

Supervisor Competency Scale (SCS)

A tool for fostering good practice in CBT supervision



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Aims and Scope

The purpose of supervision is to foster good practice, as defined by professional guidelines, so as to meet client/patient needs. This rating form has been devised to structure the process of evaluating supervision competency, making use of both specific and general items. It reflects the 2008 supervision competencies of Pilling and Roth, and general guidelines for good supervision practice (see Kennerley and Clohessy [2010] for a review) whilst striving to be as short and simple as possible.

The SCS aims to:

- Enable raters to communicate a standard of practice
- Help supervisors reflect on and develop their practice
- Indicate the degree to which a particular supervision session fulfils the purpose outlined above
- Provide an instrument which can be used to give detailed feedback and / or as an evaluation tool for deciding whether or not supervisee performance is adequate

The scale addresses six areas of practice:

1. Structuring of sessions
2. Enhancing learning
3. The supervisory relationship
4. Other process issues
5. Professional and ethical practice
6. Reflective practice

Items within each of these areas of practice are rated on a 5-point scale. Raters also comment on the general strengths of the supervisor, make suggestions for improvement, consider the appropriateness of the supervisor's reflection on supervision and comment on whether supervisee feedback has been adequately considered.

Assessment Materials

The supervisor whose performance is being evaluated should submit the following materials:

1. Supervision session recording

Each supervisor should submit a recording of a supervision session (preferably a video recording). Supervisors must secure supervisee consent for the recording to be viewed by the assessor and must ensure that their supervisees have gained patients' consent for their own work to be supervised.

2. Supervisees' feedback form

As recipients of supervision, supervisees' feedback is valuable. Thus supervisors should provide feedback from the recipients of the supervision session submitted for evaluation, preferably in

written form. This feedback should be submitted with the session recording. If the supervisor wishes to s/he can set specific questions for the supervisee to consider and the SCS assessor can comment upon the appropriateness of the supervisor's choice of questions.

3. Reflection on supervision form

Finally, a reflection on supervision form should be completed by the supervisor. This encourages self-reflective practice and enables the rater to decide if the self-reflection is adequate or appropriate and if supervisee feedback has been considered.

Instructions to Raters

As a rater, use your professional judgment in completing this form and comment (briefly) on your ratings. If possible, illustrate the basis for more general judgments, so as to clarify your decision and enable the student to learn from the evaluation. This is intended to form the basis of detailed feedback which will help the supervisee improve her/his practice.

As outlined above, the scale addresses six areas of practice. Within each of these six areas, there is scope for rating specific aspects of competence- these are outlined below:

Part 1- Structuring the session

1. Contracts use of time

This should be done collaboratively. Time allocation should reflect the demands of supervision and time available. Supervisors should ensure time is allocated to review the past session and current session as appropriate.

2. Adheres to agreed agenda

The supervisor is expected to pace the session appropriately, remain focused on the agenda and only digress following discussion and renegotiation of the agenda with the supervisee.

3. Selects specific and appropriate topics / goals for session

The topics and goals should be arrived at collaboratively, should reflect both the needs of the supervisee and of the patient(s) and should reflect the supervision contract which will have been drawn up prior to beginning the course of supervision.

4. Paces session Sessions should be paced so that time is used efficiently but the pace should be appropriate to the needs of the supervisee - not so fast as to inhibit reflection and learning and not overly slow.

Part 2- Enhancing Learning

1. Illustrates supervisee's clinical practice. This should be achieved using a variety of methods: Socratic methods, 'live' supervision, role play and case discussion.

2. Appraises and evaluates supervisee's skills and knowledge

This should also be achieved using a variety of methods: for example, through Socratic and direct enquiry, via role play or by discussing therapy recordings.

3. Shows sensitivity to the learning needs of the supervisee

Supervisors should be aware of the developmental needs and optimum learning style of the supervisee and be able to create a stimulating learning environment that does not over stress the supervisee.

4. Balances use of methods likely to foster supervisee learning

Supervisors should show an appropriate use of Socratic Methods, recordings, information giving, experiential methods etc. This needs to be evident throughout the session and the learning approach should reflect the task - for example, experiential approaches used to enhance skills development.

5. Makes available relevant and appropriate materials

Supervisors are expected to direct supervisees to relevant references, measures, illustrative recordings etc. as required.

6. Gives sensitive and constructive feedback

Feedback should be clear, specific, framed as the supervisor's opinion and should both challenge and support the supervisee. Feedback should be given frequently enough to be useful and the supervisee should be prompted to reflect on it in the session. Supervisee feedback should be elicited at the end of each session.

