

Generic Competences

Knowledge and understanding of mental health problems

During assessment and when carrying out interventions, an ability to draw on knowledge of common mental health problems and their presentation
An ability to draw on knowledge of the factors associated with the development and maintenance of mental health problems
An ability to draw on knowledge of the usual pattern of symptoms associated with mental health problems
An ability to draw on knowledge of the ways in which mental health problems can impact on functioning (e.g. maintaining intimate, family and social relationships, or the capacity to maintain employment and study)
An ability to draw on knowledge of the impact of impairments in functioning on mental health
An ability to draw on knowledge of mental health problems to avoid escalating or compounding the client's condition when their behaviour leads to interpersonal difficulties which are directly attributable to their mental health problem

Knowledge of depression

An ability to draw on knowledge of the cluster of symptoms associated with a diagnosis of depression:
depressed mood most of the day
marked loss of interest or pleasure in daily activities
sleep problems
loss of appetite and significant loss of weight
fatigue/exhaustion
difficulties getting to sleep or excessive sleep
psychomotor agitation (feeling restless or agitated) or psychomotor retardation (feeling slowed down)
feelings of worthlessness or excessive guilt
low self-confidence
difficulties in thinking/ concentrating and/or indecisiveness
recurrent thoughts of death, suicidal ideation, suicidal intent (with or without a specific plan)
An ability to draw on knowledge:
that a diagnosis of depression is based on the presence of a subset of these symptoms
that of these symptoms, depressed mood; loss of interest or pleasure; and fatigue are central
that symptoms need to be present consistently over time (e.g. DSM-IV-TR criteria specify two weeks, ICD-10 criteria specify one month)
An ability to draw on knowledge of the diagnostic criteria for all mood

disorders (including minor depression/dysthmic disorder and bipolar disorder) and to be able to distinguish between these presentations
An ability to draw on knowledge of the incidence and prevalence of depression, and the conditions that are commonly comorbid with depression
An ability to draw on knowledge of the patterns of remission and relapse/recurrence associated with depression

An ability to draw on knowledge of factors which are associated with an increased vulnerability to depression e.g.:
developmental risk factors (e.g. temperament)
quality of early experience with parents or significant others
quality of relationships with partner, family and significant others
quality of current social relationships
social isolation
major adverse life-events (e.g. childhood abuse or neglect, financial loss, unemployment, separation from a partner, bereavement, retirement)
major life-transitions (e.g. becoming a parent)
acute and chronic physical illness (both in the client and in significant others)
An ability to draw on knowledge of the impact of depressive symptoms on the client's functioning (e.g. in interpersonal and work domains), and the fact that difficulties in functioning can (in turn) contribute to depressive symptoms

An ability to draw on knowledge of the evidence for the effectiveness of psychological and psychopharmacological interventions for depression, and their effectiveness in combination
An ability to draw on knowledge of the ways in which depression is conceptualised within the model of therapy being adopted

Knowledge of, and ability to operate within, professional and ethical guidelines

Knowledge

An ability to maintain awareness of national and local codes of practice which apply to all staff involved in the delivery of healthcare, as well as any codes of practice which apply to the therapist as a member of a specific profession
An ability to take responsibility for maintaining awareness of legislation relevant to areas of professional practice in which the therapist is engaged (specifically including the Mental Health Act, Mental Capacity Act, Human Rights Act, Data Protection Act)

Application of professional and ethical guidelines

An ability to draw on knowledge of relevant codes of professional and ethical

conduct and practice in order to apply the general principles embodied in these codes to each piece of work being undertaken, in the areas of:	
	obtaining informed consent for interventions from clients
	maintaining confidentiality, and knowing the conditions under which confidentiality can be breached
	safeguarding the client's interests when co-working with other professionals as part of a team, including good practice regarding inter-worker/ inter-professional communication
	competence to practice, and maintaining competent practice through appropriate training/professional development
	recognition of the limits of competence and taking action to enhance practice through appropriate training/professional development
	protecting clients from actual or potential harm from professional malpractice by colleagues by instituting action in accordance with national and professional guidance
	maintaining appropriate standards of personal conduct for self:
	a capacity to recognise any potential problems in relation to power and "dual relationships" with clients, and to desist absolutely from any abuses in these areas
	recognising when personal impairment could influence fitness to practice, and taking appropriate action (e.g. seeking personal and professional support and/or desisting from practice)

