

Collaborative Supervision Summary – Sample for Supervisor/Trainer Accredited Practitioners

You may use this log to keep your personal records, and if you are selected for random audit, please complete the declaration and ask your supervisor/s to countersign before submitting the form, only for the 12 months prior to the audit.

If you are Supervisor and/or Trainer accredited, please indicate using C, S or T if the supervision was clinical, supervisory or training. If you only have practitioner accreditation, all supervision is clinical (C).

Name: Jane Smith					
Membership Number: 1111112					
12 month period from: July 2017 to: July 2018 (month and year)					
Please list here details of all supervision sessions (including Supervisor and/or Trainer if you have those accreditations) within the twelve month period. The Content column is optional and for your personal records. It will NOT be monitored at audit					
Date	Clinical/ Supervisory/ Trainer	Type & Method <i>Eg group, individual, peer telephone, skype, face to face, video assessment, case discussion</i>	Duration <i>(hours)</i>	Supervisor/s Initials	Content.
15/7/17	C	Peer group. Group discussion. Video review	2.5	SM, PB, HS	Reviewed video of client JB – BPD. Discussion re risk
2/8/17	C	Individual. Case discussion	1	JM	Client JS and PJ. Discussed readiness for trauma rescripting, stabilisation strategies. Interpersonal difficulties with JB
2/8/17	S	Individual. General discussion	0.5	JM	Discussion re models of supervision. Drawing up of supervisory contract. Supervisee MH.

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Date	Clinical/ Supervisory/ Trainer	Type & Method Eg group, individual, peer telephone, skype, face to face, video assessment, case discussion	Duration	Supervisor Initials	Content.
6/9/17	C	Peer 1-1. Skype. Case discussions	1.5	SM	Client JB – self-harm increased – causes and strategies. Client SF – transdiagnostic treatment of anxiety using ACT model.
16/9/17	T	Individual	1	PJ	Reviewed powerpoints and structure of lectures I am currently planning on OCD and GAD
10/09/17	C	Individual. Telephone, Case study and role play	1.5	JM	Client JJ. Safeguarding referral. Challenging late arrivals and reluctance to interact in session. Client JB – maintaining empathy. Client FF psychosis – motivational interviewing

Please tick any of the BABCP recommended elements used in any of your supervision sessions:

- Agenda setting for the Supervision session
- Risk & Safety (client/therapist/others), ethical issues
- Therapeutic or Supervisory relationship
- Case conceptualisation/formulation
- Discussion about therapeutic strategies; treatment planning; theoretical information
- Rehearsal, modelling and role playing of therapeutic techniques
- Experiential exercises and skills practice
- Live samples (recorded or direct)
- Evaluating competence, including skills measures (such as CTS-R)
- Supervisee's thoughts, attitudes and beliefs

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Review of Supervisory arrangement and experience – 2 way feedback

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Additional Information: Please state if you are aware of any gaps in your records, reasons and any remedial action taken/to be taken.

My clinical and supervisory supervision are carried out by the same person, but we allow distinct periods of time for each in each session.

Declaration: I confirm that the above is a true account of my supervision record:

Signature

A handwritten signature in black ink, appearing to read 'B. Smith'.

Date 30/6/18

Please confirm that you are maintaining clinical practice with a minimum of two client sessions per week or equivalent.

Please also attach: **Clinical Supervisor Report**

If accredited as Supervisor:

Please confirm that you have delivered a minimum of 20 hours supervision over the last 12 months.

Please also attach: **Supervisory Supervision Report** and **Supervisee Feedback Form**

If accredited as Trainer:

Please confirm that you have delivered a minimum of 20 hours training over the last 12 months.

Please also attach: **Training Supervision Report** and **Training Evaluation (by trainee or provider)**

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Supervisor Countersignature/s

In order to act as a Clinical Supervisor for Supervisees with BABCP Practitioner Accreditation, the Supervisor must be a BABCP Accredited Practitioner, or 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. Electronic signatures are acceptable.

If you have Supervisor and/or Trainer Accreditation, at least some of your Supervisory and/or Trainer supervision or support (respectively) should be from a qualified CBT therapist.

Countersigned by Supervisor(s):

Signature 	Date 26/6/18	Supervisor's Name John Marsh
Signature 	Date 28/6/18	Supervisor's Name Sarah May
Signature 	Date 30/6/18	Supervisor's Name Paul Jones