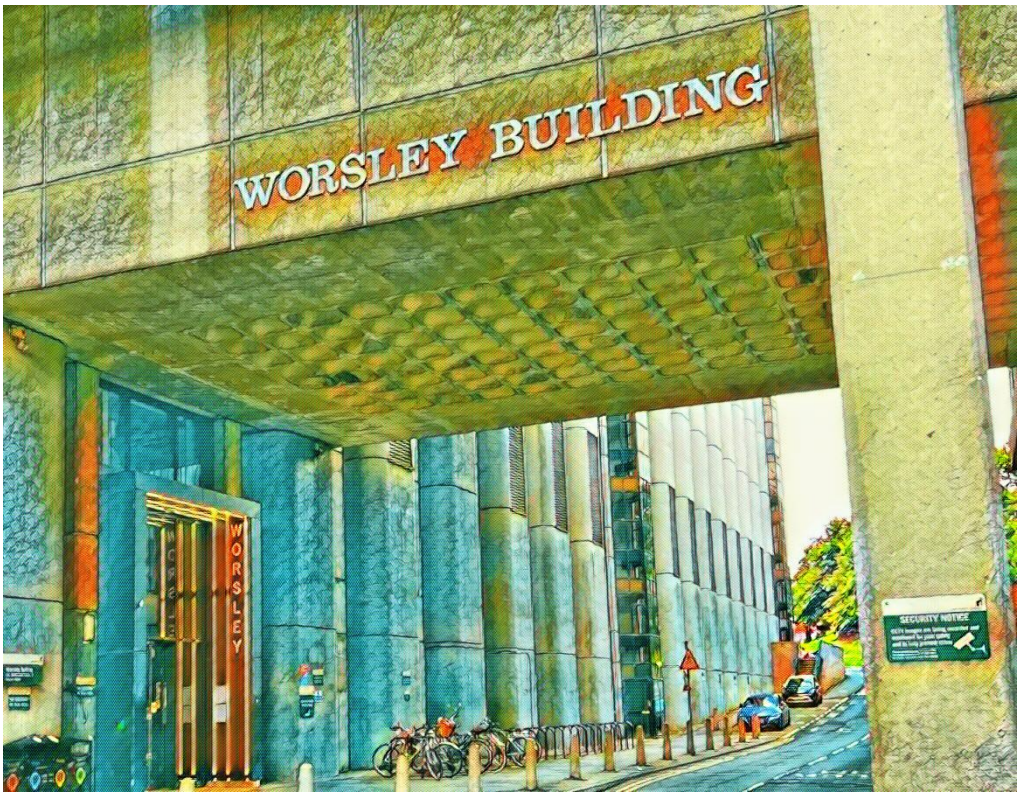
Leeds Institute of
Health Sciences

Faculty of Medicine and Health

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CBT PATHWAY HANDBOOK

DOCTORATE PROGRAMME IN CLINICAL PSYCHOLOGY

Faculty of Medicine and Health

School of Medicine

2026 intake

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Introduction

Welcome to the CBT Pathway of the Doctorate in Clinical Psychology Programme (DClinPsychol) at the University of Leeds. This pathway is designed for trainees who wish to work towards accreditation as Cognitive Behavioural Therapists (CBT) with the British Association for Behavioural and Cognitive Psychotherapies (BABCP).

Please, read this handbook in conjunction with the Programme Handbook, which is available on FiSH.

This pathway is aiming for BABCP **Level 1** course accreditation. This means that the pathway is designed to support trainees in meeting some of the BABCP criteria, with further opportunities to fulfil additional requirements throughout the Programme. We hope this pathway will be a stepping stone to further development, including a Level 2 pathway in the future.

The CBT Pathway is optional and there is a limit of available places. This is due to its specific requirements, particularly the need for placements supervised by BABCP-accredited CBT practitioners. Since not all supervisors hold this accreditation, opportunities for trainees can vary. Trainees on the Pathway also need to complete additional CBT assessments alongside their standard DClinPsychol coursework. This handbook provides an overview of the additional requirements, in order to support both trainees and supervisors understand what is expected.

We will do our best to keep this handbook up to date, but we also encourage trainees to check the BABCP website for the latest developments and accreditation requirements.

Acknowledgments

We would like to acknowledge the valuable contributions of our clinical supervisors, trainees, and Experts by Experience (EBEs) from Everybody's Voice who have played a vital role in shaping and reviewing this pathway.

Contacts

For any questions or support related to the CBT Pathway, please contact:

- **Pathway Lead:** Carlyn Boyce, Senior Teaching Fellow in Cognitive Behavioural Therapy C.V.Boyce@leeds.ac.uk
- **Pathway Co-lead & support**: Styliani (Stella) Gkika, Regional Training Lead, S.Gkika@Leeds.ac.uk
- **DClinPsychol Academic Director**: Ciara Masterson, C.Masterson@leeds.ac.uk

Aims of the CBT Pathway

The CBT Pathway aims to:

- Foster a supportive learning environment that integrates teaching, clinical practice, reflection and professional development within the field of CBT.
- Provide trainees with specialised training in CBT theory and practice.
- Support trainees in meeting a proportion of the BABCP accreditation criteria.
- Offer opportunities to progress toward meeting additional accreditation criteria during the doctoral Programme.
- Support trainees develop a comprehensive CBT practice portfolio to evidence their skills and experience for accreditation.
- Offer support to clinical supervisors involved in the Pathway.
- Provide information on the support available through the DClinPsychol Programme post-qualification and accreditation.

Benefits of the CBT Pathway (and Costs)

Benefits

- Access to specialised CBT teaching and supervision, including focused support on the development of CBT skills.
- Structured support for meeting BABCP accreditation criteria.
- Enhanced career prospects as a clinical psychologist with an additional accreditation in CBT.

Considerations

- Trainees on the Pathway will be required to complete additional assessments, logs, and a CBT practice portfolio (please, see table below).
- Places on the Pathway are limited and based on the availability of CBT placements.
- While all trainees are expected to develop CBT competencies through teaching and clinical practice, those on the Pathway may be required to undertake additional CBT-focused clinical practice as part of their training.
- Trainees will be asked to become members of the BABCP and cover the cost (currently £83 annually or £48.50 if eligible for the discounted fee).

Please note that if any elements of the CBT Pathway that are additional to the DClinPsychol are not successfully completed, trainees may need to step off the Pathway. However, this will not be considered as a “fail” for the DClinPsychol Programme.

Table: Summary of additional elements of the CBT Pathway against the DClinPsychol requirements.

Training element	**DClinPsychol Programme**	**Additional elements for the CBT Pathway**
Teaching	100 hours of CBT teaching • Accredited facilitators • 50:50 theory & skills practice • Feedback process in place	No difference
Self-directed study	Self-directed study of over 250 hours is expected to take place throughout the course (study days and research time); there is no expectation to document it	125 hours of CBT-specific self-directed study, documented
Clinical practice	CBT competences must be evidenced. There is no specific number of hours of CBT practice required. Competency is evidenced using the Placement Assessment Form (PAF) and the Therapy Competency Logbook (TCL). There is no requirement for BABCP accreditation from supervisors. Live supervision is required.	25 hours of CBT clinical practice supervised by accredited practitioners. Competency is evidenced using the PAF and TCL as well as additional monitoring logs. Supervision hours are the same. Live supervision using the CTS-R is required (50% of supervision needs to have a live element).
Assessments (formative and summative)	**Clinical skills** • End of placement visits/PAF • Placement presentation Y2 (30mins) • Placement presentation Y3 (10mins) • Personal Development Journal – formative (**This should include CBT specific focus for CBT pathway trainees)** **Academic skills** • PBL Y1 • The Evidence Base for Clinical Practice Essay Y1 **(this should have a CBT focus for trainees on the pathway)**	• Additional CBT case report (this can be based on the SCS) • One whole session CTS-R assessment connected to the case report. This is completed in supervision. • Additional monitoring forms and supervisor reports • CBT practice portfolio **Optional**: Trainees may have the opportunity to complete more CBT training cases and CTS-R assessments throughout their placements that meet the BABCP criteria. These should be logged on the relevant forms on Pebblepad. In the

	• Critical Review of an Area of Advanced Study in Clinical Psychology, Y3 Research Skills • Systematic Case Study (SCS) Y1 • Service Evaluation Project • Thesis & Viva	event that the trainees complete additional training cases" (there might be opportunities to submit the corresponding case studies for marking (written or verbal). Please, ask the CBT Pathway team for more information as soon as you have identified an appropriate case with your supervisor.
Other		• BABCP membership

Selection to the pathway

The selection process for the CBT Pathway begins with a meeting, providing information about the Pathway and the opportunity to ask questions. Trainees are then invited to submit an Expression of Interest form (Appendix A: Selection questionnaire and declaration form). This form allows us to understand your motivation, readiness, and suitability for the pathway. It includes questions about your interest in CBT and commitment to meeting the additional requirements of the pathway.

