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Parkinson, Ben; Marks, Dougie

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Describing CBT trained mental health professionals' views towards and motivation for BABCP accreditation: a generic qualitative study

The British Association for Behavioural and Cognitive Psychotherapies (BABCP) is a self-regulating professional body, which offers a non-mandatory accreditation scheme for CBT therapists (BABCP, 2015). The BABCP is open to anyone, however, only members who choose to evidence the additional training/experience requirements for accreditation can call themselves 'accredited' (BABCP, 2012). Accreditation requires applicants to have a professional qualification (e.g. psychology, occupational therapy or nursing) and have undertaken further training in CBT (i.e. 450 hours). Additionally, accredited CBT therapists have to evidence 200 plus hours of supervised practice and provide a supervisor's report (BABCP, 2012).

BABCP membership is in the region of ten thousand [n=9903] with approximately half [n=4228] that figure being 'accredited' (BABCP, 2014). The BABCP has seen an increase in membership, with the figures for accreditation being the highest on record and the proportion of members seeking accreditation also increasing (BABCP, 2014). This mirrors similar trends observed within the field of counselling and psychotherapy more generally. Bondi (2004) states there has been a growing professionalisation within the healthcare sector over recent decades, which has manifest within the field of counselling and psychotherapy. However, professional regulation and accreditation within counselling and psychotherapy has been a divisive issue and continues to divide opinion (Bondi, 2004; Totton, 1999). Advocates of accreditation argue it maintains quality, ensures ethical practice and improves standards (Wasdell, 1992). However, others believe accreditation is no guarantee of either quality or safety and might be counter productive (Bondi, 2004; House, 2001).

The BABCP suggests accreditation provides a minimum standard and benchmark for people/organisations and can offer assurances to the public (BABCP, 2015). The BABCP suggest people '*should*' become accredited for various reasons: demonstrating training/experience to others, accessing certain job opportunities, to facilitate privately funded health insurance requirements and to provide assurances to the public (BABCP, 2015). Research evidence on BABCP accreditation is limited. Two surveys completed ten years apart revealed a highly inequitable distribution of accredited CBT therapists, with the most recent survey indicating a five-fold difference between the best and least well-resourced areas (Cavanagh, 2014; Shapiro, Cavanagh and Lomas 2003). Additionally, Brosen, Reynolds and Moore (2006) investigated CBT therapists [n=24] and examined the relationship between their competence and various pre-determined therapist characteristics. Brosen, Reynolds and Moore (2006) discovered accredited therapists did not necessarily achieve better competence scores than those without accreditation. However, this study has since been criticised for using a small/unrepresentative sample and only measuring competence during one mid-treatment audio recording (McManus et al. 2012).

One area where BABCP accreditation is thought to have a positive impact on clinical work is in the development of CBT formulation, which is the cornerstone of effective CBT intervention (Kuyken et al. 2005). This evidence emerged after the reliability and quality of CBT formulations were evaluated during training workshops. Kuyken et al. (2005) discovered accreditation status and level of clinical experience were positively associated with more reliable and better quality case formulations, although they acknowledge that accreditation is a poor proxy for quality.

There is also limited information about the importance placed on accreditation by CBT therapists. McManus, Rosen and Jenkins, (2010) suggest accreditation is an important early career milestone for CBT therapists. Although, there remains the question about CBT therapists who, decide not to become accredited. Shapiro, Cavangh and Lomas (2003) speculate non-accredited people may lack the necessary training/experience required for accreditation and/or may be affiliated to other professional organisations, but again this aspect has not been fully investigated.
To sum, recent figures indicate increasing numbers of people are seeking accreditation, but there is a lack of research and none investigating CBT therapists views on the subject.

Aim

To describe CBT trained mental health professionals' views towards and motivation for BABCP accreditation.

Methods

Participants

Convenience sampling was used to recruit CBT trained mental health professionals from NHS Greater Glasgow and Clyde Health Board. Twenty-eight invitations were made, but only seven accepted. All participants had completed postgraduate CBT training and were currently using *high-intensity* CBT in clinical practice. The shortest length of time someone had been practicing CBT was seven years. Six participants were female and one was male. Six participants were mental health nurses and one was an occupational therapist. The level of training, length of service and use of CBT suggests all participants were eligible for accreditation with the BABCP, although, only two were currently accredited.

Data collection

Individual face-to-face semi-structured interviews were completed in 2015. All interviews were audio recorded and transcribed.

Data analysis

Qualitative data was analysed using Thematic Analysis (Braun and Clarke, 2006).

Rigour

Verbatim transcripts and accuracy checks were used (Holloway and Wheelers, 2010). Findings are presented using participant excerpts to help provide transparency and demonstrate rigour (Creswell, 2009). Data analysis

was ‘peer reviewed’ to help identify any unintentional bias (Holloway and Wheeler, 2010).

Ethics
NHS Greater Glasgow and Clyde and the University of the West of Scotland Ethics Committee approved this study.

Results

Themes	Sub-themes
• Accreditation seen as having personal value	• Intention to become accredited. • Accreditation associated with a sense of achievement. • Frustration with not being accredited.
• Accreditation helpful for career development	• Continuous professional development. • Accessing certain role.
• CBT therapist identity	• Credibility as a CBT therapist. • Peer recognition.
• Barriers to becoming accredited	• Personal administrative burden. • Clinical supervision.
• Absence of motivating factors for accreditation	• Not ‘essential’ for current job. • Already registered. • Not a priority.

Figure 2: themes and sub-themes

BABCP accreditation seen as having personal value
All participants saw value in BABCP, whether or not they were accredited themselves.

> *“I think most people like to become accredited because it’s the ‘gold standard’. That’s what people are looking for...”*

This theme illuminates participant’s positive views towards accreditation and is associated with three sub-themes: *intention to become accredited; accreditation associated with a sense of achievement* and *frustration with not being accredited*.

Intention to become accredited
The sub-theme: *intention to become accredited* illustrates some eagerness to work towards accreditation after completing CBT training:

> *“...I wanted something, to kinda highlight clinical practice and so I very*

much finished the certificate with the view of pursuing accreditation".

This eagerness to become accredited after training supports the notions that accreditation is sometimes viewed as an important early career milestone (McManus, Rosen and Jenkins, 2010).

Accreditation associated with a sense of achievement
The sense of achievement associated with accreditation appears driven by personal satisfaction, rather than being necessarily acknowledged by their employer:

> *"Yeah, I guess it is something you value, more from a personal point of view, rather than it being valued by your organisation."*

Frustration with not being accredited
Some participant's described being frustrated with themselves for not being not accredited.

> *"Well, I think it's important. I think that its something that I should have done very quickly after I had done my training, but it seemed so much, and so many other things to get going and get practicing. And then time just whizzes by and many years down the line you think, 'I should maybe have done that'."*

These three excerpts illustrate the different stages participants are with their journey to becoming accredited: with some reporting an *intention to become accredited*; others a sense of satisfaction or *achievement with being accredited;* and some being *frustration at not being accredited*.

Accreditation helpful for career development
The second theme within the data was: *accreditation helpful for career development*. This was fairly consistent across all participants and is reflected by the following excerpt.

> *"I think for me personally, I think it would add another level of my professional development, if I'm honest. Erm, there is a whole field out there and a network, as well, that you can be in touch with, and contact with and more training opportunities. Development opportunities, through the BABCP, it just adds that other level to your training, your skills, your work. The NHS is very generic, but that fine tunes things for you."*

The theme of: *accreditation helpful for career development* is divided into two sub-themes, which illustrates the different ways participants see accreditation as a career development aid.

Continuous professional development
Accreditation is seen as helpful for accessing CPD and ensuring people are up to date.

"You are getting the journals, updated with all the kinda latest research also the special interest groups and things, like that so... Its an important way of me keeping up to date with my colleagues."

Although, some participants did clarify their statements, by stating it is possible to maintain CBT-related CPD without accreditation, which challenges the necessity of accreditation from a CPD perspective.

"I feel that it does help with my CPD, to keep me, yes, up to date, current in my own sort of professional development... you can still attend events without being a member and without being accredited. So... you could still have that without, the accreditation as well."

Accessing certain roles

Several participants referred to accreditation being seen as a pre-requirement for certain kinds of employment:

"Or possibly other types of jobs that might appeal, like teaching. So that's like a NES [NHS Education for Scotland] *teaching post or a University teaching post, being accredited would make you a much more credible, you know kind of position for future employers."*

Accreditation is also seen as a pre-requisite for additional responsibilities within their current role. With some services now expecting CBT supervisors to have practitioner accredited:

"Well yes, you know taking some of the students, from some of the training programmes for CBT therapists. You know they have asked that their supervisors be accredited therapists."

The move towards wanting trainee CBT therapists to be supervised by mental health professionals with accreditation, does appear to suggest accreditation is sometimes being seen as a pre-requisite for certain roles.

CBT therapist identity

This theme was latent within the data, but appeared to be associated with a sense of being both *credible as a CBT therapist* and also gaining *peer respect*.

"I think it strengthens CBT as a profession itself. I think it helps us to regulate, it helps us, it helps us to... be part of a professional body, that recognises the work that we do."

The notion of accreditation being associated with *CBT therapist identity* appears to resonate with the increasing professionalisation seen within counselling and 'talking therapies' more generally (Bondi, 2004).

Credibility as a CBT therapist

Participants often cited CBT therapist credibility as an important feature of accreditation. The credibility described here was associated with participants'

identity as CBT therapists and appeared linked to their confidence as therapists and how comfortable they were describing themselves as CBT therapists.

> *"I think that* [being accredited] *would again give you more credibility. I think there is definitely an added credibility."*

> *"It raises questions about "why can you call yourself a CBT therapist... what are your professional standards?" And knowing you can answer those questions confidently, helps a lot."*

Although, one participant clarified their thinking with regards accreditation and credibility as a CBT therapist, by stating non-accredited CBT therapists were not less credible than those with accreditation.

> *"Having said that I have worked with a lot of CBT therapists who don't,* [have accreditation] *including myself, and I would not say we are in anyway inferior."*

This clarification indicates accreditation might sometimes be seen as a sign of CBT therapist credibility, but also highlights the danger of making assumptions about people without accreditation. This sentiment echoes Kuyken and colleagues (2005) thoughts about accreditation being a poor proxy for competence.

Peer respect

Many participants suggested accreditation was associated with being seen differently by their peers and gaining *peer respect*.

> *"Yeah, I think personally, when I meet another CBT therapist and they say that they are accredited... there is something... for me that tells me [sigh]... I don't know... it's hard to put it into words. I think it is about credibility."*

These three excerpts illustrate CBT therapists views towards accreditation and how it appears to be linked to their *identity as a CBT therapists*.

Barriers to becoming accredited

The theme of *barriers to becoming accredited* was consistent across participants and was sometimes associated with feelings of frustration when talking about their experiences of trying to become accredited.

> *"I think there is a bit of me that is a bit aggrieved about it... if you are saying my course is good enough and I qualified, why cant you [the BABCP] just except I have a qualification, and its signed and its on a proper certificate. That should be stage one. And then the stage two, yeah and then I would be quite happy to provide evidence, with ongoing taping sessions."*

Within this theme there are two noteworthy sub-themes: *personal*

administrative burden and *clinical supervision*.

Personal administrative burden
Both accredited and non-accredited participants cited difficulty with the *personal administrative burden* of accreditation [i.e. the application paperwork]. The following excerpt from an aspiring accredited CBT therapist illuminates the difficulties sometimes encountered during the application process:

> *"And I met the criteria... the biggest stumbling block was bringing all the evidence together. Because, I did my training at a time when you were saving things or floppy discs and whatever, and then the things had to get destroyed."*

Accredited CBT therapists also expressed difficulty with the application process when applying for re-accreditation.

> *"Because the re-accreditation process, can be quite stressful, it is not so much keeping the log book, but it is bringing it all together. The admin time, like where is your evidence for this and just having it in some kind of logical format that you can send to them..."*

These findings suggest CBT therapists with and without accreditation struggle with the administrative burden and indicate the process of accreditation is taxing.

Clinical supervision
Clinical supervision was cited as a barrier for becoming accredited, with several participants commenting on the challenges of accessing appropriate clinical supervision for accreditation. This sub-theme appeared a common barrier and had resulted in some participants delaying their application indefinitely.

Accreditation requires applicants to have accrued 200 hours of supervised CBT clinical practice, including regular 'live supervision' [e.g. video, audio or in-vivo observation], from a supervisor whom is eligible for accreditation (BABCP, 2012).

> *"Well I think because particularly in Glasgow there aren't many accredited people, so in terms of being able to fulfill the requirements it's actually quite tricky. So you need to have an accredited supervisor, well there's not that many people accredited, so how do you do that?"*

Plus, the requirement for regular 'live supervision' within clinical supervision was also cited as difficult. With some CBT therapists stating 'live supervision' was not routinely used in supervision.

> *"So, what we did was go through and I went back historically and got all the information and I actually completed pretty much the form for submission and the bit where I fell short, was although I was actually*

receiving supervision, at that time we weren't routinely taping, I wasn't taping my sessions for my supervisor."

The two main barriers to becoming accredited identified within this study relate to the *personal administrative burden* and accessing and ensuring adequate *clinical supervision*.

Absence of motivating factors for accreditation

This theme describes how some participants were not motivated for accreditation. *Absence of motivating factors for accreditation* was not expressed manifestly by participants, but inferred within the sub-themes of: *not 'essential' for current job*, *already registered* and *not a priority*.

Not 'essential' for current role

To some extent the participants included in this study had already established themselves as CBT therapist, by virtue of being in a designated CBT therapy post.

> *"Well, in your current job in the NHS it is not a requirement, it is 'desirable', but it is not 'essential'. So you are more employed under your professional... so you don't really need it... so you could get by without it."*

Already registered

Being *already registered* with a statutory body [e.g. NMC] meant some CBT therapists lacked motivation for accreditation and did not feel pressured to become accredited.

> *"But there was never any pressure... and I think the reason there was never any pressure, was coz in terms of kind of clinical governance if you like, coz I am a registered Nurse."*

This sentiment suggests some CBT therapists and employers place greater importance on statutory registration and believe it is both necessary and sufficient for practicing CBT. The importance placed on statutory registration by employers is understandable. However, it is doubtful whether having a professional registration and being '*already registered*' would be sufficient preparation for working as a high-intensity CBT therapist, when current guidance states high-intensity therapists should have postgraduate training (NHS Education for Scotland, 2011).

Not a priority

The *not a priority* sub-theme was most obvious when CBT therapist's personal and/or employment responsibilities took precedence over becoming accredited.

> *"Yeah, a few years later err my first and only child was born, so priorities change as well."*

Hence, the three sub-themes of: *not 'essential' for current role, already*

registered and *not a priority*, go someway toward explaining why eligible and experienced CBT trained mental health professionals sometimes decide against becoming accredited.

Discussion

The BABCP suggests people ‘should’ become accredited because it would help demonstrate experience/training to others and/or help them secure certain jobs (BABCP, 2015a). These assertions appear consistent with some of the themes identified within this study. Moreover, no participants were completely against voluntary self-regulation, which suggests participants did not share House (2001) and Totton’s (1999) views against regulation. Possibly the most important contribution this study makes is improving our understanding of why some CBT therapists are not accredited. Previously, non-accredited therapists were assumed to lack the basic training requirements and/or thought to be affiliated to other professional bodies and not interested in accreditation (Shapiro, Cavangh and Lomas 2003). However, this study suggests some CBT therapists might experience ambivalence towards becoming accredited due to an *absence of motivating factors* and/or perceived *barriers*.

When considering the *personal administrative burden* theme, surprisingly cost was not seen as a prohibitive factor, but instead participants stated the process of evidencing training/experience was the most challenging. With regards the *clinical supervision* theme, two areas were identified as potentially causing a barrier to accreditation. The first area was related to the availability of clinical supervisors with sufficient skill/experience to supervise aspiring applicants. The second barrier for accreditation was the necessity to have received regular ‘live’ supervision.

The importance of ‘live’ observation of practice within supervision and the understanding it improves the supervision process (Sloan, 2007), means it is understandable the BABCP expects therapist to undertake regular ‘live’ clinical supervision. Although, findings from a large survey of BABCP accredited therapists (n=170) discovered many accredited CBT therapists do not regularly receive ‘live’ clinical supervision, which suggests there is some discrepancies between ‘best practice’ and the real-world reality of clinical supervision (Townend, Iannetta and Freeton, 2002).

Limitations of the Study

The main limitations revolve around the limited scope and size of the study. Recruitment came to an end once all consenting participants had been interviewed. This small sample size and lack of further participants mean it was unfeasible to confirm data saturation.

Implications for Practice

This study does not assume all CBT therapists want to become accredited, but it does suggest some CBT therapists might be facing difficulty with the accreditation process. One potential barrier is the *personal administrative burden* associated with the application process. Currently the BABCP accreditation uses a traditional paper-based system. In recent years there

has been a huge increase in online/web-based technologies. Consequently, there is a growing acceptance of e-portfolios for education and professional development purposes (Alsop, 2013). Introducing e-portfolios might help reduce the administrative burden associated with accreditation.
The second implication for practice focuses on accessing suitable clinical supervision. To make it easier for applicants to find clinical supervisors it is suggested organisations/regions create databases of suitable clinical supervisors (Sloan and Grant, 2012). Developing such a database would potentially make accessing suitable clinical supervision easier for CBT therapists.

Further Research
Future research could include investigating different professional groups and/or replicating the study in England and Wales.

Conclusion
The BABCP has seen a marked increase in the number of people seeking accreditation. This study investigated the trend by asking: what views do CBT trained mental health professionals have towards BABCP accreditation and what is motivating them towards non-mandatory professional regulation? The qualitative study produced five themes and twelve sub-themes. CBT therapists generally view accreditation as having personal value and recognise the benefits of accreditation from a career development and CBT therapist identity perspective. However, some CBT therapists reported an absence of motivating factors for accreditation and encountered barriers when trying to become accredited. Possible solutions for these barriers are discussed, with a focus on using e-portfolios and developing a database of clinical supervisor.

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