

## Provisional Accreditation As a Cognitive Behavioural Psychotherapist Criteria and Guidelines

Provisional Accreditation as a Cognitive Behavioural Psychotherapist with BABCP means that the entry criteria and Minimum Training Standards for Accreditation have been achieved.

Full Accreditation is dependent on submission, 12 months after the date of Provisional Accreditation, of an application for Full Accreditation (see separate criteria and guidelines). Full Accreditation is for 12 months, after this, members are reaccruited annually by making a yearly online declaration of fulfilling the required standards for CBT practice, CBT supervision and CBT CPD. This is verified by random audit.

The overall process of Accreditation is not complete until Full Accreditation has been granted. If an application for Full Accreditation is not received, or granted, then the practitioner's status of Provisional Accreditation lapses, and the individual will have removed themselves from the CBT Register UK.

### CRITERIA FOR PROVISIONAL ACCREDITATION

The following seven criteria must be met in order to gain Provisional Accreditation:

1. Have a relevant core professional training, to degree level or equivalent
2. Have been accountable for their own professional practice to a senior member of their own, or another of the relevant core professions for at least one year since professional qualification
3. Provide a satisfactory statement of training in the theory and practice of CBT related to designated areas of competence
4. Have ongoing CBT Clinical Supervision, including regular live assessment of practice
5. Sign a statement of intent to submit an application for Full Accreditation after a further 12 months, and to sustained commitment to the theory and practice of CBT which includes Continuing Professional Development, and ongoing Clinical Supervision
6. Demonstrate knowledge and understanding of the therapeutic relationship and competence in the development, maintenance and ending of such relationships
7. Adhere to the BABCP Standards of Conduct, Performance and Ethics for Members, and be willing to be scrutinised in this adherence as required

### YOUR RESPONSIBILITIES

Refer to all of the relevant guidance and reference documents you are advised to read and comply with, whilst completing your application.

Applicants must meet all Accreditation criteria, and provide their application within the minimum quality standards set out in order to be awarded Provisional Accreditation.

Ensure that you have demonstrated and evidenced how you meet all Accreditation criteria.

Only application forms and associated supporting forms and documentation which meets the minimum standards in terms of **quality** (correct forms used, signed and dated within timescales, sufficiently and correctly filled in to the standard of examples, instructions followed) as set out in the guidelines will be accepted into the Accreditation process. Those that do not meet the minimum quality standards will be returned to the applicant as inadmissible into the process and will require the applicant to re-submit.

Please refer to the Accreditation section of the BABCP website for more detailed information on your responsibilities, and the Accreditation process.

## GENERAL NOTES ON MAKING AN APPLICATION FOR PROVISIONAL ACCREDITATION

All applications must be presented on the most up to date forms relating to Provisional Accreditation. Please check the Accreditation section of the BABCP website, to ensure you have the most up to date forms, information, criteria and guidelines

Forms and documents required for information purposes or completion are:

- **Criteria and Guidelines for Provisional Accreditation** (*for information purposes*)
- **Minimum Training Standards** (*for information purposes*)
- **Application for Provisional Accreditation** (*for completion and submission*) – you must complete ALL relevant sections of the form, and it should be signed within one month prior to receipt at the BABCP office
- **Supervisor's Report** (*for completion and submission*) – this must be completed by your current CBT Clinical Supervisor. This document should be completed and signed within one month prior to your application submission. Also see Supervisor's Report SAMPLE
- **Professional Reference** (*for completion and submission*) – this must be completed by a professional other than your current Clinical Supervisor who has completed your Supervisor's Report. The Professional Referee must be CBT trained, experienced and practicing, and knows about your current professional practice and involvement with CBT. This document should be completed and signed within three months prior to your application submission. Also see Professional Reference SAMPLE

NOTE: Either the Clinical Supervisor who provides your Supervisor's Report, or your Professional Referee must be a member of the BABCP.

Continuation pages are available should there be insufficient room in the application form:

- **Continuation Page for Criterion 3e; CBT Training** (*for completion and submission if required*)
- **Continuation Page for Criterion 4; Supervision** (*for completion and submission if required*)

Additional documents required **for those without a Core Professional qualification** recognised as relevant for BABCP Accreditation purposes:

- **Criteria and Guidelines for Assembling and Assessing KSA Portfolios** (*for information purposes*)
- **Guidelines for Referees Providing KSA References** (*for information purposes*)
- **KSA Portfolio Evidence Forms** (*for completion and submission*)

## MAKING YOUR APPLICATION

- Check the Accreditation section of the website for current fees
- All forms should be typed in Word, not hand-written (contact accreditation@babcp.com if this is not possible)
- Do not provide original certificates, please only send photocopies
- Attach additional sheets if needed
- Ask your Supervisor to complete the Supervisor's Report, and another Referee to complete the Professional Reference. Provide them with the samples to assist them
- ***PLEASE NOTE:*** On receipt at the office, your application pack is scanned, because its entire passage through the Accreditation process is managed electronically. Therefore please provide your application pack **as a continuous document of A4 pages**, preferably **single-sided**. When compiling your application pack, please ensure that you:
  - Do not put documents in plastic wallets or separate folders
  - Do not use dividers / separators / tabs
  - Do not use stick on tabs, labels, or post-it notes
  - Do not staple documents (*other than your cheque to your front page, for security*)
  - Do not use paper clips, acco-clips, etc.

### ***Instead***

- Please label your documents on the top right corner of the page, and cross-reference within your application form, as instructed
- If necessary hand write any brief notes on the relevant page itself
- Identify any double-sided pages or sections of your application pack with a post-it note or similar

For KSA Portfolios, please refer to the KSA guidelines for assembly instructions

***Each section of the Provisional Accreditation Application Form is explained, and example information for each section is shown below.***

**APPLICANT'S DETAILS**

**Please complete this section as fully as possible**

Contact information provided will be used for all BABCP correspondence – the BABCP database will be updated with this information.

You will be asked to provide further / different contact information for entry on the CBT Register UK, if applicable.

**Applicant's Name FRED BLOGGS**

- All forms to be typed, not hand-written (*contact accreditation@babcp.com if this is not possible*)
- Attach additional sheets if needed
- Ask your Supervisor to complete the Supervisor's Report, and another Referee to complete the Professional Reference
- Refer to the Criteria and Guidelines for Provisional Accreditation when completing the application form

**APPLICANT'S DETAILS**

Full Name	Frederick Simon Bloggs
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input checked="" type="checkbox"/> Prof <input type="checkbox"/> Other (state)
Profession	Counselling Psychologist
Job Title	Consultant Cognitive Behavioural Psychotherapist
Address <small>This is the address used for BABCP correspondence. You will have a choice of a different address for the register if Accredited</small>	100 Any Address, Any Town, Anywhere  Post Code ANY 0NE
Tel Work	020 7946 0123
Tel Home / Mobile	07700 901234
E-mail	<a href="mailto:fred.bloggs@anyemail.com">fred.bloggs@anyemail.com</a>
Confirm that you are a member	<input checked="" type="checkbox"/>

