



CURRENT SUPERVISOR'S REPORT

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

NAME of Applicant for Full Accreditation	
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I, _____ (Applicant's Name) hereby authorise the person named below as Supervisor of my current CBT 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 Cognitive Behavioural Psychotherapists. Reports from the Clinical Supervisor about the Applicant's current CBT Practice are an essential part of ensuring those standards.

CBPI 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.

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 is responsible for obtaining the 'Current Supervisor's 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 the Supervisor:

1. Supervisors must declare any actual or potential conflict of interest in making their reference; this would include any personal relationship to the applicant.
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 preferably be typed and not handwritten and completed, signed and dated within the last month 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 applicant’s current CBP Practice.
- 2) be a practicing Cognitive Behaviour Therapist
 - at least 50% of your psychotherapeutic p practice must be CBT
 - the minimum caseload for maintaining CBPI 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.

CURRENT 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, Training in CBT	
Qualifications and Training in providing CBT Supervision	
Experience providing Supervision	
Supervisor's current CBT practice details	

RELATIONSHIP TO APPLICANT:	
What is your professional relationship with the Applicant?	
Please indicate the time period for which you can attest to this applicant's CBT practice skills. (This must represent practice within the past five years of this reference)	From _____ until _____. month/year month /year
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:	

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"/>

It would be of help to the Accreditation Committee if supervisors commented on the following:

The applicants understanding of the therapeutic relationship and his/her level of competence in the development, maintenance and ending of such relationships.

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

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Would you recommend this applicant for registration at present? If not, give your reasons

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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 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