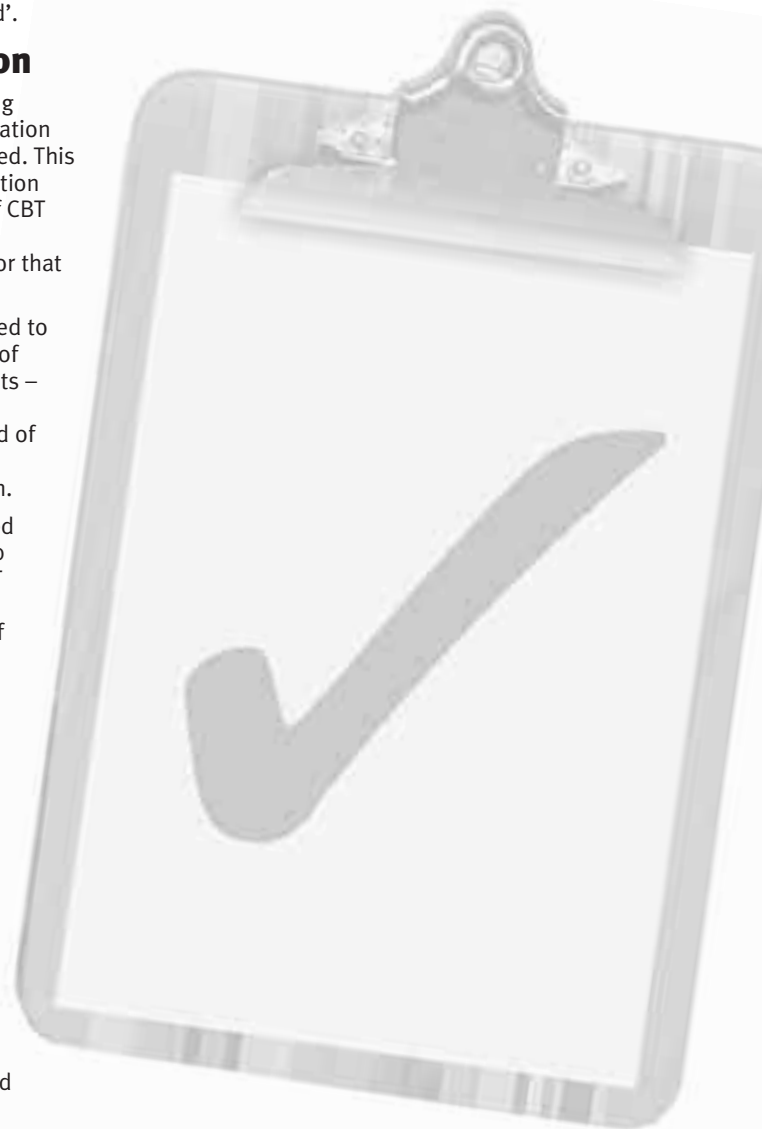
All applicants are required to complete this summary of supervision arrangements – as well as providing contemporaneous record of sessions for each of the years since accreditation.

Applicants are also asked to provide a record of 30 hours of specifically CBT Continuing Professional Development for each of the five years since accreditation.

As part of this record, it is a requirement that certificates of attendance are attached, especially for attendance at skills events which must be included as part of the overall 30 hours evidenced.

Some applicants experience difficulty in not being fully supported

by their workplace in fulfilling Supervision and/or CBT CPD requirements. Whilst not unsympathetic to individual and/or local conditions, accreditors nevertheless see it as being the individual responsibility of accredited practitioners to ensure appropriate support for their practice, and to regularly update their knowledge and skills. It is often the case that applicants are involved in CPD in ways which they have not realised – for example, working with fellow practitioners in developing new interventions – or CBT meetings (outwith formal supervision which does not count as CPD) whereby they are regularly sharing and facilitating each others learning. Such activities can be included as part of accumulation of the required 30 hours.



Accreditation Matters! *(Continued)*

Supervisor and Trainer Accreditation

STAG (Supervisor and Trainer Accreditation Group) have been active over the past year – handling the first wave of Supervisor and Trainer level accreditation applications. STAG has developed a two year strategy which includes an active promotion drive for this level of accreditation.

There are also intentions to increasingly ensure availability of workshops and conference items dedicated to supervision and training, thus easing the difficulty some intending applicants have had in amassing the required 18 hours of supervisor/trainer related CPD required. In the meantime, applicants should note that accreditors are relatively flexible in accepting as CPD many of the activities that those involved in training and supervision might be engaging in on a less than formal workshop basis. Examples would be in-house CBT training development meetings; specific team working events – eg: developing use of CTS(R) within training and/or supervision etc.

As with other accreditation processes, full details for application are available for download from the website. Specific queries can be sent to me direct using the contact details below.