**Knowledge of a model of therapy, and
the ability to understand and employ the model in practice**

An ability to draw on knowledge of factors common to all therapeutic approaches*:	
	supportive factors:
	a positive working relationship between therapist and client characterised by warmth, respect, acceptance and empathy, and trust
	the active participation of the client
	therapist expertise
	opportunities for the client to discuss matters of concern and to express their feelings
	learning factors:
	advice
	correctional emotional experience
	feedback
	exploration of internal frame of reference
	changing expectations of personal effectiveness

assimilation of problematic experiences
action factors:
behavioural regulation
cognitive mastery
encouragement to face fears and to take risks
reality testing
experience of successful coping
An ability to draw on knowledge of the principles which underlie the intervention being applied, using this to inform the application of the specific techniques which characterise the model
An ability to draw on knowledge of the principles of the intervention model in order to implement therapy in a manner which is flexible and responsive to client need, but which also ensures that all relevant components are included

* classification adapted from:

Lambert, M.J. and Ogles, B.M (2004) The efficacy and effectiveness of psychotherapy pp139-193 in M.J. Lambert Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change (5th Edition) New York: Wiley

Ability to work with difference (cultural competence)

Although it is common (and appropriate) to think about 'difference' in relation to specific demographic groups, this may be a somewhat narrow perspective. There are many ways in which both therapists and their clients could be 'different', partly because some areas of difference will not be immediately apparent, and also because it is the individual's sense of their difference that is important. On this basis almost any therapeutic encounter requires the therapist to consider the issue of difference.

In what follows the term 'culture' is sometimes used generically, so (for example) referring to an intervention as 'culturally sensitive' means that the intervention is responsive to the demographic group to which it is applied.

An ability to draw on knowledge that the term 'difference' refers to the individualised impact of background, lifestyle, beliefs or religious practices

An ability to draw on knowledge that the demographic groups included in discussion of 'difference' are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area

An ability to draw on knowledge that clients will often be a member of more than one "group" (for example, a gay man with disabilities, or an older adult from a minority ethnic community), and that as such, the implications of different combinations of difference needs to be held in mind by therapists

An ability to maintain an awareness of the potential significance for practice of

social and cultural difference across a range of domains, but including:	
	ethnicity
	culture
	class
	religion
	gender
	age
	disability
	sexual orientation

For all clients with whom the therapist works, an ability to draw on knowledge of the relevance and potential impact of social and cultural difference on the effectiveness and acceptability of an intervention

Where clients from a specific minority culture or group are regularly seen within a service, an ability to draw on knowledge of that culture or area of difference

An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions e.g.:

language
marginalisation
mistrust of statutory services
lack of knowledge about how to access services
different cultural concepts, understanding and attitudes about mental health which affect views about help-seeking, treatment and care
stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe)
stigma or shame and/or fear associated with being diagnosed with a mental health disorder
preferences for gaining support via community contacts/ contexts rather than through 'conventional' referral routes (such as the GP)

An ability for therapists of all cultural backgrounds to draw on an awareness of their own group membership and values and how these may influence their perceptions of the client, the client's problem, and the therapy relationship

An ability to take an active interest in the cultural background of clients, and hence to demonstrate a willingness to learn about the client's cultural perspective(s) and world view

An ability to work collaboratively with the client in order to develop an understanding of their culture and world view, and the implications of any culturally-specific customs or expectations, for:

the therapeutic relationship
the ways in which problems are described and presented by the client
an ability to apply this knowledge in order to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant
an ability to apply this knowledge in a manner that is sensitive to the ways in which individual clients interpret their own culture (and hence recognises the risk of culture-related stereotyping)

An ability to take an active and explicit interest in the client's experience of difference:

to help the client to discuss and reflect on their experience of difference
to identify whether and how this experience has shaped the development and maintenance of the client's presenting problems
An ability to discuss with the client the ways in which individual and family relationships are represented in their culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of therapy
An ability to ensure that standardised assessments/ measures are employed and interpreted in a manner which is culturally-sensitive e.g.:
if the measure is not available in the client's first language, an ability to take into account the implications of this when interpreting results
if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed
if standardisation data (norms) is not available for the demographic group of which the client is a member, an ability explicitly to reflect this issue in the interpretation of results