7. Makes theory-practice links

Supervisors should help the supervisee combine cognitive theory and psychological principles with sound clinical work.

8. Promotes reflective practice

This is achieved by regularly prompting the supervisee to critically appraise and learn from their work, and by encouraging supervisees to record and review their therapy sessions.

9. Facilitates group learning

In a group setting – the supervisor should be seen to attend to the input of all group members and to encouraging vicarious learning.

Part 3- Supervisory Relationship (SR)

1. Collaborative and engaging

There should be evidence of 'team work' on shared, agreed goals.

2. Respectful, supportive, sensitive

The supervisor's practice should communicate a respectful awareness of the learning needs of the supervisee.

3. Creates safe environment for supervisee to be open

The supervisor should create a setting that is safe, supportive, emotionally containing and non-judgemental of the person.

4. Boundaried

Supervision is primarily educative, it reflects a working alliance not a friendship or therapy. The content should be relevant and the session free of interruption and unnecessary digression from supervision-related issues.

5. Open: honest mutual feedback

Honest, mutual feedback should be exchanged regularly to ensure that there is shared understanding, that clinical goals are being met, that agreed tasks are being carried out, that practice is ethical and that learning needs are met. Supervisors should express reservations in a timely and respectful fashion.

6. Problems within the SR are addressed

If it is necessary, supervisors should be open and honest if they have concerns about the SR and if problems arise the supervisor should address them in a timely and respectful fashion.

Part 4: Other process issues

1. Creates opportunity for exploration of process issues

The supervisor must create a setting which facilitates the exploration of process issues. Even though there will be times when detailed attention to process issues is not necessary it is crucial to make exploration possible

2. Shows sensitivity to interpersonal issues within the therapeutic relationship

Supervisors should show an awareness of the therapeutic relationship between the supervisee and patient and supervisors need to address ruptures if appropriate.

3. Shows sensitivity to issues between the supervisor and client or wider system

Supervisors should also display an awareness and appreciation of potential affiliations and ruptures occurring between the supervisor and the patient and/or the patient's wider system (e.g. domestic, occupational, institutional). If necessary, supervisors should address relationship problems that arise within these systems.

4. Process issues within the patient's wider system

Relationship issues might arise within the patient's domestic, occupational or institutional setting and the supervisor should display sensitivity to this and be able to address such problems.

5. Process issues within the supervisee's wider system

Relationship issues might arise within the supervisee's domestic, occupational or institutional setting and the supervisor should display sensitivity to this and be able to address such problems.

6. Recognise and manage group processes appropriately (where relevant)

In groups settings supervisors need to show an ability to use helpful group processes (e.g. de-stigmatizing, the instillation of hope and peer guidance) to augment the supervision experience whilst minimising unhelpful group processes (e.g. scapegoating, dependency, splitting).

Note: The relevance of process issues might need to be inferred by the rater if the issue is not identified and discussed by the supervisor – in which case the reasons for this inference should be clearly noted under general comments.

Part 5: Professional and ethical practice

1. **Practises within limits of own knowledge and skill**

Supervisors should restrict their supervisory practice to their areas of knowledge and expertise and be open about the limitations of their skill and awareness.

2. **Fosters competence in working with difference**

The supervisor should encourage a non-judgemental and sensitive approach, that enables effective working with patients from a broad range of backgrounds. This may have to be inferred from the supervisor's attitude towards the patient under discussion and the supervisee(s) in the session. If this is the case, the reasons for the inference should be clearly noted under general comments.

3. **Respects confidentiality**

The supervisor should protect patient confidentiality and ensure that supervisees do the same. Encouraging or permitting supervisees to disclose the full name of a patient will result in this item being failed.

4. **Promotes safe CBT practice (including risk assessment where appropriate)**

Risk awareness is crucial to good supervision and ethical practice. Supervisors should also ensure that supervisees create appropriate therapy boundaries and practise ethically (for example fostering appropriate therapist-patient alliance, etc).

5. **Encourages realistic and safe case management**

The supervisee should not be over-loaded nor under-stimulated. The supervisor should also ensure that the supervisee(s) practices within the limits of their knowledge and skill and should support the supervisee in recognising and bridging gaps in their practice.

Part 6: Reflective practice

1. **Supervisor elicits appropriate feedback**

This concerns the feedback gathered verbally during and at the end of the supervision session and the written feedback collected from the supervisee(s). The purpose of the feedback is to inform the supervisor's practice and to give information which will improve the supervision experience for the supervisee. The supervisor should show that s/he can elicit feedback thoroughly and ideally engender a constructively critical review.

