 

**University College London Doctorate in Clinical Psychology**

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

**Additional CBT case reports**

Trainees on the CBT pathway need to submit four CBT case reports. Up to two of these can be clinical reports submitted as part of the set submitted for the award of the DClinPsy provided they relate to CBT work supervised by a BABCP-accredited therapist. This means that trainees on the pathway will typically need to submit at least two additional case reports. Each additional report will usually be an extension of the information about an exemplar case in the trainee’s Portfolio of exemplar cases.

**Word length**

The additional case reports for the CBT pathway will be up to 2,000 words (excluding anonymised letters/reports).

**Structure of the report**

Mirroring the summary of the intervention in the Portfolio of exemplar cases, the report should be structured as follows:

**Presenting problem and referral**

A brief description of the information contained in the referral, and any distinctive features of the referral process.

**Description of the assessment and initial formulation**

An outline of the assessment process (including any standardised or idiographic measures), the information obtained from assessment, and the development of a collaborative formulation.

**Description of the intervention**

Information about the way in which the intervention progressed, including details of the specific CBT model(s) being applied, outlining the ways in which theory has been linked to practice, and identifying the rationale for any variations to ‘standard’ intervention protocols in response to client need.

**Outcome of the intervention (including measures)**

Brief Information about the outcome, including descriptive (qualitative) information as well as information from standardised or idiographic quantitative measures

**Reflection on your learning from the case, including reflections on supervision**

What did you learn from the intervention? How did supervision support your learning?

The report should be accompanied by copies of anonymised letters/reports to other professionals. (Anonymised letters/reports do not count towards the 2000 word limit.)

**Marking criteria**

The report should demonstrate the coherent and competent application of a CBT intervention, along with a capacity to reflect accurately on therapy process and any specific clinical, professional or organisational issues that arose in the course of treatment.

**Marking procedure**

Each report is marked by two markers, both of whom are blind to the candidate’s identity. The second marker will have sight of the first marker’s feedback, but will decide their marks and write their feedback independently. The two markers agree the final mark, and they will confer if necessary to do this. If there is a major disparity in the marks each has awarded, and they cannot agree a joint mark, a third marker is assigned by the Chair of the Board of Examiners. In the rare cases where no agreement can be reached, the work is referred to an External Examiner, and the decision of the Board of Examiners will be final.

**Marking categories**

There are three possible marking categories:

• Pass

• Referred for major revisions (two months)

• Fail

The criteria for assignment to these categories are as follows:

**Pass**

The report meets the requirements of the particular assignment as it stands. This does not necessarily mean that it is “perfect” (though it may be). Feedback and suggestions for improvement provided by the markers are intended as learning points, and trainees are advised to take notice of these, including in preparing future reports. There is no obligation for the trainee to make changes to the report.

**Major revisions**

A trainee may be asked to make revisions to a report when there are major concerns which need to be addressed before the report can be of a pass standard. Often this will concern the way in which the clinical presentation and/or work is conceptualized, understood and reported, or the report’s fit with the clinical report format. As such, many or most areas of the report would need to be re-thought and re-drafted.

**Fail**

This category is used when the report as a whole falls seriously short of expected standards. This would be the case where the clinical work being described does not meet the usual professional standards in essential ways or the report falls significantly below the academic standards expected of doctoral level work. Specific problems could include work which raises major ethical problems, a clearly inappropriate clinical approach to the case, or a highly confused or incoherent report.

**Procedure for submitting reports**

The procedure is the same as that set out for submitting case reports in Section 25 of the Training Handbook. There will be a dedicated folder for submission of case reports relating to the CBT pathway.

We will only require electronic submission via Moodle; no paper copy is required.

The report should include a front sheet, stating:

* The same number as issued for submission of case reports
* The report title
* A clear statement that the report is submitted as part of the CBT pathway
* The word count
* The date
* A formal statement regarding confidentiality, as follows: “all names used in the report have been changed in order to preserve confidentiality”

**Procedure for resubmission**

Where a trainee is asked to make revisions to a report, the revised report should be uploaded by the trainee to Moodle (there will be a dedicated link – for example, ‘CBT Case Report 1: Revisions’).

The resubmission should include:

* A written statement which provides a clear account of all the changes that have been made, cross-referring to the points on the mark sheet, and ensuring that all points on the mark sheet are addressed. This should be included at the beginning of the revised report, so you are only uploading one document.
* The revised report, showing changes from the original in ‘track changes’ (so that the examiner can see where changes from the original have been made).

*As above, the written statement and revised submission should be uploaded as ONE document because Moodle cannot accept multiple uploads from the same candidate.*

**Outcome of resubmission**

The Final Marker of your report will mark the resubmission. There are two possible outcomes:

* Pass
* Fail

The Final Marker of your report will mark the resubmission. If it is judged to reach passing standard, no other marker will be involved. If there are still problems with the work, the original first marker or the lead marker will also assess it.

Where revisions set out in the original marking have not been addressed or new major

concerns are raised that mean the revised report is not of a pass standard, the resubmitted

report will be given a fail.

You will receive a revised mark sheet showing the mark and giving any relevant feedback.

**Failing pathway work**

If a trainee fails more than one piece of submitted CBT pathway work then they will no longer be able to pursue the CBT pathway.

In the event of a failed CBT case report, the trainee will have to submit a new CBT case report. If this new CBT case report is also failed then the trainee will no longer be able to pursue the CBT pathway.