An ability to draw on knowledge of the conceptual and empirical research-base which informs thinking about the impact of cultural competence on the efficacy of psychological interventions
Where there is evidence that social and cultural difference is likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the therapy and/or the manner in which therapy is delivered, with the aim of maximising its potential benefit to the client
An ability to draw on knowledge that culturally-adapted treatments should be judiciously applied, and are warranted:
if evidence exists that a particular clinical problem encountered by a client is influenced by membership of a given community
if there is evidence that clients from a given community respond poorly to certain evidence-based approaches
Where the therapist does not share the same language as clients, an ability to identify appropriate strategies to ensure and enable the client's full participation in the therapy
where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies which need to be in place for an interpreter/advocate to work effectively and in the interests of the client

Ability to engage client

While maintaining professional boundaries, an ability to show appropriate levels of warmth, concern, confidence and genuineness, matched to client need
An ability to engender trust
An ability to develop rapport
An ability to adapt personal style so that it meshes with that of the client

An ability to recognise the importance of discussion and expression of client's emotional reactions
An ability to adjust the level of in-session activity and structuring of the session to the client's needs
An ability to convey an appropriate level of confidence and competence
An ability to avoid negative interpersonal behaviours (such as impatience, aloofness, or insincerity)

Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'*

Understanding the concept of the therapeutic alliance

An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:			
<table border="1"> <tr> <td>the relationship or bond between therapist and client</td> </tr> <tr> <td>consensus between therapist and client regarding the techniques/methods employed in the therapy</td> </tr> <tr> <td>consensus between therapist and client regarding the goals of therapy</td> </tr> </table>	the relationship or bond between therapist and client	consensus between therapist and client regarding the techniques/methods employed in the therapy	consensus between therapist and client regarding the goals of therapy
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consensus between therapist and client regarding the goals of therapy			
An ability to draw on knowledge that all three components contribute to the maintenance of the alliance			

Knowledge of therapist factors associated with the alliance

An ability to draw on knowledge of therapist factors which increase the probability of forming a positive alliance:
being flexible and allowing the client to discuss issues which are important to them
being respectful
being warm, friendly and affirming
being open
being alert and active
being able to show honesty through self-reflection
being trustworthy
Knowledge of therapist factors which reduce the probability of forming a positive alliance:
being rigid
being critical
making inappropriate self-disclosure
being distant
being aloof
being distracted
making inappropriate use of silence

Capacity to develop the alliance

An ability to listen to the client's concerns in a manner which is non-

judgmental, supportive and sensitive, and which conveys a comfortable attitude when the client describes their experience
An ability to ensure that the client is clear about the rationale for the intervention being offered
An ability to gauge whether the client understands the rationale for the intervention, has questions about it, or is skeptical about the rationale, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities
An ability to help the client express any concerns or doubts they have about the therapy and/or the therapist, especially where this relates to mistrust or skepticism
An ability to help the client articulate their goals for the therapy, and to gauge the degree of congruence in the aims of the client and therapist

Capacity to grasp the client’s perspective and ‘world view’

An ability to apprehend the ways in which the client characteristically understands themselves and the world around them
An ability to hold the client’s world view in mind throughout the course of therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions
An ability to hold the client’s world view in mind, while retaining an independent perspective and guarding against identification with the client

Capacity to maintain the alliance

Capacity to recognise and to address threats to the therapeutic alliance (“alliance ruptures”)

An ability to recognise when strains in the alliance threaten the progress of therapy
An ability to deploy appropriate interventions in response to disagreements about tasks and goals:
An ability to check that the client is clear about the rationale for treatment and to review this with them and/or clarify any misunderstandings
An ability to help clients understand the rationale for treatment through using/drawing attention to concrete examples in the session
An ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement over these factors)
An ability to deploy appropriate interventions in response to strains in the bond between therapist and client:
An ability for the therapist to give and ask for feedback about what is happening in the here-and-now interaction, in a manner which invites exploration with the client
An ability for the therapist to acknowledge and accept their responsibility for their contribution to any strains in the alliance

Where the client recognises and acknowledges that the alliance is under strain, an ability to help the client make links between the rupture and their usual style of relating to others
An ability to allow the client to assert any negative feelings about the relationship between the therapist and themselves
An ability to help the client explore any fears they have about expressing negative feelings about the relationship between the therapist and themselves

*** Sources:**

Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy: Theory, Research, Practice, Training*, 38, 171–185.