**Enclosures**

Please tick enclosure checklist below when you have included all enclosures

Application Fee payable to BABCP <small>(check BABCP website for current fees)</small>	<input checked="" type="checkbox"/>	<p><b>Please return all documents by post to:</b></p> <p>BABCP Imperial House Hornby Street Bury BL9 5BN</p> <p>T: 0161 705 4304</p>
Supervisor's Report	<input checked="" type="checkbox"/>	
Professional Reference	<input checked="" type="checkbox"/>	
Certificates / Evidence of Qualifications	<input checked="" type="checkbox"/>	
KSA Portfolio (if no core profession)	<input type="checkbox"/>	
Additional Information (where necessary)	<input type="checkbox"/>	

**TRAINING AND QUALIFICATIONS****CRITERION ONE: Core Professional Training****This section is about your CORE PROFESSION ONLY**

You must tick **ONLY ONE** of the Core Professions

Recognised Core Professional Trainings are:

- Psychology – First degree plus a post-graduate qualification (MSc or Doctorate) in an applied area such as clinical, counselling, educational, forensic, health psychology. HPC Registered as Practitioner Psychologist (*HPC registration alone insufficient*)
- Registered Nurse – Mental Health (RMN), or Learning Disability (*general nursing and enrolled nursing is insufficient*)
- Medicine – Psychiatrist or General Practitioner, MBChB or MBBS, and usually PG training with membership of MRCGP, MRCP or MRCPsych
- Occupational Therapy – BSc (Hons) Occupational Therapy, MSc Occupational Therapy, or Dip C.O.T and HPC Registered
- Arts Therapist – HPC Registered
- Counselling – Accredited with the BACP, COSCA, IACP or FDAP (NCAC), or Registered Member CPC
- Social Work – CQSW, DipSW or BA/BSc Hons Social Work
- Probation Services – DipPS
- Teacher of Special Education / Needs – CertEd, B.Ed, or BA/BSc with PGCE, plus additional specialist training in Special Education, with additional counselling / psychotherapy training
- Psychotherapist/Psychotherapeutic Counsellor - with UKCP Registration

If you do not have a recognised Core Professional qualification:

you must submit your application through the KSA process – information about submitting a KSA application can be found separately on the Provisional Accreditation section of the BABCP website. If you are submitting a KSA Supplement Portfolio, please check the appropriate box

# CRITERIA & GUIDELINES FOR PROVISIONAL ACCREDITATION

If you are unable to tick one of the Core Profession boxes on this page, you will need to complete the Knowledge, Skills and Attitudes (KSA) Supplement, providing evidence of your acquisition of the core psychotherapeutic knowledge and skills that you would have attained in a core training such as those listed below. KSA documentation is available from the Provisional Accreditation section of the BABCP website.

Please tick **only one** of the Core Professions below, which is your main Core Profession in which you have a recognised qualification

## Applied Psychology

- Clinical Psychology
- Counselling Psychology
- Educational Psychology
- Forensic Psychology
- Health Psychology

## Nursing

- Mental Health Nursing
- Learning Disability Nursing

## Medicine

- Psychiatric Medicine
- General Practice

## Allied Health Professions (HPC Registered)

- Occupational Therapy
- Arts Therapist

## Other Helping Professions

- Counselling (Fully Accredited by BACP, COSCA, IACP, FDAP (NCAC) or Registered Member CPC)
- Social Work
- Probation Service
- Teacher of Special Education / Needs with additional special education training and counselling / psychotherapy training
- Psychotherapist/Psychotherapeutic Counsellor with UKCP Registration

## KSA – no recognised relevant Core Professional qualification

- KSA Supplement Portfolio completed, and included with this application

**This section is about your CORE PROFESSION ONLY (Not specialist CBT Training).**

Give details of your Core Professional Training only, including your academic and professional qualifications.

Provide evidence of your qualifications, for example, certificates. Provide copies, not originals.

Please label the document/s for easy reference, for example write “1A” at the top of the page.

Also provide details of membership of other professional bodies, including those relating to your Core Profession, and provide details of the type of registration or membership, for example student member, graduate member, associate member, accredited member etc.

This section is not applicable to those who are applying via the KSA route.

**For your Core Professional Training only, detail academic and professional qualifications**

Dates From & To	Qualification	Awarding Body / Institute	Evidence Enclosed	Labelled as
1978-1981	BSc 2nd Class Honours, Social Psychology	University of Somewhere	<input checked="" type="checkbox"/>	1A
1982	Certificate in Counselling for Stress Management	Centre for Psychological Stress Management Training	<input checked="" type="checkbox"/>	1B
1984-1988	Practitioner Doctorate in Psychotherapeutic and Counselling Psychology	University of Somewhere Else	<input checked="" type="checkbox"/>	1C
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

**Membership of Professional Body**

*If you are a member of a professional body, you are required to give your professional membership number or PIN (e.g. NMC, GMC), and the name of the body with whom this can be checked; date of birth required to check*

PIN	Body	Registration or Membership Type	Date of Birth
111222	BPS	Graduate Member	22/6/59

*If membership of your professional body has lapsed, please provide a covering note stating the reason, and check this box*

*If you do not or never had membership with a professional body and you are not a KSA applicant then please provide a covering note stating the reason, and check this box*

**CRITERION TWO: Professional Accountability and Practice**

**This section is about your Professional Accountability relating to your CORE PROFESSION ONLY (Criterion Two).**

You must demonstrate that you have had a period of professional working practice where you have worked ‘under direction’ and had formal or informal management supervision of your professional working practices; this demonstrates a period of consolidation of what has been learned in training within a structured generic working environment, not necessarily relating to CBT practice, which is an important stage of professional development prior to working autonomously.

You must have worked within a professional environment where you were accountable within your professional practice to a senior member of one of the relevant recognised Core Professions, or equivalent. Accountability to an organisation, to clients, or to yourself is not acceptable, e.g. in private practice.

Give details of at least one year of professional practice since qualifying in your Core Professional training. You are required to state the lines of accountability for this professional practice to a senior member of a relevant Core Profession.

If you have evidenced equivalence through KSA, you must give details of at least one year of professional practice where you were accountable to a senior member of a relevant Core Profession since meeting the most recent of the KSA Criteria.

*For your **Core Professional Practice only**, give details of **one year** since qualifying in your Core Profession during which you were accountable to a senior member of a relevant Core Profession.*

*If you are a KSA applicant, give details of one year of practice since completing the most recent of the KSA criteria, during which you were accountable to a senior member of a relevant Core Profession.*

Dates From & To	Employer	Employed As	Professionally Accountable To	
			Name	Professional Position
1999- 2007	An NHS Trust, Somewhere	Counselling Psychologist	Professor John Smith	Senior Clinical Psychologist



**This section is about your CBT Practice within your CURRENT JOB / ROLE/S**

You are asked to evidence your commitment to the practice of Cognitive Behavioural Psychotherapy. In order to be eligible for Accreditation with the BABCP, you must be currently practicing CBT in the UK, and more than 50% of your *clinical practice* and other *psychotherapeutic related working activities* must be CBT.

The Minimum Caseload for maintaining Accreditation is two clinical contacts or equivalent per week, this can be interpreted in a variety of ways:

Example One: Part-time (0.4wte) CBT therapist who provides CBT clinical supervision and training in a specialised trauma service. Clinical work consists of seeing one patient a week for a two hour session.

Example Two: Full-time university lecturer in CBT who works in primary care one afternoon a week, seeing four patients with mild-moderate Axis I problems. Sessions are only 30 minutes long.

