

**Guidelines for Completion of the Application Form for Practitioner Accreditation as a Behavioural and/or Cognitive Psychotherapist**  
**FOR USE ONLY IN CONJUNCTION WITH SUPERVISOR AND/OR TRAINER ACCREDITATION.**

To become Practitioner accredited in conjunction with Supervisor and/or Trainer Accreditation applicants must fulfil the following seven criteria:-

- 1 Have a relevant *professional* training to degree level or equivalent.
- 2 Have been *accountable* for their own professional practice to a senior member of their profession for at least *one year* since professional qualification.
- 3 Provide a satisfactory statement of *training* in the theory and practice of Behavioural and/or Cognitive Psychotherapy related to designated areas of competence.
4. Have on-going C/BT clinical *supervision*
5. Demonstrate knowledge and understanding of the *therapeutic relationship* and competence in the development, maintenance and ending of such relationships.
6. Demonstrate *sustained commitment* to the theory and practice of Behavioural and/or Cognitive Psychotherapy which has included Continuing Professional Development Record of 30 hours per year for the last 3 years.
- 7 Adhere to the *Guidelines for Good Practice* of the British Association for Behavioural and Cognitive Psychotherapies and be willing to be scrutinised in this adherence as required. Full Accreditation is for a period of five years, and accredited members will be required to apply for Re-Accreditation after each period of five years.

## **General Points**

You must send Duplicates of your application form and all additional sheets and supporting documents with the exception of the Clinical Supervisor Report and Professional Reference. You are advised to also keep a third copy for your own reference.

All applications must be on the BABCP application forms you have been sent (or downloaded from the website [www.babcp.com](http://www.babcp.com)). You can download an MS WORD document for completing on your PC or you can request that the document be emailed from the office.

In any section you may continue on separate sheets as long as the information is completed in the same format. However, it is not acceptable to attach a document from which the accreditors have to search and extract the information. For example, a CV can be attached as a supporting document but you must have extracted the relevant information from it and written in the appropriate sections on the form.

## **Front Page - Basic Details:**

*Profession* is your core profession in which you are professionally qualified or trained such as Clinical Psychology, Nursing, Social Work, Counselling, Medicine, Occupational Therapy, Education etc. Note:- all applicants are cognitive behavioural psychotherapists so please don't state your core profession as Cognitive Behavioural Psychotherapist unless you really consider that your core training does not fit any of the listed core professions.

Check that you are including all necessary enclosures (duplicate except for references) by ticking the enclosure check list

## **Criterion One: - Core Professional Training**

You must be qualified, accredited or trained in a core profession which has included training in areas such as psychopathology, different models of intervention etc. which are regarded as important for the practice of psychological therapy.

This will normally be evidenced by applicants having a recognized core professional qualification. These core professions are listed on the application form and if you are professionally qualified in one of these you should tick the appropriate box and then detail your qualifications.

Examples of *core professional training* include:-

- i Psychology – 1<sup>st</sup> degree plus a post-graduate qualification in an applied area such as clinical/educational/counselling psychology
- ii Registered Nurse - Mental Health, Learning Disability etc. (general nursing and enrolled nursing is insufficient)
- iii Medicine – MBChB, etc
- iv Social Work or Probation – CQSW or equivalent
- v Special Education/Needs - Cert Ed plus additional psychotherapy training such as in special needs
- vi Counselling - Accredited by B.A.C.P (or COSCA in Scotland)
- vii Occupational Therapy - Dip OT.

If you do not have a professional qualification or accreditation as above, you will need to demonstrate that you have acquired the core knowledge, skills and attitudes relevant to the practice of psychological therapies that would usually be gained through core professional qualification. You will do this by completing the **Knowledge, Skills and Attitudes Supplement** which is available from the BABCP office tel: 0161 797 4484 email [babcp@babcp.com](mailto:babcp@babcp.com)

### Criterion Two:

- **Professional Accountability**

Evidence is required of one year of professional practice. Applicants are required to state their lines of *accountability* for this professional practice to a senior member of a relevant core profession. Accountability to an organization, to clients or to yourself is not acceptable, e.g. in private practice.