Interested trainees might then be invited to a further meeting with a member of the CBT Pathway Team. This is to discuss the requirements, answer any questions, and support the decision making around going on the Pathway.

If the number of interested trainees exceeds the available places, we will use random allocation to the available places. This ensures that selection is fair and unbiased.

We encourage all interested trainees to read the information about the pathway carefully, to contact us with any questions, and complete the form thoughtfully and honestly.

DClin Level 1 CBT Pathway against BABCP Criteria for Full Accreditation

The BABCP outlines specific criteria for full accreditation as a CBT therapist, which can be found on the BABCP website. All BABCP members should adhere to the BABCP Standards of Conduct, Performance, and Ethics. Trainees should adhere to these standards alongside the HCPC Standards of Conduct, Performance, and Ethics and the BPS Code of Ethics and Conduct.

Please, note that as part of the CBT Pathway, we share limited information with the BABCP for specific purposes. This includes notifying the BABCP that you are on the pathway so that you are eligible for the discounted membership fee and confirming when you have successfully completed the pathway. If a trainee does not meet the CBT Pathway requirements, we may need to inform the BABCP that we are unable to recommend progression toward accreditation.

The table below provides an overview of the accreditation criteria alongside the criteria that trainees will be expected to meet through our Level 1 CBT Pathway. The table also outlines the opportunities provided on the DClinPsychol Programme beyond the CBT Pathway to support trainees to work toward full accreditation if they wish to.

Please, note that the DClinPsychol Programme at the University of Leeds has adopted the CBT + 1 model, which means that all trainees, irrespective of whether they are on the CBT pathway, will have to develop competence in delivering effective CBT.

Table: BABCP full accreditation criteria against the criteria met by the CBT Pathway and further opportunities throughout the DClin Psychol.

Training element	**Full accreditation BABCP Criteria**	**Level 1 CBT Pathway**	**Further opportunities**
Teaching	200 hours of CBT teaching • Accredited lecturers • 50:50 theory & skills practice • Feedback process	100 hours • Accredited lecturers • 50:50 theory & skills practice • Feedback process	N/A. There might be CPD opportunities within placements. These should be logged on the relevant form on Pebblepad.
Self-directed study	250 hours self-directed study	125 hours self-directed study, documented on Pebblepad.	CBT related self-directed study is likely to reach 250 hours during the DClin Psychol. These hours should be documented on Pebblepad.
Clinical practice	200 hours • Accredited supervisors • 8 training cases (of which 3 closely supervised) • 40 hours of supervision (at least 5 per training case) • 50% of supervision sessions should have a live element (e.g., snippets of recordings or whole session recordings)	25 hours • Accredited supervisors • 1 closely supervised training case • At least 5 hours of supervision • 50% of supervision sessions should have a live element	Opportunities to complete further training cases and supervised clinical practice on other placements throughout the Programme might be possible, especially in Year 3 (please, note this cannot be guaranteed, but we will try and support interested trainees as best we can)
Assessments	• 4 case reports • 3 whole session CTS-R assessments, based on the training cases • Theory assessment • Reflective log (not assessed)	• 1 case report • 1 whole session CTS-R assessment based on the case report • Theory assessment	Opportunities for: • 3 further case reports and 2 further CTS-R assessments depending on

• Clinical practice monitoring logs • Portfolio	• Reflective log (not assessed) • Clinical practice monitoring logs • Portfolio	placement and supervisor capacity

Trainee support

Trainees on the CBT pathway receive structured and ongoing support to help them progress towards their secondary accreditation. One key aspect of this support is the annual Secondary Accreditation Check-in Sessions (SACS), where trainees can discuss their progress, ask questions, and receive guidance on assembling their accreditation portfolio. These sessions provide a dedicated space for trainees to reflect on their development, clarify any uncertainties, and ensure they are on track with the requirements for accreditation. More regular check-in sessions will be offered in year 1 as needed. Trainees should contact the CBT Pathway Lead to arrange these.

In addition to these sessions, clinical tutors offer support specific to trainees' clinical placements, helping them navigate challenges and align their practice with competency expectations. Trainees can also access guidance from the Pathway Lead and Regional Training Lead, who are available for any ad hoc queries related to the accreditation process or professional development. This multi-layered support system ensures that trainees have access to both structured and flexible guidance throughout their journey on the CBT pathway.

CBT Teaching

The DClinPsychol Programme provides the following CBT teaching sessions, which are also part of the CBT Pathway. The table in Appendix E maps these teaching sessions against the BABCP CBT Curriculum. Please note that teaching content may vary slightly from year to year.

Trainees are required to attend all the teaching. The process for catching up on any missed teaching is outlined in the Programme Handbook.

Please note: If you miss a CBT teaching session, you must complete the DClin Learning Log, including both the *"What I learned (theory)"* and *"Skills catch-up completed (CBT only)"* sections. The completed log should be sent to your manager and copied to the CBT Pathway Lead. If a CBT teaching session is cancelled, you must also complete a DClin Learning Log to evidence your self-directed learning. In this instance, the log should be sent directly to the CBT Pathway Lead and does not need to be sent to your manager. The CBT Pathway Lead will review the log and may request amendments or further evidence of learning where required.

Self-Directed Study

Self-directed study refers to planned CBT-related learning activities completed independently to support the development of CBT knowledge and skills. These activities should relate to CBT theory, practice, formulation, assessment, intervention, or professional development.

Examples include:

- Reading CBT textbooks, treatment manuals, journal articles, and other CBT-related literature.
- Reviewing NICE guidelines and evidence relevant to CBT practice.
- Watching CBT training videos, webinars, or recorded teaching.
- Completing CBT e-learning modules (e.g., BA-M modules).
- Preparing CBT case formulations, case reports, and reflective learning activities.
- Completing CBT-related academic work and assignments.
- Reviewing literature to support supervised CBT clinical practice.
- Behavioural Activation for Muslims (E-learning): considers the role of faith, values, religious practices, and cultural context in assessment, formulation, and intervention. Completion includes a knowledge quiz and certificate, which should be uploaded to the CBT Pathway portfolio as evidence of this self-directed learning. **The platform does not save your progress. You should therefore set aside approximately 3 hours to complete the module in one sitting to avoid losing your work.**

Self-directed study hours should:

- Be clearly documented on the CBT Pathway PebblePad log.
- Be linked to CBT learning and professional development.
- Be distinct from clinical practice hours and supervision hours.

For each entry, trainees should record:

- The date of the activity.
- A brief description of the learning activity completed.
- The number of hours undertaken.
- Any key learning points or reflections where appropriate.

