

# **BABCP Accreditation and Registration Committee**

**Supervised Clinical Practice – criteria for the evaluation of case studies assessed by supervisors not working in Academic settings.**

## **Draft Guidelines - July 2007.**

### **Preamble**

On the Application Form for Accreditation, Criterion Three - “Specialist C/BT Training” has in section (e) “Supervised Clinical Practice in Behavioural and/or Cognitive Therapy in Training”, applicants are required *to have conducted 200 hours of CBT clinical practice supervised during training and will have treated a minimum of 8 clients covering at least 3 types of problems. . . . . four will have been written up and assessed (2000 - 4000 words).*

Normally, where the main C/BT Training has taken place in an academic setting, the assessment and evaluation of these written submissions is by the course tutors and award boards of the institution. Some applicants however, usually those applying for accreditation by a portfolio record of achievement route, submit one or more of their written up cases to their clinical supervisor. This person may be independent of an academic institution. This draft document establishes interim criteria for the assessment of written up cases where this assessment is not within the regulations of an academic body.

### **General Standards**

Most posts, in the NHS and elsewhere, where applicants are recruited as Cognitive Behavioural Therapist are graded in remuneration and status terms at a professional level suggesting a requirement of people trained to standards.

Most CBT training is also at postgraduate, either diploma or masters, level. Therefore supervisors, assessing written up cases, should set a general standard of contents, writing style, layout, structure, graphics and presentation that is commensurate with postgraduate work. Further, because of CBT practitioners’ emphasis on evidenced based treatments, the written up cases should demonstrate a professional ability to not only show a theoretical and research based rationale for a particular approach to a client’s need, but also show a knowledge of alternative CBT methods and present an argument as to why these were not used.

### **Objectives for Written up cases**

The written up cases will demonstrate the applicant’s knowledge, skills and abilities to use Cognitive Behavioural Therapy theory, research and practice for the benefit of the clients towards the resolution of their difficulties. The Written up cases will include evidence of the applicant’s ability to

- a) Describe the historical, contextual and current components of client’s problems.
- b) Work within, and therapeutically use, a Cognitive Behavioural model of the structure of therapy and agenda setting.
- c) Use skills in forming an appropriate working alliance/relationship
- d) Use skills and ability to assess the client’s difficulties and their consequences including, where appropriate, interview skills, observational skills, skills in assessing the influence of social, systemic employments and economic factors, and psychometric tests and checklist.

- e) Conceptualise and formulate the dimensions of the client's problems and to negotiate/discuss this with the client in a way that is appropriate to their cognitive skills and development.
- f) Set, negotiate and use appropriate goals
- g) Set, negotiate and use appropriate interventions and behavioural experiments and show how these will facilitate the client moving towards the achievement of the goals.
- h) Demonstrate evaluation to their application of CBT to the client's needs and, where appropriate, show their use of a preventative strategy.
- i) Show their use of supervision
- j) Support and critically analyse their work with reference to research and theoretical literature and to use the Harvard System for citation.

This is not a piece of academic work in the sense that the marks will contribute to the level of an award. The Accreditation and Registration Committee, on behalf of BABCP, need it to be confident in accrediting an applicant's practice - and the applicants' suitability to have the status as a professional Cognitive Behavioural Therapist. It will therefore be a matter for the supervisor as to how much feedback and tutorial support they provide as part of, or as a result of, the assessment.

We do suggest that feedback should include comment on Clinical Skills (context; structure (agenda setting); relationship; assessment; formulation; goal setting; intervention; evaluation/prevention; use of supervision; citation and referencing).

Additionally, some comment on Conceptual Skills would be useful (layout – structure and presentation of the work); analysis of theory and research; integration of ideas; reflection on practice).

Following publication of the completed guidelines (which will also include information of conducting close supervision/marking of audio/video recordings) there will be a scheme for sample audit- the details of which will be published in the due course.

We on the A&R Committee and Panel would like to thank supervisors for their help in this component of the accreditation process.

**Ken Lewis/February 2007.**