**BABCP CBT Pathway Trainee Portfolio**

## FULL NAME: [Please complete]

# SUMMARY

Use this space to summarise all of the practice hours and supervision hours at the point of each EPR. Only include hours completed under the supervision of a BABCP-accredited CBT practitioner. Also include information about the number of observations and the relevant ratings (CTSr or UCL Competence Checklist)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Supervised CBT Practice Hours (incl. Exemplar Case Hours)(minimum 200 hours) | CBT Supervision Hours(minimum 40 hours) | Number of Formal Observations (including ratings) |
| Current Total: EPR 1 |  |  |  |
| Current Total: EPR 2 |  |  |  |
| Current Total: EPR 3 |  |  |  |
| Current Total: EPR 4 |  |  |  |

# PLACEMENTS

Please include details of all placements on which you have undertaken work that will be counted for the BABCP CBT pathway. For each, you will need to provide details of the supervision of a BABCP-accredited CBT practitioner. Where there is more than one supervisor who is BABCP accredited, include details of both.

|  |  |  |
| --- | --- | --- |
| Placement Number | Placement Supervisor Name & BABCP Accreditation Number | Service Details |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

# CBT EXEMPLAR CASES

Trainees should evidence a minimum of **eight** CBT exemplar cases. Give a brief overview of each case in 50-100 words (main formulation points and interventions). Each client should have been seen from assessment to completion. Of these cases, two will have been written up and assessed, and two will have been assessed oral presentations. Three will have been closely supervised using live in vivo, video or audio recording of a whole session which is assessed by the supervisor to be competent using an appropriate CBT skills assessment scale or tool (either the CTS-R or UCL CBT Competence Rating Scale). The three cases must cover at least two anxiety **or** one anxiety disorder and one trauma and stressor-related disorder **as well as** one mood disorder; these three ‘closely supervised’ cases must have had at least five hours of supervision. The live assessments can be the same cases as those written up as case reports or presented, but this is not essential and it may be good practice to have live observations of cases not subsequently written up or presented in order to gain more breadth of supervisory feedback.

SUPERVISOR: By signing below you are stating that you have provided live supervision of the stated cases and are satisfied as to the competence of the CBT practitioner, or that the cases were regularly brought to supervision.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Client Identifier | Problem Type | Brief overview (main formulation points and interventions) – 50 to 100 words | Client Therapy Hours | CBT Supervision Hours | Structured ObservationAssessment Scale Score (CTS-R or UCL CBT Competence Rating Scale) | Supervisor Name and BABCP accreditation number (where there is more than one supervisor, include a row for each to make it clear what they supervised) | Supervisor Signature | *Where the case has been submitted as a clinical case report state which (e.g. ‘DClinPsy CR1’ or ‘DClinPsy CR2’) and where the case has been presented state ‘Presentation 1’ or ‘Presentation 2’* |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |
|  |  |  | TOTAL HOURS |  |  |  |  |  |  |

# CBT SUPERVISED PRACTICE

The BABCP Minimum Training Standards require that Trainees will have conducted no less than **200 hours** of CBT clinical practice, appropriately supervised by a BABCP-accredited CBT Practitioner, and will have treated a minimum of eight clients. Use this table to document all appropriately-supervised CBT practice **excluding** details of the 8 Exemplar Cases previously reported.

Clinical work can be a combination of both individual and group interventions where the trainee is heavily involved in the facilitation. However, caution should be applied when facilitating the same therapy group over several cycles as to the potential restriction on learning opportunities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Client Identifier  | Problem Type | Client Therapy Hours | CBT Supervision Hours | Supervisor Name and BABCP accreditation number  | Supervisor Signature |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |
| 4.  |  |  |  |  |  |  |
| 5.  |  |  |  |  |  |  |
| 6.  |  |  |  |  |  |  |
| 7.  |  |  |  |  |  |  |
| 8.  |  |  |  |  |  |  |
| 12.  |  |  |  |  |  |  |
| 13.  |  |  |  |  |  |  |
| 14.  |  |  |  |  |  |  |
| 15.  |  |  |  |  |  |  |
| 16.  |  |  |  |  |  |  |
| 17.  |  |  |  |  |  |  |
| 18.  |  |  |  |  |  |  |
|  | **TOTAL HOURS** |   |  |

# TEACHING LOG *[NB: an up-to-date teaching log will be prepared by the Pathway team and circulated in the summer before finishing to ensure accurate lecture details.* ***During training, you will need to keep a note of any lectures missed and how you caught up on the material****]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit** | **Title** | **Speaker** | **Date** | **Time** |
| **Induction** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Central Themes** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Behaviour Therapy** |  |  |  |  |
| **Behaviour Therapy** |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **CBT** |  |  |  |  |
| **CBT** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **CBT** |  |  |  |  |
| **CBT** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Induction** |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **Behaviour Therapy** |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **CBT** |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **Induction** |  |  |  |  |
| **CBT** |  |  |  |  |
| **Central Themes** |  |  |  |  |
| **Professional Issues** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
| **Professional Issues** |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Central Themes** |  |  |  |  |
| **Professional Issues** |  |  |  |  |
| **CBT** |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **Other Interventions** |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **CBT** |  |  |  |  |
| **CBT** |  |  |  |  |
| **CBT** |  |  |  |  |
| **Professional Issues** |  |  |  |  |
| **CBT** |  |  |  |  |
| **CBT** |  |  |  |  |
| **CBT**  |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **CBT** |  |  |  |  |
| **CBT** |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **Professional Issues** |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Lifespan Development** |  |  |  |  |
| **Induction** |  |  |  |  |
| **Clinical Seminars** |  |  |  |  |
| **Lifespan Child** |  |  |  |  |
| **Professional Issues** |  |  |  |  |
| **Lifespan Child** |  |  |  |  |
| **Cross Speciality Workshops** |  |  |  |  |
| **Intellectual Disabilities** |  |  |  |  |
| **Intellectual Disabilities** |  |  |  |  |
| **Intellectual Disabilities** |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Health** |  |  |  |  |
| **Health** |  |  |  |  |
| **Health** |  |  |  |  |
| **Health** |  |  |  |  |
| **Health**  |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Digital Therapy** |  |  |  |  |
| **Forensic**  |  |  |  |  |
| **Cultural Competence** |  |  |  |  |
| **Assessment & Formulation** |  |  |  |  |
|  |  |  |  |  |
| **Clinical Seminars** |  |  |  |  |
| **Key Presenting Difficulties**  |  |  |  |  |
| **Other Interventions** |  |  |  |  |
| **CBT** |  |  |  |  |

\* BABCP Accredited lecturer

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hours (Length of the Lecture in Hours)** | **Accredited Lecturer Hours** | **Non-Accredited Lecturer Hours** |
| **TOTAL PROVIDED TEACHING HOURS** | [Please complete] | [Please complete] | [Please complete] |

|  |  |  |
| --- | --- | --- |
| **Trainee name:**  [Please complete] | **Date of completion:** [Please add] |  |
|  |  |  |
| **Missed lecture name and date** | **Number of hours missed** | **Please give brief details of how you caught up on the lecture material missed** |
| [Please complete name and date in this column] | *[NB: Please* ***highlight the row in the table above in red*** *& delete the corresponding hours in columns G, H,I to give accurate totals]* |  |
|  |   |  |

# DECLARATIONS

This document should be submitted at the end of training when all BABCP pathway criteria have been met.

|  |  |  |
| --- | --- | --- |
|  | Pathway Trainee | BABCP Pathway Lead |
| *Name:* |  |  |
| *Signature:* |  |  |
| *Date:* |  |  |