Example Three: Full-time NHS manager in CBT service, who has no opportunity for clinical work in this role. Has a CBT private practice on Saturday mornings seeing two patients for one hour each.

It is possible that your working roles involve both clinical practice, and other activities, such as management of others, teaching or training, supervision of others, service development, research etc. You are asked in the table to account for what percentage of your working roles involve CBT, therefore managing CBTs or providing training in CBT would count, whereas managing non-CBT counsellors, or providing psychotherapy or training in another therapeutic modality would not.

Provide Accreditors with an overall sense of the context within which you are practicing CBT. Give details of the last year of **all** of your practice, employment and working roles/s (which may include voluntary work, and time undergoing training etc.).

Provide details of any person or any organisation to whom you are accountable, for example your line manager, clinical lead, a GP practice for whom you provide a service, a referring agency, e.g. an Employee Assistance Provider (EAP). Accountability to yourself, your clients, your Clinical Supervisor, or a professional body is not relevant for the purposes of this question.

For your **Current Professional Practice**, give details of **the last year** of your practice, including client population and setting.

Dates From & To	Professional Position	Employed By (or Private Practice)	Professionally Accountable To (name and position)	Clinical Setting	Client Population	Hours per Week	Total % Involving CBT
2004-Nov 2007	Consultant Clinical Psychologist (CBT Specialist)	An NHS Trust, Somewhere	Mr Harry Singh, Senior Consultant	In patients and other secondary care services	Severe & Enduring Mental Health	Full time	70
Nov 2007-date	CBT	Another NHS Trust, Somewhere	Ms Cynthia Jones, Professional Lead	Out patients specialist clinic	Personality Disorders and PTSD	22 hours	60
Nov 2007-date	CBT	Private Practice	Local Named GP Practice, Named Rehabilitation Agency	Private CBT Practice	Axis 1, depression, anxiety, trauma	10 hours	100

**This section is about your COGNITIVE BEHAVIOURAL PRACTICE ONLY**

When considering all of your dedicated involvement with Cognitive Behavioural Psychotherapy, allocate the proportions of your professional practice across the areas clinical practice, (providing CBT), receiving and providing supervision, receiving training, providing teaching & training, research and/or service development activities, consultation, and other relevant activities.

Please note: regardless of the percentage of your overall time that involves CBT (previous section), you must now isolate your time involving CBT, and allocate how that time is spent; for example, if you identified 50% of your time as involving CBT in the previous section, you must now consider that as 100% of your CBT practice, and allocate it across the activities below.

Please also tell us some information about your current CBT practice, this will provide Accreditors with an overall sense of the setting and context within which you are practicing and involved with CBT.

*For your **Behavioural and/or Cognitive Practice only**, give details of the proportions of your practice spent on Clinical Practice, Supervision, Teaching & Training, Consultation, and other activities, and give a summary of your current CBT practice*

Clinical Practice (Providing CB Psychotherapy)	% = 50
Receiving Supervision	% = 5
Supervision of Others	% = 20
Receiving Training	% = 10
Teaching / Training Others	% = 10
Research / Service Development Activities	% = 5
Consultancy	% =
Other (state)	Activity % =
Summary of, and Additional Comments on Current CBT Practice	<p>In my NHS role, I provide individual CBT in a multidisciplinary service, the team consisting of two further psychologists, three nurse specialist CBTs, counsellors, and two consultant psychiatrists. I work with clients with chronic mental health problems, including personality disorder, trauma / abuse, depression and anxiety disorders.</p> <p>Since the move towards IAPT, my NHS role involves increasing time supervising and training others, and so I have elected to develop a part-time private practice. I have provided significant input into the development of the IAPT training course, and have also recently been working on service evaluation within the Trust.</p> <p>My colleagues and I have, over the last year, started a CBT SIG for the Trust, which has gradually developed into a very important forum for CBT practitioners in various roles and clinical settings, and who are at different stages of development. We discuss CBT service developments within the Trust, relevant research, and take turns to share a current case formulation or a treatment intervention with a current client.</p> <p>My private practice has only been developed recently. I am referred clients from a local GP, and from an agency who provide psychological rehabilitation services, as well as a few self-referrals. My private clients tend to present with depression and anxiety, workplace stress, and PTSD.</p> <p>I expect to be involved in a significant research project over the next two years which will evaluate the role of psycho-educational CBT delivered in groups in a Primary Care setting.</p>

**CRITERION THREE: Specialist Behavioural and/or Cognitive Training****This section is about your Specialist Behavioural and/or Cognitive training.**

You must evidence to the Accreditors how you have met the Minimum Training Standards for the Practice of CBT. These standards are the minimum level of training, experience and practice that must be evidenced for Accreditation. You should refer to the Minimum Training Standards document before completing this section.

In summary, the Minimum Training Standards are:

1. A minimum of 450 hours of specialist CBT training overall
2. 200 of the hours must be taught by recognised CBT trainers
3. Half of the overall formal CBT training must focus on CBT skills development
4. A minimum of 200 hours of CBT Clinical Practice (supervised by an appropriate CBT Clinical Supervisor, totalling at least 40 hours of Clinical Supervision)
5. A minimum of eight cases undertaken during training, covering at least three different problems types
6. Four of these cases should have been written up and assessed as case studies (2000-4000 words)
7. Three of these cases must have been closely supervised, using live (in-vivo, video, audio) assessment

**Taught Training Hours**

The Minimum Training Standards state that of the 450 hours of specialist CBT training, at least 200 must be taught or tutor led, by recognised CBT trainers. Tutor led is generally taken to mean direct delivery through lectures, presentations, or tutor led workshops which might involve demonstration, role-play and specific skills practice activities. The taught CBT theory and skills hours should be on evidence-based, disorder-specific, core CBT models of formulation and treatment.

The Minimum Training Standards specify that of the overall formal training undertaken, at least 50% should involve skills development. EG role play; skills practice in pairs or triads; exercises in case formulation; experiential exercises as part of more formal workshops; practice in delivery of psycho-educational material to groups, learning to use formal measures, etc. Some aspects of placements might also be considered as contributing to skills development - including co-therapy with a more experienced therapist; in-course or in-placement training focussed specifically on skills development whilst still in formal training (not Clinical Supervision); consultations in relation to specific cases for example team case formulation workshops, etc.

Such skills development activity would generally form part of a formal, coherent, and assessed training curriculum.

**Qualifications of Teaching Staff**

The taught component of your course must be taught by recognised CBT trainers: they will be BABCP Accredited Practitioners, or have a Post Graduate specialist training in CBT or equivalent, be receiving CBT CPD, be practicing CBT as their main therapeutic modality, and receiving appropriate CBT Supervision. It falls to the applicant to provide evidence of the CBT credentials of trainers who are not Accredited.

Applications will not be accepted that do not include a full CV list or similar evidence of all the qualifications of the teaching and supervision staff on your course. If you trained many years ago and this is difficult to evidence, counter-signed affidavits may be accepted; if this is not possible, the accumulation of training of the applicant over a long period, and more recently with recognised trainers, will be taken into account. For further guidance on this please contact [accreditation@babcp.com](mailto:accreditation@babcp.com)

**Self-Directed Study**

The balance of the 450 hours of CBT specific training can be made up of other 'notional study' or 'self-directed study' hours which are prescribed as part of a formal curriculum and which contribute to the overall assessment of the training, involving activities such as additional research, completion of assignments, more informal discussion groups with other learners, etc. This time will generally be considered as theory and should be detailed and evidenced separately. In addition, CPD activities such as skills workshops, attendance at conferences, involvement with Special Interest Groups (SIGs), specialist training placements, undertaking research etc. can contribute to the overall 450 hours of CBT specific training.

