

## Ability to employ educational principles which enhance learning

### Ability to apply the principles of adult learning

An ability to undertake supervision in a collaborative manner which assumes that learning is a two-way process (in which the supervisor can expect to learn from the supervisee)
An ability to apply the principles of adult learning, incorporating active learning and promoting supervisee's reflection on their learning
An ability to help supervisees identify their own strengths and weaknesses, and formulate learning objectives to address identified gaps
An ability to take account of the supervisee's preferred approaches to learning, particularly with regard to any mismatches between their approach and the supervisor's usual preference

### Knowledge

An ability to draw on knowledge of relevant educational models, and their implications for supervision practice e.g.:
that learning is best seen as part of a cycle of activities, rather than as a one-off event: <sup>1</sup>
learning is enhanced by taking supervisees through an iterative cycle <sup>1</sup> that
exposes them to new ideas
gives them the opportunity to apply these ideas in practice
reflect on what they learned from their experience
apply their new learning to future work
that supervisees are more likely to learn when they themselves perceive a gap between what they currently know and what they need to know: <sup>2</sup>
learning is most likely to take place when supervisees experience an <i>optimal</i> level of discomfort, generated by a perception of a gap between the knowledge they currently have and the knowledge they need to make sense of their experiences
learning only takes place if the supervisee acknowledges this gap for themselves
it will be harder for learning to take place if this gap is too great
that supervisees need to be able to make the connection between any new learning and their current knowledge: <sup>3</sup>
learning is most likely to take place if new information is presented in a way which links it to knowledge and experience already possessed by the supervisee
learning is unlikely to take place if this connection is not made, or there is too great a gap between new information and the supervisee's current state of knowledge or experience
An ability to draw on knowledge that supervisees learn best if the level of challenge they experience when performing clinical work or tasks within supervision is at an optimal level (neither too high nor too low), and that this 'optimal' level will vary from supervisee to supervisee

### **Transfer of learning**

An ability to draw on knowledge of strategies for assuring the transfer of learning from the supervision context into clinical work, usually by agreeing activities to be carried out between supervision sessions (such as role-play, practice–assignments or applying ideas to clinical work) and ensuring that these are reviewed in subsequent supervisions

### **Ability to use direct observation and contingent feedback to enhance learning in supervision**

An ability to draw on knowledge of the benefits of behavioural techniques in supervision (i.e. linking observation with contingent feedback)

an ability to identify and make use of contexts for observation best suited to desired learning outcomes - e.g.:

direct observation of clinical work (including the use of taped material)

role play within supervision

observation and practice of specific therapeutic techniques within supervision

an ability to draw on knowledge that feedback is most effective when it is:

accurate (i.e. direct and avoiding dissimulation)

focused on specifics (rather than general observations)

offered contingently to specific actions (rather than as global feedback that could relate to many actions)

as far as possible focuses on behaviours rather than on imputed personal characteristics (e.g. on a tendency for the supervisee to be too active, rather than on attempts to address an imputed need to take control)

### **Ability to link theory to practice, and relate practice to theory**

An ability to help the supervisee use theoretical and conceptual ideas to guide and evaluate their practice, and use their clinical experiences to reflect and build on these ideas

1. (The Experiential Learning Cycle) Kolb, D.A. (1984) *Experiential Learning: Experience as the source of learning and development*. Prentice Hall, Englewood Cliffs, NJ
2. Mezirow, J. (1994) Understanding transformation theory. *Adult Education Quarterly* 44 222-4
3. Chaiklin, S. (2003) The Zone of Proximal Development in Vygotsky's Analysis of Learning and Instruction. In Kozulin, A., Gindis, B., Ageyev, V. & Miller, S. (Eds.) *Vygotsky's Educational Theory and Practice in Cultural Context*. Cambridge: Cambridge University

## Ability to enable ethical practice

### Ability to identify and discuss ethical issues with the supervisee

An ability to draw on knowledge of relevant ethical and professional codes of practice
An ability to identify and alert supervisees to common ethical issues that they are likely to encounter in their clinical work
An ability to monitor supervisee's clinical practice in order to identify and discuss any emerging ethical dilemmas
An ability to help the supervisee identify appropriate ways of resolving issues which reflect ethical dilemmas, including consideration of the consequences of such actions and (if relevant) the process of documenting the steps taken

### Ability to identify and discuss issues relating to confidentiality

An ability to ensure that supervisees are aware of and understand relevant national, local and professional codes that set out the principles governing the maintenance of client confidentiality
An ability to ensure that supervisees understand the conditions under which confidentiality can be breached (i.e. when there is substantive evidence of significant risk to the client or others) and are aware of the appropriate procedures for managing this
an ability to ensure that supervisees can apply the principles of confidentiality to their clinical practice, in relation to:
direct work with clients
verbal and written communications with professional colleagues and relevant third parties
an ability to ensure that supervisees can explicitly discuss the application of principles of confidentiality with their clients, and draw client's attention to the fact that:
supervision itself may breach confidentiality (because it involves discussion with a third party)
if working in a team, whether and how information about the client might be shared with professional colleagues
confidentiality can be breached if there is significant concern regarding risk

