

This document provides guidance on assembling and assessing core Knowledge, Skills and Attitudes (KSA) Portfolios and Evidence required for Course Assessment processes

KSA Candidates or KSA Applicants 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 PG training in Cognitive Behavioural Psychotherapy (CBP)

This document is for use by:

- **Individual's assembling AREBT/BABCP KSA Portfolios who are applying for Provisional Accreditation via the KSA route**
- **Individuals assembling KSA Evidence for Assessment during a BABCP Level 2 Accredited PG Diploma, including IAPT HI PG Diplomas**
- **BABCP Accreditors, and BABCP Level 2 Accredited PG Diploma Training Course Selectors 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*

Preamble

It is recognised that the core Knowledge, Skills and Attitudes (KSA) expected of an individual as a precursor for undertaking a formal Post Graduate training in Cognitive Behavioural Psychotherapy (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, and in the case of AREBT members who already have a post graduate qualification but need to evidence equivalence to a core profession, such evidence 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, 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 take 3-4 years to complete most often.

It is therefore reasonable to assess a KSA individual across the whole KSA criteria, ensuring that not only is the minimum requirement for each 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 and/or through their portfolio and provisional application form has demonstrated attaining a post graduate level as a Rational Emotive Behavioural Therapist.

Responsibility of the KSA Candidate or Applicant

The KSA candidate or applicant is responsible for providing KSA 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 and/or a Rational Emotive Behavioural Therapist.

It is worth noting that whilst this might seem to be a substantial task, this provides the candidate or applicant 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

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

For AREBT/BABCP KSA Provisional Accreditation applicants, template documents can be downloaded from the Provisional Accreditation section of the AREBT and BABCP websites.

For KSA candidates for Level 2 Accredited courses, including IAPT HI courses, you should obtain course personalised template documents from your course.

Template documents are designed to be completed electronically, in Word, printed off, and signed where appropriate. Hand written documents should be avoided where possible.

The **KSA Evidence 1. CRITERION CHECKLIST** should be provided at the front of the Portfolio, indicating that each criterion has been evidenced individually and appropriately.

The Portfolio should be clearly broken down into the 15 criteria; making use of numbered tabs is advised.

For each of the criterion, complete the **KSA Evidence 2. SELF-STATEMENT** document (not required separately if a **KSA Evidence 4. COUNTERSIGNED SELF-STATEMENT** is included as a Reference), which should state how the criterion has 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). For the Self-statement for each criterion, refer to the 'Reference' requirement (*found in the section **KSA Criteria** later in this document*). **Examples of Self-statements follow at the end of this section**

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

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.

Information should be presented in a helpful way, so that Accreditors / Assessors can easily evaluate the information being evidenced, without the need for excessive cross referencing and 'hunting down' the relevant information for each criterion.

However, it is recognised that for multiple criterion, the same evidence will be used repeatedly, for example the certificate of graduation and curriculum for a training course. To ensure that a Portfolio does not become unmanageable in size, it is advised that large documents that are referred to repeatedly are placed at the back and listed on the **KSA Evidence 7. DOCUMENT LIST**; this asks for a label identifier (for example write a large 'A' at the top right corner of the document), the document name, and which criteria number it is being used to evidence.

Example

**List of Documents Referenced in Portfolio
or Evidence for Course Selection**
Provide copies only, not originals

Page 1 of 1

Label Identifier	Document Name	Criterion Numbers
A	Certificate and Curriculum, Counselling Diploma, Named University, 2003-5	4, 5, 8
B	Mandatory In-house Training Records, Employer Name, 2005-6	6, 8

Certificates and curriculum documents as a whole which are included in this section verify the entire training. However, a copy of the individual page that evidences how / contributes to a criterion being met, should be placed in the relevant section of the Portfolio, and the relevant information on the page/s highlighted. For example, the page of the curriculum that specifically refers to the module or course content relevant for the criterion.

Each of the 15 criteria should be evidenced individually and address the criteria individually; for example it is not sufficient to provide a duplicate Reference in several sections which attempts to address several criteria.

For certificates, curriculum, historical records and references etc., include copies, not original documents; they cannot be returned.



**CORE KNOWLEDGE, SKILLS AND ATTITUDES EVIDENCE
SELF-STATEMENT**

Applicant Name	Mark Peters
KSA Criterion Category	KNOWLEDGE
Criterion Item Number & Name	1. LIFE STAGES AND HUMAN DEVELOPMENTS

Applicant 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 (2001-2), 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 (2004-6), 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 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

Example

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 individuals 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.