Please note that Level 1 CBT Pathway trainees are expected to complete and document at least **125 hours of CBT-specific self-directed study**. Activities completed beyond this requirement may also be logged as evidence towards the broader **250 hours of self-directed study** normally required for BABCP full accreditation

Self-directed study is estimated as follows:

During Scheduled Teaching Time:

- Year 1: Approximately 170 hours of scheduled study time, with one third (approx. 55 hours) focused on CBT topics, aligned with relevant teaching and assessments.
- Year 2: In addition to the weekly study day and the two study weeks in between the Year 2 placements, approximately 113 hours of study time are scheduled within the teaching calendar, with one quarter (approx. 25 hours) focused on CBT-related material.
- Year 3: In addition to the 2 study days per week and the two study weeks at the start of Year 3, approximately 100 hours of study time are scheduled within the teaching calendar, with one quarter (approx. 20 hours) focused on CBT-related study.

Total CBT-related study during teaching time: 100 hours

During CBT Pathway Placements:

Trainees are also expected to undertake self-directed study during placement time to support their clinical work. CBT Pathway placements typically last around 20 weeks. During these placements, trainees are expected to complete at least half a day (approximately 3 hours) of study per week in order to prepare for their clinical work.

Total CBT-related study time during placement: 60 hours

Summary of Self-Directed Study Hours

- Total during CBT Pathway teaching and placements (Year 1 and Pathway placements): 160 hours
- Total across the full DClin Psy Programme (including CBT-related study during non-CBT placements in Years 2 and 3, estimated at an additional 30 hours minimum): 250 hours

Please, note there is a dedicated section on the CBT pathway logs on Pebblepad to log your self-directed study so you can evidence it.

CBT Clinical Practice

As part of the CBT Pathway, trainees will be offered at least one dedicated CBT-specific placement during the DClinPsychol Programme. The placement will provide

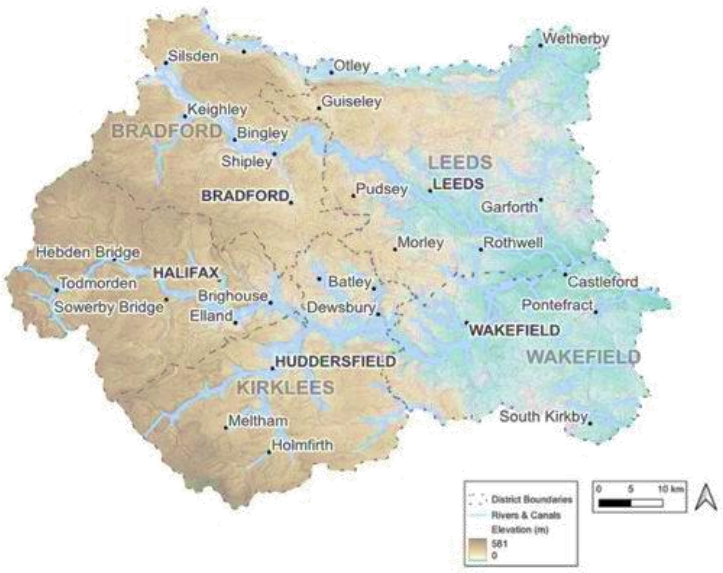
experience in delivering CBT under the guidance of experienced BABCP-accredited practitioners.

During the placement, trainees will have the opportunity to:

- Complete at least 25 hours of CBT practice and one closely supervised training case in CBT in order to develop CBT skills and to apply theoretical knowledge to clinical practice.
- Engage in live supervision, where the supervisor will observe the trainees' sessions (either directly or via recordings) and provide constructive feedback to enhance clinical skills. At least 50% of supervision sessions should have a live element.
- Undergo CTS-R assessment (mid-way therapy) to evaluate competency in delivering CBT interventions. Please, find the CTS-R manual, scale, and feedback form on FiSH.
- Submit one case report that demonstrates ability to conceptualise cases, plan and implement interventions, and reflect on outcomes.

We will make every effort to provide these opportunities during a placement in the first year of training (adult/child placement 1). However, please note that if the requirements aren't met during this placement, you will be required to have more placements focused on CBT, including your year 3 specialist placement.

Geographical locations



Most of the Programme's placements are based in West Yorkshire, with a few located in neighbouring areas, such as Harrogate and York. CBT Pathway placements are

limited and must be supervised by BABCP-accredited professionals, which further restricts flexibility in terms of available locations and services.

The allocation process is the same for all clinical placements (please, see Programme Handbook, section “Allocation of Placements”) and we cannot guarantee that the placements are within a specific location. The trainees should be prepared to commute within our geographical area and surrounding regions if needed. Health needs and carer responsibilities are taken into account.

Supervision and Skill Development

Trainees will receive regular supervision from experienced and BABCP-accredited practitioners who will guide their learning and professional development. To make the most of supervision, trainees are expected to:

- Bring audio or video recordings of their sessions to supervision regularly (or arrange live supervision with their supervisor present in the session). At least 50% of supervision sessions must have a live element.
- Use these recordings to discuss cases, reflect on their practice, and refine their CBT skills.
- Actively engage with the feedback and apply it to improve their clinical work.

Further Opportunities

While the dedicated CBT placement is a core component of the pathway, there may be additional opportunities for supervised CBT practice throughout the three years of the DClinPsychol Programme. These opportunities, however, are not guaranteed and will depend on placement availability and individual circumstances.

Assessments

1. One case report

Trainees are asked to identify as early as possible the case that is likely to be their closely supervised training case. That is a case with who they worked from start to finish using an evidence-based CBT approach. This case needs to be “closely supervised” and presented as a verbal presentation case report.

The same case that is written up for the Systematic Case Study (SCS) can be used for the case report. The case report should include the relevant background information and literature review; description of the assessment process and content, including the risk assessment; the formulation and rationale for planned input; a summary of the course of therapy and treatment outcome; implications for the model or evidence base; and professional and personal reflections. Supplementary guidance can be found on the BABCP website . Please, find the case study marking sheet in Appendix B.

2. Consent Requirements

Trainees are required to use their placement's informed consent procedures and forms and to discuss and reflect on these in clinical supervision. They must also complete CBT Case study consent template on **FiSh** it is intended to provide a foundation for obtaining consent from you client, but you should discuss with your supervisor whether any amendments are needed to reflect your placement or service requirements. In addition, supervisors are asked to confirm that these discussions and reflections have taken place; that they are satisfied that informed consent has been obtained; and that the submitted work has been adequately anonymised **Error! Reference source not found.** on **FiSh.**

The CBT Pathway requires the successful completion of **one case report** only. Trainees who wish to submit an additional case report based on another training case should contact the CBT Pathway Team as early as possible to discuss this. Opportunities for additional case report marking are dependent on assessor capacity and cannot be guaranteed.

All case report presentation materials (presentation and **Error! Reference source not found.**) must be submitted by **2:00 pm on the working day before the presentation** and sent to the CBT pathway Lead.

3. One CTS-R whole session assessment

Trainees are asked to utilise live supervision as frequently as possible, whether that's through recordings (audio/video) or by the supervisor sitting in the sessions. One **mid-therapy** CBT treatment session of the training cases should be assessed by the clinical supervisor using the CTS-R. The assessment is considered a "pass" when the average mark on the CTS-R is 36 or above. Please, see Appendix D: CTS-R Feedback Form for the marking sheet you can use with your supervisor.

The completed marking sheet should be anonymised and uploaded onto Pebblepad as part of the trainee's portfolio and for moderation.

The CTS-R assesses competence across **12 areas** that reflect the essential ingredients of a structured CBT session. These include general therapeutic processes (agenda setting and adherence, feedback, collaboration, pacing, and interpersonal effectiveness) and CBT-specific skills (eliciting emotions, cognitions and behaviours, guided discovery, conceptual integration, change methods, and homework). These domains help trainees understand how CBT sessions are expected to be organised and what supervisors are looking for when reviewing recordings. Becoming familiar with these areas supports focused supervision discussions, clearer self-reflection, and more consistent skill development across therapy sessions. Supervisors may review several full-session recordings during the placement to provide formative feedback across these domains before completing the required mid-therapy CTS-R assessment.

