

**University College London Doctorate in Clinical Psychology**

**British Association of Behavioural and Cognitive Psychotherapy (BABCP)**

**Frequently Asked Questions about the BABCP-Accredited CBT Pathway**

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**PORTFOLIOS**

***Clinical Hours***

**What types of therapy can count towards the 200+ supervised CBT hours?**

Standard CBT detailed in the problem-specific competencies in the [CBT Competence Framework](https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-2) should make up a significant proportion of the 200 clinical hours, with evidence of applying this kind of CBT to anxiety (including trauma presentations) and depression.

However, the BABCP recognises that Trainee Clinical Psychologists work with complexity and use formulation-driven approaches and a range of models from the “CBT family” of approaches.

All therapies supported by the BABCP can count for clinical hours. This includes Compassion-Focused Therapy (CFT), Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), CBT for psychosis (CBTp), CBT for Eating Disorders (CBT-E) and Mindfulness (MBCT/MBSR). Commonly used approaches for perfectionism, low self-esteem, body dysmorphic disorder, health anxiety etc. can also be used if this is justified by the assessment and formulation of the case.

Interventions must be based on core CBT evidence- based protocols with reference to the Core Curriculum (work with depression should be done using the Beck et al. 1979 protocol). The other cases could be CFT, ACT, DBT, CBTp, CBT-E or Mindfulness cases.

**Can High Intensity (HI) or “Step 3” CBT telephone assessments or telephone sessions be counted as clinical hours?**

HI telephone assessments and telephone sessions can count but there should ideally be evidence of evaluation by a supervisor, e.g. through listening to and evaluating a recording.

**Can Low Intensity (LI) or “step 2” telephone screens be counted as clinical hours?**

LI telephone screens can count but they should only be a very small proportion of the total clinical hours (no more than 10%).

**Do CBT-based groups and workshops count towards hours?**

Any piece of CBT group work that is conducted under the supervision of a BABCP-accredited clinician can count – up to a maximum of 20 hours – of the overall 200 hours of supervised CBT practice.

The group does not necessarily need to be co-facilitated by an accredited CBT practitioner, but the work must be supervised by someone with BABCP accreditation.

**How is group work counted in terms of clinical hours if the group is co-facilitated?**

Group work hours are calculated in the same way as individual work. It makes no difference whether the group is co-facilitated. For example, if you co-facilitate a group for 1.5 hours then it will count as 1.5 clinical hours.

**Am I expected to get all my 200 supervised CBT hours in my first year?**

Trainees in a year-long CBT placement in which they are working full-time using CBT supervised by a BABCP-accredited CBT practitioner would be expected to reach 200 hours by the end of the first year. As a rough guide, you will likely be ‘on track’ if you have between 25-40 hours of CBT work completed at MPR 1 and 95+ hours of CBT work at the six-month point of the year-long placement.

Some trainees are on split placements in which only some of the work will be CBT supervised by an accredited clinician. We strongly encourage trainees on these placements to attempt to fulfil the requirements for the eight exemplar cases including the three closely supervised cases in the CBT part of their placement. It is likely that one further placement will be needed to complete the remaining supervised CBT hours. Occasionally, if trainees have only a small amount of pathway clinical work outstanding at the end of their first year, there may be an option to receive the required BABCP-accredited supervision for what remains from the supervision groups run by Dr Sue Watson. This must be discussed with the BABCP Pathway Lead on an individual basis.

***Supervision Hours***

**How many supervision hours do we need?**

Overall you need to record at least 40 hours of supervision by a BABCP-accredited CBT practitioner. The only stipulation around the number of hours for specific cases is that for each of the three ‘closely supervised’ cases, trainees must have received at least five hours of supervision.

**How are supervision hours calculated (individual/group)?**

In **individual supervision**, supervision hours for each exemplar case are calculated based on the actual time spent discussing the case in supervision. However, BABCP do recognise that many skills and theory-practice links discussed in relation to any other client(s) in each supervision may also apply to other cases, so you need to be pragmatic in making this calculation. For example, spending 20 minutes role-playing Socratic Questioning in supervision would likely contribute 20 minutes to each case where Socratic Questioning was part of the work.

To calculate supervision hours for **group supervision**, divide the length of the group supervision session by the number of supervisees in the group and then multiply by two. For example, for a 90-minute supervision group with three supervisees the calculation is: (90 minutes / 3) x 2 = 60 minutes. There should be no more than four supervisees in a CBT supervision group.

In settings where trainees receive group supervision, there must be opportunity for individual supervision.

