**Supervision Agreement**

|  |
| --- |
| **Supervisor Name:** |

|  |
| --- |
| **Supervisee Name:** |

|  |
| --- |
| **Period Supervision Agreement Covers:** |

|  |
| --- |
| **Ethical Considerations & Confidentiality**Supervision is an essential and important element of the supervisee’s development as a therapist. Supervision aims to be a space for critical reflection regarding CBT theory and practice. Supervision will support development and implementation of CBT treatment plans, and it will support discussions around the welfare of the client. Supervision will uphold BABCP Standards of Conduct, Performance and Ethics (found here: <https://babcp.com/Standards>). The supervisor is responsible and accountable for the quality of their supervision within the CBT supervision process and the supervisee is and remains responsible and accountable for their own practice. I am committed to honouring and respecting all information I receive in supervision about you and your clients and keeping all such information confidential to the degree possible. However, I cannot guarantee that the information gained from our sessions will be confidential. Evaluation of your competencies, skills, and professionalism is not confidential and will be shared as necessary with line managers or professional bodies, government agencies and professional associations.All professional and clinical issues discussed are confidential and are not to be discussed outside the supervision session. The exceptions to this are where are a breach of professional standards or the law may have occurred, or if requested to release information by a Court of Law, Coroner’s Office, or Professional Body. Clients’ names and personal details should not be disclosed. All clients should be informed that supervision takes place for quality assurance purposes.The supervisee is responsible for the formulation and treatment plan of clients. The supervisee is also responsible for assessing and managing risk. Discussions around these can be bought to supervision but where management of risk is urgent, the supervisee is responsible for the timely management of this. |

|  |
| --- |
| **Supervision Arrangements**We will meet (insert frequency) for individual, group, peer or peer group supervision (*delete as appropriate*). We will meet (insert dates and times)In the event that you are unable to attend a session, contact me in advance. Should you need to speak with me between supervision, please contact me through (*insert details*). Supervision will take place in the form of face to face, telephone, group, video conference (*delete OR Edit and appropriate*) |

|  |
| --- |
| **Supervision Content**Content of supervision will focus on the acquisition of knowledge, conceptualisation, and clinical skills within cognitive behavioural model(s). Any associated issues will also be discussed when relevant. CBT supervision is meant to be challenging and include the 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. It will also include discussion and working through relationship and process aspects of CBT supervision.The methods of CBT Supervision will include the following:  ◆ 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 (at least one per month) ◆ Direct observation of practice—at least once in a month per supervisee ◆ Identification of supervisee thoughts, attitudes, beliefs with exploration ofthe impact of these on therapeutic and professional behaviour ◆ Review of risk and therapist/client safety ◆ Review of clinical guidelines/manuals ◆ Review of psychoeducational material ◆ Experiential exercises ◆ Other strategies as agreed |

|  |
| --- |
| **Supervisor Professional Disclosure Statement** As the identified supervisor, I am responsible for the individual and/or group supervision we will be engaging in together. My profession, qualifications, ethics, specialisation, and experience for conducting supervision are detailed below.  |
| **My primary profession is:****Summary of qualification and experience:****Summary of supervision training and accreditations:****List areas of specialisation that will inform and/or limit the scope of supervision:****Ethics Codes of Practice to which I adhere:** |
| **Agreed Aims and Goals of CBT Clinical Supervision:** |

|  |
| --- |
| **Supervision Agreement Review Date:** |