**University College London Doctorate in Clinical Psychology**

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

**Information relating to the additional**

**BABCP Pathway CBT case presentations**

Trainees on the UCL BABCP CBT pathway need to evidence a minimum of eight CBT exemplar cases. Of these, four will need to be formally assessed as case studies. It is recommended that the four case studies cover at least three different problem types or treatment protocols.

At UCL, these case reports will be completed as follows:

* Two written case reports will be submitted as part of the set of case reports submitted for the award of the DClinPsy (provided they relate to CBT work supervised by a BABCP-accredited practitioner). These will likely be Case Report 1 (CR1) and Case Report 2 (CR2)
* Two verbally presented case reports submitted as case presentations. These will be scheduled in the Autumn term of trainees’ second year of training but will relate to material gathered from clinical work done in Year 1 under the supervision of a BABCP-accredited CBT practitioner.

**Presentation Format**

The additional verbally presented case reports must each be **30 minutes** in length and include an opportunity for the assessor(s) to ask questions. Presenters will need to plan their presentation to adhere to the time limit in the same way that a word count would be observed in a written piece of work.

As with written case reports, the presentation should be commensurate with the standards expected of a healthcare profession with a post-graduate level qualification.

**Structure of the presentation:**

1. **Background to the case and relevant contextual information**

This includes details of key biographical, contextual and demographic data, as well as the reason for referral. The case should be related to the relevant literature. Confidentiality should be preserved, anonymising some details and avoiding unnecessary levels of specificity in others (e.g., ‘worked in a legal setting’ vs ‘worked in East London as a paralegal secretary’).

1. **Presenting Problems**

This includes an outline of your assessment of the presenting problem, with reference to a diagnosis in accordance with a recognised classification system (referenced accurately), and appropriate treatment goals. Scores in standard and idiographic measures should be reported (referenced as appropriate) as well as other relevant details such as medication use, an outline of any previous treatment and current coping.

1. **Theory-practice links and case conceptualisation**

An evidence-based, specific CBT model should be used as a framework for conceptualisation (this can include a generic longitudinal CBT formulation, or a longitudinal CFT formulation). A 5Ps model is not appropriate as a formulation. Relevant details would include maintenance cycles, triggers/critical incidents, and underlying beliefs and experiences which have contributed to and reinforced these. A formulation diagram should be present. Missing or unclear data should be identified. There should be clear working-hypotheses about the originating and maintaining factors.

1. **Course of Treatment**

This includes a description of the CBT methods used, linked to the relevant theory. Where relevant, it is helpful to show the continued refinement of the case conceptualisation. If any difficulties arose in therapy, these can be described and linked to understanding of the case. A therapy blueprint could be included, as appropriate.

1. **Outcome**

This includes a description of changes in the original problems and progress towards goals. The standard and idiosyncratic measures should be described and interpreted. If the treatment is still in progress, plans for continuation can be included here. If the treatment ended prematurely, reflections on this linked to the case conceptualisation should be discussed as well as what the therapist would have done if treatment had continued. A client does not need to have evidenced improvement for the case to be included as a presentation.

1. **Discussion and case reflections**

Several aspects of the casework could be discussed including the appropriateness of the original formulation and any reformulation; client and therapist factors that helped/hindered the work; and helpful and unhelpful treatment procedures. There will be an opportunity for the assessors to ask questions and for you to reflect upon what went well, what you would do differently etc.

**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 will be marked by an assessor who is a BABCP-accredited CBT practitioner. All presentations will be recorded to allow moderation to take place.

**Marking categories**

There are two possible marking categories: Pass or Fail. The criteria for assignment to these categories are as follows:

**Pass:**

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

**Fail:**

This category is used when the presentation 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. Specific problems could include work which raises major ethical problems, a clearly inappropriate clinical approach to the case, or a highly confused or incoherent presentation.

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**Mark Sheet for the additional BABCP CBT Pathway case presentations**

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| --- | --- |
|  | **Comments** |
| **Background to the case and relevant contextual information** |  |
| **Presenting Problems** |  |
| **Theory-practice links and case conceptualisation** |  |
| **Course of Treatment**  |  |
| **Outcome** |  |
| **Discussion and reflections** |  |
| **Presentation Style and Structure** |  |

**OVERALL MARK: PASS / FAIL**

Any additional comments

**Failing the presentation**

In the event of a failed CBT case presentation, the trainee will have to prepare a new presentation with a presentation date to be agreed with the BABCP CBT Pathway Lead. If this new presentation is also failed then the trainee will no longer be able to pursue the BABCP CBT pathway.

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