- **Behavioural and/or Cognitive Practice:**

**In section D of your Application for Accreditation as a CBT Supervisor and/or Trainer, you will have provided details of your practice over the last three years, including a narrative/reflective statement of your clinical experience since being eligible for practitioner accreditation. This will show that you have treated a minimum of 50 clients of which 10 were severe, chronic and/or complex cases – all of which should have been under regular supervision.**

**Sign the application form to indicate that you have included this information in your Supervisor and/or Trainer application.**

### Criterion Three: -

- **Specialist C/BT Training**

**If you have completed a BABCP Level 2 Accredited Course enter Course name here, then go to Section 4. - Check the list of Accredited courses**

<b>Course Title</b>		<b>Completion date</b>
<b>Location</b>		

**PLEASE ENCLOSE STATEMENT OF ACHIEVEMENT OR CERTIFICATE**

# ALL OTHER APPLICANTS COMPLETE SECTIONS

## a, b, c, d and e.

**a & b).** Core professional training may well include training in theory and practice of Behavioural and/or Cognitive Psychotherapy. This can be included as part of your achieving the 'minimum training standards' for accreditation so *C/BT components* from your *core professional training* should be detailed here.

c) Listed courses on the regularly updated list on the website should be recorded here.

d) Other courses not on the list should be recorded here and details of the curriculum and trainers should be attached.

e) Other shorter training events contributing to your 'minimum training standards' should be detailed here (e.g. workshops, conferences, lectures, placements).

### • **Supervised Clinical Practice:**

The Minimum Training Standards require that therapists will have conducted 200 hours of CBT clinical practice supervised during training and will have treated a minimum of 8 clients covering at least 3 types of problems. 3 of these cases will have been closely supervised and four will have been written up and assessed (2000 - 4000 words).

Most training programmes do not provide sufficient opportunity for supervised clinical practice to achieve the level required by the 'minimum training standards'. You will probably need to provide evidence of achieving this through more than one course or with an additional individual programme.

**The use of formal CBT Skills measures [such as the Cognitive Therapy Scale – Revised] should be recorded whenever used as part of training or supervised clinical practice.**

### **Criterion Four: - C/BT Clinical Supervision**

**In Section B(i) of your Application for Accreditation as a CBT Supervisor and/or Trainer, you will have provided your session by session supervision and support arrangements for clinical practice over the last 12 months, including your ongoing arrangements.**

**Sign the application form to indicate that you have included the above information in your Supervisor and/or Trainer application.**

Evidence of good practice will be assessed on the basis of the references provided one of which is in the form of a Supervisor's Report. This includes an understanding and appropriate practice of the development, maintenance and ending of therapeutic relationships. Such issues as not enabling collaboration and client choice, the misuse of power in the client-therapist relationship and the role of value systems may all be addressed in the Supervisor's Report at the time of application for accreditation.

The choice of current supervisor is with you. However, the committee will wish to see evidence of the supervisor's competence to offer supervision. Supervisors will be senior professionals who have knowledge of Cognitive and/or Behavioural Theory and Practice. In the case of applicants who have been senior practitioners in, and contributors to, the practice of Cognitive and/or Behavioural Psychotherapies, the committee will be looking for evidence of commitment to the formal use of colleagues for the supervision of case work and personal issues which may arise from working with clients.

Applicants should be receiving *regular* supervision. The term regular is taken to mean:-

- A minimum of *one hour per month* total supervision time. All time spent in group supervision will count with the provisos that:- the group must be no more than six members; all group members must present their own

case material on a regular basis; and that the accredited member also has an opportunity for one-to-one supervision should that be needed or quickly available alternative supervision (e.g. advice in a crisis situation).

- for those with less than *half-time* clinical work the committee will be flexible about the supervision time required.

The supervisor chosen to provide the report may represent only *part* of this time since clinical supervision may be provided from different sources.

The supervision referred to in Criterion 4 is C/BT *clinical* supervision. This is not the same as professional (criterion 2) or managerial supervision [*though these may be provided by the same person as clinical supervision*]. Additionally it should be noted that clinical supervision is something more than professional consultancy.

