

Supervision of an overall caseload

This section describes the knowledge and skills needed for supervision of a clinical caseload. It is not a 'stand-alone' description of competences, and should be read:

1) As part of the supervision competence framework. Effective caseload supervision depends on the integration of specific caseload supervision competences with the knowledge and skills set out in the other domains of the supervision competence framework.

2) With reference to the CBT competence framework, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of CBT

Ability to support the supervisee's ability to manage their caseload

An ability to assimilate and integrate information presented by the supervisee on their overall case load (e.g. clinical histories, process and outcome data)
An ability to support and develop the supervisee's capacity to use outcome data to effectively manage the caseload
An ability to support and develop the supervisee's capacity to identify and manage risks to or from clients on the caseload
An ability to recognise and help resolve problems of caseload management, including time management, overall workload and relationships with referrers
An ability to assess the supervisee's current capacity to actively and appropriately manage a caseload
An ability to adjust the nature and style of supervision in light of the volume of cases to be discussed (e.g. the ability to support supervisees with high volume, low-intensity interventions)
An ability to use both electronic and paper based information systems for information gathering and review during supervision (in particular when supervising high volume, low-intensity interventions)

Ability to detect personal and professional issues which could impact on supervisee's capacities

An ability to monitor and if necessary adjust the supervisee's caseload (e.g. number of clients, case mix and balance of type of work) in order to ensure that they are able to function optimally
An ability to identify indications of "staff burnout", and to take appropriate action to respond or to manage this

Supervision of low intensity interventions

This section describes the knowledge and skills needed for supervision of low intensity interventions (which includes psychoeducation as well as brief, structured CBT-informed interventions).

This section is not a 'stand-alone' description of competences, and should be read:

1) As part of the supervision competence framework. Effective supervision depends on the integration of this section with the knowledge and skills set out in the other domains of the supervision competence framework.

2) With reference to the CBT competence framework, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of CBT

Supervisor's expertise

An ability for the supervisor to draw on knowledge of the principles underpinning low intensity interventions

An ability for the supervisor to draw on personal experience of the clinical applications of low intensity interventions

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 (e.g. the ability to maintain a positive therapeutic alliance, an ability to respond appropriately to client's distress) while also focussing on the development and /or maintenance of skills specifically associated with low intensity interventions

Adapting supervision to the supervisee's training needs

An ability to identify the supervisee's knowledge of, and experience with, low intensity interventions

An ability to identify and discuss any misconceptions that the supervisee may hold regarding the rationale for, and application of, low intensity interventions

An ability to help the supervisee draw on knowledge of the rationale for low intensity interventions, and on the evidence base for their use

Ability to support the supervisee in assessing suitability for low intensity interventions

An ability to help the supervisee assess the appropriateness of a low intensity intervention for the client's identified problem

An ability to help the supervisee develop their capacity to deliver evidence-based clinical and risk assessment tools (including routine outcome measures)

Ability to support the supervisee’s delivery of low intensity interventions

An ability to assess the supervisee’s capacity to deliver and adhere to protocol- driven low intensity CBT-informed interventions
an ability to give advice and guidance on the conduct of specific low intensity CBT techniques (e.g. low intensity, CCBT, medication concordance, exposure and behavioural activation)
An ability to identify any difficulties the supervisee has working within a protocol driven low intensity service and support them in overcoming these difficulties
An ability to support and develop the supervisee’s capacity to communicate effectively with other professionals about the outcome of the intervention,
an ability to support and develop the supervisee’s capacity to alert relevant colleagues when there are any significant concerns about the client

Ability to support routine outcome monitoring

An ability to monitor and support the supervisee’s collection and clinical use of routine outcome measurement
An ability to monitor and support the supervisee’s use of routine outcome measures to evaluate the overall outcomes of the service provided

Ability to support decisions about the appropriateness of interventions

An ability to help the supervisee decide when it is appropriate to maintain a client on a low intensity intervention
An ability to help the supervisee recognise when low intensity interventions are unlikely to provide further benefit
An ability. in conjunction with the supervisee, to determine when it is appropriate to step a client up to more intensive therapy

Supervision of Cognitive and Behavioural Therapies

This section describes the knowledge and skills needed for supervision of cognitive and behavioural therapies. It is not a 'stand-alone' description of competences, and should be read:

- 1) As part of the supervision competence framework. Effective CBT supervision depends on the integration of specific CBT supervision competences with the knowledge and skills set out in the other domains of the supervision competence framework.
- 2) With reference to the CBT competence framework, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of CBT

Supervisor's expertise in CBT

An ability for the supervisor to draw on knowledge of the principles underpinning CBT

An ability for the supervisor to draw on personal experience of the clinical applications of CBT

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 the ability to maintain a positive therapeutic alliance or an ability to respond appropriately to client's distress) while also focussing on the development and /or maintenance of skills specifically associated with CBT

Adapting supervision to the supervisee's CBT training needs

An ability to identify the supervisee's knowledge of, and experience with, the CBT model

An ability to identify and discuss any misconceptions that the supervisee may hold regarding the CBT model and techniques usually applied in CBT

An ability help the supervisee gain direct experience of the CBT model by applying its techniques to themselves (e.g. through practices assignments such as behavioural experiments or maintaining thought records)

An ability to monitor the supervisee's ability to make use of a CBT perspective to understand the client's presentation and the evolution of therapy

An ability to help the supervisee reflect on their development as a CBT practitioner in order to identify specific CBT learning goals

An ability to link material covered in specific supervision sessions to the supervisee's CBT learning needs

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

Structuring supervision sessions

An ability to structure supervision sessions in a manner which is consonant with the principles of CBT therapy, usually including:
working with the supervisee to identify a mutually agreed agenda for the session and to prioritise items for discussion
reflecting on the application of ideas/issues discussed in the previous supervision session
reviewing clinical work and identifying specific issues and difficulties for discussion
eliciting supervisee's concerns and questions regarding clinical work (and ensuring that these are included in the agenda)
reviewing any practice assignments which have been agreed (e.g. background reading, application of new ideas or techniques etc.)

Specific content areas for CBT supervision

An ability to help supervisees develop and apply to the individual client/ case:
knowledge of diagnosis/ condition
knowledge of behavioural/cognitive behavioural case conceptualisation and formulation, and the operation of different types of cognitive content and cognitive processes
their ability to use Generic Therapy skills*
their ability to structure therapy sessions
their ability to make use of Basic, Specific, Problem-Specific behavioural and cognitive- behavioural skills and techniques in the context of a collaborative relationship with the client*
their ability to develop (in collaboration with the client) an individualised maintenance model that can guide therapy

* These skills are specified in the CBT competence framework

Specific supervisory techniques

An ability to use a range of observational and participative methods (listening to and reviewing audio and video recordings of clinical sessions, role-play, modelling etc.) to develop specific skills in the application of CBT techniques
An ability to use 'capsule summaries' to summarise material discussed and any learning points or learning agreements, and to encourage the supervisee to make such summaries in order to establish their understanding of these issues
An ability to elicit feedback from the supervisee regarding their reactions to material discussed in the supervision session and/or any learning points (e.g. their sense of its applicability, its validity, its congruence/ incongruence with their current thinking etc)
an ability to help the supervisee identify any negative thoughts that interfere with therapy or with supervision

Monitoring the supervisee's work

An ability to use recordings /direct observation to monitor the supervisee's ability to implement CBT techniques
An ability to use information from session-by-session outcome measures to guide the supervision agenda
An ability to formally assess the supervisee's CBT competences using appropriate instruments

Supervision of psychoanalytic/ psychodynamic therapy

This section describes the knowledge and skills needed for the supervision of psychoanalytic/ psychodynamic therapy. It is not a 'stand-alone' description of competences, and should be read:

- 1) As part of the supervision competence framework. Effective psychoanalytic/ psychodynamic therapy supervision depends on the integration of modality-specific supervision competences with the knowledge and skills set out in the other domains of the supervision competence framework.
- 2) With reference to the psychoanalytic/ psychodynamic therapy competence framework, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of psychoanalytic/ psychodynamic therapy

Supervisor's expertise in psychoanalytic/ psychodynamic therapy

An ability for the supervisor to draw on knowledge of the principles underpinning psychoanalytic/ psychodynamic therapy

An ability for the supervisor to draw on personal experience of the clinical applications of psychoanalytic/ psychodynamic therapy

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 the ability to maintain a positive therapeutic alliance or an ability to respond appropriately to client's distress) while also focusing on the development and /or maintenance of skills specifically associated with psychoanalytic/ psychodynamic therapy