Additional CTS-R Assessments

The CBT Pathway requires the successful completion of one whole-session CTS-R assessment. However, trainees are encouraged to undertake additional CTS-R assessments where suitable training cases and supervisory capacity are available.

To support the development of a broad CBT portfolio and progression towards BABCP accreditation requirements, trainees should seek opportunities to gain experience across different presentations. Wherever possible, trainees are encouraged to work towards completing CBT training cases that include **two anxiety presentations and one depression presentation**, each supported by regular supervision and CTS-R-informed feedback.

Opportunities to complete additional CTS-R assessments, training cases, and associated case reports are dependent on placement opportunities and supervisor capacity and cannot be guaranteed. Trainees interested in undertaking additional cases should discuss this with their supervisor and the CBT Pathway Team as early as possible.

CTS-R Manual:
A full copy of the CTS-R Manual is available **on FiSh**: CTS-R Manual

4. Theory essay

CBT Pathway trainees should write the "Evidence Base for Clinical Practice" essay in Year 1 focusing on a CBT area. This essay should demonstrate critical evaluation skills on key CBT theories and the relevant evidence base. Please, find more information about this essay on the "Schedules and Procedures for Assessment" Handbook available on FiSH. Please note that this essay is a Programme requirement and therefore the marking is summative for the DClinPsychol Programme.

5. Professional development journal

All trainees are required to maintain a professional development journal to reflect on their learning, clinical experiences, and professional development. This journal is a formative tool designed to support self-reflection and growth. While it is not formally assessed, keeping a record of progress can help you track your evolving competencies and identify areas for further development. Regular reflection also supports ongoing professional learning. Trainees on the Pathway should include reflections about their CBT practice and development. More information can be found on Pebblepad.

6. CBT pathway portfolio

All CBT clinical practice supervised by BABCP accredited practitioners, placement CPD on CBT, and any additional CTS-R assessments can be logged on the CBT Pathway forms on Pebblepad and signed off by the clinical supervisors.

The final portfolio should include the trainee's evidence that the above (and any additional) work has been successfully completed, including:

- Clinical practice forms
    - EPV report and PAF
    - CBT Pathway Pebblepad log
    - Excel Logbook (relevant sections)
- Case report marking sheets
- CTS-R marking sheets
- Theory Essay marking sheet
- Proforma (Appendix F) signed by the Pathway Lead or another member of the CBT Pathway team
- This Handbook
- Your teaching timetable with the CBT Pathway sessions highlighted
- Evidence of any additional CPD session you attended on placement (E.g., certificates or email confirmations)

Stepping Off the CBT Pathway

While the CBT Pathway is designed to support trainees in developing specialised CBT skills and working toward BABCP accreditation, we recognise that it may not be the right fit for everyone at all times. Stepping off the pathway is an option available to trainees who feel that continuing may not align with their current goals, circumstances, or capacity.

Trainees who find the demands of the pathway challenging are encouraged to discuss their options with their clinical tutor, clinical supervisor, and the CBT Pathway team, who can help navigate any difficulties that arise.

> Please be aware that challenges related to balancing the demands of the pathway cannot be used as a basis for requesting extenuating circumstances for core DClinPsychol assignments.

7. What Does It Mean to Step Off the Pathway?

Stepping off the pathway means that you will no longer be expected to meet the additional requirements specific to the CBT Pathway, such as completing CBT-specific assessments (e.g., CTS-R) or a pathway-specific case report. You will still be required to meet the core requirements of the DClinPsychol Programme.

Stepping off the pathway does not reflect negatively on your progress or abilities as a trainee. It is simply an acknowledgment that your focus or priorities may have shifted, and it allows you to redirect your energy toward meeting the core demands of the DClinPsychol Programme.

8. When Might Stepping Off the Pathway Happen?

Trainees might consider stepping off the pathway in situations such as:

- Struggling to meet the additional demands of the pathway alongside core Programme requirements.
- Failing pathway-specific assessments (e.g., CTS-R or the CBT case report) and deciding to focus on core competencies instead.
- A change in career goals or interests that makes pursuing BABCP accreditation less relevant.
- Personal or external circumstances that make it difficult to commit to the additional workload of the pathway.

9. How Does Stepping Off the Pathway Work?

If you are considering stepping off the pathway, we encourage you to discuss your situation with your clinical tutor, clinical supervisor, and the CBT Pathway Team. They can help you explore your options and make an informed decision.

If following your discussions you decide that stepping off the pathway is the right decision for you, you are asked to formally notify the CBT Pathway Team and your clinical supervisor as soon as possible. Stepping off the pathway is a straightforward process, and your clinical tutor can support you to transition smoothly. If you later decide to rejoin the pathway (subject to availability), you can discuss this with the Pathway Team.

Expert by Experience (EBE) Involvement

Experts by Experience (EBEs) have played a valuable role in shaping and delivering the CBT Pathway. Members of the Everybody's Voice group have been involved in the CBT Pathway Advisory Group, contributing to its development and ensuring that lived experience perspectives are embedded in the pathway. EBEs are also regularly involved in the Programme's selection, teaching, placements, research, and subcommittees, helping to shape decisions and enhance the training experience.

Future Development of EBE Involvement

As the CBT Pathway develops, we will continue to explore opportunities for Experts by Experience (EBEs) to contribute to the curriculum and trainee learning. This may include:

- Sharing perspectives on positive and challenging experiences of receiving CBT, including reflections on what helped, what was less helpful, and what could have improved the therapeutic experience.
- Contributing examples of how CBT can be adapted to meet diverse cultural, communication, learning, and accessibility needs.
- Providing reflections on experiences of therapeutic ruptures and repairs within CBT.

- Supporting the review and ongoing development of teaching materials to help identify gaps and strengthen the relevance of the curriculum.
- Contributing to the development of realistic case examples that reflect the complexity of routine clinical psychology practice and the settings in which trainees are likely to work.
- Offering perspectives on how therapists can discuss session recording, consent processes, and the use of clinical material for training and assessment purposes in a clear, accessible, and psychologically safe manner.
- Contributing to a frequently asked questions (FAQ) resource that captures lived experience perspectives relevant to CBT practice and training.
- Providing formative feedback on the trainees' presentations.

Please note that these opportunities will depend on the interests, experience, and availability of EBEs, particularly those with direct experience of engaging in CBT.

Equality, Diversity, and Inclusion (EDI)

The Programme demonstrates a strong commitment to equality, diversity, and inclusion (EDI) through various initiatives. For example, it has a dedicated and very active EDI Team and it is actively engaged in decolonising its curriculum, with efforts to embed EDI initiatives across all aspects of training, including selection, teaching, and professional development. Teaching content is often reviewed with an emphasis on anti-racism and inclusion, and relevant training is provided. These efforts reflect the Programme's dedication to fostering an environment that promotes equity and inclusion. More information and relevant resources are available on the Programme's EDI extranet page.

Information for Supervisors

Clinical supervisors play a crucial role in supporting trainees on the CBT Pathway, helping them develop their skills and meet the necessary training requirements. This section outlines the expectations for supervisors, the support available, and key opportunities for professional development.

Supervisors are responsible for:

- Ensuring that trainees have opportunities to work with suitable cases to develop their CBT competencies.
- Providing regular supervision (in line with BABCP requirements) to support trainees' CBT skill development.
- Offering live supervision on a regular basis.
- Offering structured feedback on trainees' clinical work, including session recordings and case discussions.

