

Improving Access to Psychological Therapies

PG Diploma High Intensity Psychological Therapy

Supervision Guide and Clinical Portfolio Academic Year 2008/2009

Please consult WebCT for updated and revised electronic
versions of this handbook

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Overview of Supervision and Assessment of Clinical Practice

Supervision

As part of the programme you will receive two and a half hours of university-based group supervision a week. This will amount to 60 hours of supervision over the course year. You will also receive a minimum of 15 hours of supervision from your placement supervisor over the year, which will be a variety of group and individual supervision. When calculating your supervision hours for BABCP accreditation, all group supervision will be divided by the number of supervisees and then multiplied by two.

We have provided a template supervision contract for you and your supervisors to work through during your initial meeting together to help you discuss the nature and content of your supervision. We have also provided the BABCP's supervisee feedback form on supervision which can be a useful tool to help you review supervision with your supervisor.

Your Supervisors

Your University based supervisor will provide you with intensive skills-based supervision, helping to develop your CBT competencies. They will supervise a minimum of three cases over the year.

Your placement supervisor will hold an overview of all your clinical cases. They will also support you in applying CBT theory to your cases but will be able to support you in working in your clinical setting and dealing with clinical issues such as risk.

Both your practice and university based clinical supervisors will be offered training in the requirements of supervision and the clinical assessment associated with the programme. They will also be offered ongoing continued professional development (CPD) in CBT supervision.

Your Role as Supervisee

In addition to filling in the clinical and supervision logs and reports (see below) you will also need to think about your role as a supervisee. This will include coming prepared for your supervision, keeping notes on discussions in supervision and carrying through jointly-agreed action points. If you have any concerns about your cases or supervision please do raise these with your supervisors in the first instance.

Assessment of Clinical Practice

At the end of terms 1 and 2 both supervisors will complete formative supervisors reports detailing the amount of supervision, number of supervised cases, your developing competencies and continued areas in need of development. At the end of each term your university supervisor will contact your placement supervisor to review how your supervision is going and whether there are any placement issues that we need to be aware of. They will complete the placement/supervision/portfolio review form. At the end of terms 1 and 2 each programme member will also have to submit formative clinical and supervision logs to help identify any clinical or supervision issues that need to be addressed. It is important that each member fills these forms in on an ongoing basis.

Clinical Portfolio

At the end of the year each programme member will have to submit a clinical portfolio which will include summative supervisor's reports, a CTS-R log, supervision log and clinical log with client summaries. Please note, as previously noted, that when submitting your application for BABCP accreditation, group supervision hours are calculated on the basis of dividing by the number of supervisees and then multiplied by two.

Supervision Contract Guide – to be adapted to suit your needs

Supervision Agreement Template between &

Practicalities

- One session each for hours/minutes
- The venue the session (s) will take place at is
- The person responsible for booking the accommodation is
- Cancellation arrangements.....

IAPT Mandatory Requirements

Eight different cases over the course of the year

University supervision – 3 cases over the year

NHS – 5 different cases over the year

Cases need to be agreed with the supervisor as suitable for this training programme – ie mild to moderate anxiety and depression cases. first term focus on depression cases

Observed clinical practice (in vivo, tape, video) throughout the programme

Content of supervision

- Content of supervision will focus on the acquisition of knowledge, conceptualisation and clinical skills within a cognitive behavioural model (s).
- Associated issues will also be discussed when it is relevant to do so e.g. medication, hospitalisation, case management.
- Identification (and collaborative change of these if appropriate) of supervisee thoughts, attitudes, beliefs and values and the impact of these on therapeutic and professional behaviour.
- Discussion and working through relationship and process aspects of supervision.

Supervision methods and content

- Discussion of therapeutic relationship and engagement issues.
- Case conceptualisation/formulation.
- Rehearsal of therapeutic techniques e.g. simulation, role-play.
- Discussion about therapeutic strategies.
- Case Presentations.
- Homework.
- Review of audio and videotapes
- Direct observation of practice
- Identification of supervisee thoughts, attitudes, beliefs with exploration of the impact of these on therapeutic and professional behaviour.
- Review of risk and therapist/service user safety.
- Review of clinical guidelines/manuals.
- Review of psychoeducational material.
- Experiential exercises.
- Other strategies as agreed.

Aims of Supervision

The primary focus of supervision is the welfare of the client through the supervisee’s learning process, in terms of knowledge attainment, attitude refinement, and skills development.

Goals for supervision:

- 1.
- 2.
- 3.
- 4.

Steps in the event of a breakdown in the arrangements for clinical CBT supervision
In the event of inappropriate behaviour by the supervisor/supervisee this should be discussed together initially. If this is unsuccessful or the behaviour is of a serious and immediate nature then should be informed IMMEDIATELY.

In the unlikely event that the relationship between the supervisees and supervisor deteriorates, each person is responsible for attempting to work together to resolve the problem.

- Changes to this agreement and timescale

Changes to this agreement can be negotiated at any time.

This agreement covers the period

Signed _____ Supervisor _____ Date _____

Signed _____ Supervisee _____ Date _____

[Adapted from a BABCP template]

Record of Supervision

Supervisor**Supervisee**

Date**Term** 1 2 3 **Client id**

Type (please circle) face to face/ telephone/e.mail

Methods used (please circle) case discussion, tape recording, Role play, direct observation

Supervision Question

Issues /content

Actions



SUPERVISEE'S FEEDBACK FORM

ACCREDITATION OF TRAINERS AND SUPERVISORS WITH THE BRITISH ASSOCIATION FOR BEHAVIOURAL & COGNITIVE PSYCHOTHERAPIES

Your name _____

This form is for use by CBT practitioners to provide feedback of their supervision experience. It is to assist the BABCP in monitoring supervision standards of members applying to be accredited as Supervisors and/or Trainers. Please answer the questions below as best you can in respect of supervision provided by the supervisor who has given you this form.

Supervisor's name

What percentage of full time work do you spend on CBT Clinical Practice _____ %

Is all the supervision for this CBT practice provided by the supervisor named above? Y/N

If not, what percentage of your supervision is provided by this supervisor? _____ %

When did you commence supervision with your supervisor? [month/year] -- / ---

What is the supervisory relationship between you and your supervisor?

Peer / Manager / Tutor / other [please state] _____

ACTUAL SUPERVISION PARAMETERS

Indicate below which contact methods are used in supervision and the average frequency and duration achieved.

TYPE	Y/N	Frequency [weeks]	Duration
One to one meeting			
Group meeting [No in group]			
Telephone			
Email			
Other [please state]			

Have you and your supervisor discussed and agreed a Contract? Y / N
If Yes, please enclose a photocopy of the contract

Have you and your supervisor discussed and agreed a review period or date Y / N

If a review period has been agreed, how frequent? _____ months.

PORTFOLIO REVIEW
(to be reviewed by University based supervisor)

Name Date of review

Reviewer:

Term 1 2 3 (please circle)

Items reviewed

- University Supervisor's report
- Placement Supervisor's report
- Client summaries
- Supervision log
- CTS-R self ratings and supervisor ratings
- Phone call to placement supervisor

Outcome/issues

Signed:

Trainee

Reviewer

University Supervisor's Report – Formative (to be completed end of terms 1 and 2)

Term: 1 2 (please circle)

Trainee Name:

Placement Location:

Work setting:

Name of supervisor:

Contact Details:

Number of hours of supervised practice this term:

(200 hours required per annum including placement supervisor supervised practice)

Number of hours of supervision this term:

(60 hours required over the year)

Individual:

Peer:

Group:

(number in group):

Number of different supervised cases this term:

(minimum 3 over the year)

Observed practice this term (minimum of 3 per year using any/all of the methods below)

Dates:

Methods:

in vivo, tape, video: (Please circle all those that apply)

CTS-R scores (if applicable): Items:

1 2 3 4 5 6 7 8 9 10 11 12

Ability to use supervision

Please comment on the trainee's ability to use supervision and the supervisory relationship

Areas of competency/strengths:

Please comment on the following areas:

Assessment and formulation

Use of theory

Techniques and skills

Other

Areas to work on:

Assessment and formulation

Use of theory

Techniques and skills

Other

Action Plan/Future Goals:

Trainee's comments:

Nature and quality of supervision received

Placement setting and opportunities

Overall Evaluation of trainee: Satisfactory / Unsatisfactory (please circle)

Please attach all case summary sheets

Signed (supervisor)

Signed trainee

Date

Placement Supervisor's Report – Formative (to be completed end of terms 1 and 2)

Term: 1 2 (please circle)

Trainee Name:

Placement Location:

Work setting:

Name of supervisor(s):

Contact Details:

Number of hours of supervised practice this term:

(200 hours required per annum)

Number of hours of supervision this term:

(15 hours required per annum)

Individual:

Peer:

Group:

(number in group):

Number of different supervised cases this term:

(minimum 5 over the year)

Observed practice this term (minimum of 3 per year using any/all of the methods below)

Dates:

Methods:

in vivo, tape, video: (Please circle all those that apply)

CTS-R scores (if applicable): Items:

1 2 3 4 5 6 7 8 9 10 11 12

Ability to use supervision

Please comment on the trainee's ability to use supervision and the supervisory relationship

Areas of competency/strengths:

Please comment on the following areas:

Assessment and formulation

Use of theory

Techniques and skills

Other

Areas to work on:

Assessment and formulation

Use of theory

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Other

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Trainee's comments:

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Placement setting and opportunities

Overall Evaluation of trainee: Satisfactory / Unsatisfactory (please circle)

Please attach all case summary sheets

Signed (supervisor)

Signed trainee

Date

CLINICAL PORTFOLIO (Front Sheet)

Name

Date

Dates of placement

Address of Placement

Type of clinical setting/service

Field supervisor

University Supervisor

Item	Confirm included
Summative University Supervisor's Report	
Summative Placement Supervisor's Report	
CTS-R log	
Supervision Log	
Clinical Log and client summary sheets	

University Supervisor's Report – Summative

Trainee Name:

Placement Location:

Work setting:

Names of supervisor:

Number of hours of UNIVERSITY supervised practice:

(nb 200 hours required in total including placement supervisor supervised practice)

T1: T2: T3: Y1 total:

Total number of hours of UNIVERSITY supervision this year:

(60 hours required over the year)

Individual:

T1: T2: T3: Y1 total:

Peer:

T1: T2: T3: Y1 total:

Group - number in group

T1: T2: T3: Y1 total:

Total number of different UNIVERSITY supervised cases:

(minimum 3 over the year)

Total observed practices (minimum of 3)

Dates:

Methods:

in vivo, tape, video: (Please circle all those that apply and put CTS-R scores in CTS-R log)

Ability to use supervision

Please comment on the trainee's ability to use supervision and the supervisory relationship

Trainee's comments:

Nature and quality of supervision received

Overall Evaluation of trainee: Satisfactory / Unsatisfactory (please circle)

Signed (supervisor)

Signed trainee

Date

Trainee please attach

- CTS-R log**
- Clinical log**
- Client summary sheets**
- Supervision log**

NB: PLEASE ENSURE YOU INCLUDE ALL HOURS AND CASES FROM BOTH UNIVERSITY AND PLACEMENT IN YOUR LOGS)

Placement Supervisor's Report – Summative

Trainee Name:

Placement Location:

Work setting:

Names of supervisor:

Number of hours of PLACEMENT supervised practice:

(nb 200 hours required in total including University supervisor supervised practice)

T1: T2: T3: Y1 total:

Total number of hours of PLACEMENT supervision this year:

(15 hours required)

Individual:

T1: T2: T3: Y1 total:

Peer:

T1: T2: T3: Y1 total:

Group: number in group

T1: T2: T3: Y1 total:

Total number of different PLACEMENT supervised cases:

(minimum 5 over the year)

Total observed practices this year

Dates:

Methods:

in vivo, tape, video: (Please circle all those that apply and insert CTS-R scores in CTS-R log)

Ability to use supervision

Please comment on the trainee's ability to use supervision and the supervisory relationship

Have any of these areas been flagged up before in formative report?

Yes/No

If yes, please comment on improvements made.

Action Plan/Future Goals:

Trainee's comments:

Nature and quality of supervision received

Overall Evaluation of trainee: Satisfactory / Unsatisfactory (please circle)

Signed (supervisor)

Signed trainee

Date

CTS-R Ratings – (3 self and other ratings required)

Please circle if this is your own rating, your supervisor's rating, or marker's rating

	TERM 1 Date of tape:		TERM 2 Date of tape: Own		TERM 3 Date of tape: Marker	
Item	Own Score	Supervisor Score	Own Score	Supervisor Score	Own Score	Marker Score
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Total						

Clinical log (N.B. 8 completed cases to be seen by end of course)

Name:

Id	Start Date	End Date	No: of sessions	Total hours seen	Gender	Age	Problem type	Outcome (DNA/drop out/ completed/ ongoing)

Total number of hours of supervised practice (200 required)

Signed (Trainee) Date

Signed (University Supervisor) Date.

Signed (Placement Supervisor) Date

Client summary sheet (for each client seen minimum 8 required)

Name:

Term: 1 2 3 (please circle)

Client Identifier: Dates Seen:

Age: Gender: Male/Female

Problem type:

Goals of therapy

Main Intervention carried out

Date	Client Contact (C) , DNA/CNA Supervision (S)	Duration

Outcome ratings:

Tool	Start	mid	end	f-up
PQ9				
GAD7				
Phobia scales				
W & SAS				
Other:				

Supervisor

Trainee:

