**Supervision Agreement**

**Supervision Agreement between Stuart Randall & ........................**

**Confidentiality**

* All professional and clinical issues discussed are confidential and are not to be discussed outside the supervision session. The exceptions to this are where professional malpractice may be evident, or if requested to release information by a Court of Law, Coroner’s Office or Professional Body.
* All cases or professionals discussed during supervision must be made anonymous.
* Where tape recording of sessions takes place this must be agreed with and have the informed consent of the service user, carer or professional. Arrangements must also be made to destroy/wipe any recordings. The supervisee is responsible for ensuring this process is followed.

**Content of supervision**

* Content of supervision will focus on the acquisition of knowledge, conceptualisation and clinical skills within a cognitive behavioural model.
* 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.
* An agenda will be discussed at the beginning of each supervision session.

**Practicalities**

For accreditation requirements the BABCP recommend a minimum of 90 minutes, per month, of individual supervision for someone with a full-time case load. If you work less than half-time you can reduce the overall amount of supervision time on a pro-rata basis to a minimum of 45 minutes.

It is not a requirement, but the BABCP advises that newly-trained practitioners have a higher frequency and duration of supervision than experienced colleagues.

* We will aim for approximately …… minutes of supervision session each month.
* The venue the session(s) will take place at is ................................
* The person responsible for booking the accommodation is ..........................
* If a cancellation needs to made by either the supervisor or supervisee then this will be communicated as soon as possible and alternative arrangements made.

**Supervision methods and content**

The BABCP recommend that it is good practice for the supervisor to observe ‘live’ and feedback on your work. This can be done by either ‘sitting in’ on sessions or by reviewing recordings. This must take place regularly and at least twice per year.

* 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 (where applicable)
* 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 psycho-educational 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 the supervision agreement will be terminated and any appropriate persons informed of such.
* 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 will be reviewed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_
* Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_