



SUPERVISOR'S REPORT

SUPERVISOR'S REPORT FOR ACCREDITATION
AND RE-ACCREDITATION WITH THE
BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES
AS A PSYCHOTHERAPIST

Applicant's Name FRED BLOGGS

This form should be typed, not hand-written
(contact the BABCP office if this is not possible, on 0161 705 4304 or at babcp@babcp.com)

BABCP sets and monitors standards for those wishing to become Accredited and Re-accredited as Behavioural and/or Cognitive Psychotherapists. A Report from the Clinical Supervisor about the Applicant's clinical practice is an essential part of checking those standards. The BABCP values the Report and appreciates an honest appraisal of the Applicant. It would be hoped as part of good practice that the Report has been shared with the Applicant and any matters of concern will have been discussed with them

While Reports are not routinely shown to the Applicant, their rights under the Data Protection Act 1998 may lead to Reports being seen

SUPERVISOR'S DETAILS

Name	Paul Jones
Address	Specialist Psychotherapy Department, An NHS Trust Hospital, An Address, Somewhere Post Code ANY 222
Tel:	020 7946 4321
E-mail	paul.jones@nhstrust.nhs.net

Supervisor Credentials

In order to act as a Clinical Supervisor for Supervisees applying for BABCP Practitioner Accreditation, the Supervisor must be a BABCP Accredited Practitioner, or sufficiently qualified and experienced in CBT to be able to reliably comment on the Supervisee's current CBT practice. Supervisors must also be currently practicing CBT

Please give details of your CBT qualifications, experience, and current practice

BABCP Member **BABCP Accredited Practitioner*** **BABCP Accredited Supervisor***

If you are a **BABCP Accredited Practitioner, or **BABCP Accredited Supervisor**, you do not need to give details for the next four items. All other Supervisors must give information for all items*

Other CBT Interest Group / Organisation Membership	
Qualifications in CBT	ENB 650 (2000), 18 month Diploma in CBT, A University (2004)
Training in CBT	Also CBT CPD totalling at least 150 hours over last five years, including attendance at BABCP Annual Conference for last three years. I have also trained in 2007 in EMDR, and have been to significant trainings in schema therapy over the last four years.

SUPERVISOR'S REPORT SAMPLE

Experience using CBT	<p>Following completion of ENB 650 in 2000 I was employed as a Nurse Specialist in CBT in a Named Hospital psychiatric unit. Two years later I moved to a CMHT working in and developing a psychotherapy service (significantly CBT) across the community, integrating some primary and secondary care services, and used CBT in all of my work. In 2005 I moved to An NHS Trust, employed as a CBT in the Specialist Psychotherapy Department.</p> <p>I have been teaching and supervising on the PG Diploma in CBT at A Named University since 2005.</p>
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All Supervisors must complete the rest of the items in the form

Supervisor's Job Title / Employment Position	Cognitive Behavioural Psychotherapist, Specialist Psychotherapy Department, An NHS Trust.
Details of Supervisor's current CBT practice	<p>I work with adults in a multidisciplinary psychotherapy team, working mainly with complex presentations and chronic mental health problems. I specialise in work with trauma.</p> <p>I have also been involved with the development of the new IAPT service, and supervise both trainees and other CBTs within the trust, and for A Named Univerisity. I facilitate a peer CBT supervision group within the trust.</p> <p>I am currently applying for BABCP Accreditation.</p>

Relationship to Applicant

Are you the Applicant's <u>current</u> Clinical Supervisor?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
What is your professional relationship with the Applicant	Clinical supervisor, team colleague		
How long have you provided supervision to the Applicant?	8 months		
What is the frequency and duration of the supervision arrangements?	Individual:	Hours per month	At least 1.5 hr (usually 2hrs) per month
	Group / Peer:	Hours per month Number in group	2 hrs every 2 months 4 in peer group

SUPERVISOR'S REPORT SAMPLE

Method and Content of Supervision	Never/ Rarely	Some sessions	Most/All sessions
Agenda setting for the Supervision session.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Risk & safety (client/therapist/others), ethical issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Therapeutic or Supervisory relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Case conceptualisation / formulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Discussion about therapeutic strategies, treatment planning, theoretical information.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehearsal, modelling and role-playing of therapeutic techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Experiential exercises and skills practise.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Live samples (recorded or direct).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evaluating competence, including skills measures (such as CTS-R).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisee's thoughts, attitudes and beliefs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Review of the Supervisory arrangement and experience, 2-way feedback.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DETAILS OF APPLICANT'S CURRENT CLINICAL PRACTICE

Profile of Clinical Practice

Type of clients <i>Adults / children / learning disability etc.</i>	Adults, moderate to severe presentations.
Types of problems treated	Chronic depression and anxiety conditions, PDs, childhood trauma and PTSD, OCD.
CBT therapeutic approaches	CBT formulation driven, schema focussed CT, and recent development of Mindfulness techniques.

