

# Guidelines for assembling and assessing KSA portfolios or evidence for course assessment

**This document provides guidance on assembling and assessing core Knowledge, Skills and Attitudes (KSA) Portfolios, and evidence required for course assessment processes.**

KSA Applicants/Candidates are those who do not have a relevant recognised Core Professional training or qualification, and who must evidence how they meet this prerequisite requirement for further post-graduate (PG) training in Cognitive Behavioural Therapy (CBP).

This document is for use by:

- Individuals assembling BABCP KSA Portfolios who are applying for Provisional Accreditation via the KSA route (**Applicants**)
- Individuals assembling KSA Evidence for Assessment during a BABCP Level 2 Accredited PG Diploma, including IAPT HI PG Diplomas (**Candidates**)
- BABCP Accreditors and BABCP Level 2 Accredited PG Diploma Training Course Selectors/Assessors for assessing an individual's KSA evidence

If applicable, please also refer to the *Guidelines for Level 2 Accredited Courses Assessing KSA Candidates* document, which provides additional information on assessing suitability for KSA candidates for your Level 2 Accredited PG CBP course, including IAPT HI PG Diploma.

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## Introduction

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It is recognised that the core Knowledge, Skills and Attitudes (KSA) expected of an individual as a precursor for undertaking formal PG training in CBP may be acquired by alternative routes to acquiring a traditional relevant recognised Core Professional qualification or training.

Evidence of meeting the KSA criteria can be demonstrated by assembling a Portfolio or Evidence for Course Assessment, which can be made up of formal qualifications, formal and informal training, self-directed study, formal assessment of knowledge, skills and attitudes as demonstrated by course or job entry requirements, work related experience, and references attesting to knowledge, skills, competencies and attitudes.

An individual meeting the relevant recognised Core Professional qualifications or trainings will usually have undertaken a first degree or foundation course, followed by post-graduate level of study. It is therefore reasonable to expect that someone evidencing how they meet the KSA criteria should demonstrate equivalent levels of knowledge, skills, attitudes, competencies and experience.

Relevant recognised Core Professional qualifications and trainings are considered to provide the foundation knowledge and skills that underpin all psychotherapeutic work. However, they vary in their attention to all aspects of the KSA criteria. How each training would match each criterion would be different if examining Clinical Psychology training, RMN training, or Psychiatry training, for example; if comparing these trainings, some would have strengths in some areas, and less weight in others – although overall these are hefty full-time trainings that often take three to four years to complete.

It is therefore reasonable to assess a KSA individual across the whole KSA criteria, ensuring that not only is the minimum requirement for each one met, but that overall the training and experience evidenced equates to a considerable training. So an individual with a couple of years working as a Care Assistant may not have enough training and experience, for example, even if they do meet a minimum requirement for each of the KSA criteria.

Those assessing KSA Portfolios or Evidence for Course Assessment exercise their professional judgement as to whether an individual has the foundation of knowledge, skills, attitudes, competencies and experience that underpin all psychotherapeutic work, and therefore are suitable for further specialist CBP training at PG level and work as a Cognitive Behavioural Psychotherapist.

## Responsibility of the KSA Applicant/Candidate

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The KSA Applicant/Candidate is responsible for providing evidence of how they meet the KSA criteria, in lieu of a relevant recognised Core Professional training or qualification.

This is a significant piece of work, which should be seen as a useful personal reflection and summary of historical training and experience, which has contributed to acquiring the foundation of knowledge, skills, attitudes, competencies and experience that underpin all psychotherapeutic work, and therefore evidence that they are suitable for further specialist CBP training at PG level and work as a Cognitive Behavioural Psychotherapist.

It is worth noting that whilst this might seem to be a substantial task, this provides the Applicant/Candidate with an opportunity to evidence that they are suitably qualified to access training that would otherwise not be available to them in the absence of a relevant recognised Core Professional training or qualification. Were they to have undertaken one of those Core Professional trainings, it is likely that they would have been required to undertake tasks or assignments which would have necessitated work similar or equivalent to assembling the KSA Portfolio.

## Constructing a Portfolio or Evidence for Course Assessment

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**From this point forward the word Portfolio is used to describe the BABCP KSA Portfolio and the Evidence for Course Assessment material (which is likely to take the form of a Portfolio).**

**For BABCP KSA Provisional Accreditation Applicants** - template documents can be downloaded from the Accreditation section of the BABCP website, on the left-hand menu headed 'KSA'.

**For KSA Candidates on Level 2 Accredited courses (including IAPT HI courses)** - you should obtain course personalised template documents from your course.

For each of the criterion, complete form *KSA2 - Self-statement* (not necessarily required separately if form *KSA3 - Countersigned Self-statement* is included as a Reference and attests to all claims made in the self-statement), which should state how the criterion have been met, and what supporting evidence can be found in the Portfolio, and where (either within the criterion section itself or at the back as a cross-referenced document). You might provide more than one Countersigned Self-statement to verify all claims in an overall Self-statement as necessary.

For the Self-statement for each criterion, refer to the 'Reference' requirement (found in the section *KSA Criteria* later in this document).

A Self-statement or Countersigned Self-statement provides the opportunity to make a full summary of the following information:

- How the knowledge, skill and/or attitude was learned and acquired, for example where the training and/or experience was undertaken, through what trainings, in what work settings etc
- Briefly, what knowledge and/or skill was learned or acquired
- A critical appraisal of how this knowledge and/or skill applies to psychotherapeutic roles
- Illustrative example(s) of the application of the knowledge and/or skill which demonstrate some critical learning from the outcome

Examples of Self-statements follow at the end of this document and demonstrate the quality of statement expected.

Only include relevant information within the Portfolio, so that it does not become of an unmanageable size. A standard A4 1-2 inch lever-arch file should be sufficiently large enough – if larger than this, it probably contains excessive information.

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## KSA Evidence

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There are different forms of evidence that can be produced to demonstrate how the 14 KSA criteria have been met.

### Type A: Training Courses

It is anticipated that most Applicants/Candidates who need to provide a Portfolio will have completed a variety of training courses that will have provided them with the relevant skills and knowledge.

Produce qualifying certification, and course curriculum:

- This includes formal full training courses, induction training and/or in-service short courses as relevant
- Where difficulty arises obtaining historical information, an individual's account of the curriculum countersigned, for example by someone on the course who must give their contact details and relationship to the Applicant/Candidate, is acceptable
- Where certificates are not available, alternative confirmation/evidence of your passing the course is acceptable, for example evidence of registration with a body where the registration would require graduation from a course, or a countersigned statement
- Certificate of attendance alone is insufficient evidence of the content of a training course

### Type B: References

There are two methods for providing references which attest to an individual meeting a criterion (except for criterion 11-13, where a Reference completed by a Referee MUST be provided (a Countersigned Self-statement alone is not sufficient)).