### **Evidencing your Training**

For the purposes of BABCP Provisional Accreditation, you are considered to be 'in training', until you make your application.

The substantial majority of your taught CBT skills and theory hours will usually have been taught in a single, coherent and assessed post graduate programme of study from a University validated training course.

It is your responsibility to match your training to the Minimum Training Standards, and clearly evidence this to the Accreditors; it is not the responsibility of the Accreditors to hunt down, and draw out, and calculate how you have met the standards.

Applications will not be accepted if they do not include a full, accurate and detailed timetable or curriculum with comprehensive highlighting of the areas of study which show that you have met the Minimum Training Standards. The number of hours CBT teaching should be clearly indicated, and labelled distinctly as skills or theory. If you graduated many years ago, please see below for alternative forms of evidence.

Please take the time to present your evidence helpfully as this significantly speeds up the process of Accreditation. You must label evidence as it relates to each section of the application form. Certificates of qualification confirm that you have attained the qualification, and should be provided (copies, not originals).

### **Evidence of Teaching from Courses completed many years ago**

For those who have completed their training a long time ago, and who cannot easily evidence how they meet the Minimum Training Standards, consider beginning by compiling an affidavit biography of your training, qualifications and experience until the present day, and work backwards to source evidence, as this is likely to be easier to obtain. A countersignatory or a number of countersignatories can be used to attest to your claims eg signed statements from Course Directors attesting to course curricula, signed statements from others who can attest to your qualifications, the content of your training, your experience, etc.

If you are having trouble evidencing how you meet the Minimum Training Standards, please contact one of the Accreditation Liaison Officers for advice by e-mailing [accreditation@babcp.com](mailto:accreditation@babcp.com)

**Enter details of your main CBT training course here.**

**If you have completed a BABCP Level 2 Accredited training course then this is the wrong application form and you will need to complete the L2 course provisional application form available on the website.**

Check the BABCP website, which lists the Level Two Accredited courses and the year they achieved Accreditation.

**Enter your main CBT training course details here.**

Course Title	Institution	Start Date	Completion Date	Certificate or Statement of Achievement Enclosed	Labelled as
				<input type="checkbox"/>	

**Fill in the relevant sections. You may have information which should be included in all sections, or in just one / some**

*It is the responsibility of the individual Applicant to match their training and experience against the criteria laid down in the Minimum Training Standards.*

*In this section of the application, you should evidence a total of 450 hours of training in CBT, of which at least 200 hours have been taught or led by recognised named CBT trainers. You must also evidence that of your overall specialist training, at least half has involved skills development.*

**This section is about Taught CBT theoretical and skills components relating to your CORE PROFESSIONAL TRAINING ONLY.**

Give details as requested, including the course title, module titles etc. State the number of *taught* hours that are stated in the curriculum for this training, breaking out theory and skills where possible. Prescribed notional / self-directed study should be detailed later in part 3d. Ensure that you name the teacher / lecturer.

Provide evidence. Your evidence must be helpful and clear so that the Accreditors can verify your claims.

Provide evidence of your qualifications, for example, certificates. Provide copies, not originals.

Please label the document/s for easy reference, for example write “3A1” at the top of the page.

**3a Taught CBT Components of your Core Professional Training**

Give details of any specific behavioural and/or cognitive theoretical and skills components from your Core Professional Training, specifically recording the taught hours, and provide a copy of the relevant course curriculum.

Title of Course / Module / Lecture	No. Hrs Taught Theory	No. Hrs Taught Skills	Teacher / Lecturer	Evidence Enclosed	Labelled as
Certificate in Counselling for Stress Management: Cognitive Behavioural Approaches	20	20	Jeevana Stone	<input checked="" type="checkbox"/>	3A1
PsychD, Year 1, various CBT specific modules: -Introduction to CBT -The Therapeutic Relationship in CBT -Assessment & Case Formulation in CBT -CBT Skills -Using CBT for Anxiety & Depression	21	30	Dr S Scott, Wendy Young, Kath Palmer, Dr Paul Schmidt	<input checked="" type="checkbox"/>	3A2
PsychD, Year 2: -Cognitive Approaches in Psychological Therapies -BT with Profound Disability	15	15	Dr Helen Aston, Pauline McMahon	<input checked="" type="checkbox"/>	3A3
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
<b>TOTAL HOURS</b>	<b>56</b>	<b>65</b>			

**This section is about CBT placements during your Core Professional Training only**

Give details as requested, including the details of the date/s, clinical setting, client population, and specifically describe any skills development activity. Provide details of the duration of the placement, the number of clinical hours you undertook (the face to face client hours), the number of specific taught skills development hours, and the number of hours of supervision you received. Also give details of the placement supervisor, including CBT credentials.

The aspects of placements that could be considered as contributing to skills development, are where an activity has specifically been organised as a formal teaching experience, with structure, learning outcomes, and possibly assessment. Examples might include co-therapy with a more experienced therapist; in-course or in-placement training focussed specifically on skills development whilst still in formal training (not Clinical Supervision); consultations in relation to specific cases for example team case formulation workshops, etc.

You must provide evidence. Your evidence must be helpful and clear so that the Accreditors can verify your claims. Evidence might be detailed within a curriculum, or verified through your own clinical records, or a covering letter from your placement supervisor, for example. You should provide evidence that the placement was specifically CBT.

Please label the document/s for easy reference, for example write “3B1” at the top of the page.

**3b CBT Placements or Supervised Practice during your Core Professional Training**

Give details of any specific behavioural and/or cognitive placements or specialist CBT supervised clinical practice from your Core Professional Training, specifically describing taught skills development activity, and provide a copy of the relevant course curriculum and evidence of placement activity.

Placement Details and Specific Skills Development Activity	Placement Duration	No. of Clinical Hours	No. of Taught Skills Development Hours	No. of Supervision Hours	Placement Supervisor (name, position & CBT credentials)	Evidence Enclosed	Labelled as
1985, full-time CBT placement in adult psych ward, in-patients, reporting directly to Head of Psychology and supervised by the CBT Lead. Specific skills development activity included accompanying CBT Lead in assessment and CBT sessions, including providing co-therapy, weekly 1 hour case formulation team meetings, and monthly peer skills workshops which included role-plays, case formulations, watching and assessing videoed sessions	6 months	300+	55	60	Dr Henry Yale, CBT Lead (Senior CBT Practitioner in department)	<input checked="" type="checkbox"/>	3B1
1987, part-time CBT placement in Learning Disability Unit, out-patients, reporting to Psychology Lead. Specific skills development activity included providing co-therapy with Supervisor, and participating in fortnightly 1 hr case review meetings focussed on assessment and formulation	5 months	120	35	40	Dr Simon Porter, Psychology Lead (CBT Trained and practicing for over 10 years)	<input checked="" type="checkbox"/>	3B2
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
<b>TOTAL HOURS</b>			<b>90</b>				

**This section is about CBT Specialist Training only**

If you have completed a significant formal CBT training course, include it again here. Courses entered in this section should have worked to a specified curriculum, and will have involved formal assessment, for example marked assignments.