**Does the time that a supervisor spends listening to and rating a recorded session count towards supervision hours**?

Typically, if the supervisor is listening to the recording without the trainee present this would not count. However, the feedback discussion would count. Some supervisors and trainees also find it helpful to listen to the recording and to rate it together, and all of the time spent on that would count as supervision.

**If a case has been supervised both by a placement supervisor and a group supervisor, do both supervisors need to sign off the case?**

Yes. Similarly, where there are two individual supervisors both supervisors must sign off the case.

Where more than one supervisor has supervised the case then both supervisors must sign the exemplar and you need to make it clear which supervisor supervised which hours (e.g. using an asterisk in the relevant section of the UCL BABCP Portfolio to indicate which hours were supervised by Supervisor 1, with an explanation that all other hours were supervised by Supervisor 2).

**Can we use our clinical seminar groups as CBT Pathway supervision?**

No. There is a continuity to individual or group CBT supervision that allows a supervisor to gain an overview of the work conducted with a case. Clinical seminars are a slightly different type of learning space and are not aimed at replacing clinical supervision of a case.

**Does work supervised prior to the supervisor’s accreditation count on the basis that the supervisor is now accredited? (E.g. on a first year placement in which supervisor became accredited during/after the placement, would the work done on the placement prior to accreditation count?)**

If the supervisor was provisionally or fully accredited throughout your placement then this question does not apply. The BABCP have also confirmed that provisional accreditation for a supervisor is sufficient, i.e. the supervisor does not need to have full accreditation.

If your supervisor became accredited during your placement or after it ended then it is likely that this is sufficient. It seems likely that the test in such cases will be whether the supervisor in question has accreditation (either provisional or full) at the point of your qualification from the UCL Doctorate.

***Exemplar Cases***

**What makes a suitable exemplar case?**

Cases in which depression or an anxiety disorder is the main presenting problem would make ***ideal*** exemplar cases because they allow the relatively direct application of the approaches detailed in the [CBT Competence Framework](https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-2) .

It can be helpful if the problems are of moderate severity and chronicity, and the client is able to access thoughts and is open to a structured approach.

Commonly-used approaches for perfectionism, low self-esteem, body dysmorphic disorder, health anxiety etc. can also be used if this is justified by the assessment and formulation of the case.

Unlikely or inappropriate exemplar cases would be those clients presenting with an adjustment disorder or a bereavement reaction with no maintenance cycle or without comorbid depression. Similarly, a primary problem of significant substance misuse would not be appropriate, nor would a client whose presents with predominantly circumstantial or environmental difficulties (e.g., legal problems, asylum status, housing issues, benefits queries or matters related to domestic violence or safeguarding). It is acknowledged that trainees often work with cases where these issues are part of the formulation, but where these are the dominant presentation rather than a focus on a CBT intervention, such cases should be avoided as exemplars.

Group interventions are unlikely to be appropriate exemplar cases due to the lack of assessment and formulation elements.

As stated, the BABCP recognises that Trainee Clinical Psychologists work with ***complexity*** and use ***formulation-driven approaches*** and a range of models from the “CBT family” of approaches. In many placements, problems may be moderate to severe in nature and there may be concurrent issues to do with engagement and interpersonal process. These types of cases can also be written up as exemplar cases (see later point about range and coverage in the exemplar spread).

In documenting less straightforward cases, particular attention should be paid to explaining the preliminary treatment plan based upon the assessment and initial formulation, detailing (and perhaps formulating) any adaptations made for engagement, and any reformulation and treatment plan changes as the work progressed. It may also be useful to consider objective and subjective outcomes in writing up such cases. Did the scores change? Did the client report improvement/deterioration? How would you make sense of this given your understanding of the client?

**Do we have to have certain disorders covered in our exemplar cases?**

Of the three ‘closely supervised’ exemplar cases must cover a range of presentations including at least two anxiety disorders **or** one anxiety disorder and one trauma and stressor-related disorder **as well as** one mood disorder. Interventions must be based on core CBT evidence-based protocols or formulation-driven CBT treatment; work with depression should be done using the Beck et al. (1979) protocol.