#### 1. Reference Attesting to Criterion from a Referee

References should come from a variety of sources, and should not be provided by a single Referee. Also, it is preferred that the current CBT Clinical Supervisor, if applicable, is not relied on heavily to provide References for the KSA Portfolio. References might be obtained from people with historical or current knowledge of the Applicant/Candidate. It is preferable that these References come directly from formal course providers, employers, or someone responsible for, and attesting to the Applicant/Candidate's knowledge, skills and attitudes:

- The *KSA4 - Reference* form is provided as a template; this is a Word document which should be completed electronically, printed and signed
- The top section of the form should be completed by the Applicant/Candidate, and should include the Applicant/Candidate's Name, the Criterion Category, and the Criterion Item Number and Name
- The Referee should be provided with this part-completed Word document, and also the *Guidelines for Referees Providing KSA References* document, which describes the Reference requirements for each criterion

#### 2. Countersigned Self-statement Attesting to Criterion (countersigned by a Referee)

Alternatively, form *KSA3 – Countersigned Self-statement* to attest to acquiring knowledge or skills through a variety of routes, evidence of which might be contained in the Portfolio, can be provided. For the Self-statement for each criterion, refer to the 'Reference' requirement (found in the section KSA Criteria later in this document). This should be countersigned by a Referee (countersignatories include employer, tutor, supervisor etc.) stating the professional relationship with the Applicant/Candidate, and attesting to and affirming the Self-statement content. It might be relevant to provide more than one Countersigned Self-statement in order to evidence all aspects of the entire Self-statement content.

### Type C: Self-Directed Study

A record of self-directed studies, including specific relevant reading, use of audio and video material, interactive teaching media etc. is suitable evidence contributing to meeting some criteria.

Form *KSA5 - Self-directed Study Record*, should include information specific to each relevant criteria, and should include the date studied, title, author or publisher, and key learning points.

### Type D: Course/Job Admission Criteria

For some criterion, documentary evidence of admission to a course with the admission criteria, or successful appointment to a job with the person specification for that job, is sufficient evidence of contributing to meeting a criterion.

These documents should be identified as evidence on the Self-statement or Countersigned Self-statement, including where to find them in the Portfolio (either within the criterion section itself or at the back as a cross-referenced document).

**Note:** The KSA Evidence for Assessment by a Level 2 Accredited courses, including IAPT HI PG Diploma courses, is different to the KSA Portfolio required for BABCP Individual Practitioner Provisional Accreditation. This is because BABCP Accreditors make an assessment solely on the paper Portfolio provided as part of an application for Provisional Accreditation, whereas a KSA Course Selector has a more intimate knowledge of the individual, and therefore KSA Candidates who are training on a Level 2 Accredited course are required to produce less evidence than is required for BABCP KSA Provisional Accreditation applications.

**Also**

**For BABCP KSA Portfolios** - Criterion 14 is a full biography of working history; use form *KSA6 - Biography*

**For Course KSA Evidence for Course Assessment** - Criterion 14 is a record of relevant mental health and psychotherapeutic clinical experience; use the evidence record document provided by your course provider



## KSA Criteria

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The KSA Portfolio or Evidence for Course Assessment is equivalent to 3-4 years of full-time core professional significant training, usually at Graduate or Post Graduate level of study; the KSA criteria was developed using this benchmark.

The KSA Portfolio overall should demonstrate significant training and experience – and this implies an overall evidencing that goes beyond merely meeting the criteria in a minimal sense.

The individual KSA criteria are broken down and explained on the following pages.

A Self-statement for each criterion should be provided (except where a Countersigned Self-statement is provided as a Reference and attests to all claims in the Self-statement), as well as the specific evidence requested below.

Applicants/Candidates, Accreditors and Assessors should use the following information as guidance only, exercising professional judgement as to how information and examples are interpreted.



Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Knowledge</b> 1. Life Stages & Human Development	<p><b>Knowledge of life stages and human development, including understanding life-span development cycles during infancy, childhood, adolescence, adulthood and old age</b></p> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>Acquired through a minimum certificate level training, as part of a coherent delivery method, or a stream through several modules (might be accumulated over several trainings)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of learning about life stages and human development</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of learning about life stages and human development</li> </ul> <p><b>Self-directed Study</b></p> <ul style="list-style-type: none"> <li>Evidence of more than one relevant theoretical source, and relevant learning points highlighted</li> </ul>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s alone</p> <p>or</p> <p><b>B</b> Reference</p> <p>plus</p> <p><b>C</b> Self-directed Study</p>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s</p> <p>or</p> <p><b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Knowledge</b> 2. Health & Social Care Approaches	<p><b>Knowledge of the delivery and legislation of health and social care through statutory and non-statutory bodies both national and local</b></p> <p><b>For example:</b></p> <p>Knowledge of the delivery and legislation of health and social care through statutory and non-statutory bodies both national and local</p> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>• Mental Health Act/Mental Capacity Act</li> <li>• National Services Framework/New Horizons</li> <li>• NICE Guidelines</li> <li>• Social care policies</li> <li>• Human rights legislation</li> <li>• Data protection, access rights and confidentiality laws</li> <li>• Statutory and non-statutory codes of conduct</li> <li>• Variations of available services, for example IAPT, stepped care models</li> <li>• Models of service delivery</li> </ul> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>• Acquired during training, as part of a coherent delivery method, or a stream through several modules, for example through workplace mandatory trainings (might be accumulated over several trainings)</li> </ul>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s alone</p> <p>or</p> <p><b>B</b> Reference</p> <p>plus</p> <p><b>C</b> Self-directed Study</p>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s</p> <p>or</p> <p><b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Knowledge</b> 2. Health & Social Care Approaches (continued)	<p><b>Reference</b></p> <ul style="list-style-type: none"> <li>• Reference attesting to what evidence the Referee has of the Applicant/Candidate's exposure to and developed awareness of key and current legislation, including at least two illustrative examples of the application of this knowledge</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Countersigned self-statement by the Applicant/Candidate attesting to evidence of their exposure to and developed awareness of key and current legislation, including at least two illustrative examples of the application of this knowledge</li> </ul> <p><b>Self-directed Study</b></p> <ul style="list-style-type: none"> <li>• Evidence of several relevant theoretical sources, and relevant learning points highlighted</li> </ul>		

