



## SUPERVISEE'S FEEDBACK REPORT

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

**Applicant (Supervisor's) Name FRED BLOGGS**

BABCP sets and monitors standards for those wishing to become Accredited as Supervisors in Cognitive Behavioural Therapy. Feedback Reports from the Clinical Supervisees about the Applicant's Supervisory Practice are 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. However, if you prefer, you can confidentially email the Report directly to the BABCP using the email address: **accred.reports@babcp.com**. Please save the Report using your supervisee's full name followed by "Feedback". Eg. If your supervisor's name is Susan Brown, please name the Word document "Susan Brown-Feedback", so this is the name that will appear on the attachment when it arrives at the BABCP. While Reports sent directly are not routinely shown to the applicant, their rights under the Data Protection Act 1988 may lead to the Reports being seen.

If you choose to email the Report directly to the BABCP as described above, please ensure that you do so within one month of the submission of the application. **If the Report is not sent within this period, it may significantly delay the processing of your supervisor's application.**

The applicant is responsible for obtaining the Supervisee's Feedback Report from you and attaching it to their application, or letting you know when their application has been submitted in order for you to email the Report directly to BABCP.

**This form should be typed and not handwritten and completed, signed and dated within two years of the submission of the Accreditation Application.**

**Thank you for assisting with this evaluation.**

### SUPERVISEE'S DETAILS

|  |   |
|--|---|
| Supervisee's Name  | Minnie Benizri  |
| How many hours per week (approx.) do you provide CBT to clients?                           | 15  |
| Is all of the Clinical Supervision for your CBT practice provided by the Applicant?        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If not all, what percentage of your CBT Clinical Supervision is provided by the Applicant? | 80%   |

## SUPERVISEE'S FEEDBACK REPORT SAMPLE

### **Relationship to Applicant**

|   |                                       |
|---|---------------------------------------|
| What is your professional relationship with your Supervisor?  | Team Manager, and Clinical Supervisor |
| How long has the Applicant been your CBT Clinical Supervisor? | 2 years                               |

### **Supervisory Contracting**

|  |  |
|--|--|
| Have you and your Supervisor discussed and agreed a contract?                                | None <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Written <input type="checkbox"/><br>If written, please enclose a copy |
| Have you and your Supervisor discussed and agreed a review period/s or date/s                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| If Yes, how frequent are your reviews?   | Every six months   |
| Are you satisfied with the contractual and review arrangements you have for your Supervision | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| If no, please comment  |  |

### **Supervision Arrangement**

| Type of Supervision   | Check all that apply  | If group, No. of Supervisees | Frequency | Duration (hours)                    |
|---|---|------------------------------|-----------|-------------------------------------|
| Individual face to face meeting   | <input checked="" type="checkbox"/>   |                              | Weekly    | <input checked="" type="checkbox"/> |
| Group meeting   | <input checked="" type="checkbox"/>   | 3                            | Monthly   | <input checked="" type="checkbox"/> |
| Peer group meeting  | <input type="checkbox"/>  |                              |           | <input type="checkbox"/>            |
| Telephone / Live online (e.g. Skype)  | <input type="checkbox"/>  |                              |           |                                     |
| E-mail  | <input type="checkbox"/>  |                              |           |                                     |
| Other (please specify)  | <input type="checkbox"/>  |                              |           |                                     |
| Are you able to contact your Supervisor if urgent issues arise for which you need to seek advice? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                              |           |                                     |
| Is there a back-up plan in place when your Supervisor is not available?                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                              |           |                                     |
| Have you ever had to make contact with your Supervisor for urgent issues?                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                              |           |                                     |
| If Yes, please comment  | Fred was able to advise me over the telephone and helped me explore options for dealing with a safeguarding issue |                              |           |                                     |

## SUPERVISEE'S FEEDBACK REPORT SAMPLE

### ***Supervision Methods and Content***

| Method and Content  | Never                    | Some sessions                       | Most sessions                       | All sessions                        |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Agenda setting for the Supervision session  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Identification and prioritisation of client risk & safety, vulnerable adults, child protection issues etc. (or the opportunity to do this when necessary) | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Identification and prioritisation of issues of risk for the Supervisee (or the opportunity to do this when necessary)                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Discussion of therapeutic relationship and engagement issues  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Case conceptualisation / formulation  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Discussion about therapeutic strategies, treatment planning   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Discussion of therapeutic techniques  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Rehearsal, modelling and role-playing of therapeutic techniques and experiential exercises  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Case presentations and discussions  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Identification of and addressing ethical issues (or the opportunity to do this when necessary)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Review of psycho-educational material   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Review of self-help literature  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Review of relevant theory and literature  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Review of clinical guidelines, and mandatory and regulatory standards and information   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Review of Supervisees audio or video taped client sessions, or excerpts of sessions, or direct observation of practice                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Rating of performance using a standardised skills measures (such as CTS-R)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| The use of other external feedback to evaluate Supervisee competence  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Review of other (not the Supervisee's) taped client sessions, or direct observation of Supervisor's practice to enhance training                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Homework between Supervision sessions   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Identification of the Supervisee's thoughts, attitudes and beliefs, with exploration of the impact of these on therapeutic and professional behaviour     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Discussion of your Continuing Professional Development needs  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Focus on and review of the Supervisory relationship   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Review of the Supervisory arrangement and experience  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

## SUPERVISEE'S FEEDBACK REPORT SAMPLE

### Overall Evaluation of Your Clinical Supervision with the Applicant

Overall, do your Clinical Supervision arrangements meet your needs?

Yes  No

If No, please explain why

Feel free to make any further comments about your Supervision

I have found Supervision with Fred to be very informative and supportive. We have a good balance of activities and work collaboratively

Fred encourages me to be a critical thinker. He encourages me to work to my limitations whilst encouraging my development and consolidation of my skills

Fred has always been honest in his feedback and challenges me without damaging my confidence

Recently I had to work with a difficult ethical situation, and Fred went out of his way to develop his own understanding of the problem and potential solutions, which was a tremendous help

From your knowledge of the Applicant, does he/she adhere to the **Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies?** (See final page of this form)

Yes  No

If No, please explain why

### DECLARATION

*This Report is an honest appraisal of the Clinical Supervision I receive from the Applicant*

Supervisee's Signature

*M Benizri*

Date

*30/5/10*

**This report should be signed and dated within two years of submission of the Application. Electronic Signatures are acceptable.**

After completion, return this Report electronically to the Applicant or email it confidentially to [accred.reports@babcp.com](mailto:accred.reports@babcp.com) as described above,

If you wish to discuss the completion of this Report, please contact: [accreditation@babcp.com](mailto:accreditation@babcp.com)

# SUPERVISEE'S FEEDBACK REPORT

BRITISH ASSOCIATION FOR BEHAVIOURAL AND COGNITIVE PSYCHOTHERAPIES

## 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 in the Practice of Behavioural and Cognitive Psychotherapies**: [www.babcp.com/Standards-of-Conduct-Performance-and-Ethics](http://www.babcp.com/Standards-of-Conduct-Performance-and-Ethics)