**I’m not working in a primary care Talking Therapies service, so how can I get exemplar cases when my clients are so complex?**

Not all Pathway placements are in primary care settings, and it is possible to get the required BABCP training standards, including exemplar cases, even when you’re working in a complex care setting or CMHT. The BABCP recognise that DClinPsy trainees work with complex presentations and as such all formulation-based interventions grounded in CBT principles (including ‘third-wave’ CBT approaches) do count as exemplar cases. Many trainees in these settings will tend to work with clients for longer episodes of treatment when compared with Talking Therapies/primary care services, and as such this should be considered when developing the placement contract so that all eight exemplars are planned from early in the placement. Trainees in these settings should prepare for higher numbers of missed appointments, cancellations and DNAs (all of which will slow down building up the 200 hours of practice). However, assessments and group work can help to increase the overall clinical hours, so conversations with supervisors should include some contingency management. In services where therapeutic telephone coaching is offered (ie DBT teams), then any calls with clients where coaching has taken place can be included in the calculation of overall clinical hours. Calls to reschedule any cancelled/missed sessions do not contribute to the overall number of clinical hours.

**Are we supposed to use pseudonyms for write-ups?**

All the exemplars need to be anonymised. You can choose how to do this and some people do simply refer to the client as ‘X’ or by the client’s initials. However, it is easier for the reader to have an appropriate substitute name, denoted either in quotes (e.g. “*Sunjeev*”) or with a parenthetical qualifier, e.g. “…*Sunjeev (pseudonym)*…” at first usage.

**Can you still use a case as an exemplar if the recording has been ‘failed’?**

Yes, you can. In fact, it can show good evidence of development to include a ‘fail’ with developmental feedback in the portfolio. The particular case would just not count towards your three closely supervised cases in which you need to demonstrate a ‘pass’ on a structured rating scale (unless you later passed a recording with the same client and you also include that).

**Do the cases have to show recovery/change in measures to ‘count’ as exemplar cases?**

No. There are many reasons why individual cases might show good practice but minimal or no change in objective outcome measures. The emphasis is on the quality of the work, and demonstration of learning in instances where outcomes have not been optimal.

The only caveat to this is that there will be an overall judgement about the range of cases in the portfolio. This is to ensure that each portfolio demonstrates the competent application of CBT across a range of presentations; if a high proportion of exemplars showed premature termination or deterioration then this would need to be addressed.

**Do our placement supervisors need to sign off the eight exemplar write-ups?**

Yes, they will need to sign off all of the work as meeting a competent standard. You will need to include signatures and their BABCP number on all relevant pages in the UCL BABCP portfolio.

As above, where more than one supervisor has supervised the case then both supervisors must sign the exemplar and you need to make it clear which supervisor supervised which hours (e.g. using an asterisk in the relevant part of the UCL BABCP Portfolio to indicate which hours were supervised by Supervisor 1, with an explanation that all other hours were supervised by Supervisor 2).

**If you are on two six-month placements, do you have to get four exemplars in each one?**

Most trainees on the BABCP Pathway will be on a 12-month placement. However, there are no set requirements about the proportion of exemplars to be approved in any one placement. This will depend upon the work conducted and the judgement of the supervisor.

**What happens if I don’t get eight exemplar cases in the first year – in terms of portfolio submission and future placements?**

We recommend submitting all the work that you have carried out in first year at the autumn deadline, even if the portfolio is not complete. It is much harder to remember the detail of work and for your supervisor confidently to sign-off the cases once you have left the placement.

If you need further exemplar work or supervised CBT hours this will be taken into account in future placement allocation (in either second or third year).

***Closely Supervised Cases***

**What does ‘closely supervised’ mean (in the context of the three exemplar cases)?**

For three out of your eight exemplar cases, you will need to attach evidence that you have been rated at the ‘pass’ level on a structured rating scale. The two scales which can be used are the CTS-R and the UCL CBT Scale (see ‘Scales for structured observation of ratings’ tab in the [CBT Pathway area](https://www.ucl.ac.uk/clinical-psychology-doctorate/babcp) of the website).

In general terms, it is good practice to bring extracts of recorded sessions to supervision regularly. This will help your supervisor to give you developmental feedback on your clinical practice. However, for the purposes of the UCL BABCP Portfolio the only documents which must be submitted are the three rating scales which your supervisor has completed and rated as competent.

**Do I need to include specific disorders in my closely supervised cases?**

Yes. Of the three ‘closely supervised’ exemplar cases must cover a range of presentations including at least two anxiety disorders **or** one anxiety disorder and one trauma and stressor-related disorder **as well as** one mood disorder. Interventions must be based on core CBT evidence-based protocols or formulation-driven CBT treatment; work with depression should be done using the Beck et al. (1979) protocol.

**When do recordings need to be submitted?**

You and your supervisor will agree upon suitable timings for submissions of complete recordings that you hope will ‘pass’.

We recommend that you start recording your sessions from the beginning and begin bringing extracts of session recordings to supervision as soon as possible.

You and your supervisor may choose a focus for these extracts (such as ‘agenda setting’) so that you can hone your skills in different areas. This will facilitate your development and help you and your supervisor to determine the best time to start submitting recordings with the intention of achieving an overall ‘pass’ score.

