SOCIETY FOR DIALECTICAL BEHAVIOUR THERAPY
THE DIALECTICAL BEHAVIOUR THERAPY SOCIETY IN UK AND IRELAND

There are 7 sections to this form. Once you have completed all parts of the form and made your payment via the SfDBT website please email the application with your certificates/evidence of training to accreditation@sfdbt.org

Below is a table of all parts of the form. You can use this to help you to check if you have completed all the necessary parts.

Supervisor Accreditation

Form	What needs to be done to evidence against the criteria?	Have I completed this?	What still needs to be done?	When all parts are complete then submit
Part 1	Information about the applicant			
Part 2	Accreditation information	If you are an accredited DBT therapist with SFDBT you do not need to complete this section		
Part 3	Your supervisor's reference			
Part 4	3 supervisee feedback forms from 2 separate consultation teams. At least one must have had recordings listened to by you			
Part 5	Log of all the supervision you have provided to individuals and consultation teams which must include listening to recordings of 1:1 DBT sessions			
Part 6	Log of CPD in DBT or DBT related topics since Accreditation as DBT Therapist (at least 2 days per year). All certificates emailed to: accreditation@sfdbt.org)			

Application Example

Part 7	Log of Mindfulness Practice over and above general DBT delivery			

PART ONE OF SEVEN: The Forms for Applying for Supervisor Accreditation in Dialectical Behaviour Therapy by the Society for DBT UK & Ireland (SFDBT)

Name of Applicant:	
Are you a member of SFDBT: UK & Ireland?	**Yes/No** Date of accreditation:
Mailing Address	
Email Address	
Daytime phone number	
Are you: **Employer organisation name** **Mailing address**	**Self-employed/Employed**

Your DBT Supervision Experience

What year did you begin DBT supervision to others? **With digital (audio/video) recordings?**	
How many DBT therapists have you provided with DBT supervision? **How many with digital (audio/video) recordings supervision?**	
How many teams have you provided DBT consultation to?	
Which types of settings? (e.g. adult out-patient, forensic, adolescent in-patient etc.)	

In the box below please provide us with information related to your DBT supervision including a description of the supervision you provide:

Application Example

Have you been an Accredited DBT therapist with SFDBT for a minimum of 3 years at some point in your career?	**Yes/No** **If yes please make payment via the Sfdbt Website and go to Part Three (page 5)** **If accredited for less than 3 years, please state here how you met criteria for SFDBT accreditation for a full 3 year period and then make payment via the SfDBT website and go to Part Three (page 5)** **If no, please make payment via the SfDBT website and complete all sections of this form.**

Please pay £90 via the SfDBT website. For any payment queries please email payments@sfdbt.org

Application Example

PART TWO OF SEVEN: Application for DBT Supervisor Accreditation

IF YOU ARE ALREADY AN ACCREDITED DBT THERAPIST WITH SFDBT YOU DO NOT NEED TO COMPLETE THIS SECTION. GO TO PART THREE ON PAGE 6.

This section has to be completed if you are not an accredited therapist with SFDBT

Your Professional Qualifications

Profession(s)	
Membership of professional bodies with registration numbers in the UK or Ireland	

Your DBT Training

Date (years) of DBT Training and name of course(s)	
DBT training organisation, name of trainer and trainer's training in DBT	
Training in Adaptations of DBT (e.g. DBT-S, DBT-Adolescents, DBT-Eating Disorders, DBT-PTSD)	
Please describe the setting in which you are/were practicing DBT. Include information on how the functions of DBT are delivered.	

Confirmation of accreditation activity

Activity	**Date and details**
1) Attended/received a minimum of 20 hours DBT supervision or 30 hours in the case of group supervision	

Application Example

2) Provided a minimum of 10 digital (audio/video) recordings for supervision	
3) Has met SFDBT criteria for accreditation as a DBT therapist for a minimum of 3 years	
4) Has taught all four modules of a DBT skills group	
5) Dates attended consult for 5-year period: **List members of your consult time and day and time of weekly meeting.** **From:** **To:**	
6) Has provided 1:1 DBT to at least 15 clients, and completed a full treatment with at least 10.	
7) Will provide Case Formulation for one client and Chain Analysis of Therapist Therapy Interfering Behaviour when requested	

Application Example

PART THREE OF SEVEN: Society for DBT UK and Ireland Reference

Application for Accreditation in DBT Supervision: Reference

The applicant is applying for Supervisor Accreditation with SFDBT and has given you as their reference. Please complete and return to the applicant and/or accreditation@sfdbt.org

Name of Applicant:	
Reference Name	
Reference Mailing Address	
Reference Email Address	
Reference Daytime phone number	
In what capacity do you know of the applicant's supervision activities?	
Are you an accredited therapist with SFDBT?	**Yes/No** **If yes, you do not need to give your qualifications or details of your DBT training, go to '**Confirmation of applicant's DBT activity.' On page 6 and complete questions 6, 7 and 8 **If no, please complete all sections**

Reference Professional Qualifications

Reference Profession(s)	
Reference Qualifications Relevant to Profession	
Membership of professional bodies with registration numbers	

Reference DBT Training

Date (years) of DBT Training	
DBT training organisation, name of trainer and name of course completed	

Application Example

Training in Adaptations of DBT (e.g. DBT-S, DBT-Adolescents, DBT-Eating Disorders, DBT-PTSD)	

Confirmation of applicant's DBT activity. If the applicant is accredited with SFDBT please only answer Q 6, 7 and 8.

Activity	**Check if completed**
1) Attended/received a minimum of 20 hours supervision or 30 hours in the case of group supervision	
2) Provided a minimum of 10 digital recordings (audio/video) for supervision	
3) Met SFDBT criteria for accreditation as a DBT therapist for a minimum of 3 years	
4) Taught all four modules of a DBT skills group	
5) Evidenced three adherent individual sessions with his/her own client	
6) Has the applicant, at some point in their career, attended weekly consultation team meetings regularly for a minimum of 5 years?	
7) Has the applicant, at some point in their career, provided 1:1 DBT to at least 15 clients, and completed a full DBT treatment with at least 10?	
8) Confirmation of applicant's DBT supervision activity **In the box below please provide us with information related to the applicants DBT supervision including a description of their activities, skills and expertise as a DBT supervisor**	

I confirm that to the best of my knowledge the information provided in this form is accurate.

Application Example

Signature of DBT supervisor reference: _____

Date: _____

Thank-you for completing the supervisor reference. Please return to the applicant and/or accreditation@sfdbt.org

Application Example

PART FOUR OF SEVEN: Society for DBT UK and Ireland: Supervision Feedback

PART FIVE OF SEVEN: Application for DBT Supervisor Accreditation

Provision of DBT Supervision Log

Dates: start of supervision to end of supervision or state 'ongoing'	Frequency and Duration	Details of DBT supervision provided including whether to individual or team and whether it included listening to tapes of DBT sessions.	**Who supervision provided to.** **Teams:** Name of DBT Consultation Team **Individuals:** Name of the individuals and the DBT consultation Team they belonged to at the time of the supervision

Application Example

PART SIX OF SEVEN: If accredited with SFDBT please complete with evidence of all training /self-study since accreditation

The minimum requirement is for 2 days of training/self directed study per year

OR

If not accredited with SFDBT then please submit evidence of 500 Hours of training /self-study in DBT and DBT related learning—70 hours must be face to face teaching in DBT

(No more than 225 Hours may be direct clinical practice)

Please attach all certificates. Evidence of the training must be scanned and emailed with your application form

. Training/self study can take a wide variety of formats including:

1. Courses/workshops/ on DBT or DBT-related topics e.g. mindfulness approaches, retreat, evidence based treatment for anxiety disorders, Behavioural approaches, CBT, CFT, or ACT
2. Attendance at conferences e.g. the SfDBT annual conference
3. Supervision with an accredited/accreditable DBT practitioner.
4. Personal reading on DBT and DBT related topics
5. Research and/or research publications on DBT and DBT related topics
6. Book publications on DBT and DBT related topics

In any year, time may be spent in one activity only. However you will need a balance of taught components (i.e. activities 1-3) and self-directed learning (i.e. activities 4-6) over the period. Details, including details of trainers, will need to be provided. In-house training is acceptable as long as the trainers are accredited/accreditable in the approach they are teaching. You can contact us to check if your activities would meet this requirement or if you foresee any problem with meeting this at accreditation@sfdbt.org

Date	Duration	Details of training and learning activity (including name of provider of training or learning activity)	State evidence of the training. All evidence must be scanned and emailed with application form (e.g. certificate of attendance, signed letter from supervisor)	Assessors comments

Application Example

Application Example

PART SEVEN OF SEVEN: Application for DBT Supervisor Accreditation
Mindfulness Practice Log

Date	Description of mindfulness practice and its duration including examples of daily practice

Once you have completed all parts of the form and made your payment via the SfDBT website please email the application with your certificates/evidence of training to accreditation@sfdbt.org

Application Example