Supervisory stance

An ability to be self-reflective and to self-monitor the emotional and interpersonal processes associated with supervisor-supervisee interactions

An ability to adapt supervision in relation to:

the supervisee's stage of learning and development as a therapist

the supervisee's learning and therapy styles

An ability to be flexible about the application of theory and technical principles

An ability to take a respectful attitude to the supervisee, including an ability to be supportive and non-judgmental, especially in relation to the supervisee's discussion of clinical errors or mistakes

An ability to integrate "training" and "therapeutic" aspects of the supervisory role

if applying psychodynamic ideas and models usually associated with therapy, an ability to maintain a primary focus on the educational goals of supervision

an ability to maintain an appropriate balance between a collaborative and an authoritative stance

Adapting supervision to the supervisee's training needs and their developmental stage

An ability to identify the supervisee's knowledge of, and experience with psychoanalytic/ psychodynamic therapy
An ability to identify and discuss any misconceptions that the supervisee may hold regarding the psychoanalytic/ psychodynamic therapy and techniques usually associated with this model
An ability to monitor the supervisee's ability to make use of a psychodynamic perspective to understand the client's presentation and the evolution of therapy
An ability to help the supervisee reflect on their development as a psychodynamic practitioner in order to identify specific learning goals
An ability to link material covered in specific supervision sessions to the supervisee's learning needs and personal development
An ability to negotiate learning agreements which reflect the supervisee's learning needs

Specific content areas for psychoanalytic/psychodynamic supervision

An ability to help the supervisee to review and apply knowledge about psychoanalytic/ psychodynamic ideas and technique, as it applies to the supervisee's clinical work
An ability to help the supervisee develop skills in assessment and in analytic/dynamic case formulation, and to apply these skills to guide therapeutic interventions
An ability to help the supervisee maintain a balance between supportive and expressive interventions (e.g. building and maintaining a positive therapeutic alliance before moving to more specialised technical interventions)
An ability to help supervisees observe and explore significant patterns in the clinical material, especially as these relate to unconscious dynamics and communication
An ability to link psychodynamic concepts and principles to therapeutic strategies and techniques:
with reference to the clinical material presented by the supervisee:
through direct observation (usually through the use of audio or video recordings, but including joint working where this is feasible and appropriate)
using process notes (made contemporaneously or immediately after the therapy session)
through modelling appropriate therapist behaviours and mental activities e.g.
modelling the process of clinical inference (e.g. by "thinking out loud" to illustrate the development of ideas regarding clinical material)
observation and discussion of the supervisor's clinical work (i.e. through joint working, or through the use of audio or video recordings)
using taped therapy material in a structured manner to plan specific training tasks (e.g. to help recognise patterns of transference/ countertransference)
An ability to focus on the client's patterns of interaction with the supervisee as well as the client's intrapsychic dynamics
An ability to focus on the supervisee's experiences, mental processes and behaviour, as well as the client's dynamics

Specific supervisory techniques - “Parallel process”

An ability to draw on knowledge of the ways in which similar interpersonal dynamics may be concurrently enacted in the therapy dyad and in the supervisory dyad

An ability to maintain a focus on the therapy with the client, while recognising the possibility of re-enactment within supervision of significant dynamics between the supervisee and their client

An ability to develop a relationship which facilitates the discussion of the processes that are happening both within supervision and the therapy, and the way in which these relate to one another

An ability to help the supervisee identify when they have been drawn into enactments with the client

an ability to help the supervisee discuss their thoughts and feelings about their clinical work, using this to understand the client’s transference and the supervisee’s counter-transference

Monitoring the supervisee’s work

An ability to make use of recordings/ direct observation to monitor the supervisee’s ability to use of psychodynamic strategies and techniques

Specific sources:

Binder, J.L. (1999) Issues in teaching and learning time-limited psychodynamic psychotherapy *Clinical Psychology Review*, 19, 705-719

Binder J.L. and Strupp, H.H. (1997) Supervision of psychodynamic psychotherapies pp 44-62 in C.E. Watkins Jnr, (Ed) *Handbook of Psychotherapy Supervision*. New York: Wiley

Henry, W.P., Schacht, T.E., Strupp, H.H., Butler, S.F., and Binder, J.L. (1993) Effects of training in time-limited dynamic psychotherapy: Mediators of therapist’s response to training *Journal of Consulting and Clinical Psychology*, 61, 441-447

Jacobs, D., David, P. and Meyer D.J. (1995) *The supervisory encounter: A guide for teachers of psychodynamic psychotherapy and psychoanalysis*. New Haven: Yale University Press

Supervising systemic therapies

This section describes the knowledge and skills needed for the supervision of systemic therapies. It is not a 'stand-alone' description of competences, and should be read:

- 1) As part of the supervision competence framework. Effective supervision of systemic psychological therapies depends on the integration of modality-specific supervision competences with the knowledge and skills set out in the other domains of the supervision competence framework.
- 2) With reference to the competence framework for systemic psychological therapies, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of systemic therapies.

Supervisor's expertise in systemic psychological therapies

An ability for the supervisor to draw on knowledge of the principles underpinning a broad range of systemic psychological therapies
An ability for the supervisor to draw on personal experience of the clinical applications of systemic psychological therapies
An ability to enable supervisees to make a relationship between theory and personal and professional identities
An ability to recognise (and to remedy) any limitations in knowledge and/or experience which have implications for the supervisor's capacity to offer effective supervision
An ability to hold in mind the multiple levels involved in supervision:
family relationships
the relationship between the family and the therapist
the therapist's personal and professional contexts
the relationship between the therapist and the supervisor
the supervisor's personal and professional contexts
the context in which the supervision takes place.
An ability to ensure that supervision integrates attention to generic therapeutic skills (such as the ability to maintain a positive therapeutic alliance or an ability to respond appropriately to client's distress) while also focusing on the development and /or maintenance of skills specifically associated with systemic psychological therapies

Supervisory stance

An ability consistently to apply the principles of systemic therapy to the conduct of supervision	
An ability to be self-reflective and reflexive, and so monitor the emotional and interpersonal processes associated with supervisor-supervisee interactions	
An ability to adapt supervision in relation to:	
	the supervisee's stage of learning and development as a therapist
	the supervisee's learning and therapy styles
	the organisational context within which supervisees are working
An ability to demonstrate flexibility in the application of theory and technical principles	
An ability to take a respectful attitude to the supervisee, including an ability to be supportive and nonjudgmental, especially in relation to the supervisee's discussion of clinical errors or mistakes	
An ability to demonstrate a willingness to give an account of the thinking which lies behind supervisory interventions	
An ability to maintain a relationship that is supportive of training but does not become "therapy"	
	an ability to maintain a primary focus on the educational and developmental goals of supervision
	an ability to maintain an appropriate balance between a collaborative and an authoritative stance
An ability to recognise and help the supervisee reflect on parallels in the relationships between the therapist and the family (or system with which they are working), and that between the therapist and the supervisor and/or the team	

Adapting supervision to the supervisee's training needs and their developmental stage

An ability to identify the supervisee's knowledge and experience of systemic therapies
An ability to monitor the supervisee's ability to make use of a systemic perspective to understand the client's presentation and the evolution of therapy
An ability to help the supervisee reflect on their development as a systemic practitioner in order to identify specific learning goals
An ability to help the supervisee consider what will be needed in order to maintain a systemic stance outside of supervision
An ability to link material covered in specific supervision sessions to the supervisee's learning needs and personal development
An ability to negotiate learning agreements which reflect the supervisee's learning needs

Specific content areas for supervision of systemic psychological therapies

An ability to help the supervisee to review and apply knowledge about systemic ideas and techniques
An ability to help the supervisee maintain a therapeutic stance appropriate to the systemic approach they are employing
An ability to help supervisees to make connections between systemic theory and their personal and professional lives, and hence apply the approach to themselves
An ability to link systemic concepts and principles to therapeutic strategies and techniques, developing a reflexive relationship between the levels of approach, method and technique
An ability to help therapists to develop systemic rapport (i.e. to align with one family member without compromising the ability to align with others at a later time)
An ability to adapt and apply systemic therapy techniques within supervision so that supervisees can gain direct experience of them (for example, applying action techniques to their own work, 'internalised other' interviewing, receiving a therapeutic letter from the supervisor).
An ability to recognise when the clinical material generates significant concerns, feelings or difficulties in supervisees, and to help them consider how these reactions can be used in the therapy
An ability to help the supervisee reflect on ways in which their experience of the supervision process may contribute to an understanding of the therapy they are undertaking
An ability to help the supervisee to recognise the role of their own family history and current circumstances as a resource and possible constraint in relation to each case
An ability to help supervisees to present clinical material in a variety of formats, including:
discussion and exploration of verbal reports
written reports
review of audio and/or video recordings
An ability to foster the supervisee's competence in working with difference, including real or perceived power differences:
an ability to attend to the relevance/impact of a broad range of social differences (e.g. gender, race, religion, age, ability, class, culture, ethnicity, spirituality and sexuality) in interactions with supervisees and in the supervisee's interactions with clients
an ability to explore the issues of difference and power within the supervisory relationship
An ability to help supervisees focus on the fact that by participating as a therapist with any system they become part of that system, and to help them consider the potential implications of this for the meaning of their actions

Live supervision and supervision in and through teams

Ability to intervene live in an ongoing session, taking into account the family's well being, the therapeutic relationship and the therapist's development and (if involved) the team behind the screen
an ability to consider the effects of live supervision on the family and on the therapist, particularly if the supervisor has intervened in a way that differs significantly from the approach taken by the therapist

An ability to utilise reflecting team interventions both as an intervention in clinical work and as part of a therapist's own development
an ability to engage a reflecting team in maintaining a reflexive systemic position in their manner of interacting with each other and while intervening in clinical work and in each other's development
An ability, when undertaking supervision of a team, to make explicit the multiple positions of team members and hence to ensure that relevant group processes are included in supervision
An ability to use live supervision to help therapists to develop their knowledge and skills and adapt interventions to particular client needs
An ability to observe and discuss the supervisee's clinical work through the use of one way screen, video link, in room observation or joint working

Monitoring the supervisee's work

An ability to make use of recordings/ direct observation and live supervision techniques to monitor the supervisee's ability to use strategies and techniques appropriate to the systemic approach being adopted
An ability to use systemic techniques to constructively challenge problematic performance of a supervisee

Sources of information about systemic supervision

- Barnes, G. Gorell, Down, G & McCann D. (2000) *Systemic Supervision: A Portable guide for Supervision Training*. Jessica Kingsley Pubs UK
- Bartle-Haring, S., Silverthorn, B.C., Meyer, K., & Toviessi, P. (2009) Does live supervision make a difference? A multilevel analysis *Journal of Marital and Family Therapy*. 35, 406-414
- Burnham, J. (1993) Systemic supervision. The evolution of reflexivity in the context of the supervisory relationship. *Human Systems*, 4, 349-381.
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- Campbell, D & Mason, B. (eds) (2002) *Perspectives on Supervision*. Karnac.
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- Liddle, H.A., Breunlin, D.C. & Schwartz, R.C. (eds) (1988) *Handbook of Family Therapy Training and Supervision*. Guilford Press
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- Ungar, M. (2006) Practicing as a postmodern supervisor. *Journal of Marital and Family Therapy* 32, 59-71
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White, M. (1997) Supervision as Re-authoring Conversation. In *Narratives of Therapist's Lives*
pp 148-171 Dulwich Centre Publications

Supervision of humanistic psychological therapies

This section describes the knowledge and skills needed for the supervision of humanistic psychological therapies. It is not a 'stand-alone' description of competences, and should be read:

- 1) As part of the supervision competence framework. Effective supervision of humanistic psychological therapies depends on the integration of modality-specific supervision competences with the knowledge and skills set out in the other domains of the supervision competence framework.
- 2) With reference to the competence framework for humanistic psychological therapies, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of humanistic therapies.

The humanistic therapies competence framework accommodates a broad range of approaches to humanistic work. An explicit assumption is that individual therapists will practice only some of the competences it sets out, with a 'suite' of competences reflecting their particular humanistic approach. This description of supervision competences specific to the humanistic approach is similarly inclusive, which means that not all areas will necessarily apply to all practitioners.

Supervisor's expertise in humanistic psychological therapies

An ability for the supervisor to draw on knowledge of the principles underpinning humanistic psychological therapies

An ability for the supervisor to draw on personal experience of the clinical applications of humanistic psychological therapies

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 engaging the client) while also focusing on the development and /or maintenance of competences specifically associated with humanistic psychological therapies

Supervisory stance

An ability to be reflective and to self-monitor the emotional and interpersonal processes associated with supervisor-supervisee interactions

An ability to adapt supervision in relation to:

the supervisee's stage of learning and development as a therapist

the supervisee's learning and therapy styles

An ability to be flexible about the application of theory and technical principles

An ability to take a respectful attitude to the supervisee, including an ability to be supportive and nonjudgmental, especially in relation to the supervisee's discussion of clinical errors or mistakes

An ability to maintain a relationship that is supportive but does not become 'therapy':
an ability to maintain a primary focus on the educational goals of supervision
an ability to appraise when it is appropriate to help the supervisee attend to personal and/or emotional reactions to their work
an ability to maintain an appropriate balance between a collaborative and an authoritative stance
An ability to adopt an approach to supervision which places the primary focus on the exploration of client issues and the therapists experience of the client, rather than on developing immediate solutions to problems

Adapting supervision to the supervisee's training needs and their developmental stage

An ability to identify the supervisee's knowledge and experience of humanistic psychological therapies
An ability to monitor the supervisee's ability to make use of a humanistic perspective to understand the client's presentation and the way in which the therapeutic process develops
An ability to help the supervisee reflect on their development as a humanistic practitioner in order to identify specific learning goals
An ability to link material covered in supervision sessions to the supervisee's learning needs and personal development
An ability to negotiate learning agreements which reflect the supervisee's learning needs and are appropriate to their stage of development

Specific content areas for supervision of humanistic psychological therapies

An ability to help supervisees review and apply their knowledge of humanistic psychological therapy
An ability to listen actively to the supervisee in order to help the supervisee reflect on their work
An ability to employ empathic understanding to sense the supervisee's perceptions, experience and responses to their work
An ability to help the supervisee:
to maintaining a primary focus on clients affective experience
to reflect on their experience of the therapeutic relationship (including their affective, cognitive and somatic reactions to the client)
An ability to help the supervisee become more flexible and spontaneous in their therapeutic role by maintaining an empathic and challenging supervisory relationship which supports their capacity:
to be honest and open about their experience of offering therapy and to communicate this in supervision
to adopt a position of curiosity towards their experiences in offering therapy, and to be open to exploring the meaning of these experiences
An ability to help the supervisee maintain a therapeutic stance appropriate to the humanistic approach they are employing

An ability to link humanistic concepts and principles to therapeutic strategies and techniques:
with reference to the clinical material presented by the supervisee for example:
through discussion and exploration of the supervisee's verbal reports
through direct observation (e.g. through the use of audio or video recordings, or through co-working in humanistic group therapies)
using process notes (usually made immediately after the therapy session)
through modelling of humanistic principles in the context of supervision and the supervisory relationship e.g.
modelling "core conditions" such as transparency and congruence in responses to the material presented by the supervisee
modelling the process through which clinical ideas emerge (e.g. by "thinking out loud" to illustrate the development of ideas regarding clients and their issues)
through observation and discussion of the supervisee's clinical work (i.e. through the use of audio or video recordings, or through direct observation of the supervisee at work)
An ability to use recordings of therapy in a structured manner
to plan specific training tasks
to deepen awareness of relational processes in the therapeutic dyad

Specific supervisory techniques - "Parallel process"

An ability to draw on knowledge of the ways in which similar interpersonal dynamics may be concurrently enacted in both the supervisory and the therapeutic dyad
An ability to maintain a focus on the therapy with the client, while recognising the possibility of re-enactment within supervision of significant dynamics between the supervisee and their client
An ability to explore with the supervisee interpersonal processes occurring both between supervisor and supervisee and supervisee and client and how these relate to one another
An ability to help the supervisee identify when they have been drawn into "enactments" with the client and to explore their thoughts and feelings when such events occur

Monitoring the supervisee's work

An ability to make use of recordings/ direct observation to monitor the supervisee's ability to use humanistic strategies and techniques appropriate to the humanistic approach being adopted

Sources

- Patterson, C.H. (1997) *Client centred supervision* pp 134-146 in C.E. Watkins (Ed) *Handbook of psychotherapy supervision* New York: Wiley.
- Scaife, J. (2009) *Supervision in clinical practice: A practitioner's guide (2nd edition)* London: Routledge.
- Tudor, K and Worrall, M (2004) *Freedom to Practice: Person-centred approaches to supervision*. Ross-on-Wye: PCCS Books
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Ability to supervise Interpersonal Psychotherapy

This section describes the knowledge and skills needed for supervision of Interpersonal Psychotherapy (IPT). It is not a 'stand-alone' description of competences, and should be read:

- 1) As part of the supervision competence framework. Effective IPT supervision depends on the integration of specific IPT supervision competences with the knowledge and skills set out in the other domains of the supervision competence framework.
- 2) With reference to the IPT competence framework, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of IPT

Supervisor's expertise in Interpersonal Psychotherapy

An ability for the supervisor to draw on knowledge of the principles underpinning IPT

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 the ability to maintain a positive therapeutic alliance or an ability to respond appropriately to client's distress) while also focusing on the development and /or maintenance of competences specifically associated with IPT

Supervisory stance

An ability to be reflective and to self-monitor the emotional and interpersonal processes associated with supervisor-supervisee interactions

An ability to adapt supervision in relation to:

the supervisee's stage of learning and development as a therapist

the supervisee's prior learning and therapy styles

An ability to be flexible about the application of theory and technical principles

An ability to take a respectful attitude to the supervisee, including an ability to be supportive and nonjudgmental, especially in relation to the supervisee's discussion of clinical errors or mistakes

An ability to integrate "training" and "therapeutic" aspects of the supervisory role

An ability to maintain a primary focus on the educational goals of supervision

An ability to maintain an appropriate balance between a collaborative and an authoritative stance

Adapting supervision to the supervisee's IPT training needs

An ability to identify the supervisee's knowledge of, and experience with, the IPT model
An ability to identify and discuss any misconceptions that the supervisee may hold regarding the IPT model and techniques usually applied in IPT
An ability to monitor the supervisee's ability to make use of an IPT perspective to understand the client's presentation and the evolution of therapy
An ability to help the supervisee reflect on their development as a IPT practitioner in order to identify specific IPT learning goals
An ability to link material covered in specific supervision sessions to the supervisee's IPT learning needs
An ability to negotiate learning agreements which reflect the supervisee's learning needs

Specific content areas for supervision of Interpersonal Psychotherapy

An ability to help supervisees review and apply their knowledge of IPT ideas and techniques, as they apply to the supervisee's clinical work
An ability to help the supervisee develop skills in assessment and in IPT focus selection and formulation, and to apply these skills to guide therapeutic interventions
An ability to help supervisees to constructively maintain boundaries appropriate to a time limited therapy
An ability to help supervisees observe and explore significant links between current symptomatic distress and current interpersonal relationships and roles, especially as these relate to the negotiated interpersonal focus
An ability to link IPT concepts and principles to therapeutic strategies and techniques with reference to the clinical material presented by the supervisee:
through direct observation (usually through the use of audio or video recordings, but including joint work in groups)
using process notes and self-assessment ratings (made contemporaneously or immediately after the therapy session)
An ability to model appropriate therapist behaviours and mental activities e.g.
by modelling the use of the IPT formulation to select between, and/or draw parallels across, complex strands of information
by role playing interventions during the supervision session
An ability to use recorded material in a structured manner (between and within supervision sessions) to identify learning needs and plan specific training tasks
An ability to help the supervisee maintain a therapeutic stance appropriate to the IPT approach they are employing

Specific supervisory techniques

An ability to use a range of observational and participative methods (e.g. listening to and reviewing audio and video recordings of clinical sessions, role-play or modelling) to develop specific skills in the application of IPT techniques
An ability to summarise material discussed and identify any learning points or learning agreements, and to encourage the supervisee to make explicit self-assessment in order to establish their understanding of these issues
An ability to elicit feedback from the supervisee regarding their reactions to material discussed in the supervision session and/or any learning points (e.g. their sense of its applicability, its validity, its congruence/ incongruence with their current thinking)
An ability to help the supervisee identify any non-reciprocal expectations (i.e. disagreements about the terms of the relationship and/or behavior within the relationship) that interfere with therapy or with supervision

Monitoring the supervisee's work

An ability to use both the supervisee's self-assessment and standardised symptom and interpersonal outcome measures to guide the supervision discussion

An ability to use recordings /direct observation to monitor the supervisee's ability to implement IPT techniques
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An ability to assess the supervisee's practice using IPT competences-based assessment instruments