Give details as requested, including the course title or name of the qualification, and the awarding body or institution. State the number of *taught* hours that are stated in the curriculum for this training, breaking out theory and skills where possible. Prescribed notional / self-directed study hours should be detailed later in part 3d.

You must provide evidence of the curriculum for this training. Your evidence must be helpful and clear so that the Accreditors can verify your claims. Please ensure you label and highlight relevant information that matches your claims.

Also provide evidence of your qualifications, for example, certificates. Provide copies, not originals.

Please label the document/s for easy reference, for example write “3C1” at the top of the page.

**3c Taught CBT Recognised Specialist Training**

Give details of any specific behavioural and/or cognitive psychotherapy training courses attended. Provide details of the taught hours. Ensure you provide certificates, and evidence of the curriculum.

Dates From & To	Qualification	Awarding Body / Institution	No. Hrs Taught Theory	No. Hrs Taught Skills	Evidence Enclosed	Labelled as
2002-2003	PG Diploma CBT (diploma year only)	University of Somewhere	90	70	<input checked="" type="checkbox"/>	3C1
2005	Clinical Certification in Schema Therapy	An Appropriate Body	35	35	<input checked="" type="checkbox"/>	3C2
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
TOTAL HOURS			125	105		

**This section is about CBT Prescribed Self-directed Study**

During your formal trainings in parts 3a and 3c, it is likely that as well as taught hours, the training also prescribed a number of self-directed or notional study hours that were necessary in order to meet the course requirements.

Self-directed study generally includes reading, researching, completing assignments and case studies, preparing for exams and presentations etc.

Give details as requested, including the course title or component or module of the training, and brief details of the self-directed study activity. State the number of self-directed study hours that are stated or prescribed in the curriculum for this training. Taught components should have been provided in parts 3a and 3c.

You must provide evidence of the hours within the curriculum. Your evidence must be helpful and clear so that the Accreditors can verify your claims.

Please label the document/s for easy reference, for example write “3D1” at the top of the page.



**CRITERIA & GUIDELINES FOR PROVISIONAL ACCREDITATION**

**3d Self-directed Study Prescribed in CBT Components of Core Training and CBT Specialist Training**

*Give details of the prescribed self-directed study hours from the CBT components of your Core Training, and/or from your Specialist behavioural and/or cognitive psychotherapy training courses. Provide evidence of the prescribed self-directed study hours.*

Training Course or Component / Module of Training	Details of Self-directed Study Activity	No. Hrs Prescribed Self-directed Study	Evidence Enclosed	Labelled as
PsychD, Year 1, various CBT specific modules: -Introduction to CBT -The Therapeutic Relationship in CBT -Assessment & Case Formulation in CBT -CBT Skills -Using CBT for Anxiety & Depression	Prescribed reading, research, writing assignments	76	<input checked="" type="checkbox"/>	3A2
PsychD, Year 2: -Cognitive Approaches in Psychological Therapies -BT with Profound Disability	Prescribed reading, research, writing assignments	55	<input checked="" type="checkbox"/>	3A3
PG Diploma CBT	Prescribed reading, research, writing assignments & case studies. Preparation for viva / clinical exam	150	<input checked="" type="checkbox"/>	3C1
Clinical Certification in Schema Therapy	Prescribed reading & writing case studies	42	<input checked="" type="checkbox"/>	3C2
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
<b>TOTAL HOURS</b>		<b>323</b>		

**This section is about CBT SPECIALIST TRAINING ONLY**

Any other specialist CBT training and experience which contributes to you meeting the Minimum Training Standards should be included here. Include any short courses, workshops, conferences, research projects, specialist placements, involvement in SIGs, CBT development activity etc.

Give details as requested, including the title of the course or workshop, or the kind of activity undertaken, the trainer, lecturer or placement supervisor, and the organising body. State the number of hours that have been undertaken for this activity, breaking out theory and skills where possible.

Provide evidence of your attendance, for example, certificates, placement records, agendas or minutes. Provide copies, not originals

Please label the document/s for easy reference, for example write “3E1” at the top of the page.

*Continuation* sheets are available in the Provisional Accreditation section of the BABCP website.

**3e Other CBT CPD Training and Experience**

Give details of any other specific behavioural and/or cognitive psychotherapy training or experience that has contributed to you fulfilling the Minimum Training Standards (e.g. short courses, workshops, conferences, placements etc.).

Dates From & To	Title & Type of Activity	Trainer / Lecturer / Placement Supervisor	Organising Body	No. Hrs Theory	No. Hrs Skills	Evidence Enclosed	Labelled as
4/3/02	CBT for Worry & Rumination	Sarah Fretter	My Local NHS Trust	3.5	3.5	<input checked="" type="checkbox"/>	3E1
Jul 2004	BABCP Annual Conference	Various symposiums	BABCP	14		<input checked="" type="checkbox"/>	3E2
2005	Specialist closely supervised CBT placement in Child & Adolescent services, part time for 4 months (approx 70 hrs face to face contact, 24 hours clinical supervision) & 20 hours skills development doing co-therapy with supervisor and team case conceptualisation meetings	Harry Singh & Dr Liz Jones See letter of appointment for placement labelled 3E3	Named NHS Trust		20	<input checked="" type="checkbox"/>	3E3
15-16/2/07	CBT for Psychosexual Disorders	Dr Marcia Hass	Named NHS Trust	12		<input type="checkbox"/>	None, sorry
Jul 2008	BABCP Annual Conference including pre-conference Workshop	Various symposiums and keynote presentations, and BABCP AGM	BABCP	12	7	<input checked="" type="checkbox"/>	3E4
24/11/ 08	Psychological Approaches to Pain (was CBT approach)	Mia Nee Aches	A Recognised Training Provider	6.5		<input checked="" type="checkbox"/>	3E5
3/12/08	CBT for OCD	Dr Jenny Davison	BABCP Branch	3	4	<input checked="" type="checkbox"/>	3E6
Jul 2010	BABCP Annual Conference	Various symposiums	BABCP	12		<input checked="" type="checkbox"/>	3E7
2-3/12/11	CBT and Psychosis	Dr Mike Tyler	Named NHS Trust	7	7	<input checked="" type="checkbox"/>	3E8
2009-12	CBT SIG in Trust, meeting x4 times per year for 2 hours, occasional specialist speakers, discussing latest developments in CBT and CBT within our service	Peer – x4 psychologists, x2 CBTs – see attached sheet labelled 3E9 which shows dates and attendees, and agendas	Named NHS Trust	8		<input checked="" type="checkbox"/>	3E9
4/3/013	Behavioural Activation	Mr Motivator	Recognised Training Provider	2	4	<input checked="" type="checkbox"/>	3E10
TOTAL HOURS				80	45.5		

**Provide totals hours for Theory and Skills from Section three so far**

You should have demonstrated a minimum of 450 hours of specialist CBT training overall.