Recordings need only be stored until the end of the placement, after which – according to GDPR/Data Protection principles – it would be appropriate to destroy them.

**How can I find out more about the passing standard for recordings?**

The two rating scales are available from the ‘Scales for structured observation of ratings’ tab in the [CBT Pathway area](https://www.ucl.ac.uk/clinical-psychology-doctorate/babcp) of the website. The pass mark for the CTS-R is 36. The passing standard for the UCL CBT scale is 50% or more of all of the items scored are rated as competent.

There is also an online short course called ‘Boosting CBT skills using therapy recordings’ which will be made available during the first year. It can be accessed via UCL eXtend, if you create a [login](https://extend.ucl.ac.uk/).

**Do I need to self-rate a CTS-R or UCL CBT Scale in order for the submission to count**?

The minimum required paperwork is a structured rating scale rated as a ‘pass’ by your supervisor. However, it is good practice to self-rate your recording because it aids discussion with your supervisor about the strengths and weaknesses of the session. It also helps you to develop accurate self-reflection on your work. Therefore, a self-rating to accompany your supervisor’s rating is welcomed.

**What happens if one of my cases was passed based on live observation?**

You can submit the documentation in the usual way.

Note: at least some of the structured observations using a rating scale must be based upon recorded work so that it is available for a moderation check by the university.

***Monitoring tool for CBT content of the placement***

**What is the monitoring tool for CBT content of a placement?**

The monitoring tool is a Red Amber Green (RAG) rated document completed by you and your supervisor at the end of each placement. It shows the areas of CBT competencies (generic and problem specific) and the rating is about whether the skill has been applied.

It needs to be signed by ***both*** trainee ***and*** supervisor.

**Where is the monitoring tool for CBT content of a placement?**

It can be found in the ‘Forms for monitoring and logging CBT experience on the CBT Pathway’ tab in the [CBT Pathway area](https://www.ucl.ac.uk/clinical-psychology-doctorate/babcp) of the website.

**When do we need to submit the monitoring tool for the CBT content of the placement if we are on a year-long placement?**

There needs to be at least one completed and signed monitoring tool for each placement. For a year-long placement, at least one form covering the year should be submitted as a minimum. Many trainees submit one form for placement 1 and a further updated version at the end of placement 2.

***Practicalities***

**When do we need to hand in the completed portfolio?**

The initial hand-in date for the completed paperwork coincides with the hand-in date for EPR documentation following Placement 2. This is usually in October. If you are likely to need to completed a third BABCP placement, then a completed copy would be expected to be submitted at the end of this third placement.

**How do we submit the portfolio – is it in hard copy?**

There are no hard copy submissions for the portfolio at any point. The portfolio is held on the Electronic Trainee Files System (ETFS).

Each document needs to be uploaded separately into the ETFS in the relevant part of the CBT Pathway section.

**What is the marking procedure for the portfolios?**

After the autumn portfolio hand-in, the BABCP Pathway Lead will review the portfolios to ensure all the relevant information is present to the required standard. There will be overall checks on accreditation issues such as:

* Exemplar cases describe work with at least two anxiety disorders **or** one anxiety disorder and one trauma and stressor-related disorder **as well as** one mood disorder based on the Beck et al. (1979) protocol.
* Evidence of close supervision with three recordings rated at passing standard
* Evidence of at least five hours of supervision on each ‘closely-supervised’ exemplar case
* Evidence of 200 hours of supervised CBT practice
* Signatures confirming that all work reaches a satisfactory standard with reference to the CBT competence framework

They will be making judgements around issues such as:

* Required range of work covered (in terms of client presentation and types of therapeutic work)
* Required spread of skills covered (e.g. balance of therapeutic work versus assessment-only)
* Clarity of write-ups with the detail required to demonstrate competent practice included

Feedback will be given for any amendments that need to be made. This could be via email or phone or face to face meeting in the case of more extensive comments.

**CASE REPORTS**

**Which DClinPsy case reports can I also submit for the BABCP pathway? How many additional case reports are typically required?**

Four CBT case reports which report CBT supervised by a BABCP-accredited CBT practitioner are required for the CBT Pathway. Both of the DClinPsy first year case reports (i.e. Case Report 1 and Case Report 2) will count towards the pathway for CBT Pathway trainees provided they reflect CBT work which is supervised by a BABCP-accredited CBT practitioner. Trainees will then need to do a further two additional CBT Pathway case reports which must report on a completed intervention. These reports will be done in the form of an oral presentation; information about the case presentations can be found on the UCL website: [CBT Pathway area](https://www.ucl.ac.uk/clinical-psychology-doctorate/babcp). It is recommended that the four reports/presentations cover at least three different presentations or treatment protocols.

