

## Underpinning supervision competences for working with people with psychosis and bipolar disorder

This section assumes that supervisors have a good knowledge of the competence framework for people with psychosis and bipolar disorder (<http://www.ucl.ac.uk/CORE/>). This sets out the skills and knowledge that supervisees are expected to demonstrate, and details the range of therapist activities associated with clinical work in this area.

### Supervisor's expertise

An ability for the supervisor to draw on the principles and evidence underpinning the psychological intervention being applied, on knowledge of the competences associated with its delivery, and on personal experience of its clinical applications

An ability to recognise (and to remedy) any limitations in knowledge and/or experience which has implications for the supervisor's capacity to offer effective supervision

An ability to ensure that supervision integrates attention to generic therapeutic skills (such as managing the therapeutic alliance or responding to a client's distress) while also focussing on the development and /or maintenance of skills specifically associated with the psychological intervention being applied

An ability to identify and address concerns about supervisees whose competence or whose ethical standard falls below that which is appropriate to the clinical context in which they are working

Where the supervisor is acting both as a mentor and an evaluator of the supervisee, and ability to hold these two roles in balance

### Adapting supervision to the supervisee's training needs

An ability to identify and address any limitations in the supervisee's knowledge and understanding of relevant competence frameworks and their application in practice

An ability to identify the supervisee's knowledge of, and experience with, the model they are applying

An ability to identify and discuss any misconceptions that the supervisee may hold regarding the model and its associated techniques

An ability to help the supervisee reflect on their development as a practitioner in order to identify and address their specific training needs

An ability to negotiate and implement learning agreements which reflect the supervisee's learning needs

### Supervisee's stance, values and assumptions

An ability to monitor the supervisee's capacity to maintain a normalising, validating and recovery-oriented perspective to understand the client's presentation and the evolution of therapy, for example:

overcoming disempowerment

instilling a sense of hope for recovery

helping clients to make informed decisions and choices with regard to their own treatment and treatment goals

helping clients form a model of recovery

helping the client make appropriate choices in the context of adversity

maintaining an 'open minded' stance (e.g. not overly aligned to one position)

An ability to help the supervisee draw on the guiding principles and stance of CBT and family intervention models (for example focusing on developing shared understandings matched to the individual and to the stage of therapy)

An ability to help the supervisee articulate their assumptions about, and attitudes towards, the client population

### **Navigating systems**

An ability to help the supervisee understand and navigate professional systems, such as multi-professional teams, for example:

formulating the perspectives and goals of each member of the team (especially where there are differences in their perspective and assumptions)

role-playing communicating with different members of the team

An ability to help the supervisee manage professional boundaries

### **Using modelling to facilitate communication with clients and with systems**

An ability to use modelling, for example:

within supervision (e.g. role playing ways of responding to a hostile client in supervision, or to help a supervisee envisage how to help a team come to a shared model)

with clients (e.g. modelling conversation with clients who are finding it difficult to communicate)

### **Using observation**

An ability to set up observations of sessions, either live or through recordings, and to identify and manage any potential obstacles to this e.g.

conducting a joint session at the start of the intervention so that the client knows the identity of the supervisor

## Specific supervision competences for CBTp

### Engaging the client

An ability to help supervisees maintain a focus on engagement throughout the intervention

Ability to help the supervisee recognise and address common challenges to engagement e.g.

clients being unfamiliar and unclear about the nature of therapy

clients whose limited experiences of relationships make it harder for them to engage

clients who may be experiencing symptoms/thoughts that directly interfere with engagement

An ability to help the supervisee identify any assumptions they are making about the resources available to the client, and to tailor their intervention appropriately, for example:

clients with no or very limited social support

clients with very limited financial resources

clients living in inadequate or insecure accommodation

An ability to help the supervisee ensure that they consider the ways in which the client's culture and background influences the ways in which they understand and explain their experiences, and any implications of this for engagement and for the intervention

### Working collaboratively

An ability to monitor and support the supervisee's capacity to maintain a genuine and transparent collaboration (e.g. being able to enter into the client's reality and be validating and empathic, rather than subtly invalidating or unintentionally suggesting the person is wrong)