Nature of Evidence

What is the nature of the evidence you have of the Supervisee's practice <i>Live assessment / case reports / letters / role-play / discussion / contribution in groups etc.</i>	Mainly case presentations and case discussions, illustrated with notes and client homework. Close supervision using video and audio tapes, seeing both complete sessions and excerpts. Role-play during teaching. Feedback from professionals and service users. Outcome measures. Contributions within peer group supervision.
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Live Supervision

It is a requirement for Accreditation purposes to include regular live sampling of Supervisee's practice within the supervision arrangement; this includes live observation, one way screen, video or audio recording

On how many occasions has live supervision been used in the last 12 months?	3 complete videoed sessions, scored on CTS-R, and some excerpts.
How many cases has this covered?	3 clients
How do you measure competency? <i>Supervisors are encouraged to use competency measure such as CTS-R</i>	CTS-R Combining knowledge of the case with knowledge of Fred's past practice Outcome measures


Skills and Other Areas of Development

What specific skills and competencies have been addressed in the last 12 months?	Formulating 'stuck' points, increasing confidence and effectiveness working with increasingly complex presentations, always willing to push techniques and therapeutic processes to logical limits Boundaries
Within the bounds of confidentiality, please give an illustrative example.	A recent client with personality disorder was presenting some particularly challenging responses to the therapy, having an impact on Fred's own confidence as a practitioner, and he noted that he was feeling defensive in response to the client. We explored and developed the formulation for opportunities for increased understanding of the client's issues, and to shape interventions. Fred's skill at developing sound therapeutic relationships formed a central theme to working with this client
What other development areas have been addressed?	Working with bipolar disorder Cultural considerations / issues Conscious application of various models of therapy and decision on degree of 'manualised' application of behavioural techniques

Supervisee's Understanding of the Therapeutic Relationship, and Level of Competence

What is the Supervisee's understanding of the development, maintenance and ending of therapeutic relationships?	Fred has a sophisticated understanding of the therapeutic relationship in a wide range of contexts, and with a very broad range of problems. He uses formulation to inform the development of therapeutic alliances. Fred's ability to engage early with clients is a great strength, he is well liked by his clients and many attest to their relationship in the therapy as being a significant factor in their progress Fred has worked to improve his confidence in managing endings with some very long term and complex clients
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SUPERVISOR'S REPORT SAMPLE

<p>What evidence do you have of the Supervisee's competence in managing the therapeutic alliance?</p>	<p>Fred is very open in his use of supervision to reflect on therapeutic relationships. It is clear from taped sessions that rapport is strong, and he is able to relate easily to different styles of communication from clients, in a sensitive manner</p>
<p>Within the bounds of confidentiality, please give an illustrative example.</p>	<p>Fred worked with one woman with a diagnosis of dependent personality disorder; he was able to identify how how requests for medication and increased contact were driven by beliefs about being unable to cope. Rather than respond to the requests, I observed Fred examine the process, feed this into the formulation, and feed it back sensitively to the client to develop her understanding of her dependent behaviours. Fred managed to skillfully attend to a difficult period with the client after this, where she initially felt he was not meeting her demands. The client fed back later with her utmost respect for Fred. This alliance demonstrates a high competency in this area</p>
<p>Overall Level of Competence in CBT</p> 	
<p>What evidence do you have that the Supervisee is capable of safe and effective practice with their client population?</p>	<p>Closely supervised cases. Discussions on wider perspectives of case management and workloads. Discussions relating to the therapeutic relationship and ethics. Feedback from others. Fred's open and honest self-reflections</p>
<p>Do you have any concerns about the Supervisee's current practice?</p>	<p>None. Fred is a reflective practitioner who has consolidated his learning and strengthened his practice, particularly by highlighting and taking seriously any concerns as they arise</p>
<p>What is done to address these concerns?</p>	<p>Fred always seeks to improve. He consults more widely than just in supervision for advice and support, and for development opportunities</p> <p>Working with the cultural diversity of our clients has been a new challenge for Fred, but we frequently address his concerns and Fred takes responsibility for his development in this area</p>
<p>From your knowledge of the Supervisee, does he/she adhere to the Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies (attached)?</p>	<p>Yes</p>
<p>Would you recommend the Applicant for Accreditation / Re-accreditation at present? IF NOT, please give details of what changes would be required</p>	<p>Yes</p>
<p>What additional comments can you make in support of this Supervisee's application for Accreditation / Re-accreditation?</p>	<p>I have great respect for Fred as a Cognitive Behavioural Psychotherapist. He is a well respected practitioner both within peer CBT circles, and the wider mental health community within the Trust. Fred takes pride in his personal and professional development and uses theory to inform his practice. As a supervisor who has a number of supervisees at different levels, I feel Fred demonstrates high levels of skills and professionalism and is an asset to the CBT community at large</p>

DECLARATION

This Report is an honest appraisal of the Applicant within the limits of my knowledge of them. Any areas of concern referred to in the Report have been discussed with the Applicant

Supervisor's Signature <i>Paul Jones</i>	Date <i>30/6/13</i>
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After completion, return this Report to the Applicant (in a sealed envelope, if you prefer)

If you wish to discuss the completion of this Report, please contact:

BABCP, Imperial House, Hornby Street, BURY, BL9 5BN

T: 0161 705 4304 E: babcp@babcp.com

SAMPLE

BRITISH ASSOCIATION FOR BEHAVIOURAL AND COGNITIVE PSYCHOTHERAPIES

Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies – Summary Document

Adopted AGM 16 July 2009

Your Duties as a Cognitive Behaviour Therapist; The standards of conduct, performance and ethics you must keep to in CBT

- **You must act in the best interests of service users**
- **You must maintain high standards of CBT assessment and practice**
- **You must respect the confidentiality of service users**
- **You must keep high standards of personal conduct**
- **You must provide (to us and any other relevant regulators and/or professional bodies) any important information about your conduct and competence**
- **You must keep your professional knowledge and skills up to date**
- **You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner**
- **You must communicate properly and effectively with service users and other practitioners**
- **You must effectively supervise tasks that you have asked other people to carry out**
- **You must get informed consent to give treatment (except in an emergency)**
- **You must keep accurate records**
- **You must deal fairly and safely with the risks of infection**
- **You must limit your work or stop practising if your performance or judgement is affected by your health**
- **You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession**
- **You must make sure that any advertising you do is accurate**

Introductory Statement

1. As a member of the BABCP you are required to make sure that you are familiar with the standards and that you keep to them. If you are applying for membership or Accreditation as a CBT practitioner, trainer or supervisor, you will be asked to sign a declaration to confirm that you have read and will keep to the standards.

2. It is important that you meet BABCP standards and are able to practise CBT safely and effectively. We also want to make sure that you maintain high standards of personal conduct and do not do anything which might affect the public's confidence in you, the BABCP or any profession to which you may belong. However, we do not dictate how you should meet our standards.

Each standard can normally be met in more than one way. The way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

As an autonomous and accountable professional, you need to make informed and reasonable decisions about your practice to make sure that you meet the standards that are relevant to your practice. This might include getting advice and support from education providers, employers, your clinical supervisor, colleagues and other people to make sure that you protect the wellbeing of service users at all times.

Many BABCP members are also members of other professional bodies and will therefore be bound by codes of practice of those professions. BABCP recognises the valuable role other professional bodies play in representing and promoting the interests of their members. This often includes providing guidance and advice about good practice, which can help you meet their standards and those in this document.

3. It is expected that all members of BABCP approach their work with the aim of resolving problems and promoting the well-being of service users and will endeavour to use their ability and skills to service users' best advantage without prejudice and with due recognition of the value and dignity of every human being. If you make informed, reasonable and professional judgements about your practice, with the best interests of your service users as your prime concern, and you can justify your decisions if you are asked to, it is very likely that you will meet our standards.

By 'informed', we mean that you have enough information to make a decision. This would include reading these standards and taking account of any other relevant guidance or laws. By 'reasonable', we mean that you need to make sensible, practical decisions about your practice, taking account of all relevant information and the best interests of the people who use or are affected by your services. You should also be able to justify your decisions if you are asked to.

4. Throughout these standards, we have used the term 'service user' to refer to anyone who uses or is affected by a member's services. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients/clients. In some circumstances, your service users might be organisations rather than individuals. The term also includes other people who might be affected by your practice, such as carers and relatives.

We have used the word 'treatment' in its broadest sense to include a number of actions members carry out. These actions could include diagnostic, monitoring or assessment procedures, therapy or advice.

Refer to the FULL document **Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies** for further detailed information www.babcp.com/about-babcp