

Reaccreditation Guidelines: Supervision

Statement of Standards and Recommendations of CBT Practitioner Accreditation Committee:

CBT Clinical Supervision is not the same as professional or managerial supervision (although these may be provided by the same person as Clinical Supervision).

Clinical Supervision is also more than professional consultancy.

Qualifications of Supervisors

Supervision should be provided by an appropriately qualified BABCP Accredited Practitioner or with a practitioner who is trained and qualified in CBT to postgrad diploma level (or would meet minimum training standards) – is currently utilising CBT as a dedicated practitioner (ie at least 50% of own clinical practice is CBT) – and is in receipt of specifically CBT supervision.

Amounts of Supervision

Accredited practitioners should be receiving regular specifically CBT supervision – and for a full time clinical caseload this should be a minimum of one and a half hours per month. This can mean an average, providing the contact is regular. However, 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.

You should have sufficient supervision arrangements for your case-load and level of expertise.

For those working less than half time clinical work, it would be reasonable to pro-rate the overall amount of supervision time to minimum of 45 mins or one hour as seems appropriate.

Accredited supervisors should be receiving appropriate levels of supervision for their supervisory practice – equivalent to 5% of their supervisory caseload or one hour per month.

Accredited trainers should be receiving appropriate levels of support or supervision for their delivery of training – equivalent to a minimum level of two hours per year.

Recording Supervision

It is recommended that records of all supervision sessions are recorded contemporaneously. The forms required if you are invited for Random Audit will be supplied when the new system is launched later in 2017. In the meantime, you can use the current supervision log provided on the BABCP website. If invited to audit you will also have to provide current Supervisor Report(s).

Types and Methods of Supervision

Types of Supervision may be individual, in a CBT Supervision Group, by Skype, instant chat, or telephone, peer review, or by e-mail (but there should be some direct personal contact on occasions).

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The Lead Organisation for CBT in the UK and Ireland

British Association for Behavioural
& Cognitive Psychotherapies



All time spent in **group supervision** will count providing the group has **no more than six members**; all group members must present their own material regularly, and you must have an opportunity for individual supervision should it be needed, or quickly available alternative supervision, e.g. advice in a crisis situation.

The supervisor and supervisee should agree elements suited to the clinical (or supervisory or training) practice ensuring that some elements of what would be regarded as good supervisory practice are present, such as live sampling; use of CTS R or equivalent skills measure; experiential methods (like live observation) etc. Literature demonstrating the evidence base of live sampling is available:

Evidence to support benefits of live sampling

*Bennett-Levy, J. and Lee, N.K. Self Reflection and Self Practise in Cognitive Behaviour Therapy Training. Behavioural and Cognitive Psychotherapy, 2014, 42, 48-64.

*Milne, D.L. and Reiser, R.P. Observing Competence.. The CBT'ist, 2011, 4, 89-100

*Milne, D.L. Reiser, R.P. et al. SAGE: preliminary evaluation... The CBT'ist .2011, 4, 123-138

*Milne etc An N=1 Evaluation.. B&CT, 2013, 41, 201-220

*Bambling, M. et al, Psychotherapy Research, 2006, 16, 317-331

*Falander, C.A and Schafranske, E.P. Psychotherapy Based Supervision models....
Psychotherapy:theory, Research, Practise, Training. 2010, 47, 45-50

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