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 Signature

Mark Peters



**CORE KNOWLEDGE, SKILLS AND ATTITUDES EVIDENCE
SELF-STATEMENT**

Applicant Name	Karen Jones
KSA Criterion Category	ATTITUDES
Criterion Item Number & Name	13. SELF EVALUATION AND REFLECTION

Applicant 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 (2005-7), 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 (2007-10), 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 1 year Counselling Skills Certificate (2009), 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

Example

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 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 2008 and April 2010

Applicant Signature

Karen Jones

KSA Evidence

There are different forms of evidence that can be produced to demonstrate how the 15 KSA criteria have been met.

Type A: Training Courses

It is anticipated that most applicants 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, 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 11-14, where a Reference completed by a Referee MUST be provided (a Countersigned Self-statement 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 REBT/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. It is preferable that these References come directly from formal course providers, or from employers, or someone responsible for, and attesting to the applicant's knowledge, skills and attitudes:

- The **KSA Evidence 3. REFERENCE** document 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, and should include the Applicant'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, a **KSA Evidence 4. 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, 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

An example of a Countersigned Self-statement follows:

Example



**CORE KNOWLEDGE, SKILLS AND ATTITUDES EVIDENCE
COUNTERSIGNED SELF-STATEMENT**

Applicant Name	Sheila Jacobson
KSA Criterion Category	KNOWLEDGE
Criterion Item Number & Name	4. MODELS OF THERAPY

Applicant Self-statement Attesting to Criterion

Acquisition of learning about a variety of theoretical models:

During my 1 year Counselling Skills Certificate training in 2005-6, 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, 2008-2010, 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 1 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 8-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 8 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

Example

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 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

Applicant Signature

SP Jacobson

Referee Attesting to Self-statement

Referee Name

Paul Smith

Position

Clinical Manager, Primary Care Psychological Services, Named Primary Care Trust

E-mail Address

paul.smith@anyemail.com

Telephone Number

07700 901234 / 020 7946 0123

Professional Relationship to Applicant

I was Karen's Manager whilst she worked for Named Primary Care Trust as a Gateway Worker, between April 2008 and June 2010, and I have provided monthly Clinical Supervision in her current role since August 2010

Referee Signature

Paul Smith

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.

The **KSA Evidence 5. Self-directed Study Record**, one specific to each relevant criteria, 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 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 AREBT/BABCP Individual Practitioner Provisional Accreditation. This is because AREBT/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 AREBT/BABCP KSA Provisional Accreditation applications.

Also

For AREBT/BABCP KSA Portfolios, Criterion 15 is a full biography of working history; use the **KSA Evidence 6. BIOGRAPHY** document

For Course KSA Evidence for Course Assessment, Criterion 15 is a record of relevant mental health and psychotherapeutic clinical experience; use the **KSA Evidence 6. CLINICAL EXPERIENCE RECORD** document

KSA Criteria

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 below.

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

Applicants, 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	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
KNOWLEDGE 1. Life Stages & Human Development	<p>Knowledge of life stages and human development, including understanding life-span development cycles during infancy, childhood, adolescence, adulthood and old age</p> <p>Training Course/s</p> <ul style="list-style-type: none"> 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) <p>Reference</p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant's acquisition of learning about life stages and human development <p><u>or</u></p> <ul style="list-style-type: none"> Countersigned self-statement by the applicant attesting to evidence of their acquisition of learning about life stages and human development <p>Self-directed Study</p> <ul style="list-style-type: none"> Evidence of more than one relevant theoretical source, and relevant learning points highlighted 	<p>A Training Course/s alone</p> <p><u>or</u></p> <p>B Reference</p> <p><u>plus</u></p> <p>C Self-directed Study</p>	<p>A Training Course/s</p> <p><u>or</u></p> <p>B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
<p>KNOWLEDGE</p> <p>2. Health & Social Care Approaches</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><i>For example:</i></p> <ul style="list-style-type: none"> • Mental Health Act/Mental Capacity Act • National Services Framework/New Horizons • NICE Guidelines • Social care policies • Human rights legislation • Data protection, access rights and confidentiality laws • Statutory and non-statutory codes of conduct • Variations of available services, for example IAPT, stepped care models • Models of service delivery <p>Training Course/s</p> <ul style="list-style-type: none"> • 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) <p>Reference</p> <ul style="list-style-type: none"> • Reference attesting to what evidence the Referee has of the applicant's exposure to and developed awareness of key and current legislation, including at least two illustrative examples of the application of this knowledge <p><i>or</i></p> <ul style="list-style-type: none"> • Countersigned self-statement by the applicant 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 <p>Self-directed Study</p> <ul style="list-style-type: none"> • Evidence of several relevant theoretical sources, and relevant learning points highlighted 	<p>A Training Course/s <i>alone</i> <i>or</i> B Reference <i>plus</i> C Self-directed Study</p>	<p>A Training Course/s <i>or</i> B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
<p>KNOWLEDGE</p> <p>3. Psychopathology / Diagnostic Skills</p>	<p>Demonstrate an accurate understanding of psychopathology and problem definitions</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> Working knowledge of systems of classification, diagnostic criteria and tools, for example DSM, ICD, diagnostic and symptom report questionnaires <p>Training Course/s</p> <ul style="list-style-type: none"> 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) <p>Reference</p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant'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 <p><i>or</i></p> <ul style="list-style-type: none"> Countersigned self-statement by the applicant 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 <p>Self-directed Study</p> <ul style="list-style-type: none"> Evidence of several relevant theoretical sources, and relevant learning points highlighted 	<p>A Training Course/s <i>alone</i> <i>or</i> B Reference <i>plus</i> C Self-directed Study</p>	<p>A Training Course/s <i>or</i> B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
KNOWLEDGE 4. Models of Therapy	<p>Knowledge of a variety of theoretical models of intervention</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> Understanding the historical context and implications for intervention of at least four of the following substantive theoretical models <ul style="list-style-type: none"> Cognitive/ Behavioural, including Roth & Pilling Competences Framework Rational Emotive Behavioural including REBT Competences Framework Biological Pharmacological Psychodynamic Humanistic / Person Centred Systemic and family <p>Training Course/s</p> <ul style="list-style-type: none"> Acquired through at 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) <p>Reference</p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant'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 <p><i>or</i></p> <ul style="list-style-type: none"> Countersigned self-statement by the applicant 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 <p>Self-directed Study</p> <ul style="list-style-type: none"> Evidence of several relevant theoretical sources, and relevant learning points highlighted 	<p>A Training Course/s alone <i>or</i> B Reference <i>plus</i> C Self-directed Study</p>	<p>A Training Course/s <i>or</i> B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
SKILLS 5. Competency in Key Relationship Skills	<p>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</p> <p>Training Course/s</p> <ul style="list-style-type: none"> 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) <p>Reference</p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant's acquisition of key relationship skills, and the proven understanding and application of the knowledge and skills through at least two illustrative examples <p><i>or</i></p> <ul style="list-style-type: none"> Countersigned self-statement by the applicant 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 <p>Self-directed Study</p> <ul style="list-style-type: none"> Evidence of several relevant theoretical sources, and relevant learning points highlighted <p>Course or Job Admission Criteria</p> <ul style="list-style-type: none"> Documented evidence of course entry criteria or job admission criteria, such as person specification, for courses and job roles that the applicant has undertaken 	<p>B Reference <i>plus</i> Minimum x1 other items of evidence from</p> <p>A Training Course/s C Self-directed Study D Course or Job Admission Criteria</p>	<p>B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
SKILLS 6. Maintain & Manage Records and Reports	<p>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</p> <p>Training Course/s</p> <ul style="list-style-type: none"> 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) <p>Reference</p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant's acquisition of skills for maintaining and managing formal and informal records and reports and other professional documents, and understanding necessary to comply with legislative guidance. Also attest to the applicant's proven understanding and application of the knowledge and skills through at least two illustrative examples <p><i>or</i></p> <ul style="list-style-type: none"> Countersigned self-statement by the applicant attesting to evidence of their acquisition of skills for maintaining and managing formal and informal records and reports and other professional documents, and 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 <p>Self-directed Study</p> <ul style="list-style-type: none"> Evidence of all several theoretical sources, and relevant learning points highlighted <p>Course or Job Admission Criteria</p> <ul style="list-style-type: none"> Documented evidence of course entry criteria or job admission criteria, such as person specification, for courses and job roles that the applicant has undertaken 	<p>B Reference <i>plus</i> Minimum x1 other item of evidence from A Training Course/s C Self-directed Study D Course or Job Admission Criteria</p>	<p>B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
SKILLS 7. Communication with Services & Colleagues	<p>Ability to maintain effective and appropriate communications with internal and external interested parties, including other professionals at all levels, and non-professionals</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> • Ability to communicate both orally and in writing making adjustments to suit target audience, for example speaking without ‘jargon’ to non-professionals • Ability to use common language when dealing with other professionals • Ability to maintain focus on relevant areas of interest so as to facilitate processes helpfully <p>Training Course/s</p> <ul style="list-style-type: none"> • 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) <p>Reference</p> <ul style="list-style-type: none"> • Reference attesting to what evidence the Referee has of the applicant’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 <p><i>or</i></p> <ul style="list-style-type: none"> • Countersigned self-statement by the applicant 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 <p>Self-directed Study</p> <ul style="list-style-type: none"> • Evidence of several relevant theoretical sources, and relevant learning points highlighted <p>Course or Job Admission Criteria</p> <ul style="list-style-type: none"> • Documented evidence of course entry criteria or job admission criteria, such as person specification, for courses and job roles that the applicant has undertaken 	<p>B Reference <i>plus</i> Minimum x1 other item of evidence from A Training Course/s C Self-directed Study D Course or Job Admission Criteria</p>	<p>B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
SKILLS 8. Awareness of Risk	<p>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</p> <p><i>Training Course/s</i></p> <ul style="list-style-type: none"> 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) <p><i>Reference</i></p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant'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's responsibility to respond to these, by providing at least two illustrative examples <i>or</i> Countersigned self-statement by the applicant 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 	<p>A Training Course/s <i>plus</i> B Reference</p>	<p>A Training Course/s <i>plus</i> B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
SKILLS 9. Comprehension of Research	<p>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</p> <p>Training Course/s</p> <ul style="list-style-type: none"> • 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) <p><u>For example:</u></p> <ul style="list-style-type: none"> • Direct experience of carrying out a short piece of research including critical literature review • 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 <p>Reference</p> <ul style="list-style-type: none"> • Reference attesting to what evidence the Referee has of the applicant'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's proven understanding of and involvement with the application of the knowledge and skills through an illustrative example <p><u>or</u></p> <ul style="list-style-type: none"> • Countersigned self-statement by the applicant 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 	<p>A Training Course/s <u>plus</u> B Reference</p>	<p>A Training Course/s <u>plus</u> B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
SKILLS 10. Commitment to Ethical Principles	<p>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.</p> <p>Training Course/s</p> <ul style="list-style-type: none"> 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) <p>Reference</p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant's acquisition of knowledge of ethically appropriate conduct , and the applicant's proven understanding of and skill in the application of this knowledge by providing at least two illustrative examples of the applicant successfully working through ethical dilemmas <p><u>or</u></p> <ul style="list-style-type: none"> Countersigned self-statement by the applicant 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 	<p>A Training Course/s <u>plus</u> B Reference</p>	<p>A Training Course/s <u>plus</u> B Reference</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
ATTITUDES 11. Suitable at a Personal Level	Evidence of personal suitability to working in a helping role Reference <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has of the applicant's suitability to 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 has a reasonable standing within the professional community, and clearly evidenced by giving an illustrative example that the applicant is able to appropriately form, maintain and end helping relationships, in a way which holds to appropriate professional boundaries 	B Reference <i>(provided by a Referee, not a countersigned self-statement)</i>	B Reference <i>(provided by a Referee, not a countersigned self-statement)</i>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
ATTITUDES 12. Enquiring Mind	Approaches practice with curiosity and a spirit of enquiry Reference <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has that the applicant approaches clinical practice in a way which clearly demonstrates curiosity and a spirit of enquiry, such that they work collaboratively with others and evidence a desire and ability to improve knowledge, and skills by working hypothetically and with a fresh mind, evidenced by giving at least two illustrative examples 	B Reference (provided by a Referee, not a countersigned self-statement)	B Reference (provided by a Referee, not a countersigned self-statement)

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
ATTITUDES 13. Self Evaluation and Reflection	Capacity to reflect on and evaluate own values, priorities etc. Reference <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has that the applicant 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 acting in a self-reflective way, or with self-awareness, in their work 	B Reference <i>(provided by a Referee, not a countersigned self-statement)</i>	B Reference <i>(provided by a Referee, not a countersigned self-statement)</i>

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ATTITUDES 14. Receptive to Scientist Practitioner Approach	<p>Receptive to scientist practitioner approach and empiricism, including identifying problems and finding and applying evidence-based solutions</p> <p>Reference</p> <ul style="list-style-type: none"> Reference attesting to what evidence the Referee has that within the applicant's practice there is 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 	<p>B Reference (provided by a Referee, not a countersigned self-statement)</p>	<p>B Reference (provided by a Referee, not a countersigned self-statement)</p>

CRITERION CATEGORY & Criterion Number & Item	Qualification and Quantification	Evidence for AREBT/BABCP Portfolio	Evidence for Course Assessment
ADDITIONAL SUPPORTING INFORMATION 15. Biography or Clinical Experience Record	Evidence of relevant work history / experience, and training	Biography	Clinical Experience Record