**CBT Centre: University supervisor information pack**

Dear supervisors

Hello and thank you for providing clinical supervision for the trainees on our CBT programmes. The supervision you provide is essential to the development of trainees’ clinical skills and highly valued. This information pack is designed to help you navigate the University and BABCP requirements for CBT trainees. Please do not hesitate to contact a member of the University CBT team if anything is unclear or you have further questions.

***NHS supervision requirements***

NHS supervisors are expected to be BABCP accredited and:

(i) assume caseload management responsibility

(ii) respond to any urgent clinical / risk issues that arise

(iii) oversee completion of clinical work when university supervision comes to an end each term

(iv) offer additional supervision to meet the BABCP requirement of 200 supervised hours' clinical work for those seeking accreditation

(v) complete NHS supervisor reports at the end of each term.

We recommend a minimum of fortnightly NHS supervision in groups of up to three trainees, and appreciate that different services adopt different models.

***University supervision requirements***

University supervisors are expected to be BABCP accredited and will meet ‘close supervision’ requirements for at least one patient (ideally two) per term. BABCP define a closely supervised case as one that the trainee has seen clinically at least five times, meaningfully discussed in supervision at least four times, and for whom a full session therapy recording has been assessed (formative or summative). Typically, patients will have been seen many more times (in line with NICE guidelines) and the trainee will have discussed the person several times in supervision.

***BABCP requirements***

Our CBT programmes (and linked documentation) are closely aligned with BABCP requirements for practitioner accreditation. This includes evidence of clinical practice and supervision. We therefore ask you to complete the *NHS supervision report and log* or *University* *supervision report and log* (as appropriate) at the end of each ten-week term of supervised practice. NHS supervisors are also asked to facilitate trainees’ observation of BABCP accredited therapists. Trainees are responsible for completing linked paperwork (e.g., their *Clinical log* and *Individual patient summary sheets*).

Over the course of CBT training, PG Diploma trainees are required to evidence 35 University supervision hours and 35 NHS supervision hours with an accredited BABCP practitioner. Full session formative and summative recordings each constitute one hour of supervision.

Formative (ungraded) feedback on full session therapy recordings is extremely helpful to trainees’ development. You will mark a full therapy session recording half way through the supervision module, and provide scores as well as qualitative feedback on the trainee’s strengths and areas for development.

***Detail of the supervision report***

In the supervision report that you write, please comment on the trainee’s ability to use supervision. Clinical competence is assessed elsewhere (via case reports and summative therapy recordings). Similarly, this is not the place to raise managerial, service or performance issues, which would be addressed in NHS managerial supervision (unless this impacts on the trainee’s ability to make good use of clinical supervision). In your termly supervision reports, please comment on the following:

* Ability to collaborate with supervisor
* Capacity for self-appraisal and reflection
* Capacity for active learning
* Ability to meet programme requirements
* Therapeutic relationship
* Assessment and formulation
* Understanding and application of theory
* CBT techniques and skills

If there are any areas of concern, please ensure you have identified and discussed these with your trainee before completing the report, and wherever possible given the trainee time and guidance to address these. The trainee’s University Personal Academic Tutor should also be made aware at the earliest opportunity.

Please send trainees your completed report by email within two weeks of the end of their ten-week University supervision block. The trainee will then combine their NHS and University reports, write a brief reflective account, and submit this to you (for information) and the University (for assessment).

Where an unsatisfactory rating is given, please make clear why this is the case and propose an action plan for the trainee to complete. Please ensure you have discussed this with your trainee before completing the report, and involved their Personal Academic Tutor in drafting the plan.

A pending rating should be used where a trainee has not had the opportunity to demonstrate good use of clinical supervision, e.g., due to unavailability of suitable cases or illness. As above, please discuss this with your trainee before completing the report, and involve their Personal Academic Tutor in drafting the plan.

Your report must contain your real (wet or electronic) signature. An electronic signature can be created by scanning or photographing your signature and inserting this in to the document.

C:\Users\Freeman\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\59473E18.tmpThis is a signature Richard Mutimer This is NOT a signature, just a curly font!

**Frequently asked questions**

***How many patients should trainees bring to University supervision?*** Two (and useful to have a potential back up case). This is to ensure trainees meet criteria for at least one ‘closely supervised’ case per term (see *University supervision requirements* above), and accrue sufficient supervised clinical hours over their training.