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23, 1–33

Safran J.D. and Muran J.C. (2000) Negotiating the therapeutic alliance New York: Guilford Press

Ability to work with the emotional content of session

An ability to facilitate the processing of emotions by the client – to acknowledge and contain emotional levels that are too high (e.g. anger, fear, despair) or too low (e.g. apathy, low motivation)
An ability to deal effectively with emotional issues that interfere with effective change (e.g. hostility, anxiety, excessive anger, avoidance of strong affect).
An ability to help the client access differentiate and experience his/her emotions in a way that facilitates change

Ability to manage endings

An ability to signal the ending of the intervention at appropriate points during the therapy (e.g. when agreeing the treatment contract, and especially as the intervention draws to close) in a way which acknowledges the potential importance of this transition for the client
An ability to help client discuss their feelings and thoughts about endings and any anxieties about managing alone
An ability to review the work undertaken together
An ability to say goodbye

Ability to undertake a generic assessment

An ability to obtain a general idea of the nature of the client’s problem
An ability to elicit information regarding psychological problems, diagnosis, past history, present life situation, attitude about and motivation for therapy
An ability to gain an overview of the client’s current life situation, specific

stressors and social support
An ability to assess the client's coping mechanisms, stress tolerance, and level of functioning
An ability to help the client identify/select target symptoms or problems, and to identify which are the most distressing and which the most amenable to intervention
An ability to help the client translate vague/ abstract complaints into more concrete and discrete problems
An ability to assess and act on indicators of risk (of harm to self or others) (and the ability to know when to seek advice from others)

An ability to gauge the extent to which the client can think about themselves psychologically (e.g. their capacity to reflect on their circumstances or to be reasonably objective about themselves)
An ability to gauge the client's motivation for a psychological intervention

An ability to discuss treatment options with the client, making sure that they are aware of the options available to them, and helping them consider which of these options they wish to follow
An ability to identify when psychological treatment might not be appropriate or the best option, and to discuss with the client (e.g. the client's difficulties are not primarily psychological, or the client indicates that they do not wish to consider psychological issues) or where the client indicates a clear preference for an alternative approach to their problems (e.g. a clear preference for medication rather than psychological therapy)

Ability to assess and manage risk of self-harm

An ability to draw on knowledge of indicators of self-harm, and to integrate research/actuarial evidence) with a structured clinical assessment and the exercise of professional judgment in appraising risk
An ability to draw on knowledge of the limitations of using risk factors to predict self-harm:
that risk factors identify high risk groups rather than individuals
that because suicide is a relatively rare event it is difficult to predict at the level of the individual:
even where accurate systems of prediction are employed these will incorrectly identify a substantial number of individuals as possible suicides
that because most risk factors relate to long-term risk they are less helpful in prediction in the short-term or immediate clinical situation

An ability to draw on knowledge that individuals with a history of prior suicide have a markedly elevated risk of self-harm
An ability to draw on knowledge of factors associated with an elevated risk of self-harm that apply across the population:

childhood adversity
experience of a number of adverse life-events (including sexual abuse)
a family history of suicide
a history of self-harm
seriousness of previous episodes of self-harm
previous hospitalisation
mood disorders
substance use disorder
a diagnosis of personality disorder
anxiety disorder (particularly PTSD)
a psychotic disorder (e.g. a diagnosis of schizophrenia or bipolar disorder)
presence of chronic physical disorders
bereavement or impending loss (where psychological problems preceded the bereavement)
relationship problems and relationship breakdown
severe lack of social support
socio-economic factors e.g.:
people who are disadvantaged in socio-economic terms
people who are single or divorced
people who are living alone
people who are single parents

An ability to draw on knowledge that individuals with depression have a significantly elevated lifetime risk of suicide
An ability to draw on knowledge that the risk of suicide is highest relatively early in a depressive episode, and less likely during periods of remission
An ability to draw on knowledge that hopelessness (negative expectations of the future) may be a more important marker of risk than the severity of depression
An ability to draw on knowledge that the combination of depression, hopelessness and continuing suicidal intent represents a marker of elevated risk

An ability to assess the client's strengths and resources by asking them about:
external resources (e.g. relationship with care services, self help groups, local associations)
supportive relationships (e.g. a partner or close friend who they trust and can confide in)
personal resources (e.g. ability to suggest ways of managing their present difficulties)
previous patterns of coping (i.e. how they coped with potentially stressful events in the past)

Assessing risk in individuals who have self-harmed

An ability to draw on knowledge that the risk of suicide is particularly elevated in the three months following attempted suicide, and that this risk remains elevated in the longer-term.

An ability to draw on knowledge that the risk of suicide is elevated if the following factors are present, and the person:

- has a history of previous attempts
- used a violent method in their attempt
- left a suicide note
- is older (45 and over)
- is male
- is living alone
- is separated, widowed or divorced
- is unemployed
- is in poor physical health

An ability to undertake an assessment which aims

- to understand the social, psychological and motivational factors specific to the act of self-harm
- to assess the degree of suicidal intent:
- to assess current suicidal intent and hopelessness
- to assess current mental health and social needs

An ability to convey a nonjudgmental and tolerant attitude when discussing self-harm with the client

An ability, where required, to ask direct questions to clarify an understanding of the attempt, and the extent of suicidal intent

An ability to work with the client to develop a detailed sequential account of the period leading up to self-harm, in order to identify the events which precipitated it

An ability to work with the client in order to assess the degree of suicidal intent e.g.:

- whether the event was impulsive or planned
- whether the client was alone, whether someone was present or within easy access, whether the client was likely to be found soon after the attempt
- whether any steps were taken either to prevent or to ensure discovery
- if alcohol or drugs were taken prior to or during the attempt, and the intent and/or impact of taking these substances on the attempt
- client's expectations regarding the lethality of the drugs or injury
- presence of a suicide note (including recorded and text messages)
- the client's efforts to obtain help after the event

An ability to ask about previous acts of self harm (including the circumstances and the level of intent)

Use of standardised scales to assess risk of self-harm

An ability to draw on knowledge that if a standardised risk assessment scale is used to assess risk, this should be used only to aid in the identification of people at high risk of repetition of self-harm or suicide

An ability to administer and interpret standardised measures for assessing

suicidality and hopelessness (e.g. Suicide Intent Scale, Suicide Assessment Checklist, Beck Hopelessness Scale (etc))

Management of risk of self-harm

An ability to draw on knowledge of local and national protocols (e.g. NICE 2004) for the management of self-harm, and an ability to ensure that actions taken comply with these protocols

An ability to draw on knowledge of relevant legislation (e.g. Mental Health Act, Mental Capacity Act) when considering admission of a client who is considered to represent a significant risk to themselves (but is not willing to receive treatment)

An ability to identify and manage ethical issues in relation to risk management e.g.:

the management of actively suicidal clients who refuse intervention
decisions regarding the involvement of relatives

An ability to ensure that (so far as is possible) the client is involved in decisions regarding any actions to be taken to manage risk

An ability to draw up an appropriate plan of action which specifies the ways in which risk will be managed, and is tailored to the needs of the individual

Where there is a clear risk of repetition, an ability to draw up a plan which is maintained over an extended period (e.g. 3 months) and which includes:

frequent access to a therapist when needed

home treatment when necessary

telephone contact

outreach (which include active follow-up when appointments are missed)

An ability to liaise with and refer to any relevant colleagues and services who need to be involved in delivering the plan of action, or who need to be aware of its content

Where plans for the management of risk are compatible with the maintenance of the therapeutic contract, an ability to integrate the management of risk with the current intervention

an ability to make appropriate modifications to a treatment contract in order to ensure that it includes elements focus on the management of risk (e.g. a problem-solving orientation focused on identifying potential crises and the strategies for avoiding or resolving these)

An ability to seek supervision and/or consult with colleagues in relation to decisions regarding risk-management

