

The Lead Organisation for CBT in the UK and Ireland

British Association for Behavioural
& Cognitive Psychotherapies



Collaborative Supervision Summary

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).

If you are selected for random audit, please complete all sections and ask your supervisor/s to countersign before submitting.

Name: John Smith					
Membership Number: 1111111					
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.					
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	Group. Case presentations, discussion and video excerpt.	2	KM	PTSD and use of EMDR. I presented video excerpt of client HB, social anxiety
2/8/17	C	Individual. Video assessment	1.5	PJ	Video assesement with CTS-R. Client BN, GAD
19/8/17	C	Individual. Email	0.5	KM	Client DD. Support in making decision to refer to specialist Eating Disorder service.

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	Skype. Individual. Case discussion	1.5	PJ	Client DD anorexia – discussion re referral, difficulty with ending. Personal reflections.
1/10/17	C	Group. Case presentations and discussions	2	PJ	Didn't present
15/01/18	C	Individual. Case discussion, role play	1.5	PJ	Client WB, GAD and depression. Client LP – psychosis – discussed formulation. General discussion re behavioural experiments
01/02/18	C	Individual. Telephone.	1.5	KM	Client LP, psychosis. Discussed risk and safeguarding.

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
- Review of Supervisory arrangement and experience – 2 way feedback

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

I had a longer than usual gap between supervision sessions between 1/10/17 and 15/01/18. This was due to one supervisor going sick whilst the other took an extended Christmas holiday trip to Australia. During this time I received informal peer supervision from colleagues and had an arrangement with my clinical lead that I could contact her for emergency supervision if necessary.

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

Signature



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)**

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** 28/6/18 **Supervisor's Name** Katie McCann

Signature  **Date** 30/6/18 **Supervisor's Name** Paul Jones

Signature **Date** **Supervisor's Name**