The SRRP cannot be used as a pathway case report.

**Do cases written up as case reports (both DClinPsy and CBT Pathway case reports) need to be exemplar cases?**

Yes, clients for whom you are writing case reports must reflect cases listed as exemplars. The four cases must also reflect four different cases; you cannot submit two reports based on the same piece of work. The four cases do not need to include the three exemplar cases that are ‘closely supervised’. They must be written with UCL academic standards using the marking criteria provided, which is aligned with the BABCP’s standards for formal assessment: <https://babcp.com/Case-Study-Marking-Criteria>

**How many references would be recommended for the case reports and presentations?**

We would expect there to be references for the model(s) and protocol(s) used and the relevant evidence base.

**Do I need to include letters in my case report submission?**

Yes – see case report guidelines in the [CBT Pathway area](https://www.ucl.ac.uk/clinical-psychology-doctorate/babcp) of the website.

**Do the case reports have to be based on clinical work supervised by a BABCP-accredited CBT practitioner or is it OK for the supervisor not to be accredited?**

All the case reports (includes the two submitted for the DClinPsy but counted towards the CBT Pathway) need to be based on clinical work supervised by a BABCP-accredited clinician. Any work completed under the supervision of someone without accreditation does not count towards the Pathway training standards, irrespective of the clinician’s experience or competence in CBT.

**PLACEMENT**

**What extra paperwork will MPR visitors ask to see if you’re on the pathway?**

None – you will simply need to complete the CBT Pathway section on your MPR form in the Trainee section.

**What does ‘BABCP supervised CBT hours’ mean on the MPR form – is it about clinical hours or supervision?**

This refers to the 200 hours of supervised hours of CBT *practice*, not supervision.

**Is there any additional CBT Pathway paperwork for the EPR?**

Yes, this is the optimal time to complete you’re the monitoring tool for CBT work conducted on the placement.

**POST–QUALIFICATION**

**Once I have completed the CBT Pathway requirements does that mean I am accredited as a CBT Therapist by the BABCP?**

No. To become accredited you need to apply for Practitioner Accreditation via the BABCP website: <https://babcp.com/Accreditation/Level-2-Practitioner-Accreditation-Application-Form>

This is the same as for any post-graduate qualification which confers eligibility for accreditation. No programme in the country confers automatic accreditation.

The benefit of completing any ‘Level 2’ accredited course is that the process is much quicker and smoother. You will have less paperwork to fill in as you have already demonstrated that you meet the minimum accreditation standards required by the BABCP.

**What is the process for passing the CBT Pathway and applying for provisional accreditation?**

The procedure is as follows:

* + You submit all the pathway paperwork to UCL by the relevant deadlines
	+ We review it to check it meets requirements and let you know if anything needs amending
	+ Once we have confirmed the paperwork meets requirements, we confirm that we are putting you forward as a pathway completer for ratification by the Exam Board (usually at the Exam Board meeting in September of your final year)
	+ Once pathway completion has been ratified by the Exam Board **and** you have qualified as a Clinical Psychologist (including final submission of your thesis following any corrections) we inform the BABCP to let them know that you have qualified as a Clinical Psychologist and have passed the Level 2 pathway.
	+ We also email you to let you know this has happened. We cannot submit the details of trainees who still have outstanding requirements for the DClinPsy, including thesis corrections or additional placement requirements.
	+ BABCP membership numbers are required by BABCP for the Pass List, and therefore we are unable to submit the details of trainees who are not BABCP members.
	+ You are then able to apply for practitioner accreditation following the procedure set out on the BABCP website.

After 12 months of accreditation, you MUST complete the First Accreditation Audit to demonstrate that you continue to meet accreditation requirements, including confirmation that you are practising as a CBT therapist with ongoing CBT clinical supervision during the period of your provisional accreditation. The implication of this is that ***if you are not immediately going into a role in which you are doing supervised CBT then you may choose to delay seeking practitioner accreditation*** until you are practising as a CBT therapist with ongoing CBT supervision. More information on this can be found at <https://babcp.com/Accreditation/First-Accreditation-Audit>

It is worth adding that once you have full accreditation you must also continue to have supervised CBT practice to maintain your accreditation.

The BABCP do allow a ‘leave of absence’ from CBT practice of up to two years if this is registered with them. This allows you to remain accredited without being expected to demonstrate any CPD or supervision within the timeframe.