*Please provide totals from this section so far*

Totals from	Theory Hours	Skills Hours	
Section 3a	56	65	<i>Taught</i>
Section 3b	N/A	90	<i>Taught</i>
Section 3c	125	105	<i>Taught</i>
<b>Sub-total Formal Taught Hours</b>	<b>181</b>	<b>260</b>	
Section 3d	323	N/A	<i>Prescribed Self-directed</i>
Section 3e	80	45.5	<i>CPD &amp; Other</i>
<b>GRAND TOTAL HOURS</b>	<b>584</b>	<b>305.5</b>	

## **This section is about CBT SPECIALIST TRAINING ONLY**

Here you must detail eight cases which have contributed to your CBT specialist training, and demonstrate how you have conducted at least 200 hours of supervised clinical assessment and practice during training. In addition, you must declare that you have undertaken at least 40 hours of suitable CBT Clinical Supervision during your training and subsequent practice.

Across the eight cases, you should demonstrate a variety of problem types that you have treated; at least three different problem types.

Each of the eight cases should have been seen from assessment to conclusion, and have been an absolute minimum of five sessions, but some should be considerably longer. Each case should have been presented regularly in supervision.

Four of these cases should have been written up and formally assessed as academic case studies, of between 2000 and 4000 words. These case studies should have been completed as part of a postgraduate level formal training. Contact an Accreditation Liaison Officer by e-mail [accreditation@babcp.com](mailto:accreditation@babcp.com) if you need to complete additional case studies because there is a shortfall in your formal training; guidance is available for writing and evaluating case studies.

The case study should demonstrate the therapist's knowledge, skills and abilities to use Cognitive Behavioural Psychotherapy theory, research and practice for the benefit of the client towards a resolution of their difficulties. The written up case study will generally include evidence of the therapist's ability to:

- describe the historical, contextual and current components of the client's problems
- work within, and therapeutically use, a Cognitive Behavioural model of the structure of therapy
- use skills in forming an appropriate working alliance / relationship
- use skills and ability to assess the client's difficulties and their consequences
- conceptualise and formulate the dimensions of the client's problems and to negotiate and discuss this with the client in a way that is appropriate to their cognitive skills and development
- set, negotiate and use appropriate goals
- set, negotiate and use appropriate interventions and show how these facilitate the client moving towards the achievement of the goals
- demonstrate evaluation of the application of CBT to the client's needs
- show and evaluate the use of supervision
- support and critically analyse the work that has been done with reference to research and theoretical literature and use a relevant system for citation

Three of these cases should have been closely supervised. Closely supervised means that:

- the case work has been formally assessed using in-vivo, video or audio recording, where at least one whole session has been seen, and assessed to be of a reasonable standard as evaluated by a recognised CBT skills assessment scale or tool, for example the CTS-R
- the work has been supervised by an appropriately qualified BABCP Accredited Practitioner or a qualified CBT who meets the Accreditation criteria
- the case has undergone regular supervision, delivered in an individual or group format

Give details as requested, including the problem type, number of client hours (the face to face hours spent with the client in assessment and therapy), whether the case was a written up case study and/or closely supervised, and the name of the assessor and/or supervisor.

Where possible, obtain signatures.

Alternative evidence should be included where signatures are not available. Alternative evidence includes a signed statement from the supervisor/assessor attesting to the standards being met, or evidence of the standards being met through a course curriculum, or signed statement from a Course Director, for example.

Please label the document/s for easy reference, for example write "3F1" at the top of the page.

## CRITERIA & GUIDELINES FOR PROVISIONAL ACCREDITATION

### **3f Supervised Clinical Practice in Behavioural and/or Cognitive Psychotherapy in Training**

The Minimum Training Standards require that psychotherapists will have conducted 200 hours of CBT clinical practice, appropriately supervised during training, and will have treated a minimum of eight clients, covering at least three different problem types. Each client should have been seen from assessment to completion and for at least five sessions (although some should have been considerably longer). Of these cases, four will have been written up and assessed as case studies (2000 – 4000 words), and three will have been closely supervised using live (in-vivo, video, audio) assessment, and competence evaluated using an appropriate CBT skills assessment tool.

Identify eight clients, and tick the appropriate column to indicate which four were written up and assessed case studies (A), and which three were closely supervised (C).

The relevant supervisor and marker must sign in the grid below. Should this not be possible, please liaise with the Accreditation Liaison Officers by e-mailing [accreditation@babcp.com](mailto:accreditation@babcp.com) to identify alternative evidence.

Also declare how many hours of CBT supervised clinical assessment and therapy you have undertaken during your training and subsequent practice, to reach the minimum 200 hours, and how many hours of CBT supervision you have undertaken, which should be at least 40 hours.

#### **NOTE TO ASSESSORS AND SUPERVISORS**

**A SUITABLE ASSESSOR:** By signing where A is checked you are attesting that the stated case study has been received and assessed by **YOU** to a satisfactory standard in your evaluation (BABCP evaluation guidelines are available from [accreditation@babcp.com](mailto:accreditation@babcp.com)). You should be fully Accredited with the BABCP, or be a Cognitive and/or Behavioural Psychotherapist who meets the BABCP Criteria for Accreditation.

In addition, you should be experienced at working within post graduate settings in CBT, assessing academic work, and with recent experience as a Lecturer or Tutor in CBT. The Assessor, may, however be currently independent of an academic institution. **Evidence of Supervisor and Assessor credentials (as outlined above) must be provided as an attachment to this application.**

**SUPERVISOR:** By signing below, where C is checked, you are stating that you have provided live supervision of the stated case and are satisfied as to the competence of the practitioner, or where not checked, that the case was regularly brought to supervision. Each client should have been seen from assessment to completion, and be of at least five sessions (although some should have been considerably longer).

Client Identifier	Problem Type	Client Therapy Hours	A	C	Supervisor / Assessor	Signature	Alternative Evidence Enclosed	Labelled as	
1 AR	Depression	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DPsych course Harry Singh		<input checked="" type="checkbox"/>	3F1	
2 FF	Spider Phobia	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DPsych course Cynthia Jones		<input checked="" type="checkbox"/>	3F1	
3 RP	OCD	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPsych course		<input checked="" type="checkbox"/>	3F1	
4 LW	Depression & Low Self-Esteem	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PG Dip CBT Hannah Marchant		<input checked="" type="checkbox"/>	3F2	
5 PK	GAD	7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PG Dip CBT Hannah Marchant		<input checked="" type="checkbox"/>	3F2	
6 ANR	OCD	10	<input type="checkbox"/>	<input type="checkbox"/>	Paul Jones	Paul Jones	<input type="checkbox"/>		
7 HG	CFS	12	<input type="checkbox"/>	<input type="checkbox"/>	Paul Jones	Paul Jones	<input type="checkbox"/>		
8 GW	Social Phobia	12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paul Jones	Paul Jones	<input type="checkbox"/>		
Total Clinical Hours from eight clients		82							
Total Additional Clinical Hours		750+	(Other hours of supervised clinical assessment and therapy you have undertaken during your training and subsequent practice to reach the minimum 200 hours)						

## CRITERIA & GUIDELINES FOR PROVISIONAL ACCREDITATION

Grand Total Clinical  
Hours

832+

Must be at least 200

Grand Total Supervision  
Hours

180+

Must be at least 40

### **This section is about CBT SPECIALIST CLINICAL SUPERVISION RECEIVED ONLY (Criterion four).**

Provide detailed, session by session CBT Clinical Supervision records for the past 12 months.

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

Supervision should be provided by an appropriately qualified BABCP Accredited Practitioner or a trained, qualified, experienced and dedicated CBT who has appropriate CBT Clinical Supervision, and meets the Accreditation criteria.