A listing of Accredited Supervisors should be placed on the Members' Area on the website shortly as an additional resource for members. This will consist of those who have been through the Supervisor Accreditation process and agree to be listed. Included should be information on geographical location and contact details – as well as information on availability.

BABCP Course Accreditation

As BABCP Course Accreditation gathers pace, with an increasing number of courses entering this formal process, an important distinction can be made between courses which have been through this formal process – and courses which for several years have been listed in the Guidelines for Accreditation (and elsewhere) as 'Courses known to substantially contribute to the meeting of the Minimum Training Standards'.

This list of 'Known Courses' had been compiled over a considerable period of time, from accumulated knowledge

gathered by the A&R Committee as BABCP members who had graduated from these courses applied for accreditation. It remains in place, as an indicator of courses which can be used by applicants in meeting some of the criteria for accreditation.

As the criteria within the Minimum Training Standards can be met in a variety of ways, it is not intended that formal Course Accreditation completely replace this list.

Full details on the process of BABCP Course Accreditation can be downloaded from the website.

Contact details:

For any enquires relating to accreditation, please feel free to contact me direct, by email in the first instance at:

Charlie@babcp.com or
charlieaccred@hotmail.co.uk

I can also be contacted by phone on 01294 211 962 (most Wed /Thurs am.only).

Charlie McConnochie
Accreditation Liaison Officer
May 2007

Accreditation and Registration Committee's response to Prem Gurnani's letter 'What is CBT CPD?'

BABCP

BRITISH ASSOCIATION FOR
BEHAVIOURAL & COGNITIVE
PSYCHOTHERAPIES
Registered Charity No 1098704

Prem Gurnani wrote a letter in the BABCP Magazine (December 2006) querying what specific content of CPD activities would meet with the approval of the BABCP Accreditation and Registration Committee (A&R). He highlighted IPT, REBT, ACT, gestalt and other therapeutic approaches and discussed their relationship with CBT.

Written guidance from the A&R states Only CBT CPD is considered, but as Prem questions, "what is CBT CPD?" The A&R clearly states that CAT does not count, and that EMDR is acceptable so long as it is not exclusively EMDR, but other techniques are also employed. With no further definitive statements regarding therapeutic models and approaches what position does the A&R take in practice regarding the submission of a potentially huge and expanding range of CPD activities?

Essentially the A&R's stance reflects some of the axiomatic elements of CBT itself. CBT continues to slowly evolve, it utilises a scientific approach, is open to examining ideas, responds to evidence and provides balanced, flexible and individually tailored responses. It does not shy from questioning orthodoxy and confronting difficult challenges. Similarly the A&R recognises that CBT practice continues to evolve and that different techniques may become incorporated into CBT practice. CBT can be enriched and refined by such a process, but it should not be subject to the seductive vagaries of fashion, however charismatic their proponents. Equally we should not disregard or neglect therapeutic approaches that have a sound evidence base, however ordinary and intellectually undemanding they may now appear. Therapeutic models should be clear and subject to evaluation. New theories and approaches that might be considered as "CBT" should be explicable using cognitive and behavioural constructs. Evidence derived from practice and research should be our guide: we have a duty to do what is most effective and efficient in our clinical practice. We should have a wide repertoire of techniques available for our clinical work and we should be competent in their appropriate selection and delivery.

It would be unwise for the A&R to attempt to make an exhaustive list of every possible CPD activity that would or would not be acceptable. Such a document would be extremely lengthy and would require continual revision. The context of any individual CPD submission is considered by A&R, for example what proportion of the individual's total CPD activity does it constitute? Or what was the therapeutic orientation of the person delivering the CPD activity?

In medical practice the Bolam test¹ is often applied when considering medical negligence and professional malpractice. Essentially this case law considers that a doctor should not be held negligent if he or she acts in accordance with a practice accepted at the time as proper by a responsible body of medical opinion, even though some other practitioners adopt a different practice. One might consider it as a helpful legal embodiment of "common sense". What the A&R practices regarding what it will approve as acceptable CBT CPD is based on a similar principle: that which is acceptable would be viewed as reasonable by a responsible body of CBT practitioners, even though some individual practitioners may be doing something quite different.

Mark McCartney

Medical Representative on A&R Committee

References: 1. *Bolam v Friern Hospital Management Committee* (1957) 1 WLR 583.

BABCP West Yorkshire Branch news

The start of 2007 saw a new line up of committee members stepping into the spacious and well kept shoes of our 2006 committee. Megan Edwards and Suzanne Moore graciously offered themselves forward to share the Secretary post. Ian McAleer took over the pennies as our Treasurer. Maria Law, Dean McMillan and Sue Addison bravely assumed the role as our Events Sub-Committee. David Broadbent kindly offered his services as our Branch Liaison Officer and I gladly offered myself forward as Chair.