***Can my trainee see patients from IAPT Step 2 waiting lists?*** Yes, particularly in their first term (CBT Fundamentals) when they are developing generic skills and would benefit from working with people with less complexity.

***What about contracts and goals?*** Standard supervision contracts (based on the BABCP format) can be found in the handbook appendices. NHS supervisors may decide to use Trust templates. It is your trainee’s responsibility to bring this to the first supervision session, where you are likely to discuss their goals for the term. It can be useful to link goals to the CTS-R where relevant and rate these (though this is not a requirement). We encourage you to consider structural goals in trainees’ initial supervision block (and sometimes later) i.e., agenda setting, feedback, pacing and HW setting, as these form a sound foundation for other skills.

***Should trainees bring a clip every week?*** Yes. Trainees should bring a supervision question and illustrative clip to each session. The first supervision session is often taken up with practical issues (e.g., agreeing suitable cases). Beyond this, when trainees do not bring a clip, please use role play as an alternative form of ‘live supervision.’ If a trainee is not bringing clips after two or three sessions, please raise this with a member of the course team.

***How many questions should trainees bring each week?*** One or two questions per student is typical. If trainees wish to raise more, they will have less time per question and this is likely to be reflected in the depth of discussion and reflection. It is useful to agree expectations at the start of the supervision block and shape these early on.

***Whose responsibility is timekeeping?*** As supervisor you take overall responsibility for timekeeping, though we encourage you to share this with the group, e.g., by asking someone to keep time using their phone.

***Do trainees need to mention both closely supervised patients every week?*** No, though you may wish to remind students that they need to discuss each person at least five times to meet closely supervised criteria.

***Which models / formulations should trainees use each term?***In the CBT-Fundamentals module, trainees can use any generic formulation (e.g., anxiety / depression vicious flower, Beck’s longitudinal formulation, detailed maintenance cycle). These go beyond the ABC and ‘hot cross bun’ which trainees may use to gather initial information. It is permissible (though not advised) to use a problem specific model from the Roth and Pilling competencies, though they would then also need to deliver the linked treatment protocol. The exception is the panic formulation and treatment plan, which is fine to use in the first supervision block given the simplicity. In subsequent modules (e.g., focusing on anxiety, depression or severe mental health), trainees should use one of the recommended problem specific models (which follow Roth and Pilling for the PG Dip (Anxiety and Depression)).

***When do trainees submit formative recordings?*** You will mark a full therapy session recording half way through the supervision block (session 5), and provide scores and qualitative feedback on the trainee’s strengths and areas for development. You may be prepared to accept a slightly later submission (at session 6 or 7 – for which a formal extension request is not necessary). However, it is essential that the trainee has time to review your feedback and put any recommendations into practice before the summative deadline (which it is their responsibility to know).

***Can trainees use the same patient for their formative and summative recordings?*** Yes (but not the same session). However, this does mean that their other case for the term is unlikely to meet close supervision criteria.

***How do trainees submit their formative recording and paperwork?*** Trainees have detailed guidance on encrypting and sending recordings securely, and the paperwork that should be included. A link for the recording will be sent to you by CBT admin. Trainees will email the paperwork directly to you.

***How many times can a trainee miss supervision?*** Trainees are expected to attend all supervision sessions. Occasionally, sessions are missed due to illness or other serious unforeseen circumstances. Missing supervision for holiday is not acceptable. You will decide whether you are able to give a satisfactory report to a trainee who has been unable to attend every session, based on how well they have made use of supervision.

***Can I miss a supervision session e.g., for holiday?*** It is very helpful if you can make all ten supervision sessions. If you do need to miss one, please let the CBT team know in advance and we will try to cover. If this is not possible, e.g., due to sudden illness, you can rearrange the session or your trainees can meet as a peer group for one session.

***What is a BABCP supervision hour?*** A BABCP hour = (time / number of trainees) x 2 (if group). Therefore, three trainees seen for 90 mins = I hour each. Two trainees seen for 60 mins = I hour each. If you are supervising three trainees and one does not attend, you would reduce the supervision time from 90 mins to 60 mins. You do not need to calculate BABCP supervision hours – just complete the *University / NHS supervision report and log* and we will do this. Please just be aware that if for any reason you are seeing one trainee for supervision this needs to be for a full hour so that the trainee receives a BABCP hour each week (because 60 mins / 1 trainee = 1 hour).

***How much should I write in each section of the supervision report?*** A paragraph of about 100 words (5 or 6 lines) is typical.