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Knowledge</b> 3. Psychopathology / Diagnostic Skills	<p><b>Demonstrate an accurate understanding of psychopathology and problem definitions</b></p> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>Working knowledge of systems of classification, diagnostic criteria and tools, for example DSM, ICD, diagnostic and symptom report questionnaires</li> </ul> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>Acquired through a minimum certificate level training, as part of a coherent delivery method, or a stream through several modules, equating to at least three full days of training developing knowledge and skills (might be accumulated over several trainings)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of learning about psychopathology, diagnostic criteria and tools, and the proven understanding and application of this knowledge through at least two illustrative examples</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of learning about psychopathology, diagnostic criteria and tools, and the proven understanding and application of this knowledge through at least two illustrative examples</li> </ul> <p><b>Self-directed Study</b></p> <ul style="list-style-type: none"> <li>Evidence of several relevant theoretical sources, and relevant learning points highlighted</li> </ul>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s alone</p> <p>or</p> <p><b>B</b> Reference</p> <p>plus</p> <p><b>C</b> Self-directed Study</p>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s</p> <p>or</p> <p><b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Knowledge</b> 4. Models of Therapy	<p><b>Knowledge of a variety of theoretical models of intervention</b></p> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>• Understanding the historical context and implications for intervention of at least four of the following substantive theoretical models</li> <li>• Cognitive/ Behavioural, including Roth &amp; Pilling Competences Framework</li> <li>• Biological</li> <li>• Pharmacological</li> <li>• Psychodynamic</li> <li>• Humanistic / Person Centred</li> <li>• Systemic and family</li> </ul> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>• Acquired through a minimum certificate level training, as part of a coherent delivery method, or a stream through several modules, equating to at least three full days of training developing knowledge and skills (might be accumulated over several trainings)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>• Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of learning about a variety of theoretical models, and the proven understanding and application of this knowledge through at least two illustrative examples</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of learning about a variety of theoretical models, and the proven understanding and application of this knowledge through at least two illustrative examples</li> </ul>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s alone</p> <p>or</p> <p><b>B</b> Reference</p> <p>plus</p> <p><b>C</b> Self-directed Study</p>	<p><b>Self-statement</b> plus</p> <p><b>A</b> Training Course/s</p> <p>or</p> <p><b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Knowledge</b> 4. Models of Therapy (continued)	<p><b>Self-directed Study</b></p> <ul style="list-style-type: none"> <li>• Evidence of several relevant theoretical sources, and relevant learning points highlighted</li> </ul> <p><b>Note:</b> Illustrative examples are a mandatory element of the reference, countersigned self-statement, or self-statement. They must provide evidence of basic understanding of the models involved, as well as outlining specifically where knowledge of the models was obtained.</p>		

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 5. Competency in Key Relationship Skills	<p><b>Evidence of proven understanding of the importance of, and competency in the application of key psychotherapeutic relationship skills, such as active listening, warmth, empathy, trust, and rapport building</b></p> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>Acquired through a Skills Training Course at minimum certificate level training (1 year part-time), as part of a coherent delivery method, or equivalent length of training as a stream through several modules, for example service in-house training such as alcohol services, helping roles using motivational interviewing, skills development workshops and documented specific skills training in supervision (might be accumulated over several trainings and roles)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of key relationship skills, and the proven understanding and application of the knowledge and skills through at least two illustrative examples</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of key relationship skills, and the proven understanding and application of the knowledge and skills through at least two illustrative examples</li> </ul> <p><b>Self-directed Study</b></p> <ul style="list-style-type: none"> <li>Evidence of several relevant theoretical sources, and relevant learning points highlighted</li> </ul> <p><b>Course or Job Admission Criteria</b></p> <ul style="list-style-type: none"> <li>Documented evidence of course entry criteria or job admission criteria, such as person specification, for courses and job roles that the Applicant/Candidate has undertaken</li> </ul>	<p><b>Self-statement</b> plus <b>B</b> Reference plus Minimum <b>x1 other</b> item of evidence from <b>A</b> Training Course/s <b>C</b> Self-directed Study <b>D</b> Course or Job Admission Criteria</p>	<p><b>Self-statement</b> plus <b>B</b> Reference</p>



Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 6. Maintain & Manage Records and Reports	<p><b>Evidence of the acquisition of skills for maintaining and managing formal and informal records and reports and other professional documents, and understanding and skills necessary to comply with legislative guidance, for example data protection and freedom of information matters</b></p> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>Acquired through formal training, as part of a coherent delivery method, or informal training as a stream through several modules, or learning for example service in-house and on the job training (might be accumulated over several trainings and roles)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of skills for maintaining and managing formal and informal records and reports and other professional documents, and the understanding necessary to comply with legislative guidance. Also attest to the Applicant/Candidate's proven understanding and application of the knowledge and skills through at least two illustrative examples</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of skills for maintaining and managing formal and informal records and reports and other professional documents, and the understanding necessary to comply with legislative guidance. Also attest to the their proven understanding and application of the knowledge and skills through at least two illustrative examples</li> </ul> <p><b>Self-directed Study</b></p> <ul style="list-style-type: none"> <li>Evidence of several theoretical sources, and relevant learning points highlighted</li> </ul> <p><b>Course or Job Admission Criteria</b></p> <ul style="list-style-type: none"> <li>Documented evidence of course entry criteria or job admission criteria, such as person specification, for courses and job roles that the Applicant/Candidate has undertaken</li> </ul>	<p><b>Self-statement</b> plus <b>B</b> Reference plus Minimum <b>x1</b> <b>other</b> item of evidence from <b>A</b> Training Course/s <b>C</b> Self-directed Study <b>D</b> Course or Job Admission Criteria</p>	<p><b>Self-statement</b> plus <b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 7. Communication with Services & Colleagues	<p><b>Ability to maintain effective and appropriate communications with internal and external interested parties, including other professionals at all levels, and non-professionals</b></p> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>• Ability to communicate both orally and in writing making adjustments to suit target audience, for example speaking without 'jargon' to non-professionals</li> <li>• Ability to use common language when dealing with other professionals</li> <li>• Ability to maintain focus on relevant areas of interest so as to facilitate processes helpfully</li> </ul> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>• Acquired through formal training, as part of a coherent delivery method, or informal training as a stream through several modules, or learning for example through service in-house and on the job training (might be accumulated over several trainings and roles)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>• Reference attesting to what evidence the Referee has of the Applicant/Candidate's ability to communicate effectively at all levels, with internal and external parties, to maintain focus on relevant areas of interest so as to facilitate processes helpfully, demonstrated by at least two illustrative examples</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• Countersigned self-statement by the Applicant/Candidate attesting to evidence of their ability to communicate effectively at all levels, with internal and external parties, to maintain focus on relevant areas of interest so as to facilitate processes helpfully, demonstrated by at least two illustrative examples</li> </ul> <p><b>Self-directed Study</b></p> <ul style="list-style-type: none"> <li>• Evidence of several relevant theoretical sources, and relevant learning points highlighted</li> </ul>	<p><b>Self-statement</b> plus <b>B</b> Reference plus Minimum <b>x1 other</b> item of evidence from <b>A</b> Training Course/s <b>C</b> Self-directed Study <b>D</b> Course or Job Admission Criteria</p>	<p><b>Self-statement</b> plus <b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 7. Communication with Services & Colleagues (continued)	<b>Course or Job Admission Criteria</b> <ul style="list-style-type: none"> <li>• Documented evidence of course entry criteria or job admission criteria - such as person specification - for courses and job roles that the Applicant/Candidate has undertaken</li> </ul>		