- Engaging with the mid and end of placement visits with the trainee and their clinical tutor.
- Encouraging reflective practice and guiding trainees in applying CBT principles effectively.
- Completing necessary assessments and feedback forms related to trainees' progress, including the PAF, one mid-therapy whole session CTS-R assessment, and signing off the trainees' logs on Pebblepad.

Please note, that supervisors are likely to need to rate several CTSR recordings over the course of a placement in order to support their trainee to develop their skills to a level that reaches competency and a "pass" mark of 36 or above.

- Proactively liaising with the trainee's clinical tutor where needed in order to address difficulties and any concerns.

Support for supervisors
The Programme provides a range of support for clinical supervisors, including:

- Inter-rater reliability workshops on the CTS-R: These workshops can help supervisors calibrate their assessment of trainees' therapy sessions to maintain consistency and fairness in evaluation.
- Regular structured support groups. Please, note this is not "supervision of supervision" due to the potential for conflict of interest; however, it is a space where general supervision issues and reflections can be shared and discussed and it can also involve CPD elements where needed and appropriate.
- Mid and End of Placement Visits with the trainee and their clinical tutor.
- Opportunities to liaise with their trainee's clinical tutor and the CBT Pathway team as needed.
- At least one CBT-related CPD event each year through the Programme's West-Yorkshire Post Qualification Training (WY-PQT) initiative.
- Advanced Supervisor Workshops (ASW).

If there is anything else we can support you with, please don't hesitate to contact any member of the CBT Pathway team (contact details are on page 3 of this Handbook).

Frequently Asked Questions (FAQs)

Q: Is the CBT Pathway mandatory?
A: No, the pathway is optional for trainees interested in pursuing BABCP accreditation.

Q: What is the difference between Level 1 and Level 2 accreditation?
A: Level 1 accreditation indicates that some criteria are met through the pathway, while Level 2 indicates that all criteria are met. Candidates who have completed a Level 2 course are able to apply for accreditation directly. Candidates who have completed a Level 1 course, will need to top up their training in order to apply.

Q: When will the Pathway achieve course accreditation level?

A: Our aim is to have our accreditation visit on the 19th of November, 2027, when we will hopefully have gathered sufficient feedback and evaluation from the initial cohorts. Trainees, supervisors, EBV members, and the course team will be invited to speak to the BABCP about the pathway.

Q: Can I apply for full BABCP accreditation after completing the pathway?
A: No, the pathway will support you in meeting some criteria, and you can work toward meeting the remaining criteria after qualifying. We can provide you with a proforma that confirms which elements of the Minimum Training Standards you have completed as part of your DClinPsychol training alongside your portfolio.

Q: What happens if I fail the CBT Pathway assessments?
A: It is important to note that failing elements that are specific to the CBT Pathway does not equate to failing the DClinPsychol course. To ensure fairness, the fail criteria for the DClinPsychol Programme are consistent for all trainees, regardless of whether they are on the CBT Pathway or not. For example:

If a trainee fails a placement, this would be indicated by failing the PAF form and the end-of-placement review, which are core requirements for all trainees.

However, if a trainee fails the CTS-R assessment or other additional CBT Pathway-specific assessments, this will not count as a "fail" for the DClinPsychol Programme.

Similarly, failing core DClinPsychol assessments (e.g., academic assignments or core placement requirements) will count as a "fail" for the Programme, whereas failing additional CBT Pathway assessments will not. That said, if a trainee struggles with or fails elements of the CBT Pathway or the DClinPsychol, they may wish to consider whether stepping off the pathway is the right decision for them, as it may allow them to focus on meeting the core requirements of the DClinPsychol Programme.

Q: Can CBT group interventions count towards my supervised clinical practice hours?
A: The BABCP's Minimum Training Standards specify that supervised clinical practice should primarily consist of one-to-one therapy. This ensures that trainees develop a strong foundation in core CBT models and skills.
However, the guidelines do allow for a limited proportion of clinical practice to include group or couples' therapy. This should not exceed 10% of your hours.

Q: Can group supervision count towards my supervision hours?
A: Yes. When logging group supervision hours, the total duration of the session should be divided by the number of supervisees and then multiplied by two. For example, in a 90-minute session with three supervisees, the calculation would be:
(90 minutes÷3)×2=60 minutes
A supervision group should have no more than four supervisees.
In line with BABCP guidance, trainees receiving group supervision must also have access to individual supervision to ensure adequate support for their clinical development.

Q: How do I calculate the time spent discussing each case in group supervision?
A: The BABCP clarifies that: "Time spent discussing a particular case in group supervision is multiplied by two. For example, if there are four participants in a one-

hour group, 15 minutes might be spent discussing each case. 15 minutes x 2 = 30 minutes' equivalent case supervision time. This only applies to group supervision, not individual supervision".

Q: What do I need to do if I want to step off the CBT pathway?
A: We understand that circumstances and priorities can change during training. If you decide that you no longer wish to continue on the CBT Pathway, please discuss this with your clinical tutor, supervisor, and the CBT Pathway Lead at the earliest opportunity. We'll arrange a supportive conversation to explore your reasons and help ensure a smooth transition off the pathway. Stepping off will not affect your progression through the core Doctorate in Clinical Psychology Programme, and you'll still benefit from the comprehensive CBT teaching provided to all trainees.

Please be aware that challenges related to balancing the demands of the pathway cannot be used as a basis for requesting extenuating circumstances for core DClinPsychol assignments.

Q: What will I need to do to achieve full accreditation?
A: Upon completion of the DClin Level 1 Pathway, you will be able to evidence at least 100 hours of CBT teaching, 125 hours of self-directed study, 25 hours of supervised practice, one closely supervised training case, one case report, and a theory essay. This means, that after you qualify as a clinical psychologist, you will need to work towards meeting the remaining of the BABCP Minimum Training Standards to apply for full accreditation.

We recommend that you inform your line manager and clinical supervisor early in your qualified role that you intend to work towards full BABCP accreditation. There are a number of ways to complete the remaining requirements, including:

- Enrolling on a top-up course (typically one year)
- Attending a series of CPD events and smaller courses (typically over 1–2 years)
- Continuing supervised CBT practice with an accredited supervisor

To meet the BABCP Minimum Training Standards, you will need to complete an additional:

- 100 hours of CBT-specific teaching
- 175 hours of supervised clinical practice
- Seven training cases (including two CTS-R assessments)
- Three case studies

If you have completed more than the minimum CBT pathway requirements during your clinical psychology changes, the above might be different for you. If you have any questions or need further guidance, please don't hesitate to contact the CBT Pathway Team.

Q: What if I am already BABCP accredited as a CBT practitioner?
A: Trainees who are already BABCP-accredited CBT practitioners when they begin the Doctorate in Clinical Psychology (DClinPsychol) may find it difficult to maintain continuous CBT practice throughout the course, particularly if placements or roles do not align with BABCP requirements for ongoing practice, supervision, and CPD.
To maintain accreditation, one option is to request a Leave of Absence from the BABCP for any periods during training when active CBT practice isn't possible. Alternatively, trainees may choose to let their accreditation lapse and apply for

reinstatement once they return to regular CBT practice. Further details on maintaining accreditation can be found on the BABCP website.