*Types* of supervision may be individual, in a C/BT group, telephone, peer review or by email (but not email alone – there must be some direct personal contact on occasions)

The *content* of clinical supervision may include case discussion, technique, skills, theory etc.

*Methods* in supervision **MUST** include recordings, and preferably formal skills measures (e.g. Cognitive Therapy Scale- Revised), role play etc.

## **Criterion Five: - C/BT Continuing Professional Development**

**You should submit CBT CPD logbooks covering the period of three years since you were accreditable as a CBT Practitioner. A separate logbook should be completed for each year. Logbook templates are available on the BABCP website under downloads.**

**Any CPD events already included in your application for Supervisor and/or Trainer Accreditation can be included in these logbooks if they are focused on CBT.**

## **Criminal/Civil/Investigatory/Disciplinary Questions**

**Sign the application form to confirm that you have completed the criminal/civil/investigatory/disciplinary questions on the accompanying Application for Accreditation as a Supervisor and/or Trainer.**

## **Supervisor Report/Professional Reference:**

One Supervisor Report and one Professional Reference are required. These must both be from Cognitive and/or Behavioural Practitioners who know you and your practice. The Supervisor Report must be from your Clinical Supervisor. Either the Supervisor who provides your Report or the Professional Referee must be a member of BABCP. You are responsible for obtaining the Supervisor Report and the Professional Reference and including them with your application. These should be given to you in a sealed envelope (though it is up to them if they wish to show them to you).

**The Clinical Supervisor Report should already have been included in your Supervisor and/or Trainer application. Include the Professional Reference with this application form.**

The *Guidelines for Good Practice of Behavioural and Cognitive Psychotherapy* are those issued to all members of the Association at the time of joining and printed at the end of this document also. Further copies are available from the BABCP office or downloaded from the website. A complaints committee and procedure exists for complaints against the practice of any member and copies can be obtained from the BABCP office.

Further forms and information can be obtained from the office or website ([www.babcp.com](http://www.babcp.com)) or telephone 0161 797 4484 email > [babcp@babcp.com](mailto:babcp@babcp.com)  
Application forms should be returned to BABCP, Victoria Buildings, 9 – 13 Silver Street, Bury, BL9 0EU

**PRACTITIONER ACCREDITATION APPLICATION**  
**Supplement: -**  
**Core Knowledge, Skills and Attitudes**

If you have not stated that you have an appropriate core professional qualification or accreditation in Criterion One in the main application above, you will need to assemble a portfolio of evidence that you have acquired the core psychotherapeutic knowledge and skills that you would have attained in such training. Also you need to show that you have the appropriate attitudes that admission to such training would require.

**Consider the permissible evidence carefully.**

- Your evidence should be placed in the correct section of the enclosed folder
- Where course curricula or other large documents are referred to, insert a titled sheet in the appropriate section and insert the full document in the last section of the folder marked as an Appendix.
- Use the enclosed template for references attesting to knowledge, skills and attitudes.

**EVIDENCE – VARIOUS METHODS**

There are different forms of evidence you can produce to demonstrate how you have met the 15 criteria. It is anticipated that most applicants who need to provide a portfolio of evidence will have completed a variety of training courses that will have provided them with the relevant skills and knowledge

**Type A: Training Courses.**

Produce course curriculum and qualifying certification.

- This *includes induction training and/or in-service short courses as relevant. Where difficulty arises obtaining historical information we will accept your own account of the curriculum countersigned by e.g. someone on the course who must give their contact details and relationship to the applicant.*
- *Where certificates are not available we will accept confirmation/evidence of your passing the course. Certificate of attendance alone will not be sufficient.*

**Type B: References.**

- **It is preferable that these come directly from formal course providers, or from employers, or someone responsible for, and attesting to your knowledge, skills and attitudes.**
- Alternatively, you can provide a summary statement to attest to acquiring knowledge or skills through a variety of routes, attendance certificates, etc., and this is then **signed by Referee [Employer, Tutor, Supervisor, etc] stating the professional relationship with you and attesting & affirming the contents.**

**Type C: Self directed study.**

You should assemble a list of your studies (e.g. reading, video tapes etc) showing the year completed, author and title of publication/tape.

**Type D: Course/Job Admission.**

Produce documentary evidence of admission to a course with the admission criteria or successful appointment to a job with the person specification for that job.

You must show that you meet all of the 15 criteria and evidence this as requested. On the form show what type of evidence you are submitting for each of the 15 criteria. Circle the letter(s) of the type and tick the box that you have submitted the evidence. On each item of evidence, mark clearly the reference number of the criterion to which it relates.

You also need to show in the evidence the dates indicating the period during which you undertook the training/experience. Dates are important because you will need to show that your total training (core and professional) has taken place over a period of at least four years. You will also need to show that you have had at least one year of experience since meeting ALL the core criteria.

There are differing requirements of evidence for each criterion. For “Knowledge” (criteria 1-4) a suitable qualifying course is sufficient. Otherwise you need 2 sets of evidence B, plus C, for each criterion. For “Skills”, you will need to produce two sets of evidence for each criterion 5-7 but for 8-10 you must have completed an appropriate course (evidence A) plus one other evidence B or C. For “Attitudes” (criteria 11 – 14) you would need to produce one type of evidence – a direct reference, ‘B’. In addition to the above you are also asked to provide a summarized biography, [criteria 15] as shown in the example provided.

**You are reminded that deliberately false statements will result in your removal from the list of Accredited Members.**

Your evidence should be clearly marked with the reference number – templates have been provided

Ref *	Criteria	Quantification	Acceptable Evidence Circle those submitted	✓
	<b>Knowledge</b>	<b>A alone or B plus C</b>	<b>A alone or B plus C</b>	
1	Life stages and human development	Knowledge of life stages and human development	A or B plus C	
2	Health & Social Care approaches	Knowledge of delivery of the organisation, delivery and legislation of health and social care through statutory and non statutory bodies in the UK, e.g. Mental Health Act, National Service Framework.	A or B plus C	
3	Psychopathology/Diagnostic skills	Demonstrate an accurate understanding of client problem definitions/psychopathology.	A or B plus C	
4	Models of therapy	Knowledge of a variety of theoretical models of intervention <ul style="list-style-type: none"> <li>• Psychodynamic/psychoanalytical</li> <li>• Systems and family</li> <li>• Cognitive and/or behavioural</li> <li>• Group Psychotherapeutic</li> <li>• Humanistic/integrative</li> <li>• Biological/Pharmacological</li> <li>• Social/Community</li> </ul>	A or B plus C	
	<b>Skills</b>	<b>Minimum 2 sets of evidence for each</b>	<b>Any 2</b>	
5	Competency in key relationship skills	Competency in key relationship skills, e.g. active listening, empathy, warmth and genuineness, trust and rapport building.	A B C D	
6	Maintain and manage records and reports	Maintain and manage records and reports	A B C D	
7	Communication within Services/colleagues	Ability to maintain effective communication with referrers, professional colleagues and others.	A B C D	
	<b>8, 9 and 10</b>	<b>'A' essential plus B or C</b>	<b>'A' essential + B or C</b>	
8	Awareness of Risk	Demonstrate a high level of awareness of potential risks to, and from, their clients based on an ability to assess the probability of self-harm, suicide, hostility, violence, exploitation, neglect and of child protection issues, with a commensurate knowledge of their responsibilities to respond to these.	'A' plus B or C	
9	Comprehension of research	Demonstrate critical skills in reading, analyzing and discussing published research studies.	'A' plus B or C	
10	Commitment to ethical principles	Practice in an ethically appropriate manner [with clients and colleagues] {see BABCP Guidelines for Good Practice}. e.g. confidentiality, non exploitation. <b>Evidence C is not acceptable for this criteria.</b>	'A' plus B	
	<b>Attitudes</b>	<b>REFERENCE – PROVIDED BY A REFEREE Plus biography</b>	<b>B.</b>	
11	Suitable at personal level.	Need to be a suitable person to be involved in a personal helping relationship with clients {e.g. no criminal convictions}	<b>B.</b>	
12	Enquiring mind	Someone who approaches their clinical practice with curiosity, critical understanding and a spirit of enquiry.	<b>B.</b>	
13	Self evaluation and reflection	Capacity to reflect on and evaluate their own values, priorities, interests, effectiveness and development.	<b>B.</b>	
15	Receptive to Scientist Practitioner approach	Receptive to Scientist Practitioner approach, and empiricism.	<b>B.</b>	
15	Biography	In addition to the above you are also asked to provide a biography of your working life to date, as shown in the example provided, circa between 500 and 700 words. <b>CVs not acceptable.</b>	<b>biography</b>	

## Sample Biography for applying for accreditation with BABCP through K, S & A Route

In 1990 I completed my undergraduate degree in psychology. This equipped me with specific theoretical knowledge to meet criterion 1,3,8 and 15 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 section Y of my application 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 section Y of my application. 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 application. 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 section Y of my application. This experience contributes toward criterion 10,11,12 and 13.

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 section Y of my application.

Between 1998 -1999 I worked in a paid capacity for the charity, Saneline. This developed my knowledge and skills in risk assessment as outlined in appendix Y.

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

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 Appendix Y and contributes to criterion 1,4,9,10,11,12,13 and 15.

Since completing my specialist CBT training I have continued to participate in CPD activities, the detail of which for the last 3 years is outlined in appendix Z. 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.

## **Accreditation and Registration Process and Fees**

Only fully paid up members of the BABCP may apply for Accreditation as Cognitive/Behavioural Psychotherapists.

Accreditation is an additional service offered to members and not a requirement for membership.

An *initial fee* is payable to BABCP on application for Accreditation. When Accredited, members pay an *annual subscription* every year at the anniversary of their Accreditation. This is an annual fee for administration and maintain their Accreditation for one year after which application for Re-Accreditation must be submitted. Accredited members wishing to have full details listed in the directory available to the public on the website pay an additional annual fee. [Current fees are posted on the BABCP Website, and can also be obtained from the BABCP office – [babcp@babcp.com](mailto:babcp@babcp.com)].

***APPLICANTS ARE ADVISED TO CHECK THE CURRENT FEE AND SUBSCRIPTION RATES BEFORE SENDING THEIR APPLICATION – PARTICULARLY IF YOU HAVE HAD THE FORM FOR SOME TIME.***

On receipt of the Application by the BABCP, basic details are checked – whether the applicant is a currently paid up member, the correct fee has been enclosed, there are two references and they include the supervisor and a member. The applicant will be informed of any problems at this stage before the Accreditation process is commenced.

The BABCP fee is non-returnable once the Application has commenced the Accreditation process.

If the Application is complete, it is forwarded to a member of the Accreditors Panel for scrutiny. This first Accreditor is usually from the same profession as the applicant.

After scrutiny, the first Accreditor will forward the application with comments and a recommendation to a second Accreditor who is a member of the Accreditation & Registration Committee (A & R). Either Accreditor may seek further information from the applicant, referees or any other party to the application.

If both Accreditors are recommending Provisional Accreditation, the application is returned to the Office and then summary details are circulated to all members of the A & R committee. If no further queries are raised by any member, the applicant is notified of their acceptance and details are sought for the BABCP Directory. Applicants are considered Provisionally Accredited only from the date of return of these details to the Office. A **Letter of Award of Provisional Accreditation** is then issued together with log books for recording Continuing Professional Development and Supervision for submission for Full Accreditation after one year and any random audit. **Accreditation Certificates are only issued on completion of the Full Accreditation process.**

An application will usually take three months from receipt to Accreditation but it can take much longer depending on time availability of the Honorary Accreditors or problems which may arise requiring further information to be sought. If applicants fail to respond to a request for more information within six weeks, the application may be considered to have been withdrawn.

Where an application cannot be recommended for Provisional Accreditation by both Accreditors, it is referred to a meeting of the A & R Committee. At the meeting, the Committee may Accredite, seek further information or reject the application with reasons and suggesting ways in which the applicant could ultimately fulfil the criteria. An appeal can be made to the National Committee of BABCP for further clarification.

When Provisionally Accredited, all members are included in the BABCP Directory initially for one year and following successful application for Full Accreditation five years - as long as they continue to meet the criteria and pay the annual fees.

Accredited BABCP members are *currently* eligible for Registration in the Behavioural and Cognitive Psychotherapy Section of the United Kingdom Council for Psychotherapy (UKCP). *However*, BABCP is considering its position with UKCP and what may be the best way to represent CBT in respect of the probable introduction by the Government of statutory regulation of psychotherapy. No additional criteria have to be met for UKCP registration other than paying an additional fee. Accreditation with BABCP has at least equal status to UKCP registration. There is an *annual fee* for UKCP Registration. The UKCP fee is collected by BABCP after Accreditation and forwarded with Registration details to UKCP. ***Registration and renewal with UKCP as a Cognitive/Behavioural Psychotherapist can only be done through BABCP.***

Annual subscription fees for Registration with UKCP are collected each year and can be paid via direct debit. Details are sent when Accredited. Part year Registration with UKCP still requires a full year fee.

## GUIDELINES FOR GOOD PRACTICE OF BEHAVIOURAL AND COGNITIVE PSYCHOTHERAPY - INTRODUCTORY STATEMENT

1. All members of the BABCP are required to endeavour to adhere to these guidelines.
2. Most BABCP members will already be members of the helping professions and hold appropriate qualifications. They should, therefore, be bound by a code of practice by virtue of their belonging to a profession and so a detailed statement of general ethical/legal principles is not included in these guidelines. It is expected that all members of BABCP approach their work with the aim of resolving problems and promoting the well-being of service users and will endeavour to use their ability and skills to their best advantage without prejudice and with due recognition of the value and dignity of every human being.
3. The term "worker" and "service user" are used throughout to designate the person responsible for helping and the person being helped respectively and should be taken to subsume similar relationships, e.g. doctor/patient, therapist/client, teacher/student etc. as appropriate. Similarly "assessments/ interventions" is used to subsume training, treatment, programme etc.

### 1 ASSESSMENT AND BEHAVIOUR/COGNITIVE CHANGE PROCEDURES

- (i) The worker will ensure that any intervention procedures adopted will be based upon evaluation and assessment of the service user and the environment. The worker will also strive to ensure that any assessments/interventions will be in the best interests of the service user, minimising any possible harm and maximising benefits over both the short and long term whilst at the same time balancing these against any possible harmful effects to others.
- (ii) Assessments/interventions will always be justified by the available public evidence taking into account all possible alternatives, the degree of demonstrated efficacy, discomfort, intervention time and cost of alternatives.
- (iii) Assessments/interventions will be planned and implemented in such a way that effectiveness can be evaluated.
- (iv) The aims and goals of assessments/interventions will be discussed and agreed with service users at the outset and may be renegotiated, terminated or a referral made to another worker at the request of either party if the goals are not being met after a reasonable period of time or if they later appear to be inappropriate.
- (v) On both ethical and empirical grounds assessments/interventions used will be of demonstrable benefit to the service users both short and long term and will not involve any avoidable loss, deprivation, pain or other source of suffering. It is recognised, however, that circumstances might exist where long term benefits could only be achieved by interventions which involve relatively minor and transient deprivation. Workers will ensure that no such assessments/interventions are used where effective alternatives exist or where long term benefit does not clearly outweigh the short term loss. The design of such assessments/interventions by virtue of the aims would minimise any suffering involved and ensure that dangerous or long term deprivation will not occur. Whenever there is room for doubt about justifying the use of such interventions, workers will always seek advice from an appropriately qualified and experienced colleague who is in a position to give an independent and objective opinion.

### 2 CONSENT

- (i) It is understood that consent to particular assessments/interventions is an ongoing process which places emphasis upon the service user's role in the continual evaluation of the assessments/interventions.
- (ii) Where a worker sees a service user only for evaluative or diagnostic procedures, this will be explained clearly to them.
- (iii) Upon team agreement regarding the best procedures to implement, the aims, rationale and alternatives of assessments/interventions will be explained to the service user at the start as explicitly and as fully as is consistent with therapeutic effectiveness and the person's best interests. If the assessments/interventions are experimental rather than established and proven, this will be communicated to the service user. If this has been fulfilled, the service user gives consent to the intervention and this is recorded.
- (iv) For people unable to give informed voluntary consent, written consent will be obtained from a relative after informing them as described above. If no relative is available, consent will be obtained from an advocate or other responsible professional.
- (v) Retroactive consent will only be considered sufficient in emergency situations such that any delay in intervention would lead to permanent and irreversible harm to the person's well being.
- (vi) If a service user, when capable of informed consent, or other appropriate person when 2(iv) applies, chooses to withhold consent, the intervention does not proceed. This applies equally to involuntary service users or those referred from the courts.
- (vii) Where a service user is within an institution, whether voluntary or otherwise, interventions may take the form of institutional management or specific programmes in which all members take part. In these circumstances informed consent may be difficult to achieve but the conditions of 1(iv) are taken as minimum requirement. People are informed of the extent to which they are free to withdraw from any aspect of assessments/ interventions. In addition, those responsible for the procedures have the responsibility for collecting objective evidence for their continuing efficacy.

### 3 QUALIFICATION AND TRAINING

- (i) No workers represent themselves as having qualifications or skills they do not possess.
- (ii) Workers recognise the boundaries to their competence both from formal training and from work experience and if faced with a situation outside their competence, either refer the person to a colleague who has the required skills or, if taking on the situation themselves, ensure that they receive supervision and training from a competent other.
- (iii) Workers expect to continue to develop expertise after formal training has finished and take reasonable steps to keep up-to-date with current research and practice, e.g. reading current research, by attending appropriate courses and receiving regular practice supervision from an appropriately qualified and experienced person.

### 4 INTERPROFESSIONAL RELATIONSHIPS

- (i) Workers in a multi-disciplinary setting keep their colleagues informed of their decisions, consult with them when appropriate and establish clearly the limits of their involvement with a particular service user.
- (ii) Where workers have in practice overall responsibility for service users, they recognise aspects where their own professional competence ends and consult other professionals as appropriate.

### 5 CONFIDENTIALITY

- (i) Information acquired by a worker is confidential within their understanding of the best interest of the service user and the law of the land. Written and oral reports of relevant material are made available to other persons directly involved.
- (ii) The service user's consent is required where information is passed beyond the normal limits of persons concerned or made available for the purpose of research.
- (iii) The service user's consent is required if they are presented to an individual or group for teaching purposes and it is made clear that refusal would have no implication for intervention.
- (iv) If an intervention is being published, personal details are restricted to the minimum required for describing the intervention.
- (v) If a video tape, film or other recording is made, consent in writing is required specifying whether the recording may be shown to: (a) other professionals; (b) students; (c) the lay public.

### 6 RESEARCH

- (i) If a service user is asked to be tested or interviewed as part of a research project, it is made explicit when the procedures used are not of direct therapeutic benefit to that individual and formal consent is obtained.
- (ii) When service users are in a research project where interventions are being compared or a control condition included, if one intervention or condition emerges as the most effective it is subsequently made available to those in the less effective control groups.

### 7 EXPLOITATION OF SERVICE USERS

- (i) Workers have a clear responsibility not to exploit service users in financial, sexual or other ways. Though some interventions entail workers and service users socialising together, a clear distinction between personal and professional relationships is still made.

### 8 PRIORITIES

- (i) Workers will often have to decide areas in which to specialise and this choice is made with due regard to the priorities involved taking into account the known efficacies of interventions available and the overall benefit conferred on service users in general.

### 9 ADVERTISING

- (i) Membership of BABCP does not confer any professional status or qualification. Workers will not refer to their membership of BABCP in advertising or elsewhere to imply any such professional status or qualification. (ii) Workers accredited by BABCP as Behavioural and/or Cognitive Psychotherapists to meet the criteria for registration with the Behavioural & Cognitive Psychotherapy Section of the United Kingdom Council for Psychotherapy, are free to advertise or otherwise announce that fact.