

Ability to help the supervisee practice clinical skills

An ability to identify areas of clinical technique which it would be helpful to practise in supervision sessions (usually through collaboration with the supervisee, and with reference to relevant training programmes or competence checklists)
An ability to identify and implement the most appropriate method for helping the supervisee practice clinical techniques, including:
an ability to use modelling to aid learning:
an ability to use modelling in supervision sessions to demonstrate specific techniques
an ability to use modelling in clinical sessions, usually by co-working with the supervisee
an ability to clarify with the supervisee how sessions which include modelling will be run (for example, whether the supervisee will also practise techniques that the supervisor has modelled)
an ability to set up and conduct exercises which allow the supervisee to practise/ rehearse implementing therapeutic procedures (e.g. exploring ways to phrase questions, implementing specific techniques etc)
an ability to set up and conduct role play of therapeutic encounters
An ability to structure practice sessions in a manner which ensures that the supervisee:
is clear about the aim(s) of the practice session
appropriately prepared (e.g. through prior discussion or modelling of the skills by the supervisor)
is clear about the skills they are expected to practise/ demonstrate
An ability to give feedback to the supervisee which is accurate and constructive, which focuses on strengths and weaknesses, and is task-specific (rather than global)
An ability to help the supervisee reflect on feedback

Ability to incorporate direct observation into supervision

Ability to use audio/ video recordings

Establishing a context for recording

Knowledge of the potential advantages of using recordings in supervision (broadly, that supervisee report is not equivalent to actual behaviour, and that direct access to clinical material enhances the opportunity for feedback)
Knowledge of the potential impacts of recording on the supervisee (e.g. self-consciousness) and on the client (e.g. anxiety regarding confidentiality)
An ability to help the supervisee manage their concerns about recording
an ability to introduce recording in a manner which balances a concern for supervisee anxiety with the management of inappropriate reluctance or resistance to recording
An ability to ensure that the supervisee understands the requirement to obtain informed consent in general, and is aware of the need to:
discuss the purposes of recording with the client and give them the opportunity to discuss their thoughts and concerns about recording
gain client consent in a manner which ensures that this is given without coercion, and that the client is aware of their entitlement to refuse consent at the outset or withdraw consent at any time throughout the therapy
fully discuss the use of recorded material with the client, ensuring they know who will be listening to the recordings and the partial breach of confidentiality that this implies
obtain formal written consent for recording
An ability to ensure that the supervisee is aware of the requirement to assure that recorded material is kept securely, and can discuss this with the client
An ability to ensure that the supervisee is aware of the requirement to destroy recordings after they have been used, and can discuss this with the client

Using recordings

Knowledge of evidence regarding the most effective use of recordings:
stopping and starting the recording frequently, so as to focus on specific issues e.g. implementation of technique, maintenance of the therapeutic alliance (rather than using the recording to make general observations)
employing appropriate question styles to help the supervisee reflect on their actions and those of the client
helping the supervisee make links between theoretical ideas and their own practice
An ability to decide on the most appropriate way of using recordings (e.g. whether to listen to recordings of complete sessions or to focus on discrete sections)
An ability to negotiate with the supervisee in order to agree on the principles underlying the selection of recordings and the selection of extracts from recordings
An ability to identify and focus on the supervisee's clinical concerns and queries
An ability to help the supervisee reflect on and review the recording in a way which is systematic and which helps explicate their understanding of their actions

Ability to use in-session direct observation

Knowledge of the potential impacts of live supervision on the supervisee (e.g. self-consciousness and increased anxiety) and on the client (e.g. anxiety regarding confidentiality, uncertainty over who is acting as the 'lead' therapist), and an ability to address these concerns
An ability to negotiate with the supervisee so as to agree how the session will be run (e.g. whether the supervisor will observe rather than participate, who will make introductions, who will speak to the client, etc)
An ability to observe the supervisee working with the client in their own (i.e. characteristic) style without intervening to point out 'errors' or concerns, unless these are so serious that immediate action is required
An ability to track and note areas for feedback, and to give this after the session has ended
An ability, where relevant, to conduct live supervision from outside the therapy room (e.g. using one-way mirrors or video links)
an ability to ensure that supervisees are appropriately prepared for methods which could be experienced as intrusive or anxiety-provoking (e.g. using earphones to communicate with supervisees while they are conducting the session)
an ability to make judicious use of 'live' feedback so as not to undermine the supervisee's sense of autonomy

