

# SUPERVISEE'S FEEDBACK FORM

ACCREDITATION OF TRAINERS AND SUPERVISORS WITH THE BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES

Your name \_\_\_\_\_

This form is for use by CBT practitioners to provide feedback of their supervision experience. It is to assist the BABCP in monitoring supervision standards of members applying to be accredited as Supervisors and/or Trainers. Please answer the questions below as best you can in respect of supervision provided by the supervisor who has given you this form.

Supervisor's name .....

What percentage of full time work do you spend on CBT Clinical Practice \_\_\_\_\_ %

Is all the supervision for this CBT practice provided by the supervisor named above? Y/N

If not, what percentage of your supervision is provided by this supervisor? \_\_\_\_\_ %

When did you commence supervision with your supervisor? [month/year] -- / ----

What is the supervisory relationship between you and your supervisor?

Peer / Manager / Tutor / other [please state] \_\_\_\_\_

## ACTUAL SUPERVISION PARAMETERS

Indicate below which contact methods are used in supervision and the average frequency and duration achieved.

TYPE	Y/N	Frequency [weeks]	Duration
One to one meeting			
Group meeting [No in group]			
Telephone			
Email			
Other [please state]			

Have you and your supervisor discussed and agreed a Contract? Y / N  
 If Yes, please enclose a photocopy of the contract

Have you and your supervisor discussed and agreed a review period or date Y / N

If a review period has been agreed, how frequent? \_\_\_\_\_ months.

**SUPERVISION METHODS AND CONTENT:**

Please indicate if and how often each of the elements below form part of your supervision sessions.

	Never	Some sessions	Most Sessions	All Sessions
Discussion of therapeutic relationship and engagement issues				
Case conceptualisation/formulation				
Rehearsal of therapeutic techniques, e.g. simulation, role-play				
Discussion about therapeutic strategies				
Case presentations				
Homework between supervision sessions				
Review of audio and videotapes				
Direct observation of practice				
Identification of supervisee thoughts, attitudes, beliefs with exploration of the impact of these on therapeutic and professional behaviour				
Review of risk and therapist/service user safety				
Review of clinical guidelines/manuals				
Review of psychoeducational material				
Experiential exercises				
Agenda setting				
Rating of performance on standardised skills measures [e.g. CTS]				
Focus on the supervisory relationship				
Discussion of your Continuing Professional Development needs				
Ethical issues				

Are you able to contact your supervisor if urgent issues arise for which you seek advice? Y / N

Is there a back up plan for such advice?

Have you needed to make such contact ? Y / N - if so, was it helpful *please comment*

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Feel free to make any further comments about your supervision

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Supervisee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for assisting in this evaluation. The details will remain confidential to the committee involved in the supervision accreditation process. Please return this completed form to your supervisor in a sealed envelope with your name on the outside. If you need further guidance please contact the BABCP office on 0161 797 4484.