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.

In the case of applicants who have been senior practitioners in, and contributors to, the practice of Cognitive and/or Behavioural Psychotherapies, the Committee will be looking for evidence of commitment to the formal use of colleagues for the Supervision of case work and personal issues which may arise from working with clients.

Individuals must ensure that their overall Supervision arrangements are suitable and sufficient to meet their needs at all times. Contact the Accreditation Liaison Officers by e-mailing [accreditation@babcp.com](mailto:accreditation@babcp.com) if you are unsure whether you are engaging in suitable and sufficient Clinical Supervision.

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

Provide 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 or competency measures e.g. CTSR.

A variation has been agreed for the standard set for live sampling as part of supervision. In circumstances where this is impossible to obtain (e.g. in forensic settings, employer refusing consent for visiting supervisor; in learning disability setting, client unable to give informed consent), then supervisor can account for this within the report.

*Continuation* sheets are available in the Provisional Accreditation section of the BABCP website if required.

**CRITERION FOUR: CBT Clinical Supervision**

*Detail, session by session, your CBT Clinical Supervision and support arrangements for the past 12 months, ensuring that you include all sessions up to the date of your application.*

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 Discussed emergency supervision arrangements	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 Discussion on behavioural experiments – how to address boundaries with in-session behavioural change	Case presentation, role-play, discussion
8/9/12	Individual	Paul Jones	1.5	Client GW case discussion and video Improving agenda setting discussed – examination of CTS-R guidance for agenda setting	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) Discussion about features of social phobia versus BDD presentations	Case presentations
29/9/12	Individual	Paul Jones	1	Client GD case discussion, planning ending, considering client's anticipated worries about lack of support Client YM stuck with client's sense of hopelessness – review of formulation and beliefs about frailty and lack of personal strength when challenged. Planning for behavioural experiments	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. Significantly improved agenda setting! Focus on improving Socratic questioning rather than tendency to hurry client to a conclusion – recognise this is a tendency when trying to motivate depressed clients	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 YM update	Case presentation and discussion
12/12/12	Group	Katie McCann (facil), Paul Jones, Talia Caven	2	Case presentations and discussions – Depression, and my case new Client AD, ? social phobia? Discussion about differentiating exposure targets from BE targets	Case presentations
23/12/12	Individual	Paul Jones	0.5	Client HB, grief, discussed immediate risk	Telephone
22/1/13	Individual	Paul Jones	1.5	Client HB, grief, case presentation – discussion about developing formulation – missed a previous key critical incident! Client AD - social phobia – formulation, social phobia treatment planning, latest research, and self-help books	Case presentation and discussion
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. Looked at different models of grief, pathological grief, CBT for grief	Case presentations and video excerpts

## CRITERIA & GUIDELINES FOR PROVISIONAL ACCREDITATION

2/3/13	Individual	Paul Jones	1.5	Client YM video – interpersonal difficulties, reflection on personal values and beliefs that are interfering with alliance – my own frustration due to personal experience of family member’s self-destructive behaviour – very interesting parallels!	Full video assessed CTS-R
19/3/13	Individual	Paul Jones	0.5	Client PP, support in making decision to refer to specialist eating disorders clinic	E-mail exchange
6/4/13	Individual	Paul Jones	1.5	Client PP, anorexia, discussion about referral and handover to specialist services, family contact, difficulties with ending, personal reflections	Case presentation and discussion Role-play
1/5/13	Group	Paul Jones (facil), Katie McCann, Talia Caven	2	Case presentations and discussions, BPD and depression (I did not present) Discussions about PDs generally, how to assess, looked at DSM-IV diagnostic criteria	Case presentations
11/5/13	Individual	Paul Jones	1	Client WB, GAD & depression, case presentation and discussion General discussion about use of relaxation techniques – practicing, and role-playing	Case presentation Discussion and role-play
8/6/13	Individual	Paul Jones	1.5	Client HB, grief, case discussion, positive outcomes Client LP, psychosis, discussed formulation, and relevant research to read	Discussions
22/6/13	Individual	Katie McCann	0.5	Client LP, psychosis, discussed risk, and child protection issues	Telephone
26/6/13	Group	Paul Jones (facil), Katie McCann	2	Case presentation and discussions, I presented Client KO, CFS & depression. Discussion about eating disorders and examined and discussed recent research	Case presentation and discussions
<b>TOTAL HOURS</b>			<b>28.5</b>		



**This section is about CBT SPECIALIST CLINICAL SUPERVISION ONLY**

One Supervisor's Report and one Profession Reference are required. These must be from two different Cognitive and/or Behavioural Psychotherapist Practitioners. Either the Clinical Supervisor who provides your Supervisor's Report or your Professional Referee must be a member of the BABCP.

Your Professional Referee should be someone with whom you have some regular and current professional contact who knows about your current professional practice and your involvement with CBT; they might be a work-place colleague, a trainer or tutor, someone whom you meet regularly at workshops, meetings or SIGs, or a group or peer Supervisor, for example. The purpose of providing a Professional Reference is to ensure that as a scientist-practitioner, you are sufficiently networking with other CBTs and not operating in isolation. The Supervisor's Report must be from your **current** CBT Clinical Supervisor, who has regularly assessed live (in-vivo, video, audio) samples of your clinical practice.

A variation has been agreed for the standard set for live sampling as part of supervision. In circumstances where this is impossible to obtain (eg in forensic settings employer refusing consent for visiting supervisor; in learning disability settings, client unable to give informed consent), then supervisor can account for this within the report.

It is an appropriate Supervision activity to review your current CBT clinical practice and competence, as a vehicle for completing the Supervisor's Report. If you have been receiving Supervision from your current Supervisor for less than six months, you must also provide a Supervisor's Report from your previous Supervisor.

You are responsible for obtaining the Supervisor's Report/s and Professional Reference and including them with your application. These should be given to you in a sealed envelope, although it is up to the providers if they wish to show you them.

A sample Supervisor's Report and Professional Reference are available; please provide these to your Supervisor and Referee to assist them in completing their forms, which will ensure Accreditors are provided with all of the information they require. The Supervisor's Report and Professional Reference should be typed, not handwritten. You should inform your Supervisor and Referee where to find the downloadable Word documents.

The Supervisor's Report should be signed and dated within the last month. The Professional Reference should be signed and dated within the last three months.

Evidence of good practice will be assessed on the basis of the Supervisor's Report and Professional Reference, these include:

- details of the use of live supervision, including illustrative examples of practice (Supervisor's Report)
- an understanding and appropriate practice of the development, maintenance and ending of therapeutic relationship – such issues as not enabling collaboration and client choice, the misuse of power in the client-therapist relationship, and the role of value systems may all be addressed
- the applicant's general competency, skills and attitudes to practice CBT
- the applicant's adherence to the Standards of Conduct, Performance and Ethics for members

The choice of current CBT Supervisor is with you. However, Accreditors will wish to see evidence of the Supervisor's competence to offer CBT Supervision. Supervisors will either be Accredited Practitioners with the BABCP, or will be senior professionals who have training and qualifications in CBT, and will be practicing CBT, and undertake regular CBT Clinical Supervision of their own practice – they should meet the Accreditation criteria.

Accreditors will be looking for evidence that suitable and sufficient Supervision arrangements are available to the applicant, in respect of their clinical practice and level of expertise.