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 8. Awareness of Risk	<p><b>Demonstrate a high level of awareness of potential risks to and from clients, based on an ability to assess the probability of self-harm, suicide, hostility, neglect, violence, exploitation, and of child protection and vulnerable adult issues, with a commensurate knowledge of their responsibility to respond to these</b></p> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>Acquired through formal training, as part of a coherent delivery method, or informal training as a stream through several modules, or learning for example through structured service in-house and on the job training, equating to at least three full days of training developing knowledge and skills across the different risk areas (might be accumulated over several trainings and roles)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of knowledge of potential risks to and from clients, and of child protection and vulnerable adult issues, demonstrating a commensurate knowledge of the Applicant/Candidate's responsibility to respond to these, by providing at least two illustrative examples</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of knowledge of potential risks to and from clients, and of child protection and vulnerable adult issues, demonstrating a commensurate knowledge of their responsibility to respond to these, by providing at least two illustrative examples</li> </ul>	<p><b>Self-statement</b> plus <b>A</b> Training Course/s plus <b>B</b> Reference</p>	<p><b>Self-statement</b> plus <b>A</b> Training Course/s plus <b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 9. Comprehension of Research	<p><b>Demonstrate critical skills in reading, analysing and discussing published research studies, understanding of the implications of research and its application in the development of knowledge and practice in helping and psychotherapeutic roles</b></p> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>Acquired through at minimum under graduate level formal training, as part of a coherent delivery method, of at least one research module or as a stream through several modules, or equivalent informal learning for example through structured service in-house and on the job training (might be accumulated over several trainings and roles)</li> </ul> <p><b>For example:</b></p> <ul style="list-style-type: none"> <li>Direct experience of carrying out a short piece of research including critical literature review</li> <li>Practical experience of accessing relevant information from a research base and integrating into practice, for example Support Worker researching the implication of financial debt on low income families as part of a service development project</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of knowledge of the implications of research, its application in the development of knowledge and practice, and critical skills in reading, analysing and discussing published research studies. Also attest to the Applicant/Candidate's proven understanding of and involvement with the application of the knowledge and skills through an illustrative example</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of knowledge of the implications of research, its application in the development of knowledge and practice, and critical skills in reading, analysing and discussing published research studies. Also attest to their proven understanding of and involvement with the application of the knowledge and skills through an illustrative example</li> </ul>	<p><b>Self-statement</b> plus <b>A</b> Training Course/s plus <b>B</b> Reference</p>	<p><b>Self-statement</b> plus <b>A</b> Training Course/s plus <b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 10. Commitment to Ethical Principles	<p><b>Practice in an ethically appropriate manner through interpersonal, professional and academic relationships with clients and colleagues, for example in respect of laws, rights, legislation, honesty and integrity, confidentiality, dignity, equality and diversity, fairness and respect, exploitation, boundaries etc.</b></p> <p><b>Training Course/s</b></p> <ul style="list-style-type: none"> <li>Acquired through at minimum certificate level formal training, as part of a coherent delivery method, or as a stream through several trainings, equating to at least three full days of training developing knowledge and skills, or equivalent informal learning for example structured service in-house and on the job training (might be accumulated over several trainings and roles)</li> </ul> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>Reference attesting to what evidence the Referee has of the Applicant/Candidate's acquisition of knowledge of ethically appropriate conduct, and the Applicant/Candidate's proven understanding of and skill in the application of this knowledge by providing at least two illustrative examples of the Applicant/Candidate successfully working through ethical dilemmas</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>Countersigned self-statement by the Applicant/Candidate attesting to evidence of their acquisition of knowledge of ethically appropriate conduct, and their proven understanding of and skill in the application of this knowledge by providing at least two illustrative examples of successfully working through ethical dilemmas</li> </ul> <p><b>Note:</b></p> <p>Illustrative examples are a mandatory element of the reference, countersigned self-statement, or self-statement. They should provide clear evidence of working through ethical dilemmas drawn directly from clinical experience.</p>	<p><b>Self-statement</b> plus <b>A</b> Training Course/s plus <b>B</b> Reference</p>	<p><b>Self-statement</b> plus <b>A</b> Training Course/s plus <b>B</b> Reference</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Skills</b> 10. Commitment to Ethical Principles (continued)	<b>Useful reading:</b> Bloch, S. & Green, S. 2009. <i>Psychiatric Ethics</i> . Oxford: Oxford University Press Hope, T., 2010. Ethics. In: Mueller, M., Kennerley, H., McManus, F., Westbrook, D., eds. <i>The Oxford Guide to Surviving as a CBT Therapist</i> . Oxford: Oxford University Press Seedhouse. D., 2008. <i>Ethics: The Heart of Healthcare 3rd edition</i> . Chichester: Wiley Thompson, M., 2010. <i>Understand Ethics: Teach Yourself</i> . London: Hodder		



Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Attitudes</b> 11. Fitness to Practice and Suitable at a Personal Level	<p><b>Evidence of personal suitability to working in a helping role</b></p> <p><b>Reference</b></p> <ul style="list-style-type: none"> <li>• Reference attesting to what evidence the Referee has of the Applicant/Candidate's fitness to practice and suitability to be working in a helping role, including for example CRB checks completed, no criminal convictions or professional judgements against them that would exclude them from working in a professional capacity, a statement that the Applicant/Candidate has a reasonable standing within the professional community, with this clearly evidenced by giving illustrative examples that the Applicant/Candidate is able to appropriately form, maintain and end helping relationships, in a way which holds to appropriate professional boundaries</li> </ul> <p><b>Note:</b> Additionally, the self-statement from the Applicant/Candidate must confirm that they:</p> <ul style="list-style-type: none"> <li>- are able to practise as an autonomous professional, exercising their own professional judgement</li> <li>- are able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem</li> <li>- are able to initiate resolution of problems and is able to exercise personal initiative</li> <li>- know the limits of their practice and when to seek advice or refer to another professional</li> <li>- recognise that they are personally responsible for and must be able to justify their decisions</li> </ul> <p>It is strongly recommended that in demonstrating the above the Applicant/Candidate draws directly on reflective diary and/or other records of practice – utilising these to construct a reflective statement that concludes with a description of their contemporary practice and how they have maintained fitness to practice as an appropriate person.</p>	<p><b>Self-statement</b> plus</p> <p><b>B</b> Reference (provided by a Referee, not a Countersigned Self-statement)</p>	<p><b>Self-statement</b> plus</p> <p><b>B</b> Reference (provided by a Referee, not a Countersigned Self-statement)</p>

Criterion Category, Criterion Number & Item	Qualification and Quantification	Minimum Evidence for BABCP Portfolio	Minimum Evidence for Course Assessment
<b>Attitudes</b> 12. Self Evaluation and Reflection	<b>Capacity to reflect on and evaluate own values, priorities etc.</b> <b>Reference</b> <ul style="list-style-type: none"> <li>Reference attesting to the evidence the Referee has that the Applicant/Candidate exercises self-reflective capacity within their work, giving consideration to their awareness of their own values and internal processes, significance of prejudices, impact on others, personal skills and attributes and their limiting impact where appropriate, evidenced by giving at least two illustrative examples of the Applicant/Candidate acting in a self-reflective way, or with self-awareness, in their work</li> </ul>	<b>Self-statement</b> plus <b>B</b> Reference (provided by a Referee, not a Countersigned Self-statement)	<b>Self-statement</b> plus <b>B</b> Reference (provided by a Referee, not a Countersigned Self-statement)
<b>Attitudes</b> 13. Has Enquiring Mind and is Receptive to Scientist Practitioner Approach	<b>Receptive to scientist practitioner approach and empiricism, including identifying problems and finding and applying evidence-based solutions</b> <b>Reference</b> <ul style="list-style-type: none"> <li>Reference attesting to the evidence the Referee has that within the Applicant/Candidate's practice they demonstrate curiosity and a spirit of enquiry in collaborative working which has emphasis on an evidence-based approach to both identifying problems and finding and applying solutions to them, not only terms of drawing from evidence-bases commonly used within mental health, but their ongoing involvement in, and contribution to, the development of the evidence-base with other practitioners and professionals, evidenced by at least two illustrative examples</li> </ul>	<b>Self-statement</b> plus <b>B</b> Reference (provided by a Referee, not a Countersigned Self-statement)	<b>Self-statement</b> plus <b>B</b> Reference (provided by a Referee, not a Countersigned Self-statement)
<b>Attitudes</b> 14. Biography or Clinical Experience Record	<b>Evidence of relevant work history/experience, and training</b>	<b>Biography</b>	<b>Clinical Experience Record</b>

