



SUPERVISION OF SUPERVISION REPORT

The person below has applied to become accredited with Cognitive Behavioural Psychotherapy, Ireland as an Accredited Supervisor. Your assessment of the applicant's characteristics will enable CBPI to evaluate whether this applicant meets its standards.

NAME of Applicant for Supervisor status

I, _____ (Applicant's Name) hereby authorise the person named below as Supervisor of my Supervisory Practice to provide the following information applicable to me as an applicant for accreditation with Cognitive Behavioural Psychotherapy, Ireland.

Applicant Signature:

Date:

GUIDELINES FOR SUPERVISOR MAKING THIS REPORT:

CBPI is an organisational member of the Cognitive Behavioural Section of the Irish Council for Psychotherapy (ICP), which aims to monitor standards of those persons calling themselves psychotherapists.

CBPI sets and monitors standards for those wishing to become Accredited as Supervisors in Behavioural and/or Cognitive Psychotherapy. Feedback Reports from the Clinical Supervisees about the Applicant's Supervisory Practice are an essential part of ensuring those standards.

CBPI values the Reference and appreciates an honest appraisal of the applicant (Supervisor).

It would be hoped as part of good practice that the reference has been shared with the applicant (Supervisor) and any matters of concern will have been discussed with them.

Please be advised that this form and all personal information submitted by you will be treated in accordance with Data Protection legislation and is subject to the provisions made under right of access and therefore may lead to this Report being seen.

The applicant (Supervisor) is responsible for obtaining the 'Supervision of Supervision' Report from you and attaching it to their application, or letting you know when their application has been submitted.

The word "supervisor" or the related words "supervision", or "supervisee" as used in this document, refer only to the supervision of CBT psychotherapy.

CBT Clinical Supervision is not the same as professional or managerial supervision (although these may be provided by the same person as Clinical Supervision). Additionally, it should be noted that Clinical Supervision is something more than professional consultancy.

The supervisors report addresses principally 3 issues: The client-therapist relationship, the practice of cognitive behavioural psychotherapy and the frequency, duration and nature of supervision

Thank you for assisting with this evaluation.

Notes to Referees:

1. Referees must declare any actual or potential conflict of interest in making their reference; this would include any personal relationship to the prospective member.
2. Please return this form to the applicant in an envelope with your signature over the seal closure. He or she will in turn pass on your sealed reference to us with the completed application.
3. This form should be typed and not handwritten and completed, signed and dated within six months prior to the submission date of the Accreditation Application.

The Supervisor writing this report must

- 1) be a CBPI accredited member OR
be qualified to reliably comment on the Supervisee’s current CBP Supervisory Practice.
- 2) be a practicing Cognitive Behaviour Therapist
 - at least 50% of your psychotherapeutic p practice must be CBT
 - the minimum caseload for maintaining Accreditation is two clinical contacts per week or one client contact per week totalling to ninety six clinical contacts or alternatively forty eight client contacts per year.

CBPI may wish to see evidence of the supervisor’s competence to offer supervision.

SUPERVISOR'S DETAILS:

Full Name						
Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr. <input type="checkbox"/>	Prof. <input type="checkbox"/>
Profession						
Address <small>This is the address used for CBPI correspondence</small>						
Employment Position						
Telephone:		E-mail:				
Accredited CBPI Practitioner YES <input type="checkbox"/> NO <input type="checkbox"/>		Accredited CBPI Supervisor YES <input type="checkbox"/> NO <input type="checkbox"/>				

If you are not a CBPI accredited Practitioner or Supervisor, please complete the below

Accreditation Organisation of which you are a member:	
Qualifications and Training in CBT	
Qualifications and Training in providing CBT Supervision	
Experience providing Supervision	
Supervisor's current CBT practice details	
Supervisor's current CBT Supervisory practice	

RELATIONSHIP TO APPLICANT		
What is your professional relationship with the applicant Supervisor?		
How long have you been the Applicant's CBT Supervisory Practice Supervisor?		
Are you the Applicant's current CBT Clinical Supervisor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
What is the frequency and duration of the supervision arrangements?	Individual: Hours per month Group / Peer: Hours per month Number in group	
Is there any reason that you should not be considered an appropriate referee (e.g. conflict of interest, lack of knowledge of applicant's clinical work , past or future personal or familial relationship with this applicant etc). YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, explain:		

DETAILS OF APPLICANT'S CURRENT CBT SUPERVISORY PRACTICE

<p>Type of Supervisees Students or trainees / Qualified or Accredited CBT therapists / Other health professionals / Any specialist areas, such as children & adolescents, psychosis etc.</p>	
<p>Settings Health Service/ Voluntary organisation or charity/ Private practice/ Education etc.</p>	
<p>Types of Supervision Individual, in a CBT Supervision Group, telephone, peer review, e-mail, video online etc.</p>	

Please give details of frequency and type, duration and nature of the supervision you provide (e.g. case discussion, therapy tapes, standardised skill measure).

The applicants understanding of the supervisory relationship and level of competence in the development, maintenance and ending of such relationships

The level of competence the applicant demonstrated in the practice of cognitive behavioural psychotherapy

Would you recommend this person for accreditation as a supervisor at present and if so why?

In accordance with my code of practice I declare that all the information provided by in this report is accurate.

Supervisor's Name:

Date:

Supervisor's Signature:

(Electronic) By typing my name I am affixing my legal signature to the document and the legal effect cannot be denied simply because the signature is not in writing.

(Non-electronic) If filling out evaluation by hand, please sign.

CBPI authenticates reports received.

As part of good practice It would be hoped that the reference has been shared with the applicant (Supervisor) and any matters of concern will have been discussed with them.

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After completion please return this form to the applicant in an envelope with your signature over the seal

Thank you for your assistance

CBPI Accreditation Committee
2, Winton House (The Lighthouse Clinic)
Miltonsfields
Dublin Road
Swords
Co Dublin K67 KW54