

COGNITIVE BEHAVIOURAL PSYCHOTHERAPY IRELAND

SUPERVISEE'S FEEDBACK REPORT

to be completed only by first time applicants for CBPI Accredited Supervisor status

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 Referee to provide the following information applicable to me as an applicant for accreditation with Cognitive Behavioural Psychotherapy, Ireland.

Applicant Signature:

Date:

INTRODUCTION:

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 Supervisee's Feedback 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.

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 three years prior to the submission date of the Accreditation Application.

SUPERVISEE'S DETAILS	
Supervisee's Name:	
Employment Position	Professional Title: Mr, Mrs, Miss, Ms, Dr, Prof,
Business Postal Address:	Email:
Telephone Nos:	
How many hours per week (approx.) do you provide CBT to clients?	
Is all of the Clinical Supervision for your CBT practice provided by the Applicant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If not all, what percentage of your CBT Clinical Supervision is provided by the Applicant?	

RELATIONSHIP TO APPLICANT	
What is your professional relationship with your Supervisor?	
How long has the Applicant been your CBT Clinical Supervisor?	
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:	

SUPERVISORY CONTRACT:	
Have you discussed and agreed a contract with your Supervisor?	None <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> If written, please enclose a copy
Was a review period/s or date/s discussed and agreed with your Supervisor? If Yes, how frequent are your reviews?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you satisfied with the contractual and review arrangements you have with this Supervisor? If no, please comment	YES <input type="checkbox"/> NO <input type="checkbox"/>

SUPERVISION ARRANGEMENTS				
Type of Supervision	Select and Tick	If group, Nos. of supervisees	Frequency	Duration (in minutes)
Individual in-person meeting				
Group meeting				
Peer group meeting				
Telephone / Live online				
Online video meeting (e.g. Zoom)				
E-mail				
Other (please specify)				

Are you able to contact your Supervisor if urgent issues arise for which you need to seek advice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there a back-up plan in place when your Supervisor is not available?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever had to make contact with your Supervisor for urgent issues? If Yes, please comment	YES <input type="checkbox"/> NO <input type="checkbox"/>

SUPERVISION METHODS and CONTENT				
Method and Content	Never	Some sessions	Most sessions	All sessions
Agenda setting for the Supervision session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification and prioritisation of client risk & safety, vulnerable adults, child protection issues etc. (or the opportunity to do this when necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification and prioritisation of issues of risk for the Supervisee (or the opportunity to do this when necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of therapeutic relationship and engagement issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case conceptualisation / formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion about therapeutic strategies, treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of therapeutic techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehearsal, modelling and role-playing of therapeutic techniques and experiential exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case presentations and discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of and addressing ethical issues (or the opportunity to do this when necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of psycho-educational material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of self-help literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of relevant theory and literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of clinical guidelines, and mandatory and regulatory standards and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Supervisees audio or video taped client sessions, or excerpts of sessions, or direct observation of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rating of performance using a standardised skills measures (such as CTS-R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of other external feedback to evaluate Supervisee competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of other (not the Supervisee's) taped client sessions, or direct observation of Supervisor's practice to enhance training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework between Supervision sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of the Supervisee's thoughts, attitudes and beliefs, with exploration of the impact of these on therapeutic and professional behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion of your Continuing Professional Development needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus on and review of the Supervisory relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of the Supervisory arrangement and experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REVIEWING YOUR SUPERVISION EXPERIENCE WITH THIS SUPERVISOR

Click one selection box per question which best describes your opinion regarding your Supervisor

Attribute	Not Applicable	Sometimes	I am not sure	Disagree	Agree
Personal Characteristics					
The Supervisor was accessible and easy to talk with, for my supervision requirements?					
My supervisor demonstrated a reasonable interest/concern towards me.					
The supervisor offers advice and/or encouragement in a respectful manner?					
Did/ does your supervisor exhibit integrity?					
Were you satisfied with the frequency of meetings?					
The supervisor takes advantage of supervision time and my abilities?					
Did/ does the supervisor revert to you on agreed activities from supervision?					
Personal Communication					
Listens carefully to my concerns					
Actively questions me to assist me towards a solution					
Monitors my progress and reviews proposed timelines and milestones with me					
Did/ does the supervisor respond to communications in a timely manner?					

Attribute	Not Applicable	Sometimes	I am not sure	Disagree	Agree
Knowledge and Development					
Helps me to be critical and objective concerning my own results and ideas.					
Did/do you receive regular feedback and constructive criticism?					
Was the supervisor able to lead you to the best possible/ correct outcome to resolve a particular matter?					
Is the supervisor widely read and informed? Was your supervisor unselfish and magnanimous in sharing own ideas and alternative suggestions with you ?					
Professional Career Development					
Provides counsel for important professional decisions and navigating barriers to success					
Provides guidance/ ideas for skills development.					
Professional Guidance					
Helps me to develop good negotiating and persuasion skills					

Overall Evaluation of Your Clinical Supervision with the Applicant	
Overall, do your Clinical Supervision arrangements meet your needs? If No, please explain why	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you wish to make any further comments about your Supervision?	

DECLARATION

This Report is an honest appraisal of the Clinical Supervision I receive from the Applicant

Supervisee's Signature	Date
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(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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Thank you for your assistance

Types of Supervision may be individual, in a CBT Supervision Group, telephone, peer review, or by e-mail (but not telephone or e-mail alone – there must be some direct personal contact on occasions).

Content of Supervision refers to the kind of material reviewed, including case reviews and discussions, techniques, skills, practice, theory, etc.

Methods of Supervision refers to the way the supervision is undertaken, including case presentations, role-play, telephone or e-mail contact, and MUST include, on a regular basis, the use of in-vivo, video or audio recording assessment, preferably using formal skills measures, e.g. CTS-R.

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