

ACT / CBS Supervisor Info Sheet

Contact Information of the supervisor

DATE FORM COMPLETED	
Name	
How to get in contact (e.g. email address, phone number, etc)	
My professional designation (e.g. SW, psychologist, RP, etc.)	
Geographic area	
Video supervision (y/n)	

Types of supervisees the supervisor is able to supervise

This supervisor takes supervisees with the following levels of experience (Supervisors place and X in the boxes they are comfortable supervising)

	New to ACT/CBS	Intermediate ACT/CBS skills and experience	Advanced ACT/CBS experience
Unlicensed / working towards a degree			
Temporary license / completed coursework and working towards registration			
Fully registered and licensed			
<i>New to ACT means that the supervisee has only a cursory or surface level understanding of ACT;</i> <i>Intermediate means that the supervisee knows the fundamentals of ACT and has done readings, workshops, or coursework but has limited experience applying ACT with clients;</i> <i>Advanced means that the supervisee has done ACT with a range of clients and is comfortable and familiar with the intervention</i>			

Type of professional I supervise

	I provide <u>consultation</u> but <u>not supervision</u>	I <u>supervise</u> members from this professional college / category
Social Work		
Psychologist		
R. Psychotherapists		
ABA therapists		
Child and Youth Workers		
Coaches		
Medical Doctors		

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Experience and content expertise of the supervisor

CBS approaches I supervise	
ACT	
CFT	
Clinical RFT	
FAP	
RO-DBT	
Populations I Supervise	
Children	
Adolescents	
Adults	
Older adults	
Families	
Couples	
Forensic, corrections, and criminal behaviours and difficulties	
Health and/or rehab	
ABA / IBI	

My CBS Learning Journey and Supervision Experience

Received supervision in ACT/CBS from an ACT/CBS clinician at least four times	
Received > 40 hours supervision in ACT/CBS from an ACT/CBS clinician	
Have had an ACT supervisor watch therapy video and give targeted feedback	
Engaged in peer support, Self-Practice, or skills practice through the Portland Model or other ACT/CBS frameworks	
Engaged in peer supervision where the purpose was to discuss solutions for “stuck” clients or work through clinician blocks using an ACT or other CBS framework	
Taken workshops/trainings for ACT/CBS supervision	
Have provided ACT/CBS supervision before	If yes, for approximately how many years:
Know and am comfortable with RFT and the mechanisms of therapeutic change that occur in ACT/CBS interventions	
My Formal Participation in the CBS community	
I am a Peer Reviewed ACT Trainer (yes /no)	
Actively participate in the ACBS community?	
Actively participate in the ACBS-Ontario community?	
Publish or do research on ACT or other CBS programs or processes	
Provide trainings or workshops in ACT or other CBS therapies	

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