***What happens when I have written the report?*** The trainee reviews their NHS and University reports, writes a brief reflective account, and submits the combined document both to you (for information) and the University (for assessment).

***It’s not their fault but my trainee hasn’t brought enough clips for me to be confident they have used supervision well – should I give them a pending rating?*** Please try to avoid this situation by (i) highlighting the fact that students should bring illustrative clips to supervision regularly, and (ii) using role play as an alternative form of ‘live supervision’ when clips are unavailable. If the trainee needs one or two more sessions for you to be able to give a satisfactory report, ask the trainee to submit an extension request and liaise with the CBT Team re additional supervision. If none of these options are viable, you should give a pending rating, having discussed this with the trainee and involved their Personal Academic Tutor in drafting the action plan required to meet the requirements.

***What might an action plan look like for an unsatisfactory report?*** All University students have the right to attempt to redeem failed assignments with a second submission (for up to ~50% of assignments for CBT trainees). It is unusual for a trainee to receive an unsatisfactory rating for their *NHS supervision report and log*, because this means that efforts to remedy problems earlier in the term have failed. However, where an unsatisfactory or pending grade is given, it is the responsibility of the supervisor, in agreement with the trainee’s Personal Academic Tutor, to agree the specific tasks and goals required prior to successful completion of the supervision report, and to include these in the report.

As an example:

**Action plan for supervision report resubmission (resubmission date tbc)**

***Self-directed study***

Read the Roth and Pilling generic therapeutic competencies, particularly;

* Ability to make use of supervision
* Ability to foster and maintain a good therapeutic alliance, and to grasp the client’s perspective and ‘world view’
* Knowledge of, and ability to operate within, professional and ethical guidelines

***In supervision / with supervisor***

* Evidence understanding of above competencies in discussion with supervisor
* Evidence ability to make use of supervision by always being prepared with clear and relevant supervision questions and related therapy recording clips
* Evidence engagement in discussion of peers’ supervision questions (e.g. by limiting note taking and/or working from a second screen)

**Appendices**

It is the trainee’s responsibility to familiarise themselves with the course requirements and all linked documentation, and to forward you the *NHS supervision report and log* to complete.

The following documents relate to supervisory practice, and may be of interest. If you would like access to any other course documentation, please contact the CBT Team.

|  |  |  |
| --- | --- | --- |
|  |  | page |
| 1 | Supervision contract (based on BABCP format) – used for University supervision | 7 |
| 2 | Clinical responsibility letter  *NB not needed for IAPT students as we have service level agreements with local NHS Trusts* | 9 |
| 3  4 | Patient consent for recording  University supervision guide | 10  11 |
| 5 | Goal setting in CBT | 12 |
| 6 | Guidelines on suitability and number of clients during training  *NB this is designed for IAPT trainees though likely to be useful to others* | 13 |
| 7 | Observation log | 14 |
| 8 | NHS supervision report and log | 15 |
| 9 | Supervision report – student reflection | 18 |
| 10 | Guidelines and marking criteria for clinical portfolio | 19 |

CBT Centre: Supervision contract

Supervision agreement between (student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mandatory Requirements**

Students will agree cases as suitable for the training programme, with their University supervisor. Students will present material for observation of their clinical practice (in vivo, video) throughout the programme.

**Content of supervision**

Supervision will focus on the acquisition of CBT knowledge, conceptualisation and clinical skills. Discussion will include therapeutic relationship and process aspects of therapy. This may also include identification and reflection on the supervisee’s thoughts, beliefs and values, and the impact of these on therapeutic and professional behaviour.

**Supervision methods**

• Discussion of therapeutic relationship and engagement issues

• Case conceptualisation / formulation

• Rehearsal of therapeutic techniques using experiential exercises e.g. role-play

• Discussion of therapeutic strategies including use of homework

• Review of session recordings and direct observation of practice

• Review of risk and therapist / service user safety

• Review of clinical guidelines / manuals

• Review of psychoeducational material

**Aims of Supervision**

The primary focus of supervision is the welfare of the patient through the supervisee’s development of knowledge, skills and attitudes, in line with skilful cognitive behavioural therapy.

**Goals for supervision**

1.

2.

3.

**Steps in the event of a breakdown in the arrangements for clinical CBT supervision**

In the event of inappropriate behaviour by the supervisor / supervisee this should initially be discussed together, if possible. If this is unsuccessful or the behaviour is of a serious and immediate nature then the Programme Director should be informed immediately.

In the unlikely event that the relationship between the supervisees and supervisor deteriorates, each person is responsible for attempting to work together to resolve the problem.

Signed (student): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed (supervisor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Susan Lines

CBT Programme Administrator

University of Southampton

Psychology

Room 3009 Building 44

Southampton

Hampshire SO17 1BJ

Dear Susan

**Re: (Student name)**

I understand that the supervision the above student receives whilst studying on the Cognitive Behavioural Therapy (CBT) programme at the University of Southampton is designed to extend his / her knowledge and skills in CBT, and will be limited to specific cases over a fixed period of time.

I confirm that:

1)         the duty of care and overall clinical responsibility for clients taken on by the above named student during their training remains with our service in accordance with the Trust’s usual policy.

2)        where the student is working with cases additional to those supervised by the University programme, or works with university-supervised cases beyond the training period, access to appropriate therapeutic supervision will be arranged locally.

Yours sincerely

Name

**Line Manager**

**CBT Centre: Patient consent for recording**

**Recording therapy sessions**

All staff providing psychological therapies receive regular supervision to monitor the quality of their work and ensure that patients are receiving appropriate therapy. One way of achieving this is for therapists to video record sessions so that their supervisor / trainer can observe the session and provide useful feedback.

**Do you agree to your sessions being recorded? Please answer Yes or No**

**Who supervises?**

University of Southampton (UoS) supervisors are experienced CBT practitioners and have BABCP accreditation

**Do you consent to your recordings being shared with UoS supervisors? Please answer Yes or No**

**Assessment of my therapist**

As part of their training, your therapist submits recordings to be assessed for competence to UoS. These are viewed by a marker and external examiner who are employed by or contracted to UoS. All external reviewers are signed up to the UoS terms and conditions, including adherence to the University’s Data Protection Policy. These recordings are kept securely as encrypted files until the therapist has completed their course, and are then erased (typically after 12 months).

**Do you agree to your recordings being assessed and securely stored by UoS? Please answer Yes or No**

**Using recordings to aid teaching of other therapists in training**

One of the most valuable ways a therapist learns is by observing other therapists in practice. We use therapy session recordings to aid this training. These recordings are shown to trainee therapists in lectures and typically stored for up to five years.

**Do you agree to your recordings being used for therapists in training? Please answer Yes or No**

This agreement has been discussed with me by (therapist name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that I may withdraw consent at any time and have the recording erased: Tick to confirm**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: Some NHS Trusts may prefer to use their own consent form

**CBT Centre: University supervision guide**

Supervision aims to facilitate trainees’ applied knowledge and skills in CBT. As supervisors, we model CBT skills such as agenda setting, collaboration, pacing and feedback, and draw on a range of methods such as observation, case discussion, role play and guidance on reading, to facilitate trainees’ learning. Brief role plays can be highly effective in demonstrating and practising skills. We also support trainees to move through the stages of assessment, formulation and intervention, within each supervision block. Relapse management is typically addressed later in NHS supervision. It is helpful to be a minute or two early to supervision each week so students are clear from the outset that they need to attend on time and fully prepared. The following checklist may be useful.

|  |  |  |
| --- | --- | --- |
|  |  | Complete? |
| S1 | **Introduction to supervision block**  *Aim* – to build CBT competencies; to evidence ability to use CBT supervision (linked assignment)  *Establish structure* – agenda, supervision question with illustrative clip (NB. three-minute rule), share responsibility for time keeping  *Learning styles* – how do trainees learn best; what’s helpful and unhelpful?  *Suitable cases* – two cases per supervision block to meet BABCP requirements for three ‘closely supervised’ cases over the programme; presentation in line with linked teaching (e.g., anxiety, psychosis and bipolar); before or after initial screening sessions; minimal complications  *Practicalities* – trainees to ensure secure video recording equipment and consent to share  *Paperwork* – supervisors and trainees keep supervision notes (example templates available)  *BABCP supervision contract* – including well-operationalised goals linked to current skills and learning needs (request previous supervision report if useful) |  |
| S2 | *BABCP supervision contract* – finalise goals |  |
| S3 | *Review cases*– two suitable training cases; presentation and minimal complications likely to enable trainees to develop and demonstrate CBT skills; brought to supervision regularly (at least four times for close supervision) with excerpts |  |
| ~S5 | *Formative* **–** trainees to submit recording and paperwork (guidance for trainees in handbook); essential that trainees indicate consent to share; return within two weeks (ideally one)  *Case overview* **–** encourage trainees to prepare a page summary for you for each person, including (i) presenting problems, (ii) goals, (iii) formulation and (iv) treatment plan  *Written / oral presentations* – encourage students to start planning (assignment guidelines in handbook) so they can identify relevant supervision Qs  *Supervision review* – what’s going well; any changes likely to be beneficial; addressing trainees’ goals; regular clips and role play used? |  |
| ongoing | *Supervision notes* – note trainees’ attendance, cases discussed, ‘live supervision’ used (clips or role play), key actions, any concerns discussed  *Recordings* – encourage trainees to listen to at least one full session each week, focusing on goals / supervision tasks / one or two CTS-R items each time  *Contract* – review supervision goals and need for active methods throughout |  |
| S8-10 | *Review* – supervision goals; plans for ongoing therapy for cases; plans for ongoing NHS supervision; experience of supervision |  |
| After S10 | *Supervision report* **–** complete and return to trainees who combine University and NHS supervision reports, add reflection and upload |  |

**CBT Centre: Agreeing therapy outcome goals in CBT**

***Why?*** Well operationalised goals help us maintain focus in CBT and assess the impact of therapy. These are the overarching goals for therapy – what the person would like to achieve (or be well on their way to achieving) by the end of their work with you.

***How?*** A CBT therapy outcome goal typically includes

B ehaviour *e.g., shopping*

C onditions *e.g., alone and un-medicated*

D uration *e.g., for 30 minutes*

& F requency *e.g., three times a week*

***More of or less of?***  People often come to therapy to stop feeling so low or frightened, or perhaps because they want to stop intrusive thoughts, images or other experiences. However, we know that building skills and activities can be more effective than seeking to reduce unwanted experiences. For this reason, it can be helpful to frame goals in terms of what the person would be *doing* *more of* rather than *experiencing* *less of;* for example, *“I want to stop feeling sad all the time”* could be reframed with some exploration (e.g., *“and if you were feeling less sad, what would this look like?”*) as *“being able to do more of the things I used to do”* (and how might you operationalise this?).

***Behavioural goals:*** Linked to this, *behavioural* goals are often very helpful in therapy – we can support the person to work towards these goals and recognise changes in affect (*“and how was your mood when you were with your friend?”*) and cognition (*“and what does that say about your belief that no one wants to spend time with you?”*). Behavioural goals are also very measurable.

***What about affective or cognitive goals?*** Sometimes, after some exploration of goals, it is clear that the person wants to focus on their mood or cognition directly. This is fine as long as we ensure these are clearly measurable e.g., *“I want to stop worrying all the time”* could be operationalised as *“I’d like to be able to restrict my worrying to 30 minutes each day, between 6 and 7pm”* (NB behaviourists would see worry and rumination as internal behaviours). If the person decides to focus on key beliefs (e.g., *“I’m worthless” … “and how would you like to see yourself?”*)*,* believability ratings can be used (e.g., *“See that I have some value”* – current belief rating 5%).

***Baseline measurements:*** Once we have supported the person to operationalise their goals, we need to check baseline measures, e.g., how often or to what degree are they engaging in the relevant behaviours (e.g., “*rumination – on and off every day when not busy, for about 6 hours in total”*)? This is essential if we are to assess the degree to which CBT is proving useful to the person. A few examples:

|  |  |
| --- | --- |
| ***Goal*** | ***Baseline measure*** |
| Go shopping in the city centre alone, every Saturday for 2 hours without prn or water bottle | Don’t go shopping in the city centre at all, go to local shops for ~20 mins each week with prn and water |
| Drive my car alone 4 times each week, with the radio off | Only drive with my partner present and distract myself with the radio |
| Invite a work colleague to eat lunch together, twice each week | Always eat sandwiches alone at my desk looking through my emails |
| Restrict rumination to no more than 2 minutes, 3 times a day | Ruminate several times a day for 10-60 minutes (depending on what I’m doing and who I’m with) |
| See that I have some value | Current belief rating: 5% |
| Always pick up a spider by myself, using a glass and piece of paper when I see them in the house | Ask other people to do this (and drop a large book on the spider if I’m alone) |
| Touch at least 5 door handles each day and resist any hand washing or reassurance seeking | Wash hands after touching door handles for ~10 minutes (or until I feel OK) and ask my partner for reassurance 3-4 times |

**CBT Centre: Guidance on suitability and number of**

**cases for PG CBT High Intensity IAPT trainees**

**Training structure**

The national curriculum for IAPT HI CBT training is delivered over three teaching blocks in one academic year. In the main, students attend the University two days per week and spend three days in their clinical setting. The learning objectives for the blocks are as follows:

***1. Fundamentals of CBT theory and practice*** – Students learn the key principles of CBT theory and practice, including structural elements of therapy (agenda setting, pacing and homework) as well as assessment, formulation, treatment planning and initial intervention techniques. Assignments assess knowledge and application of CBT for anxiety and / or depression, following generic principles and models. Students are required to achieve a CTS-R score of at least 30, representing an ‘advanced-beginner’ level of practice.

***2***. ***CBT for anxiety*** – The second block focuses on problem specific models of anxiety. Assignments require students to demonstrate competency in treating anxiety presentations using IAPT recommended CBT models, including a CTS-R score of at least 36 (‘competence’).

***3***. ***CBT for depression*** – The final block focuses on depression and complexity. Assignments require students to demonstrate competency in treating depression, including a CTS-R score of at least 36 (‘competence’).

Throughout the programme, students are assessed on their CBT knowledge, clinical skills and use of supervision. Assignments include essays, reflective practice tasks, written and oral case reports, and supervision reports.

**Optimal learning**

Students learn effectively when they are able to spend time on observation, reflection, conceptual development, planning, and clinical skills practice. Learning is compromised when appropriate time and opportunities are not provided, with consequences for clients, students and services. The IAPT Manual (2018) specifies that ‘caseloads should be reduced to encourage reflective practice. Modelling is one of the optimal ways of learning clinical skills, so it is strongly recommended that trainees have an opportunity to sit in on therapy sessions with more experienced clinical staff’ (p19).

**Caseload and client complexity during training**

The IAPT Manual (2018) highlights a key to staff wellbeing as ‘supporting trainees to fulfil the training requirements of their course, recognising that they cannot deliver the workload of qualified staff’ (p21). Acknowledging that client complexity makes it more difficult to demonstrate competence (McManus, Westbrook, Vazquez-Montes, Fennell & Kennerley, 2010), the manual expects that ‘initial training cases should not be overly complex’ (p19). Given the BABCP expectation that the University assume responsibility for overseeing clinical practice (2015), we recommend optimum training caseloads as follows: **Term 1 = 8 clients, Term 2 = 10 clients, Term 3 = 12 clients.**

**Raising concerns**

The University expects students to take responsibility for raising any issues that may impact on their learning. These may include personal factors (e.g. specific learning needs, illness), issues that arise in service, and any other special considerations. Concerns should be raised with the student’s NHS supervisor / line manager and University Personal Academic Tutor, who will seek to support the student to complete their training wherever appropriate and possible.

BABCP (2015). Course Accreditation Process: Comprehensive document. Available from: <https://www.babcp.com/files/Accreditation/Course/BABCP-Course-Accreditation-Process-V3-1015.pdf> [downloaded on: 6th September 2018].

McManus, F.; Westbrook, D.; Vazquez-Montes, M.; Fennell, M.; Kennerley. H. (2010). An evaluation of the effectiveness of diploma-level training in cognitive behaviour therapy. *Behaviour Research and Therapy*, 48 p.123-1132.

The National Collaborating Centre for Mental Health, (2018). *The Improving Access to Psychological Therapies Manual*. Available from: https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-manual/ [downloaded on: 6th September 2018].

**CBT Centre: Observation log**

Observing accredited BABCP therapists is an important teaching and learning activity of your Diploma. You will need to observe therapy for a minimum of six occasions before the end of the programme. We would strongly encourage you to observe two occasions each module. These observations can be a mixture of face-to-face as well as watching a full therapy recording of an accredited practitioner.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Date of Observation | Name of BABCP accredited clinician | BABCP number | Clinician’s signature | Session length | Content of session (e.g. assessment of panic; treatment of depression) |
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**CBT Centre: University supervision report and log**

Please email your student a signed copy of this report within one week of your final supervision for the module.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Module: PSYC \_\_\_\_ (CBT for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor BABCP number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Over the course of CBT training, Diploma students are required to evidence a minimum of 35 University supervision hours and 35 NHS supervision hours. Full session formative and summative recordings are each included as one hour of supervision.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervision date | Supervision mode / number in group / duration of supervision  (or formative / summative recording) | Clients discussed (initials) | Live supervision type – excerpt / role play / none (client initials) |
| *Eg 10.1.20* | *Group / 3 / 90 mins* | *AB; CD* | *Excerpt (CD)* |
| *Eg 17.1.20* | *Individual / 1 / 60 mins* | *AB* | *Role play (AB)* |
| *Eg 6.2.20* | *Formative recording (1 hour)* | *AB* |  |
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Date supervisor provided formative CTS-R feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Formative recording scores per criterion:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Please comment on your student’s ability to use supervision as follows:**

1. **Ability to collaborate with supervisor.** *For example, in making you aware of their current level of competence and needs, presenting an honest and open account of clinical work undertaken, being an active participant (without defensiveness), selecting relevant material and presenting this in a focused manner*.
2. **Capacity for self-appraisal and reflection.** *For example, an ability to reflect on performance, discussions and feedback, being able to apply feedback to subsequent clinical work*.
3. **Capacity for active learning.** *For example, evidence of acting on your suggestions, reading the literature, taking initiative to improve knowledge and skills, preparing for supervision*.
4. **Ability to meet programme requirements.** *For example, conducting regular therapy, bringing two appropriate cases regularly, bringing weekly therapy excerpts, using necessary technology and problem solving any related difficulties*.

**Please comment on your student’s strengths *and* weaknesses in the following areas:**

1. **Therapeutic relationship:**
2. **Assessment and formulation:**
3. **Understanding and application of theory:**
4. **CBT techniques and skills:**
5. **Other:**

**Please comment on any concerns you have identified and discussed with your student:**

**Supervisor’s recommendations for future progress:**

**Overall Evaluation of trainee:**

Satisfactory

Unsatisfactory

Pending

Signed (supervisor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Notes:*

*1. Please ensure that you provide this report by email to your student by the required dates. Your student will then write a brief reflective account on the content and forward this to you for information.*

*2. Where an unsatisfactory rating is given, please make clear why this is the case and propose an action plan for the student to complete. Please ensure you have discussed this ahead of the end of the module so that the student is aware and understands the reasons, and the CBT team are aware and in agreement with the proposed plan.*

*3. A pending rating should be used where a student has not had the opportunity to demonstrate skills, e.g. due to unavailability of suitable cases or illness.*

**CBT Centre: Student reflection on supervision reports**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS supervisor name (PG CBT (IAPT) students): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In a brief paragraph, summarise your learning and development over the course of this supervision this module (refer to your initial goals for the module):**

**Reflect on the strengths and limitations of your CBT clinical work, with reference to your supervisor report(s):**

**Reflect on your use of University and NHS supervision (for PG CBT (IAPT) students) – where are you progressing well; what are you finding hard?**

**What will you prioritise in future supervision?**

**Where your supervisor has given an ‘unsatisfactory’ or ‘pending’ rating, draft a plan to address these shortcomings, to discuss with your academic tutor (and book in a meeting for this purpose):**

*Once completed, combine your reflection with your supervisor(s) report(s), and send this to your supervisor(s) and academic tutor. Upload the combined report to e-assignment along with the usual front sheet by the deadline required.*

**CBT Centre: Guidelines and marking criteria for the clinical portfolio**

The portfolio (PSYC6135) is a requirement for all PG Diploma and PG Certificate students. This document evidences that you have met the clinical and academic training standards for application to BABCP for provisional practitioner accreditation. You will collate marker feedback linked to your taught and supervision modules, as well as marker feedback for assignments linked to the portfolio (e.g. case reports).

PG Diploma in CBT (Anxiety and Depression) and PG Diploma in CBT (Severe Mental Health) students evidence all requirements for BABCP accreditation during their training. PG Certificate in CBT (Severe Mental Health) students commence their training with significant prior experience, and are therefore not required to evidence the 200 clinical hours or 70 BABCP supervision hours during training; these students will draw on their prior experience when seeking accreditation.

The portfolio is a considerable piece of work that you will complete throughout your training, and review in your Personal Academic Tutor meetings. The complete, signed and countersigned portfolio is submitted as a single electronic document towards the end of your training and will receive a final pass / fail grade.

**Portfolio sections**

**Section 1: Cover sheet & portfolio checklist**

Cover sheet: Use the standard assignment cover sheet. Specify the module number and name, title for your assignment, submission date and your student number.

Portfolio checklist: Attach the clinical portfolio checklist. All students must include their BABCP membership number. Students taking the PG Diploma in CBT (Anxiety and Depression) via the KSA route must include a copy of their KSA sign off sheet. Sign the clinical portfolio checklist to indicate that you have included all information required. You will also ask a colleague to countersign the form to indicate that s/he has checked you have included all information required.

Templates required: University of Southampton CBT Centre – Assignment cover sheet

University of Southampton CBT Centre – Clinical portfolio checklist

Documents required: Copy of KSA sign off sheet (KSA route PG Diploma in CBT (Anxiety and Depression) students)

**Section 2: Clinical hours**

Collate your supervised practice hours using the clinical log. You are required to evidence 200 clinical hours prior to seeking BABCP accreditation. PG Diploma in CBT (Anxiety and Depression) and PG Diploma in CBT (Severe Mental Health) students are required to evidence 200 hours in their portfolio. PG Certificate in CBT (Severe Mental Health) students are not required to meet these hours.

Template required: University of Southampton CBT Centre – Clinical log

**Section 3: Summary of clinical work completed during training**

You will assess and treat at least eight people (with at least three different presenting problems), prior to seeking BABCP accreditation. This includes a minimum of three ‘closely supervised’ cases, with details recorded on patient summary sheets. You will also write up / present four case reports. All students must include one PTSD / trauma case.

*Case reports for PG Diploma in CBT (Anxiety and Depression):*

* Marker feedback for CBT for anxiety / depression – 2000 words (linked to portfolio module)
* Marker feedback for CBT / BA oral case presentation (submitted for CBT Depression module)
* Marker feedback for CBT for anxiety – 4000 words (linked to portfolio module)
* Marker feedback for CBT for depression – 4000 words (linked to portfolio module)

*Case reports for PG Diploma in CBT (Severe Mental Health):*

* *Year 1:* Marker feedback for CBT / BA oral case presentation (submitted for CBT Depression module)
* *Year 2:* Marker feedback for WwC oral case report (submitted for Working with Complexity module)
* *Year 2:* Marker feedback for 2 x CBT for psychosis / bipolar / personality presentations case report – 4000 words (linked to portfolio module)

*Case reports for PG Certificate in CBT (Severe Mental Health):*

* Marker feedback for WwC oral case report (submitted for Working with Complexity module)
* Marker feedback for CBT for anxiety / depression / psychosis / bipolar / personality presentations case report – 2000 words (linked to portfolio module)
* Marker feedback for 2 x CBT for psychosis / bipolar / personality presentations case report – 4000 words (linked to portfolio module)

Templates required: University of Southampton CBT Centre – Patient summary sheet (one per case)

Documents required: Marker feedback for case reports

**Section 4: Clinical observation log**

Clinical observation log: You will observe accredited CBT clinicians’ practice and note key learning. Collate your six observations using this log. Include signatures if not already included in your supervision report / log (below).

Template required: University of Southampton CBT Centre – Clinical observation log

**Section 5: Clinical supervision**

Supervision report / log: You will collate your supervision details and hours. Each term you will combine these with your personal reflection on supervision. The exception is the Working with Complexity module for PG Diploma / Certificate in CBT (Severe Mental Health) which does not include a supervision component. The supervision report / log also collates your supervision hours; PG Diploma in CBT (Anxiety and Depression) and PG Diploma in CBT (Severe Mental Health) students are required to evidence a minimum of 35 University supervision hours and 35 NHS supervision hours across the programme. PG Certificate in CBT (Severe Mental Health) students are not required to meet these hours.

Template required: University of Southampton CBT Centre – University supervision report / log

University of Southampton CBT Centre – NHS supervision report / log

**Section 6: Therapy recordings**

By the end of your training, you will need to evidence a minimum of three therapy recordings at CTS-R 36 or above – these may be for formative or summative recordings. Add the date, score and whether formative or summative on your portfolio checklist.

Documents required: CTS-R marker feedback (three at 36 or above)

**Section 7: CBT theory and critique**

You will include marker feedback for all essays and critiques completed as part of your training.

Documents required: Marker feedback for previously submitted essays / critiques

**Section 8: Missed session plans**

Missed session plans: Include these for all taught sessions missed. If you have not missed any taught sessions, include the statement ‘I confirm I have missed no taught sessions over the course of my PG Diploma in CBT training’ and sign and date the declaration.

Templates required: University of Southampton CBT Centre – missed session plan

Please liaise with your peers and your Personal Academic Tutor if you have any questions about the portfolio requirements.