Appendices

Appendix A: Selection questionnaire and declaration form

EXPRESSION OF INTEREST FORM

The CBT Pathway is designed for trainees who wish to work towards accreditation as Cognitive Behavioural Therapists (CBT) with the British Association for Behavioural and Cognitive Psychotherapies (BABCP). This pathway is currently in a **pilot** phase, and it's aiming to achieve BABCP **Level 1** course accreditation. This means that the pathway is designed to support trainees in meeting some of the BABCP criteria, with further opportunities to fulfil additional requirements throughout the Programme. The Pathway will provide opportunities to meet the following criteria for accreditation:

Training element	**Full accreditation BABCP Criteria**	**Level 1 CBT Pathway**	**Further opportunities**
Teaching	200 hours of CBT teaching • Accredited lecturers • 50:50 theory & skills practice • Feedback process	100 hours • Accredited lecturers • 50:50 theory & skills practice • Feedback process	N/A. There might be CPD opportunities within placements. These should be logged on the relevant form on Pebblepad.
Self-directed study	250 hours self-directed study	125 hours self-directed study, documented on Pebblepad.	CBT related self-directed study is likely to reach 250 hours during the DClin Psychol. These hours should be documented on Pebblepad.
Clinical practice	200 hours • Accredited supervisors • 8 training cases (of which 3 closely supervised) • 40 hours of supervision (at least 5 per training case) • 50% of supervision sessions should have a live element (e.g., snippets of recordings or whole session recordings)	25 hours • Accredited supervisors • 1 closely supervised training case • At least 5 hours of supervision • 50% of supervision sessions should have a live element	Opportunities to complete further training cases and supervised clinical practice on other placements throughout the Programme might be possible, especially in Year 3 (please, note this cannot be guaranteed, but we will try and support interested trainees as best we can)
Assessments	• 4 case reports • 3 whole session CTS-R assessments, based on three of the four cases reports	• 1 case report • 1 whole session CTS-R assessment based on the case report	Opportunities for: • 3 further case reports and further CTS-R assessments depending on

• Theory assessment • Reflective log (not assessed) • Clinical practice monitoring logs • Portfolio	• Theory assessment • Reflective log (not assessed) • Clinical practice monitoring logs • Portfolio	placement and supervisor capacity

During their training, trainees on the CBT Pathway will have to meet additional requirements compared to the rest of their cohort. These are outlined here:

Training element	**DClinPsychol Programme**	**Additional elements for the CBT Pathway**
Teaching	100 hours of CBT teaching • Accredited facilitators • 50:50 theory & skills practice • Feedback process in place	No difference
Self-directed study	Self-directed study of over 250 hours is expected to take place throughout the course (study days and research time); there is no expectation to document it	125 hours of CBT-specific self-directed study, documented
Clinical practice	CBT competences must be evidenced. There is no specific number of hours of CBT practice required. Competency is evidenced using the Placement Assessment Form (PAF) and the Therapy Competency Logbook (TCL). There is no requirement for BABCP accreditation from supervisors. Live supervision is required.	25 hours of CBT clinical practice supervised by accredited practitioners. Competency is evidenced using the PAF and TCL as well as additional monitoring logs. Supervision hours are the same. Live supervision using the CTS-R is required (50% of supervision needs to have a live element).
Assessments (formative and summative)	**Clinical skills** • End of placement visits/PAF • Placement presentation Y2 (30mins) • Placement presentation Y3 (10mins) • Personal Development Journal – formative (**This should include CBT specific focus for CBT pathway trainees)** **Academic skills**	• Additional CBT case report (this can be based on the SCS) • One whole session CTS-R assessment connected to the case report. This is completed in supervision. • Additional monitoring forms and supervisor reports • CBT practice portfolio **Optional**:

	• PBL Y1 • The Evidence Base for Clinical Practice Essay Y1 **(this should have a CBT focus for trainees on the pathway)** • Critical Review of an Area of Advanced Study in Clinical Psychology, Y3 Research Skills • Systematic Case Study (SCS) Y1 • Service Evaluation Project • Thesis & Viva	Trainees may have the opportunity to complete more CBT training cases and CTS-R assessments throughout their placements that meet the BABCP criteria. These should be logged on the relevant forms on Pebblepad. In the event that the trainees complete additional training cases" (there might be opportunities to submit the corresponding case studies for marking (written or verbal). Please, ask the CBT Pathway team for more information as soon as you have identified an appropriate case with your supervisor.
Other		• BABCP membership

Please also note, that most of the Programme's placements are based in West Yorkshire, with a few located in neighbouring areas, such as Harrogate and York. The allocation process is the same for all clinical placements (please, see Programme Handbook, section "Allocation of Placements") and we cannot guarantee that the placements are within a specific location. The trainees should be prepared to commute within our geographical area and surrounding regions if needed. Health needs and carer responsibilities are taken into account. It is worth noting that CBT Pathway placements are limited and must be supervised by BABCP-accredited professionals, which further restricts flexibility in terms of available locations and services.

Expression of Interest

Please complete this form to express your interest in joining the DClinPsychol CBT pathway.

Could you please briefly let us know what motivates you to pursue the CBT Pathway, and how do you see it aligning with your professional development and career goals?

The CBT Pathway involves additional academic and clinical requirements. How do you plan to balance these alongside the core demands of the DClinPsychol Programme?

Please, circle how much you agree or disagree with the following statements

	1: Strongly Disagree				5: Strongly Agree
1. I am motivated to meet BABCP accreditation criteria during my training.	1	2	3	4	5
2. I have prior experience (e.g., academic, clinical, or personal) with CBT.	1	2	3	4	5
3. I am confident in my ability to balance the additional demands of the CBT Pathway with my doctoral studies.	1	2	3	4	5
4. I believe the CBT Pathway will enhance my career goals.	1	2	3	4	5
5. I am willing to engage in additional training and assessment related to CBT.	1	2	3	4	5

I, **[Full Name]**, hereby declare that:

1. I have read and understood the information above and all relevant information provided about the pathway (e.g., the CBT Pathway Handbook).
2. I am aware that the CBT Pathway is an optional component of the Doctorate in Clinical Psychology Programme and it involves additional requirements, including additional assessments.
3. I am aware I will be asked to become student members of the BABCP and to cover the cost (currently £83 annually or £48.50 if eligible for the discounted fee)
4. I understand that participation in the pathway does not guarantee full BABCP accreditation but it provides support toward meeting some of the criteria.
5. I acknowledge that I am responsible for monitoring my progress toward meeting BABCP criteria and seeking support when needed.

By signing this form, I confirm that I have read and understood the above information and I would like to express my interest in joining the CBT Pathway.

Trainee Name:
Email:
Signature:
Date:

Appendix B: BABCP case report marking sheet

Based on the BABCP

CBT Case Study Criteria and Feedback Sheet

This sheet can be used to assess both written and verbally presented case studies. Once complete it should be given to the trainee to be submitted with their portfolio and subsequently, with their Cognitive Behavioural Psychotherapist Accreditation application.

Trainee name	

Date of Assessment	
Name of Assessor(s)	
Is the written report between 2000-5000 words?	Yes ☐ No ☐
OR	
Is the verbal presentation at least 30 minutes and accompanied by some written materials (e.g., slides)?	Yes ☐ No ☐

Feedback

Assessors are asked to confirm that the case study has passed – this means that is of an acceptable standard for a competent CBT therapist. Feedback should be given to the candidate and expectations of quality, content, layout, writing style and structure should be of similar standard as case studies marked in a post-graduate Programme.

The case study should demonstrate theoretical understanding and a research-based rationale for choosing a specific approach and knowledge of alternative options, which is consistent with evidence-based CBT practice. There should be a reflective element which identifies new learning.

You may choose to give an indicative mark but, for accreditation purposes, we only require a pass or fail grade.

Assessment	**PASS ☐ FAIL ☐**

General feedback

- All the areas described below should be covered where relevant.
- A risk assessment must be completed.