Ability to conduct supervision in group formats*

An ability to induct supervisees to group supervision

An ability to help supervisees prepare for group supervision by identifying issues which enhance their capacity to be effective participants, such as:
expectations regarding attendance
considering in-group behaviours that tend to facilitate or to hinder the group's work, and the identification of group 'norms' for appropriate behaviour
the need to identify what they would like to gain from the group (e.g. considering in advance of a presentation what issues they would like feedback on)
the need to prepare and present clinical material in a manner that enables their colleagues to engage with it
how best to give feedback in a manner which is direct but also supportive
An ability to model behaviour in the group which enhances the efficacy of the group (e.g. giving feedback which is direct but also respectful and supportive, and which displays appropriate empathy)

An ability to act as a group leader

An ability to take an active, assertive but non-authoritarian leadership role
An ability to listen to, and act on, feedback about group functioning from group members

An ability to structure sessions

An ability to clarify, and agree with group members, the way in which the group will function by identifying the mode of supervision most appropriate to the supervision task and to group membership – e.g.:
supervision of each member of the group in turn, with group members acting as an 'audience' (supervision <i>in</i> a group)
supervision of each member of the group in turn, with group members encouraged to act as active participants (supervision <i>with</i> a group)
supervision which encourages all group members to act as supervisors, with the group leader facilitating this process (supervision <i>by</i> the group)
An ability to ensure that there is a clear and transparent arrangement for allocating time to each supervisee
An ability to identify and agree a consistent procedure for case presentations (e.g. who presents, how cases are chosen, length and format of presentation etc)

* When peer supervision is carried out in a group, group members can occupy the roles of supervisor and supervisee in turn. This means that although the competences in this section apply to this type of supervision, they would need some adaptation.

An ability to manage group process

An ability to support and monitor the engagement of supervisees with one another (e.g. by ensuring that supervisees have the opportunity to get to know and trust one another)
An ability to ensure that supervisees feel supported for the work they are undertaking
An ability to identify (and act on) problematic interpersonal issues, especially any tensions within the group (e.g. by addressing conflict or inappropriate competitiveness)
An ability to address any problematic aspects of group process which reflect issues of difference and/or power (e.g. in relation to different levels of experience, or in relation to cultural issues)

Ability to apply standards

Knowledge of expected standards of professional conduct

An ability to draw on knowledge of relevant professional and statutory codes of conduct which set out expected standards for pre- and postqualification practice
An ability to draw on knowledge of standards of clinical practice as defined both by relevant training organisations and local arrangements for clinical governance

Gatekeeping with supervisees who are at prequalification level*

Knowledge

Knowledge of relevant criteria for passing or failing the work being undertaken by the supervisee, including the degree to which the supervisor has authority to comment on whether the supervisee meets these criteria

Establishing a context for gatekeeping

An ability to ensure (from the outset) that the supervisee is aware of any relevant gatekeeping roles held by the supervisor
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Identifying the significance of areas of poor performance

An ability to distinguish between different forms of unsatisfactory performance:
clinical errors which reflect the supervisee's current level of experience
poor practice (e.g. a failure to apply learning)
reduced capacity to practice consequent on personal distress or mental health issues
negligence or malpractice (i.e. practice which breaches acceptable standards)
Where there are serious concerns about a supervisee's practice, an ability to ensure that these are specified in writing
an ability to ensure that serious concerns are shared with the supervisee and any relevant third parties to training

Giving feedback about areas of concern

An ability to ensure that comments about areas of concern can be verified by specific information (i.e. that the evidence on which concerns are based can be made shared with the supervisee)
An ability to express concerns with the supervisee in a manner which is direct but non-confrontational, and which also clearly specifies areas of concern
An ability to give feedback about areas of concern in a timely manner (i.e. reasonably contingent on their appearance)
An ability to give feedback about areas of concern which includes clear (usually behaviourally specific) information about the adaptations the supervisee needs to make in order to address these concerns

* The notion of prequalification status, as applied here could refer either to:

- an individual who has not yet obtained a formal qualification which entitles them to practise clinically
- an individual who is entitled to practise clinically, but who is learning a specific therapeutic approach and whose training is being formally evaluated

Failing the supervisee

An ability to ensure that the supervisee has been alerted to areas which are likely to lead to failure, and been given an opportunity to rectify any relevant problems
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An ability to apply knowledge of any relevant criteria for failure, and to ensure that there is evidence which can be adduced to support such a judgment
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Where it is clear that failure is the appropriate option, an ability to hold to this judgment despite the personal and interpersonal difficulties that arise in such circumstances
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Maintenance of standards with supervisees who are qualified practitioners

An ability to identify practice which fall below the standards expected of a qualified practitioner, in particular unethical or incompetent practice, or poor practice which reflects personal difficulties impinging on the supervisee's capacity to work effectively
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An ability to generate and negotiate a suitable plan of action to respond to deficiencies in practice (which reflects and responds to the nature of the supervisee's difficulties)
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An ability (where justified by serious concerns about the supervisee's practice) to take action independent of the supervisee's consent