## KSA1 - CRITERION CHECKLIST

Applicant/Candidate Name	
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### KSA CRITERION CHECKLIST

Check the boxes to indicate which evidence is included for each criteria

Criterion Category	Criterion Item	Evidence	Complete & Evidenced
<b>KNOWLEDGE - K</b>	1. Life Stages & Human Development	<b>A</b> Training Course/s alone or <b>B</b> Reference plus <b>C</b> Self-directed Study	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
	2. Health & Social Care Approaches	<b>A</b> Training Course/s alone or <b>B</b> Reference plus <b>C</b> Self-directed Study	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
	3. Psychopathology/ Diagnostic Skills	<b>A</b> Training Course/s alone or <b>B</b> Reference plus <b>C</b> Self-directed Study	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
	4. Models of Therapy	<b>A</b> Training Course/s alone or <b>B</b> Reference plus <b>C</b> Self-directed Study	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
<b>SKILLS - S</b>	5. Competency in Key Relationship Skills	<b>B</b> Reference plus Minimum <b>x1 other item</b> of evidence from <b>A</b> Training Course/s <b>C</b> Self-directed Study <b>D</b> Course or Job Admission Criteria	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	6. Maintain & Manage Records and Reports	<b>B</b> Reference plus Minimum <b>x1 other item</b> of evidence from <b>A</b> Training Course/s <b>C</b> Self-directed Study <b>D</b> Course or Job Admission Criteria	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

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Criterion Category	Criterion Item	Evidence	Complete & Evidenced
<b>SKILLS - S</b>	7. Communication with Services & Colleagues	<b>A</b> Training Course/s alone or <b>B</b> Reference plus <b>C</b> Self-directed Study	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	8. Awareness of Risk	<b>A</b> Training Course/s plus <b>B</b> Reference	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>
	9. Comprehension of Research	<b>A</b> Training Course/s plus <b>B</b> Reference	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>
	10. Commitment to Ethical Principles	<b>A</b> Training Course/s plus <b>B</b> Reference	Self-statement <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>
<b>ATTITUDES - A</b>	11. Fitness to Practice and Suitable at a Personal Level	<b>B</b> Reference (provided by a Referee, not a countersigned self-statement)	Self-statement <input type="checkbox"/> B <input type="checkbox"/>
	12. Self Evaluation and Reflection	<b>B</b> Reference (provided by a Referee, not a countersigned self-statement)	Self-statement <input type="checkbox"/> B <input type="checkbox"/>
	13. Has Enquiring Mind and is Receptive to Scientist Practitioner Approach	<b>B</b> Reference (provided by a Referee, not a countersigned self-statement)	Self-statement <input type="checkbox"/> B <input type="checkbox"/>
	14. Biography or Clinical Experience Record	Biography	Bio <input type="checkbox"/>

Applicant/Candidate Name

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## KSA2 - SELF-STATEMENT

<b>Applicant/Candidate Name</b>	<b>Sally Peterson</b>
<b>KSA Criterion Category</b>	<b>KNOWLEDGE</b>
<b>Criterion Item Number &amp; Name</b>	<b>1. Life Stages &amp; Human Development</b>

### Applicant/Candidate Self-statement Attesting to Criterion

I grew up among a family of teachers - both Primary and Secondary - and had an interest in human development from relatively early on in life. The first in-depth piece of work I completed on the subject was a Child Development project, undertaken while working towards AS level English in 1995.

I continued to develop my awareness of life stages and human development on the Counselling Diploma course (2004-5), when I studied the approaches of various schools of thought on Personality Development - from infancy to adulthood - including the Humanistic (Person-centred) perspective and overviews of both the Psychodynamic and Behavioural theoretical stances.

Whilst studying towards my BSc Health Psychology (2007-10), a core module covering developmental approaches was undertaken in year two. The module introduced the concept of human development from a neo-natal perspective, across the lifespan to include gerontology, death and bereavement. Within developmental or lifespan paradigms, the premise is that differing variables affect different people in different ways at certain stages in life. Not only seen as a biological process, but as a psychological process occurring on a continuum. Furthermore, human development occurs at all points across the lifespan (Baltes et al., 1980; Baltes et al., 1977; Honzik, 1984). Knowledge was assessed by a 2,000 word course assessment, a Q methodology report of attitudes and behaviours, in addition to an end of course unseen exam (results attached this section).

More recently the Certificate in Cognitive Behavioural Therapy I attended in 2008 outlined theory of cognitive development from early childhood onwards, as a basis for problem formulation. I also learned about young people's issues relating to CBT: we debated young people's suitability for CBT and discussed tailoring self-help and psycho-educational materials for children and adolescents. Finally, we addressed formulation for young people, service provision for clients aged 16-18 and Adult Mental Health service provision.

I have also acquired knowledge through my working roles and placements by means of undertaking the training in, and subsequent conducting of varying risk assessment tools. I have received awareness training in the OASys risk management tool, full training in the Historical, Clinical and Risk (HCR20) tool, the Violence Risk Scale (VRS), the Static 99, RM2000 risk assessments. The Structured Assessment of Risk and Treatment Need (SARN). All of these tools consider developments throughout an individual's life, from early development, such as family background, educational history, relationship developments, mental illness, and personality development.

Throughout my employment with HM Prison Service at NAMED PRISON, I was required to complete in-depth and extensive life formulations and conducted in excess of 20 initial assessments with prisoners deemed suitable for Dangerous and Severe Personality Disorder (DSPD) Services. I was also significantly involved in the delivery of a number of treatment programmes as a Primary Therapist, delivering Handling Conflict, Creative Thinking, Problem Solving, Psycho-education and Psychodrama sessions; all of which involved the need to acquire in-depth details surrounding the individual's life, from birth to the present, via means of self disclosures, collateral evidence, time lines, and life maps. I also completed assessments such as the Psychopathy Checklist revised (PCLr) and the International Personality Disorder Examination (IPDE) which looks at the prevalence of behaviours and characteristics over the individual's life.

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## Application of knowledge

In my current role working for the NHS in Forensic Mental Health, I am also required to conduct initial assessments with patients which require an in-depth consideration of their entire life history, from early development, onset of mental health difficulties and current presentation. This knowledge has informed my practice as I am aware of the numerous factors influencing human development on an individual, interpersonal and inter-relational level. I undertake assessment of service users utilising a biopsychosocial approach, primarily assessing functional ability/impairments, psychological and social factors which may be barriers to returning to work, planning & supporting the rehabilitation process collaboratively, with agreed goals and interventions. This includes completing a history in terms of past and current issues which may be contributing to current mental health problems.

For example, I have recently assessed a service user, who disclosed she had always felt less important than the rest of her siblings, from early childhood. By obtaining this information we were able to discuss her beliefs and assumptions in relation to her current relationships.

## Evidence Attached

Counselling Diploma Course - relevant module in this section

BSc Health Psychology - relevant module in this section

Certificate CBT - relevant module in this section & teaching slides

Job descriptions (appendices)

**Applicant/Candidate Signature**

Sally Peterson

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## KSA2 - SELF-STATEMENT

<b>Applicant/Candidate Name</b>	<b>Jane Smith</b>
<b>KSA Criterion Category</b>	<b>SKILLS</b>
<b>Criterion Item Number &amp; Name</b>	<b>10. Commitment to Ethical Principles</b>

### Applicant/Candidate Self-statement Attesting to Criterion

I have developed a commitment to and understanding of ethical practice through attendance at relevant courses/workshops and through practical experience over the past few years.

As part of my role as a Graduate Mental Health Worker within the NHS from 2009-2011, I successfully completed a Post-Graduate Certificate in Integrated Mental Health. This course had a strong emphasis on ethical practice and this underpinned all aspects of the course. For instance, in Module 1 we had teaching on 'Preparing for Practice' which looked at anti-discriminatory and anti-oppressive practice; the impact of gender, culture and disability on mental health; attitudes of service users and carers. This module aimed to increase our awareness of our own values and beliefs and how they may impact the clients we were working with.

In addition to this I undertook a Diploma in Therapeutic Counselling in 2006. During this course we had a module on Ethics for Counsellors which focussed on the ethical principles cited in Bond (2000); autonomy; beneficence; non-maleficence; justice; fidelity and self-interest. The course was also accredited by the BACP and we were required to be members of the BACP in order to ensure commitment to following the BACP ethical framework - 'The Ethical Framework for Good Practice in Counselling'. I have always been committed to practicing ethically by respecting clients' rights and also in adhering to these principles.

Example 1: In 2009 while I was working as a Graduate Mental Health Worker I realised after beginning therapy with two clients that they were related to each other. The two clients were mother and son and neither knew that the other was receiving help for their mental health problems. I became aware they were related and it became apparent that both clients' problems in part related to the other. I recognised my impartiality and was concerned that I would be influenced by information received from the other and vice versa. I recognised that there were ethical considerations in my continuing to see both clients, however I could not explain the situation to either of these clients due to confidentiality. I believed that if I explained the situation to my clients it would have a detrimental impact on their relationship and on the family as a whole. However, if I disengaged with one or both of my clients without an explanation then I believed this would also have had a detrimental effect on them as we had established a positive and trusting therapeutic relationship. I discussed this situation and my concerns in supervision. We looked at the five ethical principles and which ones applied to the situation I was in. We agreed that if I broke confidentiality and explained to my clients it would cause harm (ethical principle: non-maleficence) and if I ended the therapeutic relationship without this explanation it may also cause harm (non-maleficence). We agreed that if I was to continue to see both clients I would be doing so in order to help them (beneficence) and to avoid causing harm and this outweighed, in our opinion, the problems we faced regarding my fear of impartiality. We agreed that I would prioritise these clients for supervision to ensure any of the work I was doing with them was not being compromised. On a personal level I tried to see how I could use this situation to improve the work I was doing, remaining aware of not falling into taking sides if the situation arose. I completed sessions with my clients and have since reflected on this since. Both clients benefited from our session. I hope the right decision was made.



Example 2: Another example was when I worked as a volunteer Counsellor. I lived and worked within a small, close-knit community at the time, where most people knew each other at the very least as an acquaintance. My parents also lived in the village and had done for many years so we were a well-known family. I was on a counselling course which required me to have a case load which I had as a volunteer for MIND. Many of my clients were people I knew or was acquainted with. This situation was the same for other counsellors I worked with and we allocated clients according to how little we knew of the client. Frequently however I would be counselling someone who was related to, or friends with someone I knew well. This situation presented many challenges including the preservation of confidentiality. Other challenges included overlapping relationship boundaries that had an impact on therapeutic boundaries and this led to a sense of conflict in my roles at times. I was not alone within the service in feeling this way and my colleague and I met frequently for supervision to discuss some of these issues. We coped with it mainly by informing our clients that although we knew each other I would maintain confidentiality at all times, a very clear confidentiality policy and contract was drawn up. We also agreed with the clients how we would respond to each other if we met up outside of counselling (which was a situation that was highly likely). I was fortunate that no further situations arose which challenged these relationships further and the planning with clients was sufficient to deal with any situations that did arise.

### Evidence Attached

Diploma in Therapeutic Counselling (certificate and module description, labelled Document E)

Post Graduate Certificate in Integrated Mental Health module1 - (certificate and syllabus, labelled Document C)

Equality and Diversity Training Certificate (labelled Document G)

Adult Protection Procedure Training Certificate (labelled Document H)

BACP Ethical Framework (labelled Document I)

**Applicant/Candidate Signature**

Jane Smith

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## KSA2 - SELF-STATEMENT

<b>Applicant/Candidate Name</b>	<b>Karen Jones</b>
<b>KSA Criterion Category</b>	<b>ATTITUDES</b>
<b>Criterion Item Number &amp; Name</b>	<b>12. Self Evaluation &amp; Reflection</b>

### Applicant/Candidate Self-statement Attesting to Criterion

I have developed a high level of self-reflection, acquired through various trainings and also through interactions with trainers, colleagues, supervisors, and clients. Specifically with clients I am aware of my own values and beliefs, especially in relation to implicit attitudes that may be transmitted non-verbally.

During my BSc Health Psychology research modules (2007-10), we were taught the importance of removing researcher bias from the outcome of a study, and this helped me to reflect on how, in the same way as a therapist I need to attempt to remove personal bias and past experience when communicating with a client who may have a similar experience to my own. During my training and work as a Gateway Worker (2010-12), there was always an emphasis on ensuring that clients' attitudes were respected, despite personal bias, and that having self-awareness of my own attitudes, beliefs, values and experiences and how they might impact on my interaction with another person was paramount.

My most significant learning occurred as part of my one year Counselling Skills Certificate (2012), when I was required to complete a personal reflective journal. People learn experientially, and by keeping a record of reflections and evaluations, we are able to observe our weaknesses and strengths and make progress accordingly. It is important to think about experiences in practice, viewing them as opportunities for learning, in order to lead to better understanding of a situation. I was able to reflect on my responses to different clients and colleagues, and recognise how my own values in particular could impact on my relationships. I recognise the importance of having an honest relationship with myself in order to stay aware of my internal processes. Often, we may be too close to a situation to see it objectively therefore a third party view is often beneficial. I have increasingly found Clinical Supervision a useful place to continue to develop self-awareness and undertake self-reflection.

I find that developing self-awareness and being able to self-reflect is an ongoing process, and I learn more all the time.

Illustrative examples of exercising self-reflective capacity, or with self-awareness:

During my work as a Gateway worker, I assessed a woman who was experiencing chronic depression. She commented repeatedly during the initial assessment session, and even made a point of calling me later after the session, to say that she had for the first time in her life felt she had connected with someone (me), and indicated that she was particularly keen to continue contact with me, and not be referred to another counsellor or psychotherapist. I had made use of self-disclosure in the assessment, briefly explaining that I had experienced something similar to her and therefore could empathise, which I later reflected on in Supervision as an error of judgement, because although it was helpful to normalise for this client, it also bound us in an unhelpful way. Because I felt responsible for this, I also decided to work with her, when she was much better suited to CBT, and again I explored this in Supervision a couple of months later because I did not have the skills, nor was it within my role remit, to undertake long-term counselling, and I eventually had to refer her on to CBT, which could have been damaging to the client, since trust was a significant issue.

In an assessment, I found difficulty in engaging with a male client who demonstrated misogynistic

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tendencies and was describing abuse to previous girlfriends. I found myself becoming very judgmental, due to my previous experience where someone close to me experienced spousal abuse. I quickly realised this was going to be a challenge, and took the case to supervision. With support I was able to look more objectively at the situation, and place my focus on formulating with the client why he was so abusive and where his attitudes to women came from. In this case a bad relationship with his mother and grandmother made him feel this way about all women, and we were able to work together in a collaborative manner towards a change in beliefs and behaviour. Being objective did change my attitude towards this client considerably.

### Evidence Attached

Reference from Helen French, Clinical Supervisor between April 2010 and April 2012.

Example

**Applicant/Candidate Signature**

Karen Jones

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## KSA3 - COUNTERSIGNED SELF-STATEMENT

<b>Applicant/Candidate Name</b>	<b>Sheila Jacobson</b>
<b>KSA Criterion Category</b>	<b>KNOWLEDGE</b>
<b>Criterion Item Number &amp; Name</b>	<b>4. MODELS OF THERAPY</b>

### Applicant/Candidate Self-statement Attesting to Criterion

Acquisition of learning about a variety of theoretical models:

During my one year Counselling Skills Certificate training in 2007-8, one module was dedicated to learning about the Person-centred approach, CBT, Transactional Analysis, and Psychodynamic Therapy. We examined the different approaches, including understanding their theoretical underpinnings, and considered their suitability for different client groups. We were required to complete an assignment which compared and contrasted three of the approaches. In addition, I was required to undertake counselling with one client using the Person-centred approach. This was assessed by the course through assessment of an audio recording, accompanied by a written assessment of the audio recorded session, and a case study of the whole counselling process with client. I was also employed subsequently as a Counsellor, using a Person-centred approach

During my work as a Gateway Worker, 2010-2012, I undertook in-house workshops which were aimed at informing about the different counselling and psychotherapy services available with our service, including presentations from the CBT service, and the Specialist Psychotherapy Service, who presented on CAT, DBT and Psychodynamic therapies. During this period I also attended a one day in-house workshop on Pharmacotherapy, and undertook additional reading on the subject (see attached self-directed study record).

During this time I also undertook an eight day foundation/introduction training in CBT; modules covering cognitive and behavioural theories, fundamentals of CBT, working with depression, anxiety and panic, and social anxiety.

I also shadowed two Clinical Psychologists for one week each, sitting in on assessment and therapy sessions for Psychodynamic and CAT. In addition I have read about systemic and family approaches to therapy (see attached self-directed study record).

I have learned to appreciate the significant and subtle differences between different theoretical approaches, and which therapies have evidence for being more effective for different client groups or presentations. For the last eight months I have been working with the IAPT PWP team where assessments are made by the team and clients are allocated across a stepped-care service, significantly to work with PWPs using guided self help and low intensity interventions, or for high intensity Cognitive Behavioural Therapy or Primary Case Counselling. We also refer to a local bereavement counselling service, an eating disorders unit using CAT, and into the secondary care psychotherapy service that offers DBT and psychodynamic psychotherapy. This experience has heightened my awareness still further,

Illustrative examples of the application of this knowledge:

During my work as a Gateway worker, I assessed a client who presented with an anxiety condition and seemed suitable for a CBT approach. Very soon as the therapy progressed, it became clear that there were significant long term issues relating to relationships, and the client needed to discuss these at length before being able to consider making life changes and dealing with the initial presenting anxiety condition. It

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would have been unreasonable to continue working with this client in my role, and we discussed alternatives. The client agreed that it would be helpful to address these deeper, relationship issues and was referred to our Primary Care Counsellor with expertise in this area, with the option to return to complete the CBT approach to dealing with the anxiety problems later if necessary.

I recently assessed a client who was depressed, but whose depression had only recently developed following bereavement. I felt this client was experiencing a normal grief reaction and required a supporting environment, rather than necessarily a psychotherapy aimed at making changes, and the client agreed that a referral to the Bereavement Counselling Service would be appropriate.

### Evidence Attached

Certificate and curriculum for Counselling Skills Certificate – in appendices at end of portfolio, labelled C;

Page of Counselling Skills Certificate curriculum detailing module – in this section

Statement from Line Manager, Paul Smith, attesting to attending in-house training during Gateway role – in this section

<b>Applicant/Candidate Signature</b>	SP Jacobson
<b>Referee Attesting to Self-statement</b>	
<b>Referee Name</b>	Paul Smith
<b>Position</b>	Clinical Manager, Primary Care Psychological Services, Named Primary Care Trust
<b>Email Address</b>	paul.smith@anyemail.com
<b>Telephone No.</b>	paul.smith@anyemail.com
<b>Professional Relationship to Applicant/Candidate</b> I was Sheila's Manager whilst she worked for Named Primary Care Trust as a Gateway Worker, between April 2010 and June 2012, and I have provided monthly Clinical Supervision in her current role since August 2012.	
<b>Referee Signature</b>	Paul Smith

