



SUPERVISORY REFERENCE

SUPERVISORY PRACTICE SUPERVISOR'S REFERENCE FOR ACCREDITATION WITH THE BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES AS A CBT SUPERVISOR

Applicant's Name FRED BLOGGS

BABCP sets and monitors standards for those wishing to become Accredited as Supervisors in Cognitive Behavioural Therapy. A Reference from the Supervisory Practice Supervisor about the Applicant's Supervisory Practice is an essential part of checking those standards.

The BABCP values the Reference and appreciates an honest appraisal of the Applicant. It would be hoped, as part of good practice, that the Reference 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 Reference directly to the BABCP using the email address: **accred.reports@babcp.com**. Please save the Reference using your supervisee's full name followed by "Supervisory Reference". Eg. If your supervisee's name is Susan Brown, please name the Word document "Susan Brown-Supervisory Reference", so this is the name that will appear on the attachment when it arrives at the BABCP. While References sent directly are not routinely shown to the applicant, their rights under the Data Protection Act 1988 may lead to the References being seen.

If you choose to email the Reference 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 supervisee's application.**

The applicant is responsible for obtaining the Supervisory Reference 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 Reference directly to BABCP.

This form should be typed and not handwritten and signed and dated within three months of the submission of the Accreditation Application.

SUPERVISOR'S DETAILS

Name	Kath French
Address	Specialist Psychotherapy Department, an NHS Trust Hospital, An Address, Somewhere Post Code ANY 222
Tel:	020 7946 4321
E-mail	kath.french@nhstrust.nhs.net

Supervisor Credentials

In order to act as a Supervisory Practice Supervisor for Supervisees applying for BABCP Supervisor Accreditation, the Supervisor must be a BABCP Accredited Practitioner, or sufficiently qualified and experienced in CBT to be able to reliably comment on the Supervisee's current CBP Supervisory Practice. Supervisors must also be currently practicing CBT

Please give details of your CBP qualifications, experience, and current practice

BABCP Member **BABCP Accredited Practitioner*** **BABCP Accredited Supervisor***

SUPERVISORY REFERENCE SAMPLE

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	
Qualifications in CBT	ENB 650 (1988); PG Diploma (2004) A University
Training in CBT	Also CPD totalling at least 350 hours over last 12 years, including attendance at BABCP Annual conference for last 5 years. I have also trained in 2009 in EMDR and and have been to significant trainings in Schema Therapy over the last 4 years.
Experience using CBT	Following completion of ENB 650, I was employed as a Nurse Specialist in CBT in a Named Hospital psychiatric unit. Two years later I moved to a CMHT working in and developing a psychotherapy service (significantly CBT) across the community, integrating some primary and secondary care services, and used CBT in all my work. In 2007 I moved to an NHS Trust, employed as a Senior CBT therapist in the Specialist Psychotherapy Department.

If you are a **BABCP Accredited Supervisor, you do not need to give details for the next two items. All other Supervisors must give information for all items*

Training and qualifications in Supervision	Certificate in CBT Supervisory Practice. A Named University (2008) IAPT HI Supervision Training, Another Named University (2010) Various CPD events relating to providing clinical supervision over past 7 years.
Experience providing Supervision	I have been teaching and supervising on the PG Diploma at a Named University since 2007 and supervising IAPT HI trainees for the last 18 months at Another Named University. I have also supervised a number of qualified CBT therapists in Named NHS Trust over the past 7 years.

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

Supervisor's Job Title / Employment Position	Senior CBT Therapist, Specialist Psychotherapy Department, An NHS Trust
Details of Supervisor's current CBT practice	I work with adults in a multidisciplinary psychotherapy team, working mainly with complex presentations and chronic mental health problems. I specialise in work with trauma I have also been involved with the development of the new IAPT service I am currently applying for BABCP Supervisor & Trainer Accreditations.
Details of Supervisor's current CBT Supervisory practice	I supervise 3 CBT therapists within the Trust and 3 IAPT trainees for a Named University. I facilitate a peer CBT supervision of supervision group within the Trust.

Relationship to Applicant

Are you the Applicant's <u>current</u> CBT Supervisory Practice Supervisor?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Are you the Applicant's <u>current</u> CBT Clinical Supervisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
What is your professional relationship with the Applicant?	Supervisory Supervisor for IAPT, team colleague						
How long has the Applicant's CBT Supervisory Practice been known to you?	18 months						
What is the frequency and duration of the supervision arrangements?	<table border="1"> <tr> <td>Individual:</td> <td>Hours per month</td> <td>4</td> </tr> <tr> <td>Group / Peer:</td> <td>Hours per month Number in group</td> <td></td> </tr> </table>	Individual:	Hours per month	4	Group / Peer:	Hours per month Number in group	
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Group / Peer:	Hours per month Number in group						

DETAILS OF APPLICANT'S CURRENT CBT SUPERVISORY PRACTICE**Profile of Supervisory Practice**

Type of Supervisees <i>Students or trainees / Qualified or Accredited CBT therapists / Other health professionals / Any specialist areas, such as children & adolescents, psychosis etc.</i>	IAPT trainees and more recently, qualified CBT therapists working in Personality Disorder Unit, and private supervisees
Settings <i>HEIs / Health Service / Independent organisation or charity / Private practice etc.</i>	HEI, NHS and private practice
Supervisory approach/es <i>Types of approach and any specific models used</i>	Fred uses the Kolb Learning Cycle & the Holloway Systems approach, and structures Supervision using CBT principles to model to Supervisees

Nature of Evidence

What is the nature of the evidence you have of the Supervisee's Supervisory Practice <i>Live assessment / Supervisee Evaluation Reports / letters / role-play / case presentations / discussion / contribution in groups etc.</i>	
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Live Supervision

It is recommendation to include regular live sampling of Supervisee's Supervisory Practice within the supervision arrangement; this includes live observation, one way screen, video or audio recording

On how many occasions has live supervision been used in the last 12 months?	3 whole sessions plus some excerpts
How many Supervisee cases has this covered?	4
How do you measure competency? <i>Supervisors are encouraged to use competency measure such as SAGE</i>	SAGE We also refer to Roth & Pilling CBT Supervision Competence Framework

Skills and Other Areas of Development

<p>What specific skills and competencies have been addressed in the last 12 months?</p>	<p>Providing difficult feedback, scoring the CTS-R, modelling in Supervision, differentiating between Supervisee levels of competence and considering Supervisee diversity, generally improving confidence in Supervisory practice</p>
<p>Within the bounds of confidentiality, please give an illustrative example</p>	<p>One of Fred's IAPT trainee Supervisees was struggling with her CBT skills development, being unable to develop useful formulations and therefore failing to move onto treatment with clients. We watched a video of Fred assessing this Supervisee's video during a Clinical Supervision session, and it was evident that Fred was shocked at the Supervisee's lack of skill and felt a sense of panic and urgency to move the Supervisee's client formulations forward. As a result he overwhelmed the Supervisee with advice and development pointers; although there were a lot of good supervision skills in the session, this didactic approach and information overload was reactionary rather than reflective and collaborative. Fred brought the video to Supervision because he was already aware of the problems with the session, but we used Supervision to explore ways to provide much needed advice to some Supervisees without overwhelming them or being too instructive</p>
<p>What other development areas have been addressed?</p>	<p>Comparing models of supervision, supervisory boundaries, Risk and responsibility of the Supervisor, contextual issues of providing Supervision in IAPT service</p>

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

<p>What is the Supervisee's understanding of the development, maintenance and ending of Supervision relationships?</p>	<p>One of Fred's real strengths, and Fred places much importance on relationships with his Supervisees. He is consciously learning the difference between relationships with clients and Supervisees. He uses a formulaic approach to understanding Supervisees, being aware of his own values and opinions and respecting those of his Supervisees</p>
<p>What evidence do you have of the Supervisee's competence in managing the Supervision alliance?</p>	<p>Fred is a very reflective Supervisor and makes a point of using our Supervision to reflect on relationships with his Supervisees. It is clear from videoed sessions that Supervisee relationships are respectful and generally very collaborative; Supervisees look relaxed and are able to be open and honest. Supervisee Feedback Reports suggest that Supervisees are having a very positive Supervision experience</p>

SUPERVISORY REFERENCE SAMPLE

Within the bounds of confidentiality, please give an illustrative example

Fred had a Supervisee, a very experienced counsellor in CBT training, who prided herself on her therapeutic relationship skills. The Supervisee presented a video in Supervision in which it was clear there were significant issues within the therapeutic alliance, and that the Supervisee did not like the client and was unable to hide it. Fred was surprised at what he saw, given the Supervisee's usual therapeutic relationship skills in previous videos. This came at a time when the Supervisee was feeling quite de-skilled as she was beginning to work in the CBT framework. Fred was very conscious of dealing with what was a serious concern about the client's experience whilst not destroying the Supervisee's confidence. He handled the situation with some delicacy, collaboratively deciding to cease watching the remainder of the video, which was becoming shaming to the Supervisee, and instead helped the Supervisee to understand why she was having a difficult experience with her client, without undermining the Supervisory relationship. Fred made good use of our Supervision to explore this situation, and the outcome was very positive

Overall Level of Competence as a CBT Supervisor

<p>What evidence do you have that the Supervisee is capable of safe and effective practice with their Supervisee population?</p>	<p>Videoed sessions. Discussions on wider contextual issues of case management and Supervisory responsibility. Discussions relating to Supervisory relationships, ethical considerations. Fred's open and honest reflections in Supervision</p>
<p>Do you have any concerns about the Supervisee's current practice?</p>	<p>None. Fred has continued to develop and consolidate more sophisticated Supervisory skills continuously over the last 18 months. He is reflective and highlights concerns of his own, and always addresses any concerns as they arise</p>
<p>What is done to address these concerns?</p>	<p>There have not been any significant concerns, but when anything arises that needs attention, Fred makes good use of Supervision, and consults more widely for advice and support</p>
<p>From your knowledge of the Supervisee, 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)</p>	<p>Yes</p>
<p>Would you recommend the Applicant for Accreditation as a Supervisor at present? IF NOT, please give details of what changes would be required</p>	<p>Yes</p>
<p>What additional comments can you make in support of this Supervisee's application for Supervisor Accreditation?</p>	<p>Fred is well respected as a CBT Practitioner and Supervisor within the psychotherapy service, across the local IAPT programme and within the Trust. Fred takes pride in his personal and professional development and uses theory to inform his practice. Fred always demonstrates a high level of professionalism and skill.</p>

DECLARATION

This Reference 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

Kath French

Date *30/5/10*

This Reference should be signed and dated within three months of submission of the Application. Electronic Signatures are acceptable.

After completion, return this Reference electronically to the Applicant or email it confidentially to accred.reports@babcp.com as described above,

If you wish to discuss the completion of this Reference please contact: 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 in the Practice of Behavioural and Cognitive Psychotherapies**: www.babcp.com/Standards-of-Conduct-Performance-and-Ethics