An ability to promote the supervisee's capacity to recognise signs that interactions are not fully collaborative and to identify and address the reasons for this

An ability to help the supervisee maintain a focus on eliciting feedback from the client so as to check what they are experiencing (e.g. asking 'how did the service user respond to that' 'what exactly did they say')

### Supervisee's ability to balance structure with working responsively

An ability to help the supervisee achieve an appropriate balance between structuring sessions and being responsive to the client for example:

balancing the need to be an empathic concerned listener with the need to institute an active intervention

balancing directiveness with the need to listen to the client and to maintain a strong focus on the therapeutic alliance

recognising when to limit time spent on 'formal' CBT and allow time for informal conversation/ discussion

recognising when the client needs to take a break, or when shorter sessions work best

being alert to the ways in which communications are being received by the client

being attentive to how the client is perceiving them

listening to what the client is distressed by and being able to negotiate an appropriate focus

recognise the differences between a deliberate move off a hot topic, collaborative direction changes, and unhelpful deviations from the agenda (on either side)

### **Supervisee's capacity to work with strong emotion**

An ability to support the supervisee's capacity to tolerate and work with strong or extreme expression of emotions in the session, for example:

modelling potential responses to the client (e.g. demonstrating how to name the feelings being expressed in the context of a straightforward conversational style)

helping the supervisee discuss their own reactions to expressions of strong emotion

helping the supervisee to identify when it could be useful to use their own emotional reactions in a therapeutically constructive way

### **Managing risk**

An ability to support the supervisee's capacity to manage risk, and to ensure the client's and their own safety for example:

setting up appointments at times of day when other members of staff are accessible

ensuring that supervisees know who they can contact urgently

ensuring that supervisees can differentiate acute and chronic risk and respond appropriately

ensuring that supervisees are aware of local systems for managing risk, and the procedures for accessing and using these systems

An ability to help the supervisee judge how to balance risk aversion against appropriate risk taking (for example, so as to allow the client to conduct practice assignments)

### **Encouraging reflection**

An ability to help the supervisee identify, express and tolerate difficult feelings that emerge when undertaking CBTp, for example:

frustration when there is marked variation from session to session, or where clients do not seem to make progress

personal reactions to client's who are hostile and who elicit rejection in others (including the supervisee)

### **Instituting the intervention**

An ability to help the supervisee understand when normalising a client's experience is likely to be helpful and when this may be unhelpful (e.g. when it may be experienced as invalidating of their experience)

Ability to help the supervisee explain the rationale and process of change strategies, and to introduce these at a pace that is agreed with the service user

An ability to help the supervisee identify and to focus on areas where there is room (and motivation on the part of the client) for change

An ability to help the supervisee consider whether, when and how coexisting conditions (such as substance abuse, trauma, anxiety or depression) need to be addressed

An ability to help the supervisee recognise when there is a need to adapt 'standard' CBT (e.g. in relation to cognitive capacity, or limited engagement), and to support their capacity to make these adaptations

An ability to help the supervisee to express their uncertainty about the delivery of the intervention (e.g. its pace, variations in mood or accessibility from session to session)

An ability to make use of role play to model areas of the intervention that the supervisee finds challenging

An ability to help the supervisee focus on endings and to manage this in way that preserves the benefits of the intervention (particularly when the ending is potentially difficult or when service users do not actively express their concerns about it)

## Specific supervision competences for family interventions (FI)

Supervision for FI is often conducted on a group basis; as such what follows assumes that the supervisor has the ability to conduct supervision in group formats, as set out in the supervisor competence framework

### Supervisee attitudes to family work

An ability to help supervisees recognise that family members can be involved with the care team in a range of different ways, depending on their needs, resources and wishes, for example:

being offered information only

coping strategies offered to family members only

supporting specific CBTp strategies

addressing shared goals in the context of a structured family intervention

An ability to help the supervisee hold in mind that all families are potentially suitable for family work

An ability to help the supervisee discuss their assumptions about whether or not FI is indicated (e.g. seeing families as too upset to engage, or not upset enough)

An ability to help the supervisee discuss their assumptions about the ways that family functioning impacts on service users, and to help them:

be aware of labelling families (e.g. as 'problem families')

being aware of blaming families (e.g. as the cause of service-user's problems)

An ability support the supervisee's capacity to understand family functioning through the lens of psychosis and its wide-ranging impact on the family

An ability to help the supervisee construe patterns of family interaction as the family's attempt to manage a difficult situation, and so:

to be able to normalise patterns of interaction, even where these may be contributing to difficulties

to see the family as having skills, and the potential to act as a resource to the service user

### Training needs of supervisees who are moving from individual to family work

An ability to identify the needs of supervisees who are moving from individual to family work, for example helping them:

to take a more active and directive role (e.g. being prepared to interrupt, or asking the family to do things differently, identifying and maintaining clear ground rules for the conduct of the session)

to being oriented to resolving problems rather than simply listening

An ability to help the supervisee identify and address any discomfort arising from their perception of family attitudes towards, and expectations of, therapy and the therapist

## Engagement

An ability to support the supervisee's capacity to show appropriate assertiveness and persistence in pursuing engagement (e.g. a willingness to go the 'extra mile' to engage a family)

An ability to help the supervisee guard against disengagement by actively involving all family members, and ensuring that discussion is not monopolised by a subset of the family

An ability to help the supervisee adopt an appropriately flexible approach to FI (e.g. working with those members who come to sessions rather than insisting on seeing the whole family)

## Psychoeducation

An ability to help the supervisee deliver psychoeducation in a manner that is collaborative and:

is tailored to the needs of the family (e.g. by gaining a sense of what the family do and don't already know and what they are interested in knowing about)

accommodates any diagnostic uncertainty or family views about the helpfulness of diagnosis

is integrated with (and respectful of) family and cultural belief systems

## Managing emotions in family work

An ability to help the supervisee feel confident to manage expressions of emotions in the family, particularly when different emotions are expressed by different family members, for example:

discussing anxieties that intervention might make things worse

helping them to manage any feelings of being overwhelmed

An ability to help the supervisee modulate the level of affect in sessions

to an optimal (usually relatively low) level

to a level that is constructive for each family (i.e. recognising that every family (and each family member within them) manage and cope with different levels of expression)

## Maintaining a neutral stance

An ability to help the supervisee maintain a neutral position in relation to family members and family assumptions, for example by drawing their attention:

to alliances and allegiances they are forming with individual family members

to occasions when they are identifying with unhelpful family views (e.g. sharing a pessimistic view about the possibility of change)

## Structuring sessions

An ability to help the supervisee balance flexibility and responsiveness while also maintaining session structure (e.g. being able to respond flexibly to unexpected events and to family needs)

An ability to help the supervisee structure the intervention and carry out the various tasks associated with it

An ability to help the supervisee feel comfortable to hold to the structure in the face of setbacks

An ability to support the supervisee's capacity to institute the tasks of therapy in a genuinely collaborative manner (e.g. working on managing differences of opinion about how much housework someone should do, rather than simply discussing whether the person should be doing more or less)

### **Balancing the needs of each member of the family**

An ability to help the supervisee balance the needs of family against the needs of individual members (e.g. by drawing attention to the 'bigger picture' and planning how to convey this in sessions)

An ability to help the supervisee work with the family to identify a genuinely shared goal and a shared strategy for achieving this

An ability to help the supervisee support the service user as an expert in their own condition, helping them share their concerns and anxieties with their family, and identifying any anxieties that they have about doing so

### **Working with other services**

An ability to help the supervisee work with other members of the professional system

An ability to help the supervisee generalise the skills they have learned to help them be more effective in their dealings with other professionals

An ability to help the supervisee promote positive relationships between themselves and members of the professional system with whom they are engaged

### **Managing confidentiality in family work**

An ability to help the supervisee manage issues of confidentiality between family members (e.g. when one member of the family makes disclosures about another)

An ability to ensure that the supervisee has a good understanding of what information can and cannot be shared with relatives who are in a caring role (and so are able to make informed judgments about how to manage confidentiality)

### **Supervision/ support for supervisors**

An ability for the supervisor to recognise when they are experiencing difficulties for which they themselves would benefit from support, for example when families being seen by the supervisee:

experience an untoward incident (such as suicide)

present significant risk issues