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## KSA 4 -REFERENCE

<b>Applicant/Candidate Name</b>	Sally Peterson
<b>KSA Criterion Category</b>	SKILLS
<b>Criterion Item Number &amp; Name</b>	9. COMPREHENSION OF RESEARCH
<b>Referee Name</b>	Harry Smith
<b>Position</b>	Specialist Therapy Services Lead, Psychological Services, Named PCT
<b>E-mail Address</b>	harry.smith@anyemail.com
<b>Telephone Number</b>	07700 901234 / 020 7946 0123
<b>Professional Relationship to Applicant/Candidate</b>	
I was Sally's direct Line Manager from 2007 to January 2010, when she was employed in the PCT as a Psychology Assistant. We were both members of the same peer supervision group for two years during that period. We remain in contact as colleagues working in the same Trust	
<b>Reference Attesting to Criterion</b>	
<ul style="list-style-type: none"> <li>• Please refer to the <i>Guidelines for Referees Providing KSA References</i> document for specific information required for your Reference; the Applicant/Candidate should provide this to you</li> <li>• References should be typed in Word, (not handwritten), printed and signed, and provided to the Applicant/Candidate</li> </ul>	
<p>Sally was employed as a Psychology Assistant following graduation from her BSc in Psychology, where she had undertaken relevant research projects- evidence of specific qualifications and relevant training modules were verified prior to employment. During her employment with us, Sally additionally received in-house training in research skills and statistical analysis, including SPSS training.</p> <p>Sally was involved in the service's restructuring programme, which redefined the Secondary Care Service into speciality areas. The Specialist Therapy Service was set up to cater for Secondary Care clients with psychosis and personality disorders, providing Psychodynamic Therapy, Cognitive Analytic Therapy, and Dialectical Behaviour Therapy.</p> <p>Part of this project required analysis of the existing services in terms of client numbers and populations, sources of and processes for referral, service resources including administrative staff, clinical professionals, and physical working locations and resources, and costs and budgets. Sally played a large role in this analysis, which involved liaison with all existing services and many employees, reference to relevant research articles on service delivery projects, and attendance at, and presentation of information at regular review meetings involving senior management.</p> <p>Sally developed and demonstrated a high level of understanding of research material and its application within the project, for example tracking down and citing a similar project undertaken by X Trust, and an ability to translate information into meaningful language for its recipients.</p> <p>Sally's contribution to the project was invaluable and demonstrated an ethical approach.</p>	
<b>Referee Signature</b>	Harry Smith

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## KSA5 - SELF-DIRECTED STUDY RECORD

<b>Applicant/Candidate Name</b>		Jane Smith	
<b>KSA Criterion Category</b>		KNOWLEDGE	
<b>Criterion Item Number &amp; Name</b>		4. MODELS OF THERAPY	
<b>Self-directed Study Record</b>			<b>Page of</b>

  

Date Studied	Title	Author	Key Learning Points
26/7/12 - 30/7/12	<i>Psychodynamic Psychotherapy: A Guide to Evidence Based Practice.</i>	Richard F Summers & Jacques P Barber (2009)	Understanding of the importance of the therapist-client relationship and how this is used with Psychodynamic Psychotherapy. Understanding of a pragmatic model which includes the role of interpretation, resistance, transference and countertransference.
22/6/12	<i>The Person-Centred Approach</i>	McMillan M (2004)	This book describes in detail the main features of Person-centred Counselling. It describes Rogers' concept of 'actualising tendency' which includes a fundamental view that people are good and want to improve themselves. This is achieved within a non-directive therapeutic approach which emphasises non-judgemental and empathic qualities of the therapist.
16/6/12	<i>Psychiatric Drugs Explained</i>	Healey D (2008)	This book describes how medication can help with the management of mental health problems. It provided chapters describing disorders such as psychosis, anxiety disorders and depression and gives an explanation of medication used both historically and currently. Side effects and contra-indications are explained and alternative medications recommended.

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## KSA6 - BIOGRAPHY

<b>Applicant/Candidate Name</b>	<b>Jake Smith</b>
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**Biography of working life to date**

- See Biography Sample document
- Should be typed in Word (not handwritten) printed and signed
- Approximately 500-700 words

In 1990 I completed my undergraduate degree in psychology. This equipped me with specific theoretical knowledge to meet criterion 1, 3, 8 and 14 which is detailed in my application form. I then worked full time for four years (1990 - 1994) as a nursing assistant at X hospital. During this time I gained experience of working on an acute admission ward with service users experiencing a range of acute mental health problems including bi-polar disorder, schizophrenia and depression. During this time I participated in Trust in-service training programmes relating to statutory policy which is detailed in DOCUMENT B in my Portfolio relating to criterion 2, 6, 8 and 10.

I also participated in the ward staff development programme on a monthly basis, which involved presentations on a range of topics such as policy updates; use of new medications; record keeping; Working as a nursing assistant enabled me to develop skills in recognising the signs and symptoms of a range of mental health problems and how these impact on the day to day functioning of individual sufferers and their carers. This also enabled me to gain the necessary interpersonal and communication skills to interact therapeutically with service users experiencing an episode of acute mental illness. During this time I was also exposed to knowledge regarding the ethical administration of the Mental Health Act, Medication and ECT. I have provided a reference from Mrs J who was a staff nurse on the same ward and who acted in a supervisory role during this time. This experience provides evidence to support criterion 5, 6 and 7.

Between 1994 - 1998 I worked part time (3-5 days per week) as a nursing assistant in the community within the same hospital trust. I kept up to date with statutory regulations. During this time, outside of work, I completed a Certificate in Counselling at X university. This equipped me with theoretical knowledge in the areas identified in DOCUMENT C in my Portfolio. There was an experiential learning component to the course, where we worked in pairs to utilise basic counselling interventions with each other. This is supported by the course syllabus and a reference from my tutor. As part of the course I had to work complete a reflective practice log related to this. A sample of this is included in my Portfolio. I have sought permission from my colleague to include this and her written consent is enclosed. I have deleted some sentences and words in order to preserve confidentiality. Also at this time I worked on a voluntary basis for the Samaritans and undertook their training programme for working on their telephone helpline. The content of this training and the supervised practice component is detailed in DOCUMENT D of my application. This experience contributes toward criterion 10, 11, 12 and 13.

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In 1996 I undertook an in-service training programme of 10 1/2 day sessions in basic cognitive-behavioural skills. This involved skills development and 1 hour of group clinical supervision per week. It was at this time I began reading CBT related literature and joined the BABCP and attended local BABCP activities. These are detailed in DOCUMENT E of my Portfolio.

Between 1998 -1999 I worked in a paid capacity for the charity, Saneline.

In 1999 I enrolled on a self-funded 12 month Certificate in CBT at X university, the curriculum of which is enclosed, DOCUMENT F.

During this time my clinical work was supervised by Ms W who has written a reference supporting my application for accreditation. In 2000 I secured a full-time position as a mental health worker in Primary Care with a remit of delivering CBT interventions for common mental health problems. I also commenced the Diploma level of CBT training at X university funded by my employer and in 2002 I obtained a Masters in CBT. The course curriculum for these two courses is enclosed as is a reference from my clinical supervisor on the Diploma and my research supervisor for the research dissertation for the Masters. The knowledge and skills I gained during my specialist CBT training is outlined in DOCUMENT F and contributes to criterion 1,4,9,10,11,12,13 and 14.

Since completing my specialist CBT training I have continued to participate in CPD activities, the detail of which for the last three years is outlined in DOCUMENT G. I continued to be employed as a mental health worker in Primary Care working to consolidate my clinical knowledge and skills and participate in monthly individual clinical supervision, which uses audio tapes as a basis for skills development. A reference from my current supervisor is enclosed.

**Applicant/Candidate  
Signature**

Jake Smith

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## KSA7 - DOCUMENTS LIST

List of Documents Referenced in Portfolio or Evidence for Course Selection Provide copies only, not originals		
Label Identifier	Document Name	Criterion Numbers
A	Certificate and Curriculum, Counselling Diploma, Named University, 2005-7	4, 5, 8
B	Mandatory In-house Training Records, Employer Name, 2007-8	6, 8

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