Ability to maintain a record of assessments and plans for managing risk

An ability to maintain a clear and detailed record of any assessments and of decisions regarding plans for managing risk, in line with local protocols for recording clinical information

An ability to communicate (verbally and in writing) with relevant clinicians and services in order ensure that all individuals or services involved in the management of risk are appropriately informed

an ability to draw on knowledge of the conditions under which confidentiality can be breached in support of the management of risk, and the national and profession-specific guidance which addresses this issue

Ability to use measures to guide therapy and to monitor outcomes

Knowledge of measures

An ability to draw on knowledge of commonly used questionnaires and rating scales used with people with depression

Ability to interpret measures

An ability to draw on knowledge regarding the interpretation of measures (e.g. basic principles of test construction, norms and clinical cut-offs, reliability, validity, factors which could influence (and potentially invalidate) test results)

An ability to be aware of the ways in which the reactivity of measures and self-monitoring procedures can bias client report

Knowledge of self-monitoring

An ability to draw on knowledge of self-monitoring forms developed for use in specific interventions (as published in articles, textbooks and manuals)

An ability to draw on knowledge of the potential advantages of using self-monitoring

to gain a more accurate concurrent description of the client's state of mind (rather than relying on recall)

to help adapt the intervention in relation to client progress

to provide the client with feedback about their progress

An ability to draw on knowledge of the potential role of self-monitoring:

as a means of helping the client to become an active, collaborative participant in their own therapy by identifying and appraising how they react to events (in terms of their own reactions, behaviours, feelings and cognitions))

An ability to draw on knowledge of measurement to ensure that procedures for self-monitoring are relevant (i.e. related to the question being asked), valid (measuring what is intended to be measured) and reliable (i.e. reasonably consistent with how things actually are)

Ability to integrate measures into the intervention

An ability to use and to interpret relevant measures at appropriate and regular points throughout the intervention, with the aim of establishing both a baseline and indications of progress

An ability to share information gleaned from measures with the client, with the aim of giving them feedback about progress

An ability to establish an appropriate schedule for the administration of

measures, avoiding over-testing, but also aiming to collect data at more than one timepoint

Ability to help clients use self-monitoring procedures

An ability to construct individualised self-monitoring forms, or to adapt 'standard' self-monitoring forms, in order to ensure that monitoring is relevant to the client

An ability to work with the client to ensure that measures of the targeted problem are meaningful to the client (i.e. are chosen to reflect the client's perceptions of the problem or issue)

An ability to ensure that self-monitoring includes targets which are clearly defined and detailed, in order that they can be monitored/recorded reliably

An ability to ensure that the client understands how to use self-monitoring forms (usually by going through a worked example during the session)

Ability to integrate self-monitoring into the intervention

An ability to ensure that self-monitoring is integrated into the therapy, ensuring that sessions include the opportunity for regular and consistent review of self-monitoring forms

An ability to guide and to adapt the therapy in the light of information from self-monitoring

Ability to make use of supervision

An ability to hold in mind that a primary purpose of supervision and learning is to enhance the quality of the treatment clients receive

An ability to work collaboratively with the supervisor

An ability to work with the supervisor in order to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts which specify these factors)

An ability to help the supervisor be aware of your current state of competence and your training needs

An ability to present an honest and open account of clinical work undertaken

An ability to discuss clinical work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive

An ability to present clinical material to the supervisor in a focussed manner, selecting the most important and relevant material

Capacity for self-appraisal and reflection

An ability to reflect on the supervisor's feedback and to apply these reflections in future work

An ability to be open and realistic about your capabilities and to share this self-appraisal with the supervisor

An ability to use feedback from the supervisor in order further to develop the capacity for accurate self-appraisal

Capacity for active learning

An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into clinical practice

An ability to take the initiative in relation to learning, by identifying relevant papers, or books, based on (but independent of) supervisor suggestions, and to incorporate this material into clinical practice

Capacity to use supervision to reflect on developing personal and professional role

An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining the likely effectiveness of clinical work

An ability to use supervision to reflect on the impact of clinical work in relation to professional development

Capacity to reflect on supervision quality

An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:

there is concern that supervision is below an acceptable standard

where the supervisor's recommendations deviate from acceptable practice

where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships)