



# GUIDELINES AND EXAMPLES OF CBT CLINICAL SUPERVISION LOGS

**FOR USE FOR FULL ACCREDITATION AND RE-ACCREDITATION AS A BEHAVIOURAL AND/OR COGNITIVE PSYCHOTHERAPIST**

Your Log Books of CBT Clinical Supervision and Reflective Statements for Continuing Professional Development (CPD) must be provided as part of your Full Accreditation and Re-accreditation application, as evidence of your sustained commitment to the theory and practice of CBT.

You should record Clinical Supervision contact and CPD activity contemporaneously; spot checks and audits may be carried out.

All forms are to be typed, not hand-written (contact the BABCP office if this is not possible).

Use more than one sheet where necessary for each 12 month period. On the supervision logs ensure you provide total hours for each section and/or sheet.

## Log Book of CBT Clinical Supervision

CBT Clinical Supervision is not the same as professional or managerial supervision (although 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.

Supervision should be provided by an appropriately qualified BABCP Accredited Practitioner or equivalent.

Applicants should be receiving regular Supervision, which means a minimum of one and a half hours per month total supervision time for a full time practitioner; this can be taken to mean an average, providing the contact is regular, to accommodate individual circumstances. Accreditors will be looking for evidence that sufficient Supervision arrangements are available to the applicant, in respect of the case-load of their clinical practice and level of expertise. For those working less than half time clinical work, accreditors are flexible in consideration of the Supervision time required. This is evaluated on an individual basis.

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 material regularly, and that the applicant member must have an opportunity for individual Supervision should it be needed, or quickly available alternative supervision, e.g. advice in a crisis situation. For the sake of clarity, it is considered that the minimum of one and a half hours of group supervision alone would be inappropriate for a full-time experienced clinician.

Types of Supervision may be individual, in a CBT Supervision Group, telephone, peer review, or by e-mail (but not telephone or e-mail alone – there must be some direct personal contact on occasions).

For the log book, give details as requested, including the date of Supervision contact, whether individual, group or peer, the name of the Supervisor or members of the group, including facilitator, the duration of the contact, *details* of the content of the Supervision, and the methods used.

Content of Supervision refers to the kind of material reviewed, including case reviews and discussions, techniques, skills, practice, theory, etc.

Methods of Supervision refers to the way the supervision is undertaken, including case presentations, role-play, telephone or e-mail contact, and **MUST** include, on a regular basis, the use of in-vivo, video or audio recording assessment, preferably using formal skills measures, e.g. CTS-R.

***See example below of 12 months of Supervision recording; this is the standard of recording that is expected***

## LOG BOOK OF CBT CLINICAL SUPERVISION for 12 months

Detail, session by session, your CBT Clinical Supervision and support contact for the past 12 months, providing requested detail for each individual session

- All forms to be typed, not hand-written (*contact the BABCP office if this is not possible*)
- Refer to the Guidelines and Examples for Completion of CBT Log Books for Clinical Supervision and Continuing Professional Development
- Use more than one sheet if necessary for each 12 month period
- Ensure you provide total hours for each sheet

Name: **Sara Withers**

Membership Number: **999111**

Date Accredited: **20 April 2004**

12 Month Period: **FROM May 2012 TO April 2013** (month & year)

| Date                     | Individual / Group / Peer | Name of Supervisor; or No. of People in Group and Name of Facilitator | Duration of Contact (hours) | Content   | Method                                   |
|--------------------------|---------------------------|---|-----------------------------|---|--|
| 12/5/12                  | Individual                | Paul Jones  | 1.5                         | Review of supervision arrangements, planning for video assessments<br>Discussed increasing client workload                            | Discussion                               |
| 30/6/12                  | Individual                | Paul Jones  | 2                           | Client SS sudden death at home<br>?overdose; review of risk and procedures  | Discussion                               |
| 28/6/12                  | Individual                | Paul Jones  | 1.5                         | Client GD case discussion, working with boundaries – review formulation relating to boundaries.<br>General discussion on formulations | Case presentation, role-play, discussion |
| 8/9/12                   | Individual                | Paul Jones  | 1.5                         | Client GW case discussion and video   | Full video assessed CTS-R                |
| 11/9/12                  | Group                     | Paul Jones (facil), Katie McCann, Talia Caven                         | 2                           | Case presentations and discussions – GAD and social phobia (I did not present)  | Case presentations                       |
| 29/9/12                  | Individual                | Paul Jones  | 1                           | Client GD case discussion, ending Client YM stuck with client's sense of hopelessness   | Case presentation and discussion         |
| 30/10/12                 | Individual                | Paul Jones  | 1.5                         | Client AR, bipolar, discussed medication and overall approach and planning<br>Client YM video   | Discussion<br>Full video assessed CTS-R  |
| 20/11/12                 | Individual                | Paul Jones  | 1.5                         | Client AP, bipolar, review formulation<br>Client PM, adolescent, OCD, discussion about family, boundaries<br>Client                   | Case presentation and discussion         |
| 12/12/12                 | Group                     | Katie McCann (facil), Paul Jones, Talia Caven                         | 2                           | Case presentations and discussions – Depression and my case client AD, BPD  | Case presentations                       |
| 23/12/12                 | Individual                | Paul Jones  | 0.5                         | Client HB, grief, discussed risk  | Telephone                                |
| 22/1/13                  | Individual                | Paul Jones  | 1.5                         | Client HB, grief, case presentation<br>General discussion about social phobia, latest research, and self-help books                   | Case presentation and discussion         |
| <b>SHEET TOTAL HOURS</b> |                           |   | <b>16.5</b>                 |   |  |

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|--------------------------|---------------------------------|--|-----------------------------------|---|--|
| 15/2/13                  | Group                           | Katie McCann (facil),<br>Paul Jones, Talia<br>Caven                            | 2                                 | Case presentations and discussions,<br>PTSD and use of EMDR, and I presented<br>video excerpt of client HB, grief   | Case presentations<br>and video excerpts         |
| 2/3/13                   | Individual                      | Paul Jones   | 1.5                               | Client YM video   | Full video assessed<br>CTS-R                     |
| 19/3/13                  | Individual                      | Katie McCann   | 0.5                               | Client DD, support in making decision to<br>refer to specialist eating disorders clinic   | E-mail exchange                                  |
| 6/4/13                   | Individual                      | Paul Jones   | 1.5                               | Client DD, anorexia, discussion about<br>referral and handover to specialist<br>services, family contact, difficulties with<br>ending, personal reflections               | Case presentation<br>and discussion<br>Role-play |
| 10/4/13                  | Group                           | Paul Jones (facil), Katie<br>McCann, Talia Caven                               | 2                                 | Case presentations and discussions, BPD<br>and depression (I did not present)   | Case presentations                               |
| 27/4/13                  | Individual                      | Paul Jones   | 1.5                               | Client WB, GAD & depression, case<br>presentation and discussion<br>Client LP, psychosis, discussed<br>formulation<br>General discussion about behavioural<br>experiments | Case presentation<br>Discussion and<br>role-play |
| 30/4/13                  | Individual                      | Katie McCann   | 0.5                               | Client LP, psychosis, discussed risk, and<br>child protection issues  | Telephone  |
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| <b>SHEET TOTAL HOURS</b> |                                 |  | <b>9.5</b>                        |   |  |