### Dual role-relationships

An ability to draw on knowledge (and relevant professional codes) regarding the potential problems that can arise when the supervisor occupies more than one role in relation to the supervisee e.g.:
when the supervisor has had or develops a relationship with the supervisee which could make it difficult for them to maintain a neutral supervisory stance (e.g. a close friendship, previous contact in which there were significant difficulties)
An ability to draw on knowledge that certain dual relationships (such as intimate/ sexual relationship) are proscribed
An ability to apply relevant professional codes which advise on the actions to be taken in relation to dual relationships
An ability to be clear about the implications of any professional dual role-relationships, in particular when the supervisor also acts as a line manager to the supervisee

## Ability to foster competence in working with difference

In this section the term “difference” is used to indicate the broad spectrum of cultural and demographic variations in client populations around which discrimination and disadvantage can and does occur. “Difference” therefore includes ethnicity, cultural background, religion, gender, sexuality, social class, disability, and age.

### Ability to help supervisees consider the relevance of issues of difference

An ability to ensure that issues of difference (e.g. race, culture, religion, gender, sexuality, disability, age etc) are a routine part of discussion in supervision
An ability to ensure that supervisees are aware of the rationale for a focus on culture and difference, largely:
to maximise the effectiveness and/or relevance of interventions for all clients
to maximise the effectiveness and confidence of the supervisee in working with difference
to ensure that issues of difference which are relevant to the supervisor and supervisee themselves are included in supervision discussions

An ability to help the supervisee explore cultural assumptions underlying their practice by:
facilitating discussion which helps consider how the supervisor’s and the supervisee’s own background and experience of difference influences their outlook and assumptions
acknowledge discrimination as a social and as a personal issue, both for clients and potentially for supervisors and supervisees
An ability to draw the supervisee’s attention to relevant national and local service policies relating to difference

### Ability to help supervisees integrate issues of difference into their practice

An ability to help the supervisee identify and discuss relevant issues of difference
An ability to include consideration of the relevance of culture/ difference when assessing and formulating a client’s presentation (including an ability to consider any assumptions which reflect the supervisor or supervisee’s own culture or background)
On the basis of assessment and formulation, an ability to help the supervisee identify ways in which practice with specific clients needs to be adapted in order to be responsive to issues of difference
an ability to help the supervisee implement adaptations to practice which are a response to issues of difference
An ability to help the supervisee develop cultural knowledge relevant to the client groups with whom they are working

**Working with interpreters**

An ability to ensure that supervisees are appropriately supported in working with interpreters, by:
alerting them to procedures for ensuring best practice and identifying potential difficulties
reviewing work undertaken with interpreters and identifying and discussing any issues which emerge

## Ability to foster and maintain a supervisory alliance

### Knowledge of factors associated with a positive supervisory alliance

An ability to draw on knowledge that there are three domains to the supervisory alliance:
the <b>bond</b> between supervisor and supervisee (a sense of mutual respect and engagement)
agreement that <b>supervisory tasks</b> are relevant and appropriate
agreement on the overall <b>goals and aims</b> of supervision

An ability to draw on knowledge of therapist factors which increase the probability of forming a positive alliance:
being flexible and allowing the supervisee to raise issues which are important to them
being respectful
being warm and affirming
being open
being alert and active
being able to show honesty through self-reflection
being trustworthy

An ability to draw on 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

### Capacity to develop the supervisory alliance

An ability to gauge the degree of congruence in the aims of the supervisor and supervisee
An ability to negotiate shared objectives for supervision
An ability to ensure that the supervisee is clear about the rationale for usual structure and process of supervision sessions
An ability to listen to the supervisee's concerns in a manner which is non-judgmental, supportive and sensitive
An ability to adjust interpersonal style in order to be congruent with the style of the supervisee

An ability to invite the supervisee to give feedback about how they are experiencing supervision
An ability to gauge whether the supervisee has questions, doubts or skepticism (etc) about the supervision relationship and supervisory process, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities
an ability to help the supervisee express any concerns or doubts they have about any aspect of the supervision process, especially where this relates to mistrust or skepticism

## Capacity to manage threats to the supervisory alliance

### Ability to recognise and to address strains in the supervisory alliance

An ability to recognise when strains in the alliance threaten the efficacy of supervision	
An ability to deploy appropriate interventions in response to disagreements about tasks and goals:	
	an ability to check that the supervisee is clear about the structure and process of supervision and to review this with them and/or clarify any misunderstandings
An ability to deploy appropriate interventions in response to strains in the bond between supervisor and supervisee:	
	an ability for the supervisor to give and ask for feedback about what is happening in the here-and-now interaction, in a manner which invites exploration with the supervisee
	an ability for the supervisor to acknowledge and accept their responsibility for their contribution to any strains in the alliance
	an ability to help the supervisee to assert any negative feelings about the relationship between the supervisor and themselves
An ability to recognise, and to take appropriate action, when the working alliance has broken down irretrievably	

## Ability to structure supervision sessions

### Ability to establish a professional framework for supervision

An ability to conduct supervision in a manner which is congruent with relevant ethical, medico-legal, and professional frameworks
An ability to draw on knowledge of the legal/ clinical responsibility for casework carried by both the supervisor and supervisee, and to ensure that this information is shared with the supervisee

### Ability to establish and maintain boundaries

An ability to manage professional boundary issues:
an ability to ensure that the supervision does not become therapy, and to ensure that this boundary distinction is respected both by the supervisor and the supervisee
an ability to ensure that personal disclosure by the supervisee is considered in the context of its contribution to the supervision process (rather than being responded to in a manner more appropriate to a therapeutic relationship)
An ability to manage personal boundary issues:
an ability to guard against the development of "dual" relationships (e.g. in which supervisor and supervisee become personal friends),
an ability to guard against the development of proscribed dual relationships, such as an intimate/ sexual relationship
An ability to draw on knowledge of power differentials in supervision

### Ability to negotiate a contract for supervision

An ability to negotiate a contract for supervision which specifies its aims and which identifies the expectations of both the supervisor and the supervisee regarding the areas which will be included in supervision
An ability to ensure that supervisees are clear about procedures which will be followed should there be significant concerns about their practice
An ability to conduct supervision in a manner congruent with the contract
an ability to be open to feedback from the supervisee should any aspect of supervision content or structure deviate significantly from that which has been agreed

### Ability to establish a structure for supervision sessions

An ability to impart information about the usual content (and expected focus of) supervision sessions
An ability to negotiate and implement basic expectations regarding the pattern of supervision, for example:
frequency and duration of supervision sessions
alternative supervision arrangements if the supervisor is on leave or unexpectedly unavailable
supervision arrangements in the case of 'emergencies'



**Ability to agree expectations about which cases will be presented**

An ability to agree with the supervisee a clear rationale for the selection of clinical work, aiming to ensure that:

the supervisor is aware of progress with the supervisee's complete caseload

there is explicit and mutual agreement about the basis for selecting which cases to discuss

there is no systematic and/or undisclosed bias in selection of cases for discussion (e.g. supervisee only bringing cases which are progressing well)

## **Ability to help the supervisee present information about clinical work**

### **Ability to help supervisee identify relevant content**

An ability to ensure that the supervisee has a sense that it is legitimate to raise a broad range of concerns about their work (e.g. clinical or ethical dilemmas, personal feelings raised by the work, etc.)
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An ability to ensure that the supervisee feels able to bring examples of clinical work which have not proceeded well (i.e. to encourage a sense that such instances can be helpful for learning, and ensuring that concerns about evaluation do not lead to a reluctance to disclose difficulties or errors)
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### **Ability to help the supervisee develop structured presentations**

An ability to help the supervisee present information about clinical work in a manner which is appropriately structured and organised
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An ability explicitly to indicate expectations regarding the usual content of presentations, including a rationale for the inclusion (and exclusion) of material
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An ability to give clear and structured feedback about the supervisee's presentations, including comment on:
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clarity of presentation
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relevance of material
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any significant content areas which have been omitted
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any included but less relevant content
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An ability to encourage feedback from the supervisee regarding comment on their presentational style
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an ability to reflect on and openly discuss any differences in supervisor/supervisee viewpoints regarding the relevance of content areas
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**Ability for supervisor to reflect (and act on) on limitations in own knowledge and experience**

An ability for the supervisor to reflect on and recognise the limitations of their training and/or experience
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an ability to limit supervision to those approaches in which the supervisor has sufficient training and/or supervised experience
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an ability to act on any limitations in training and/or experience which could impact on supervision quality (e.g. by undertaking further training, arranging for supervision of own work etc)
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## Ability to use a range of methods to give accurate and constructive feedback

### Ability to create a context for giving feedback

An ability to ensure that the 'supervisory alliance' is good enough to allow summative and formative feedback <sup>1</sup> to be accepted (and reflected on) by the supervisee
An ability to detect whether the supervisee is able to engage with feedback, and (if relevant) to identify and explore any factors which make this difficult for the supervisee
An ability to ensure that the supervisee is in a position to understand the feedback (i.e. that the feedback is congruent with their current level of understanding/ learning)
An ability to detect when feedback may have a negative impact on the supervisee (e.g. supervisee withdrawal, shame, increased anxiety), and to manage any consequences in a supportive manner

### Ability to give feedback in an appropriate manner

An ability to give feedback which:
is balanced (i.e. identifies what the supervisee did well, as well as what was done less well)
clear and appropriately direct
focuses on specific aspects of the supervisee's work (rather than making general or global observations)
When commenting on perceived problems in clinical work, an ability to suggest alternative actions the supervisee could take
An ability to phrase feedback in a manner which avoids the imputation of personal failure:
by focusing on examples of behaviour (as opposed to attributing problems to the supervisee's personal qualities)
by phrasing comments in a manner which directs attention to the issues rather than to characteristics of the supervisee
An ability to give feedback in a manner which makes it clear when this reflects the supervisor's opinion rather than a fact, or the 'truth'
An ability, after giving feedback, to be receptive to (and to engage with) feedback from the supervisee

<sup>1</sup> 'Summative feedback' is feedback about an outcome (such as passing or failing an aspect of clinical work).

'Formative feedback' is feedback about *how* something has been done, and is intended to modify the supervisee's thinking or behaviour for the purpose of improving learning

## Using measures to help the supervisee gauge progress

In this section the term “measures” includes questionnaires, idiographic measures (i.e. measures tailored to the client themselves) or any systematic form of data collection (such as diary records).

### Knowledge of measures

An ability to draw on knowledge of commonly used questionnaires and rating scales, and to use this to knowledge to help the supervisee select measures relevant to the client’s presentation

An ability to draw on knowledge of measures standardised for use with clinical populations and ‘idiographic’ measures (which map to an individual client’s presentation and goals)

### Ability to help the supervisee 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 convey the application of this knowledge to the work of the supervisee

### Ability to help the supervisee administer measures

An ability to help the supervisee to:

choose measures appropriate to each client’s presentation

identify both the strengths and limitations of the measures

negotiate with the client both how and when measures will be completed

An ability to help the supervisee discuss the use of (and rationale for) measures with clients

An ability to help the supervisee to problem-solve any difficulties in obtaining self-report measures from the client

### Ability to make use of information from objective measures to support supervision

An ability to use information from objective measures to help prioritise discussion of clients (e.g. to ensure that there is discussion of clients who are making little or no progress, or are deteriorating)

An ability to integrate data from objective measures with an understanding of clinical material in order to hypothesise about the most appropriate clinical response, in particular:

whether (or not) the supervisee needs to adapt or change their current approach

whether there are any indications that the supervisee’s competence is linked to poor response

## Ability to gauge the supervisee's level of competence

### Ability to develop criteria for gauging competence

An ability to develop criteria for appraising competence which are reliable and which are adapted to take account of the supervisee's level of experience, usually in the domains of the supervisee's:

factual knowledge

generic clinical skills

model-specific clinical skills

ability to implement interventions in a way which demonstrates an understanding of the rationale for the intervention (i.e. to be able to make links between theory and practice)

capacity to reflect accurately on progress

interpersonal skills

ability to work effectively with professional colleagues

ability to apply ethical and professional standards in practice

An ability to relate criteria for competence to relevant standards (e.g. those set by professional accreditation bodies, by relevant course curricula, the competence frameworks for psychological therapy and/or National Occupational Standards)

### Ability to use a range of methods to gauge competence

An ability to use and draw together multiple methods of evaluation in order to gauge competence, including:

observation

supervisee self-report

feedback from standardised ('objective') measures and client self-report

feedback from professional colleagues who have worked with/ observed the supervisee

## Evaluation Bias

### Ability to be aware of and act on potential sources of evaluation bias

An ability to draw on knowledge that judgments of competence may be influenced by the difficulty of the supervisee's caseload (i.e. supervisees with more difficult clients may be judged as working less competently than those with more straightforward caseloads)

An ability to draw on knowledge that supervisors tend to evaluate supervisees they like more positively than supervisees they dislike

An ability for the supervisor to identify and act on any consistent evaluation biases they display (i.e. a tendency to rate more leniently or severely than is warranted)
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An ability to draw on knowledge that a tendency towards more lenient evaluation than is warranted can reflect:
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a lack of clear criteria for assessing competence
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difficulty in 'benchmarking' criteria for competence due to a lack of supervision experience
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a fear of the interpersonal impact of negative evaluation (i.e. its potential to have an adverse impact on the supervisor-supervisee relationship, to 'upset' the supervisee, or concern over any implications for the supervisee's career prospects)
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anxiety about grievance procedures and about defending evaluation decisions
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anxiety about lack of institutional support for difficult decisions
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An ability to draw on knowledge that a tendency towards more severe evaluation than is warranted can reflect:
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unrealistically high expectations
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displaced personal frustration
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