

**Supervisor’s Report**

**For Reaccreditation**

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| **Practitioner’s Name**  |

This form should be typed, not hand-written

*(contact the AREBT Accreditation Director if this is not possible, on 07568 492143 or at londonCBT@outlook.com)*

AREBT sets and monitors standards for Reaccreditation. A Reference from the current Clinical Supervisor about the Practitioner’s clinical practice is an essential part of checking those standards through the audit process.

The AREBT values the Report and appreciates an honest appraisal of the Practitioner. It would be hoped, as part of good practice, that the Report has been shared with the Practitioner and any matters of concern will have been discussed with them.

However, if you prefer, you can confidentially email the Report directly to the AREBT using the email address: londonCBT@outlook.com.Please save the Reference using your supervisee’s full name followed by “Supervisors Report”. Eg. If your supervisee’s name is Susan Brown, please name the Word document “Susan Brown-Supervisors Report”, so this is the name that will appear on the attachment when it arrives at the AREBT. While Reports sent directly are not routinely shown to the supervisee, 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 AREBT as described above, please ensure that you do so within ten weeks of request for audit/submission. **If the Report is not sent within this period, it may significantly delay the processing of your supervisee’s audit materials. If you email the Report to the AREBT, please password protect the document and text this password separately to the phone number given above.**

The practitioner is responsible for obtaining the Supervisor’s Report from you and attaching it to their submission as part of the audit process, or letting you know when their submission has been made in order for you to email the Report directly to AREBT.

**This form should be typed and not handwritten and signed and dated within ten weeks of the request for audit/submission date.**

**SUPERVISOR’S DETAILS**

|  |  |
| --- | --- |
| Name |       |
| Address |       Post Code       |
| Tel: |       |
| E-mail  |       |
| ***Supervisor Credentials****In order to act as a Clinical Supervisor for Supervisees subject to audit for purposes of AREBT Practitioner Reaccreditation, the Supervisor must be a AREBT/BABCP Accredited Practitioner, or sufficiently qualified and experienced in REBT/CBT to be able to reliably comment on the Supervisee’s current REBT/CBT practice. Supervisors must also be currently practicing REBT/CBT, and in receipt of specifically REBT/CBT supervision for that practice..**Please give details of your CBT qualifications, experience, and current practice.* |
| **AREBT/BABCP: Member** | [ ]  | **AREBT/BABCP Accredited Practitioner\*** | [ ]  | **AREBT/BABCP Accredited Supervisor\*** | [ ]  |
| *\*If you are a* ***AREBT****/****BABCP Accredited Practitioner****, or* ***AREBT/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 REBT/CBT Interest Group / Organisation Membership |       |
| Qualifications in REBT/CBT |       |
| Training in REBT/CBT |       |
| Experience using REBT/CBT |       |
| ***All Supervisors must complete the rest of the items in the form.*** |
| Supervisor’s Job Title / Employment Position |       |
| Details of Supervisor’s current REBT/CBT practice |       |
| ***Relationship to Practitioner*** |
| Are you the Practitioner’s current Clinical Supervisor? | Yes [ ]  No [ ]  |
| What is your professional relationship with the Practitioner? |       |
| Is the practitioner in current clinical practice in REBT/CBT at the time of this report? | Yes [ ]  No [ ]  |
| How long have you provided supervision to the Practitioner?  |       |
| What is the frequency and duration of the supervision arrangements? | Individual: Hours per month Group / Peer: Hours per month Number in group |                      |
| Method and Content of Supervision | Never/Rarely | Some sessions | Most/Allsessions |
| Agenda setting for the Supervision session. | [ ]  | [ ]  | [ ]  |
| Risk & safety (client/therapist/others), ethical issues. | [ ]  | [ ]  | [ ]  |
| Therapeutic or Supervisory relationship. | [ ]  | [ ]  | [ ]  |
| Case conceptualisation / formulation. | [ ]  | [ ]  | [ ]  |
| Discussion about therapeutic strategies, treatment planning, theoretical information. | [ ]  | [ ]  | [ ]  |
| Rehearsal, modelling and role-playing of therapeutic techniques. | [ ]  | [ ]  | [ ]  |
| Experiential exercises and skills practise. | [ ]  | [ ]  | [ ]  |
| Live samples (recorded or direct). | [ ]  | [ ]  | [ ]  |
| Evaluating competence, including skills measures (such as CTS-R). | [ ]  | [ ]  | [ ]  |
| Supervisee’s thoughts, attitudes and beliefs. | [ ]  | [ ]  | [ ]  |
| Review of the Supervisory arrangement and experience, 2- way feedback. | [ ]  | [ ]  | [ ]  |

**DETAILS OF SUPERVISEE’S CURRENT CLINICAL PRACTICE**

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| ***Profile of Clinical Practice*** |
| Type of clients.*Adults / children / learning disability etc.* |       |
| Types of problems treated. |       |
| CBT therapeutic approaches. |       |
| ***Nature of Evidence*** |
| What is the nature of the evidence you have of the Supervisee’s practice.*Live assessment / case reports / letters / role-play / discussion / contribution in groups etc.* |       |
| ***Live Supervision****For ongoing Reaccreditation purposes, it is* ***highly recommended*** *to include regular live sampling of Supervisee’s practice within the supervision arrangement; this includes live observation, one way screen, video or audio recording.* A variation has been agreed for the standard set for live sampling as part of supervision *such that* *in circumstances where this is impossible to obtain (eg in forensic settings employer refusing consent for visiting supervisor; in learning disability settings, client unable to give informed consent), then supervisor can account for this within the report. If there are other good reasons for not including live sampling, these should be noted.* |
| On how many occasions has live supervision been used in the last 12 months? |       |
| How many cases has this covered? |       |
| How do you measure competency?*Supervisors are encouraged to use competency measure such as CTS-R* |       |
| ***Skills and Other Areas of Development*** |
| What specific skills and competencies have been addressed in the last 12 months? |       |
| Within the bounds of confidentiality, please give an illustrative example. |       |
| What other development areas have been addressed? |       |
| ***Supervisee’s Understanding of the Therapeutic Relationship, and Level of Competence*** |
| What is the Supervisee’s understanding of the development, maintenance and ending of therapeutic relationships? |       |
| What evidence do you have of the Supervisee’s competence in managing the therapeutic alliance? |       |
| Within the bounds of confidentiality, please give an illustrative example. |       |
| ***Overall Level of Competence in REBT/CBT*** |
| What evidence do you have that the Supervisee is capable of safe and effective practice with their client population? |       |
| Do you have any concerns about the Supervisee’s current practice? |       |
| What is done to address these concerns?  |       |
| 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** (attached)? |       |
| Would you recommend the Supervisee for Re-accreditation at present?**IF NOT,** please give details of what changes would be required. |       |
| What additional comments can you make in support of this Supervisee’s Reaccreditation /ongoing listing on CBT register UK? |       |

**DECLARATION**

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| ***This Report is an honest appraisal of the Supervisee within the limits of my knowledge of them. Any areas of concern referred to in the Report have been discussed with the Supervisee*** |
| Supervisor’s Signature | Date       |

**This Report should be signed and dated within ten weeks of the request for audit/submission date. Electronic Signatures are acceptable.**

**After completion, return this Reference electronically to the Supervisee or email it confidentially to** **londonCBT@outlook.com** **as described above,**

**If you wish to discuss the completion of this Report please contact: londonCBT@outlook.com**



**AREBT Code of Conduct**

 You can download the full Code of Ethics & required Standards of Conduct & Performance in the Practice of Rational Emotive Behavioural Therapy by [clicking on this link.](https://docs.wixstatic.com/ugd/fb5970_5c45425947aa4821b9556e71acc2a82e.pdf)

This code of conduct serves to establish and maintain standards of practice for REBT practitioners, as well as inform and protect clients seeking therapeutic counselling/psychotherapy services.

As you read Code of Conduct document you will note the ‘commonalities’ of ethics and standards with Cognitive Behavioural Therapy, leading AREBT and BABCP to have set up a joint Accreditation scheme for those skilled in REBT or RECBT.

As a Professional body AREBT places the names of Professionally Trained Rational Emotive Cognitive Behaviour Therapists on its [internal member therapist register](https://www.arebt.eu/link-table). If accredited their details are also detailed on the joint AREBT/BABCP accredited list of RECBT Practitioners at [www.cbtregisteruk.com](http://www.cbtregisteruk.com/)

The Code of Conduct document is divided into two sections.

* Section one is written for members of the public to read an overview of the AREBT code of ethics and standards of practice required from its members
* Section two is written for members of AREBT to review and agree to the standards of practice required of its members