Area reviewed		**Feedback and Comments**
CBT Assessment - Evidence of structured assessment, including the following		
• risk assessment	Yes ☐ No ☐	
• current circumstances	Yes ☐ No ☐	
• details of current presenting problem(s) and reason for seeking treatment at this point	Yes ☐ No ☐	
• relevant personal history including development of the problem, previous treatment(s) and current coping	Yes ☐ No ☐	
• use of appropriate standardised psychometric and idiographic measures	Yes ☐ No ☐	
• suitability for CBT and socialisation to the model	Yes ☐ No ☐	
• identified treatment goals	Yes ☐ No ☐	
• assessment of diversity and relevant socio-cultural factors	Yes ☐ No ☐	
Literature Review		
• detailed description, explanation and critical evaluation of relevant CBT model(s) with rationale for choice of model	Yes ☐ No ☐	**Comments**
• knowledge of evidence base underpinning the theoretical	Yes ☐ No ☐	

model and chosen intervention(s)		
• any adaptations to the model needed for the case	Yes ☐ No ☐	
Case Formulation- The report should outline a coherent, concise formulation developed collaboratively over treatment with explicit input from client and include –		
• evidence of individualised formulation	Yes ☐ No ☐	**Comments**
• explanation of links between elements in maintenance cycle	Yes ☐ No ☐	
• diagrams of maintenance cycles (and longitudinal formulation, if appropriate)	Yes ☐ No ☐	
• identification of a trigger or critical incident/explanation of onset of problems (precipitating factors)	Yes ☐ No ☐	
• underlying beliefs/assumptions and explanation of links between these and maintenance cycles	Yes ☐ No ☐	
• explanation of how past events may have contributed to/reinforced the beliefs	Yes ☐ No ☐	
• awareness of any missing elements	Yes ☐ No ☐	
Course of Therapy and Outcome		
• Identification of theoretical aims of treatment according to the model used, and in relation to client's presenting difficulties and goals for treatment	Yes ☐ No ☐	**Comments**
• treatment plan explicitly linked to formulation	Yes ☐ No ☐	
• clear identification and description of the main	Yes ☐ No ☐	

phases of treatment and detail on at least two specific change processes, including the cognitive and/ or behavioural interventions utilised and the rationale for their use		
• examples of written materials used (may be in appendices)	Yes ☐ No ☐	
• justification of any deviation from model or protocol used	Yes ☐ No ☐	
• identification of client's learning	Yes ☐ No ☐	
• continued refinement of formulation (if necessary)	Yes ☐ No ☐	
• evaluation of outcome including progress towards treatment goals, changes in measures, changes to client's general functioning and client's evaluation of therapy • relapse prevention plan	Yes ☐ No ☐	
Discussion		
• reflection on the progress of therapy and outcome of therapy, and the therapist's learning. Including identification of therapist and client factors that helped or hindered therapy, use of supervision, the role of the therapeutic relationship and likelihood of treatment gains being maintained	Yes ☐ No ☐	**Comments**
• comment on the therapeutic alliance (interpersonal process) and if relevant how difficulties in treatment or the therapeutic relationship are understood in terms of the	Yes ☐ No ☐	

formulation, and how these were managed		
• identification of what therapist may have done differently given another chance	Yes ☐ No ☐	
• broader implications for the model or evidence base	Yes ☐ No ☐	
• discussion of diversity and relevant socio-cultural factors	Yes ☐ No ☐	
Structure, Presentation and References		
• coherent structure with logical flow	Yes ☐ No ☐	**Comments**
• clarity of communication, grammar and spelling	Yes ☐ No ☐	
• use of diagrams, tables and/or figures where appropriate	Yes ☐ No ☐	
• appropriate use of supporting information eg slides, written summary in verbal presentation	Yes ☐ No ☐	
• quality of referencing in text and in reference list	Yes ☐ No ☐	
• limited, judicious use of appendices	Yes ☐ No ☐	

Appendix D: CTS-R Feedback Form

Cognitive Therapy Scale Feedback Form

Date:

Trainee name: **Rater:**

Whole session tape: Yes ☐ **No** ☐

Case (primary presenting problems):

CTS-R Items	Mark	**Comments**
1. Agenda setting and adherence Did the trainee set a good agenda and adhered to it?		
2. Feedback Were there statements and/or actions concerned with providing and eliciting feedback? Were there sufficient summaries?		
3. Collaboration Were there statements and/or actions encouraging the service user to participate appropriately, and preventing an unequal power relationship developing?		
4. Pacing and efficient use of time Were there statements and/or actions concerning the pacing of the session, helping to ensure the time was used effectively and the service user was able to engage?		
5. Interpersonal Effectiveness Was a good therapeutic relationship evident (trust, warmth, etc.)?		
6. Eliciting appropriate emotional expression Were there questions and/or actions designed to elicit relevant emotions and promote a good emotional ambience?		
7. Eliciting key cognitions		

Were there questions and/or actions designed to elicit relevant cognitions (thoughts, beliefs, etc.)		
8. Eliciting and planning behaviours Were there questions and/or actions designed to elicit dysfunctional behaviours and engage the service user in planning for change?		
9. Guided discovery Were there questions and/or actions designed to promote self-reflection, helping the service user to make their own connections and discoveries?		
10. Conceptual integration Were there statements and/or actions designed to promote the service user's understanding of the models underpinning CBT?		
11. Application of change methods Did the trainee facilitate in-session learning and change through a change method (cognitive and behavioural)?		
12. Homework setting Did the trainee set an appropriate homework effectively?		
Total Score		

Appendix E: Teaching timetable

Year	BABCP Curriculum Area	DClinPsychol Lecture	Code
1	**Development of CBT Assessment**	Core clinical skills: Assessment skills	CCC
1	**Development of CBT Assessment & Behavioural and Cognitive Case Formulation**	Core clinical skills: Assessment and formulation skills	CCC
1	**Development of CBT Assessment & Behavioural and Cognitive Case Formulation**	Assessment and Formulation (E-learning)*	CCC
1	**Development of CBT Professional and Therapeutic Competences**	Professional Issues (Core Values and Ethics)	CCC
1	**Scientific and Theoretical Underpinnings**	CBT Introduction	CBT
1	**Collaborative Therapeutic Alliances, Development of CBT Assessment & Behavioural and Cognitive Case Formulation**	Assessment and Formulation	CBT
1	**Cognitive Case Formulation & Development of CBT Treatment Process Competences**	CBT Fundamental Skills (including formulation)	CBT
1	**Core Treatment Skills for Behavioural Therapy**	CBT Exposure and Relaxation	CBT
1	**Working with Children and Young People**	Adapting CBT for Children and Young People	Child/CBT
1	**Working with Children and Young People**	A Neurodevelopmental Perspective	Child-ADHD
1	**Development of CBT Professional and Therapeutic Competences**	Anti-racism	PPD
1	**Treatment Protocols for Common Mental Health Problems**	Working with Trauma	CBT
1	**Collaborative Therapeutic Alliances**	Boundaries and Endings	CCC

1	**Applied Evidence-Based Cognitive and/or Behavioural Approaches**	DBT	Specialist
1	**Working with Children and Young People**	Child Eating Disorders	Child/CBT
1	**Collaborative Therapeutic Alliances**	Therapeutic Alliances and Ruptures	CCC
1	**Core Treatment Skills for Behavioural Therapy & Treatment Protocols for Common Mental Health Problems**	CBT for Depression / Behavioural Activation	CBT
1	**Development of CBT Treatment Process Competences**	Rumination	CBT
1	**Core Treatment Skills for Cognitive Therapy**	Core Beliefs	CBT
1	**Development of CBT Professional and Therapeutic Competences & Applied CBT Professional and Therapeutic Competences**	Cultural and Systemic Adaptations	CBT
1	**Development of CBT Assessment, Development of CBT Treatment Process Competences, Core Treatment Skills for Cognitive Therapy & Core Treatment Skills for Behavioural Therapy**	Safety Behaviours and Behavioural Experiments	CBT
1	**Applied evidence-based cognitive and/or Behavioural approaches**	Eating disorders	Specialist
1	**Core Treatment Skills for Cognitive Therapy**	Using imagery and metaphor	CBT
1	**Development of CBT Treatment Process competences**	Metacompetencies and review	CBT
1	**CBT treatment process competences**	Psychotherapy outcome and	CCC

		process: research and practice	
1	**Scientific and Theoretical Underpinnings, CBT treatment process competences, Treatment Protocols for Common Health Problems & Core Treatment Skills for Behavioural Therapy**	Eco- Distress a clinical map for climate crisis	CBT
1	**Applied evidence-based cognitive and/or Behavioural approaches**	ACT for Depression	Specialist/ CBT
1	**Development of CBT Assessment**	When not to offer therapy	CCC
1	**Applied evidence-based cognitive and/or Behavioural approaches**	Psychosis	Psychosis/CBT

Year	BABCP Curriculum Area	DClinPsychol Lecture	Code
2	Applied evidence-based cognitive and/or Behavioural approaches	CBT for people with LD	LD/CBT
2	Development of CBT Assessment, Behavioural and Cognitive Case Formulation & Core Treatment Skills for Behavioural Therapy	PBS and functional assessment	LD/CBT
2	Applied evidence-based cognitive and/or Behavioural approaches	CBT and 3rd wave approaches for older people	OP/CBT
2	Applied CBT Professional and Therapeutic Competences	Understanding how people come to offend	Forensic
2	Applied CBT Professional and Therapeutic Competences & Applied evidence-based cognitive and/or Behavioural approaches	Working psychologically in forensic systems	Forensic

Year	BABCP Curriculum Area	DClinPsychol Lecture	Code
2	Applied evidence-based cognitive and/or Behavioural approaches	Working with long term conditions	Health

Year	BABCP Curriculum Area	DClinPsychol Lecture	Code
3	**Development of CBT Assessment Competences, Behavioural and Cognitive Case Formulation & Development of CBT Professional and Therapeutic Competences**	Self harm and suicidality	CBT
3	**Using CBT Supervision**	CBT supervision	CBT
3	**Development of CBT Professional and Therapeutic Competences & Collaborative Therapeutic Alliances**	Interpersonal work	CBT
3	**Using CBT Supervision & Applied CBT Professional and Therapeutic Competences**	CBT Consultation	CBT

Appendix F: Proforma

CBT LEVEL 1 PATHWAY COMPLETION PROFORMA

(Includes optional sections for additional hours and additional case work)

Trainee Name:

Cohort:

Training Year:

Training Period (start date – end date):

Assessor (CBT Pathway Team):

Supervisor(s):

Supervisor(s) BABCP Accreditation Number(s):

SECTION 1 — MANDATORY LEVEL 1 REQUIREMENTS

These are the minimum requirements defined by the CBT Pathway Handbook.

For full BABCP accreditation, the three closely supervised cases (each with a CTS-R and at least five hours of supervision) must between them include two different anxiety disorder presentations (one of which may be a trauma and stressor-related disorder) and a mood disorder presentation. The four case studies should cover at least three different presentations or treatment protocols

CBT Teaching (Mandatory Level 1 Requirement)

Requirement	Completed	Evidence Location
100 hours of CBT-specific teaching	☐ Yes ☐ No	

CBT Self-Directed Study (Mandatory Level 1 Requirement)

Requirement	Completed	Evidence Location
125 hours of CBT-specific self-directed study logged on PebblePad	☐ Yes ☐ No	

CBT Clinical Practice (Mandatory Level 1 Requirement)

Requirement	Completed	Evidence Location
25 hours of CBT clinical practice	☐ Yes ☐ No	
1 closely supervised CBT training case	☐ Yes ☐ No	
≥ 5 hours supervision for the case	☐ Yes ☐ No	

Requirement	Completed	Evidence Location
≥ 50% close supervision element (review of complete sessions or extracts, live or recorded)	☐ Yes ☐ No	
Supervision provided by a BABCP-accredited supervisor	☐ Yes ☐ No	

Assessments (Mandatory Level 1 Requirement)

Requirement	Completed	Evidence Location
1 CBT case report (pass) *Presenting problem / treatment protocol:*	☐ Yes ☐ No	
1 whole-session CTS-R (pass ≥ 36)	☐ Yes ☐ No	
CTS-R marked by an assessor trained in use of the scale	☐ Yes ☐ No	
Theory Essay with CBT focus (pass)	☐ Yes ☐ No	

Required Portfolio Documents

Item	Included
Case report marking sheet	☐ Yes
Case report presentation and summary	☐ Yes
CTS-R marking sheet	☐ Yes
CBT clinical practice logs	☐ Yes
CBT supervision logs (signed by supervisor)	☐ Yes
Self-directed study logs	☐ Yes
Teaching timetable	☐ Yes
Learning log/missed teaching	☐ Yes
Programme Handbook	☐ Yes

Item	Included
CBT Pathway Handbook	☐ Yes
Certificate for Behavioural Activation – Muslims (BAM)	☐ Yes

SECTION 2 OPTIONAL ADDITIONAL EVIDENCE (IF TRAINEE EXCEEDS MINIMUM REQUIREMENTS)

The handbook states trainees may complete additional training cases, CTS-R assessments, extra teaching, and extra CBT study hours depending on placements.

These are not required for Level 1 sign-off but should be recognised.

Additional CBT Teaching Hours (Optional)

Additional Teaching Completed	Amount	Evidence Location
Extra CBT teaching hours beyond 100	☐ Yes → ___ hours	
CPD workshops attended	☐ Yes	

Additional CBT Self-Directed Study (Optional)

Some trainees may accumulate up to the full 250 hours needed for BABCP accreditation.

Additional Study Completed	Amount	Evidence Location
Extra self-directed study beyond 125 hours	☐ Yes → ___ hours	
Total CBT self-directed study completed across programme	___ / 250 hours	

Additional CBT Clinical Practice (Optional)

Additional Item	Completed	Evidence Location
Additional CBT cases (beyond the required one)	☐ Yes → Number: ___	
Additional closely supervised cases	☐ Yes → Number: ___	
Additional CTS-R assessments	☐ Yes → Number: ___	
Additional supervised CBT clinical hours	☐ Yes → ___ hours	

Additional CBT Supervision Hours (Optional)

Additional supervision hours beyond the required minimum, as recorded on the signed supervision log. These count toward the 40 hours (minimum 5 hours per case) required for full BABCP accreditation.

Additional Item	**Amount**	**Evidence Location**
Extra CBT supervision hours beyond the required 5	☐ Yes → ___ hours	
Total CBT supervision hours completed across programme	___ / 40 hours	

Additional Case Reports (Optional)

Case Study	**Completed**	**Evidence Location**
Extra written case report(s) *Presenting problem / treatment protocol:* *Presenting problem / treatment protocol:*	☐ Yes → Number: ___	
Extra verbal case presentation(s) *Presenting problem / treatment protocol:*	☐ Yes	

SECTION 3 SUMMARY OF MINIMUM TRAINING STANDARDS (MTS) COMPONENTS MET

This summary records the trainee's totals against the BABCP Minimum Training Standards for Cognitive Behavioural Psychotherapist accreditation, to support any future independent application.

MTS Component	**MTS Requirement**	**Completed on Pathway**
CBT-specific training (taught, prescribed self-directed study and CPD)	450 hours total	___ hours
Of which taught / tutor-led by recognised CBT trainers	200 hours minimum	___ hours
Supervised CBT clinical practice	200 hours	___ hours
CBT training cases	8 cases	___ cases

MTS Component	MTS Requirement	Completed on Pathway
Closely supervised cases formally assessed (e.g. CTS-R)	3 cases	___ cases
CBT clinical supervision	40 hours (≥ 5 per case)	___ hours
Written case reports / oral presentations	4	___

SECTION 4 FINAL SIGN-OFF

I confirm that the trainee has met the minimum requirements for the CBT Level 1 Pathway, and that any additional evidence provided has been reviewed and verified.

Assessor (CBT Pathway Team):

Signature:

Date:

Comments: