



PWP CLINICAL SKILLS SUPERVISOR'S REPORT

CLINICAL SKILLS SUPERVISOR'S REPORT FOR ACCREDITATION WITH THE
BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES
AS A PSYCHOLOGICAL WELLBEING PRACTITIONER

Applicant's Name FRED BLOGGS

This form should be typed in Word, not hand-written
(contact the BABCP office if this is not possible, by e-mailing accreditation@babcp.com)

A sample completed report is available on the PWP Accreditation section of the BABCP website

BABCP sets and monitors standards for those wishing to become Accredited as Psychological Wellbeing Practitioners. A Report from the Clinical Skills 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	Na'ima Hakimi
Address	Primary Care Mental Health Services, An NHS Trust Community Mental Health Service, An Address, Somewhere Post Code ANY 222
Tel:	020 7946 4321
E-mail	n.hakimi@nhsemailaddress.com

Supervisor Credentials

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

*In addition, PWP Clinical Skills Supervisors must have completed supervision training on an IAPT Accredited PWP supervision course, **and provide evidence (photocopy of certificate or statement of verification)***

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

BABCP Member	<input checked="" type="checkbox"/>	BABCP Accredited Practitioner*	<input type="checkbox"/>	Completed IAPT Supervision Training Course	<input checked="" type="checkbox"/>
		BABCP Accredited Supervisor*	<input type="checkbox"/>	Copy of Certificate or Statement of Verification attached (ESSENTIAL)	<input checked="" type="checkbox"/>

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	NMC
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PWP SUPERVISOR'S REPORT

Qualifications in CBT informed approach	Sheffield Hallam Introduction to CBT (level 6 course)
Training in CBT informed approach	Introduction to CBT 30 hours of BABCP CBT workshops over last 3 years, including CBT for Chronic Depression; CBT for Sleep Problems; Formulation in CBT BABCP Regional Forum Quarterly Meetings IAPT In-service training - CBT Masterclasses for Supervisors Currently working towards PG Certificate in CBT (Sheffield Hallam)
Experience using CBT informed approaches	Been using CBT approaches within CMHT practice for over 10 years For last 3 years run Anxiety Management and Depression Management groups using CBT framework

All Supervisors must complete the rest of the items in the form

Supervisor's Job Title / Employment Position	Primary Care Mental Health Team Leader
Details of Supervisor's current IAPT or CBT practice	Supervising x5 PWP Workers; x3 qualified, and x2 in training Providing supervision to Graduate Mental Health Workers Managing the Triage and Self-referrals coming through the sector IAPT office x1 day per week clinical practice, Cognitive Behavioural Psychotherapy as part of current training for PG Cert in CBT

Relationship to Applicant

Are you the Applicant's <u>current</u> Clinical Skills Supervisor?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hours per month Individual	1
		Hours per month Group	2-3
		Number in Group	7
Do you also provide Case Management Supervision?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Hours per month:	
How long has the Applicant's PWP Practice been known to you?	18 Months		

DETAILS OF APPLICANT'S CURRENT CLINICAL PRACTICE

Profile of Clinical Practice

Type of clients	Primary care patients referred through GP practice, and self referrals
Types of problems treated	Anxiety disorders including GAD, panic disorder and mild OCD, and depression

<p>CBT informed approaches and other PWP approaches used</p>	<p>Guided self help, using Chris Williams' texts and Northumberland self help leaflets. cCBT.</p> <p>Behavioural Activation, Cognitive Restructuring, Panic Management, Sleep Hygiene and Problem Solving using 'Reach Out' student materials.</p> <p>Contributes to anxiety and depression management community groups.</p> <p>Signposting, for example to Dept Work & Pensions Services for people wishing to return to employment, Citizens Advice Bureau, and other community based resources.</p>
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Nature of Evidence

<p>What is the nature of the evidence you have of the Supervisee's practice</p> <p><i>Live assessment / case reports / letters / role-play / discussion / contribution in meetings and groups etc.</i></p>	<p>During training, where I was clinical supervisor, I listened to x6 audio tapes session as part of the PWP course requirements.</p> <p>We have agreed to listen to one audio tape every 2-3 months, and / or when Supervisee has a specific issue.</p> <p>Observation when co-facilitating Anxiety Management and Depression Management groups.</p> <p>Discussion and contribution in clinical skills group supervision.</p>
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Live Supervision

It is recommended for Accreditation purposes, and a requirement for Re-accreditation to include regular live sampling of Supervisee's practice within the supervision arrangement; this includes live observation, one way screen, video or audio recording (minimum 2 occasions per year, covering at least 2 patients).

Whilst inclusion of a regular live element is recommended for ongoing clinical supervision it is not a requirement between completing training and applying for accreditation.

<p>On how many occasions has live supervision been used in the last 12 months?</p>	<p>6</p>
<p>How many cases has this covered?</p>	<p>3</p>
<p>How do you measure fidelity to the PWP method of working?</p>	<p>Fred identifies which PWP and / or CBT intervention/s have been used on a computerised notes and case management system, when the cases come up for review. These are scrutinised during Case Management Supervision (by Case Manager); the Case Manager and I liaise regularly.</p> <p>In our Clinical Skills Supervision, Fred reports in a reflective and open and honest way; he is not afraid to discuss situations when he feels he has drifted from the PWP protocols, and seeks advice to resolve any issues of this nature. He remains focussed on providing high quality guided self-help.</p>

Please comment on this Applicant's clinical effectiveness, based on outcome measure data

From observation of audiotapes, and in co-facilitation of groups, I feel that Fred has a good grasp of the full range of PWP and CBT interventions, and uses them effectively. From the three cases seen live, it was clear that Fred is developing confidence in progressing the patient through the treatment plans.

If you do not provide Case Management Supervision, please consult with the Case Manager, where possible, and incorporate their feedback.

On consultation with his Case Manager, J Jones, Fred is achieving the expected % recovery required by IAPT. J Jones reports that Fred's achievements are particularly strong, given that some of his GP surgeries are situated in very deprived areas of the city. This often means that his patients are experiencing numerous social and environmental difficulties that impact on levels of anxiety and depression.

Skills and Other Areas of Development

What specific areas relating to CBT informed approaches have been focussed on within supervision in the last 12 months?

Fred has been in training for much of the last 12 months, and therefore all of the evidenced based LI interventions have been in focus.

However, in recent months we have particularly focussed on the delivery of group based CBT interventions.

What other specific skills and competencies have been addressed in the last 12 months?

Information giving for patients assessed who have drug and alcohol problems, including signposting and self monitoring, in order to respond to the particular presenting issues in some of Fred's GP surgeries.

Further understanding of GAD.

Within the bounds of confidentiality, please give an illustrative example

Fred presented a client in Supervision for whom he had adopted a panic management strategy. It became apparent that this patient was also experiencing a high degree of generalised anxiety. Fred made good use of supervision to explore his uncertainty between panic disorder and difficulties with worry, and has shown his skill in being able to deliver individualised guided self help for dealing with both issues.

What other development areas have been addressed?

General group facilitation skills.

Investigating community projects to support drug and alcohol users.

Medication management.

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

<p>What is the Supervisee's understanding of the development, maintenance and ending of therapeutic relationships?</p>	<p>Fred clearly develops effective therapeutic relationships with his patients. He reflects on this aspect of his work thoughtfully and with appropriate critical evaluation.</p> <p>From observation on tapes, and during discussion of cases, Fred has demonstrated good shared decision making skills with patients, and has a good grasp of the Key Common Factor Skills. Fred particularly has a positive, empathic and non-judgemental style.</p>
<p>What evidence do you have of the Supervisee's competence in managing the therapeutic alliance?</p>	<p>Audio recordings and co-facilitation in groups, and reflections in supervision.</p>
<p>Within the bounds of confidentiality, please give an illustrative example</p>	<p>One of Fred's patients acknowledged that she lacked confidence in decision making skills. Fred skillfully developed the relationship so as to ensure that the patient played a significant and collaborative part in all decision making during the therapeutic process. She reflected at the end of treatment that she had found this to be both a useful experience, and one of the significant factors that helped her to build trust in Fred and the therapeutic relationship.</p>

Governance of Supervisee's Overall Practice

<p>What evidence do you have that the Supervisee is capable of safe and effective practice with their client population?</p>	<p>Review of outcome measurement data; liaison with case manager.</p> <p>Fred has demonstrated confidence and a clear understanding of risk management.</p> <p>Fred is honest and open and seeks advice when appropriate.</p>
<p>Do you have any concerns about the Supervisee's current practice?</p>	<p>None</p>
<p>What is done to address these concerns?</p>	<p>Some months ago, Fred and I discussed a concern about his workload, when he felt his case load had increased beyond his capabilities. Fred was open about his worries, and supervision involved developing his own assertiveness skills, and addressing his own needs relating to his personal development.</p>
<p>From your knowledge of the Supervisee, does he/she adhere to the Standards of Conduct, Performance and Ethics for Members (attached)?</p>	<p>Yes</p>
<p>Would you recommend the Applicant for Accreditation at present? IF NOT, please give details of what changes would be required</p>	<p>Yes, definitely</p>
<p>What additional comments can you make in support of this Supervisee's application for Accreditation?</p>	<p>Fred is a conscientious and bright gentleman whose skills are highly valued in the team, and his patients have given consistently positive feedback to their GPs. This has had a particularly positive effect on the perception of the IAPT service across the Primary Care services in his area.</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



Date 1 May2011

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:** *accreditation@babcp.com*

Standards of Conduct, Performance and Ethics for Members – *Summary Document*

Adopted AGM 16 July 2009

Your Duties as a Member of BABCP; The Standards of Conduct, Performance and Ethics you must keep to

- You must act in the best interests of service users
- You must maintain high standards of 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 **BABCP Standards of Conduct, Performance and Ethics** for further detailed information www.babcp.com/Membership/files/conduct-and-ethics.pdf