The West Yorkshire Branch was originally started in 2005 by David Broadbent (Chair), Lesley Geary and Anne Cooper (Secretaries) and Yasmin Hussain (Treasurer) alongside a number of other dedicated BABCP members within the region. 2006 provided some stimulating forum events and 2007 looks set to be an equally rewarding year for those attending our regional forums.

Our first forum event on March the 16th provided an exciting opportunity to explore the advantages and opportunities provided by Single Case Research in CBT with our speakers Dean McMillan and David Broadbent presenting at the Bradford Leeds Road Hospital. David and Dean called upon clinicians within the West Yorkshire region to take up available opportunities for conducting further research on CBT and offered our eager attendees the chance to explore possible research questions and methodology within the Single Case Research Model.

We have lined up some interesting speakers on a number of pertinent subjects for practitioners for our future forums with the help of our friendly neighbouring Sheffield Branch. Our next forum event is on:

Mindfulness for Anorexia

Friday 22nd of June, 9.30 - 12.30

Speakers: Grania Fenton and Dr Suzanne Haywood-Everett

This event is being held at the St George's Centre in Middleton, Leeds. We would like to extend a warm invitation to fellow BABCP members from other regions who would be interested in attending our forums this year. Watch this space!

Anna Creed,
Chair - West Yorkshire Branch



35th Annual Conference & Workshops

University of Sussex • 12th - 14th September 2007

The British Association for Behavioural and Cognitive Psychotherapies is the major multi-disciplinary interest group for people involved with the growing practice and theory of these therapies in the UK.

The Annual Conference & Workshop Programme of BABCP provides high quality CPD, contributes to the accreditation process of therapists and enables networking among colleagues at a national level.

Conference Keynote

- **Kate Davidson**
University of Glasgow
- **Graham Davey**
University of Sussex
- **Edward Watkins**
University of Exeter, UK
- **Gillian Haddock**
University of Manchester
- **Stirling Moorey**
South London & Maudsley Foundation Trust
- **Gillian Butler**
Oxford Cognitive Therapy Centre
- **Glenn Waller**
CNWL, Mental Health & Institute of Psychiatry
- **Adam Radomsky**
Concordia University, Canada
- **Graham Turpin**
University of Sheffield
- **Lucy Wiggs**
Oxford Brookes University
- **Nigel Beal**
University of Sheffield

For further information, registration forms and to check for programme updates visit

www.babcp.com

12th September • Pre-Conference Workshops

In Session Emotion Regulation: Basics and Beyond

Dana Weiss, AECF Institute, London

Acceptance and Commitment Therapy

Robyn D. Walser, TL Consultations Services, National Centre for PTSD, USA

Doing CBT with Borderline and Antisocial Personality Disorders

Kate Davidson, University of Glasgow and NHS Greater Glasgow and Clyde, Melanie Sharp and Judith Halford NHS Greater Glasgow and Clyde

Stepped-care Services for the Common Mental Health Problems

Jim White, Greater Glasgow and Clyde NHS

Cognitive-Behaviour Therapy for Depressive Rumination

Edward Watkins, Mood Disorders Centre, University of Exeter

Cognitive-Behaviour Therapy for Psychosis

Gillian Haddock, University of Manchester

Working Psychologically with Early Psychosis and Those at Risk

Chris Jackson, Birmingham Early Intervention Service and Amanda Szeata, Birmingham Early Detection and Intervention Team

Cognitive Behaviour Therapy for Life-threatening illness

Stirling Moorey, South London and Maudsley Foundation Trust

Working with imagery in Cognitive Therapy: Across Diagnoses

Ann Hackmann, Oxford Cognitive Therapy Centre, Oxford and Emily Holmes, University Department of Psychiatry, Oxford

When the Rule Book Isn't Enough: CBT for Anxiety Disorders

Gillian Butler, Oxford Cognitive Therapy Centre

Cognitive Therapy for Post Traumatic Stress Disorder

Nick Gray, Centre for Anxiety Disorders and Trauma

Cognitive-behavioural Therapy for Anorexia Nervosa

Glenn Waller, CNWL, Mental Health Trust and Institute of Psychiatry, London

Everything and the Kitchen Sink: CBT for OCD

Adam Radomsky, University of British Columbia, Canada

Training Skills for Trainers

Freda MacManus, University of Oxford

Sleep Disorders in Children and Adolescents

Lucy Wiggs, Oxford Brookes University

Cognitive Behavioural Analysis System of Psychotherapy: A New Treatment for Chronic Depression?

John Swan and Rob Durrant, University of Dundee

Anger Assessment and Treatment

Raymond Novaco, University of California, Irvine, USA

Using Online Computerised CBT Packages for Depression and Anxiety

Christopher Williams, University of Glasgow

Helping People Resolve Psychological Distress by Regaining Control

Tim Carey, Department of Clinical Psychology, NHS Fife

For further details on each Workshop visit the website