## CRITERIA & GUIDELINES FOR PROVISIONAL ACCREDITATION

*Provide a Professional Reference from a CBT practitioner who knows about your current professional practice and involvement with CBT, dated within the last three months, and a Supervisor's Report from your current CBT Supervisor who has regularly assessed live samples of your clinical practice, which must be dated within the last month. Variations/ exceptions: if a supervision live element is impossible (i.e client group unable to consent, employer prevents live or external supervision access, setting provider doesn't approve/validate live) then supervisor can account for this within the report.*

*If you have been receiving Clinical Supervision from your current Supervisor for less than six months, you must also provide a Supervisor's Report from your previous Supervisor.*

I enclose my Professional Reference, from a CBT practitioner who knows about my current professional practice and involvement with CBT, dated within the last three months	YES <input checked="" type="checkbox"/>
I enclose my Supervisor's Report, from my <u>current</u> Supervisor, who has regularly assessed live samples of my clinical practice, dated within the last month	YES <input checked="" type="checkbox"/>
I enclose my Supervisor's Report, from my previous Supervisor ( <i>only required if had current Supervisor for less than 6 months</i> )	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

### CRITERION FIVE: Sustained Commitment

**Ensure that you sign and date the form here**

*Provisional Accreditation is for a period of one year, after which an application for Full Accreditation must be submitted, along with Reflective Statements evidencing five CPD activities and including at least six hours from a CBT Workshop/s per year, 12 months Supervision Log, and a Supervisor's Report. You must undertake regular live assessment of your clinical practice as part of your supervision arrangements, and ensure that you record such instances within your Supervision Log.*

### DECLARATION

**I understand my commitment to Continuing Professional Development, and Clinical Supervision**

Signature <i>Fred Bloggs</i>	Date 1/7/13
---------------------------------	-------------

**Criminal, Civil, Investigatory & Disciplinary Declarations**

**You must check a box for each of the questions**

If you check yes to any question, you must declare the details on a separate statement and enclose with your application. You may wish to discuss this with one of the Accreditation Liaison Officers in advance by e-mailing accreditation@babcp.com. Details will be handled with discretion and you may include your statement in a sealed envelope.

All applicants must answer each of the six questions below

If you answer YES to any question, please declare details on an attached statement

Question	Declaration	Additional Statement Enclosed	Labelled as
1. Have you ever been convicted of any criminal offence in any court in the UK or elsewhere which might prejudice the public's trust in you, your profession, or the BABCP, if accurately informed about all the circumstances of the case?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever been found guilty of a civil offence?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input checked="" type="checkbox"/>	Env. labelled Confidential
3. Have you ever been refused / expelled from membership of any other professional body / register on the grounds of professional misconduct or other professionally related offence?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever been the subject of any professionally related disciplinary action (which may or may not have ended in dismissal)?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Are you currently / likely to be the subject of any criminal, civil, investigatory or disciplinary proceedings or enquiries?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. To your knowledge, have you ever been, or are you likely to be involved in a situation or incident likely to result in disciplinary action against you as a member of the BABCP?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/>	

**DELIBERATELY FALSE STATEMENTS WILL RESULT IN YOUR REMOVAL FROM THE LIST OF ACCREDITED MEMBERS**

**Ensure that you sign and date the form, within one month prior to submitting your application**

Members of the Accreditation Team, and the Accreditation and Registration Committee may contact you or other parties to the application for further information at any time during the Accreditation process

## **DECLARATION**

**I am a Member of the BABCP, and I adhere to the Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies.**

**The information contained in this application and any accompanying documents is accurate to the best of my knowledge.**

Signature <i>Fred Bloggs</i>	Date 1/7/13
---------------------------------	-------------

***The Accreditation and Registration Committee Reserves the right to seek further information from relevant parties to the application.***

**Standards of Conduct, Performance and Ethics for Members – Summary Document**

Adopted AGM 16 July 2009/Amended Nov 2016

**Your Duties as a Member of BABCP: The Standards of Conduct, Performance and Ethics you must keep to in Practice**

- **You must act in the best interests of service users**
- **You must maintain high standards of assessment and practice**
- **You must respect the confidentiality of service users**
- **You must keep high standards of personal conduct**
- **You must provide (to us and any relevant regulators and/or professional bodies) any important information about your conduct and competence**
- **You must keep your knowledge and skills up to date**
- **You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner**
- **You must communicate properly and effectively with service users and other practitioners**
- **You must effectively supervise tasks that you have asked other people to carry out**
- **You must get informed consent to give treatment (except in an emergency)**
- **You must keep accurate records**
- **You must deal fairly and safely with the risks of infection**
- **You must limit your work or stop practising if your performance or judgement is affected by your health**
- **You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your practice**
- **You must make sure that any advertising you do is accurate**

**Introductory Statement**

1. As a member of the BABCP you are required to make sure that you are familiar with the standards and that you keep to them. If you are applying for membership or Accreditation as a CBT Practitioner, Trainer or Supervisor; Psychological Well-being Practitioner (PWP); or Evidence-Based Parent Training Practitioner (EBPTP) you will be asked to sign a declaration to confirm that you have read and will keep to the standards.
2. It is important that you meet BABCP standards and are able to practise safely and effectively. We also want to make sure that you maintain high standards of personal conduct and do not do anything which might affect the public's confidence in you, the BABCP or any profession to which you may belong. However, we do not dictate how you should meet our standards.

Each standard can normally be met in more than one way. The way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

As an autonomous and accountable practitioner, you need to make informed and reasonable decisions about your practice to make sure that you meet the standards that are relevant to your practice. This might include getting advice and support from education providers, employers, your clinical supervisor, colleagues and other people to make sure that you protect the wellbeing of service users at all times.

Many BABCP members are also members of professional bodies and will therefore be bound by codes of practice of those professions. BABCP recognises the valuable role professional bodies play in representing and promoting the interests of their members. This often includes providing guidance and advice about good practice, which can help you meet their standards and those in this document.

3. It is expected that all members of BABCP approach their work with the aim of resolving problems and promoting the well-being of service users and will endeavour to use their ability and skills to service users' best advantage without prejudice and with due recognition of the value and dignity of every human being. If you make informed, reasonable judgements about your practice, with the best interests of your service users as your prime concern, and you can justify your decisions if you are asked to, it is very likely that you will meet our standards.

By 'informed', we mean that you have enough information to make a decision. This would include reading these standards and taking account of any other relevant guidance or laws. By 'reasonable', we mean that you need to make sensible, practical decisions about your practice, taking account of all relevant information and the best interests of the people who use or are affected by your services. You should also be able to justify your decisions if you are asked to.

4. Throughout these standards, we have used the term 'service user' to refer to anyone who uses or is affected by a member's services. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients/clients. In some circumstances, your service users might be organisations rather than individuals. The term also includes other people who might be affected by your practice, such as carers and relatives.

We have used the word 'treatment' in its broadest sense to include a number of actions members carry out. These actions could include diagnostic, monitoring or assessment procedures, therapy or advice.

Refer to the FULL document **Standards of Conduct, Performance and Ethics** here: [www.babcp.com/Standards-of-Conduct-Performance-and-Ethics](http://www.babcp.com/Standards-of-Conduct-Performance-and-Ethics)