2. **Appropriate responses to supervisee's feedback**

The supervisor should show that s/he has properly reviewed and considered supervisee feedback thoroughly and critically and has identified learning opportunities.

3. **Supervisor's next supervision goal(s) is appropriate**

The supervisor should build on reflection by translating new ideas / insights into action in the form of supervision goals, which should be specific, achievable and measurable. These might involve seeking supervision of supervision, organising further CPD, modifying performance in supervision sessions, for example. Whatever the goals, they should reflect the learning opportunities of the recorded session.

Providing Numerical Ratings:

Not all of the items within areas 1-6 will be applicable for the recording under scrutiny and it is acceptable to rate these as 'not applicable' (N/A). For example, addressing problems within the supervisory relationship might not be relevant in the session which is being assessed.

A. Rating performance-based areas of practice:

The first five areas of practice are performance based and should be rated on the following 5-point scale:

1	2	3	4	5
Absence of feature or no evidence of competence or major problems evident	Evidence of competence, but many problems and / or lack of consistency	Competent, but some problems and /or inconsistencies	Good features Minor problems and / or inconsistencies	Expert performance or very good even in the face of difficulties

B. Rating reflection-based areas of practice:

Part six is based on the supervisor's reflection and should be rated using a 5-point scale from 1- *not at all* to 5- *expert level*.

Performance requirements:

At the end of each of the parts (1-6), raters are asked to judge whether or not the supervisee has shown competent practice in that area. This does not necessarily reflect an average score for all items in that part of the SCS (as some items will have been deemed not applicable) but the rather *the rater's overall view of performance in that particular aspect of supervision*. For overall performance in a particular area to be considered competent, none of the scored items should fall below '2' and the majority of scored items should be rated '3' or above. This means that at least 50% of the items that have been deemed applicable should achieve a score of 3 or more.

A supervisee is considered to have achieved overall competence if s/he achieves a 'pass' in each of the six areas of practice (i.e. no item falling below a score of 2 and the majority of scored items achieving 3 or more):

1. Structuring of sessions
2. Enhancing learning
3. The supervisory relationship
4. Other process issues
5. Professional and ethical practice
6. Reflective practice

Providing general feedback:

Raters will also comment on the supervisor's main strength (as demonstrated in the submitted recording) and make suggestions for improvement of supervisory practice. This feedback is more general and will require written statements. Comments should be constructive, specific and where possible readily translated in to tasks which can be reviewed.

References

- Kennerley H and Clohessy S (2010)** *Becoming a supervisor* In: M.Mueller, H.Kennerley, F McManus, D.Westbrook (Eds) *The Oxford Guide to Surviving as a CBT Therapist* Oxford: OUP
- Pilling G & Roth A (2008)** Supervision Competencies Framework www.ucl.ac.uk/clinical-psychology/CORE/supervision_framework.htm

SCS Rating Form

Supervisor: _____ Date of session: _____

Rater: _____ Date of rating: _____

Supervision format (e.g. group, peer etc): _____

Items submitted for rating:

One recording Yes / No
 Feedback from recipient(s) of supervision Yes / No
 Completed reflection on supervision form Yes / No

For items in part 1 to 5, please rate supervisor's performance on the following scale:

1	2	3	4	5
Absence of feature or no evidence of competence or major problems evident	Evidence of competence, but many problems and / or lack of consistency	Competent, but some problems and /or inconsistencies	Good features Minor problems and / or inconsistencies	Expert performance or very good even in the face of difficulties

Part 1: Structuring the session

Item	Score
Contracts use of time	
Adheres to agreed agenda	
Selects specific and appropriate topics / goals for session	
Paces session	

Part 1- Considered competent: Yes / No (please circle)

General Comments:

Part 2: Enhancing Learning

Item	Score
Illustrates supervisee's clinical practice	
Appraises and evaluates supervisee's CBT skills and knowledge	
Shows sensitivity to the learning needs of the supervisee	
Balances use of methods likely to foster supervisee learning	
Makes available relevant and appropriate materials	
Gives sensitive and constructive feedback	
Makes theory-practice links	
Promotes reflective practice	
In a group setting facilitates group learning	

Part 2- Considered competent:

Yes / No (please circle)

General Comments:

Part 3: Supervisory Relationship

Item	Score
Collaborative and engaging	
Respectful, supportive, sensitive	
Creates safe environment for supervisee to be open	
Boundaried	
Open: honest mutual feedback	
Problems within the SR are addressed	

Part 3- Considered competent:

Yes / No (please circle)

General Comments:

Part 4: Other process issues

Item	Score
Creates opportunity for exploration of process issues	
Shows sensitivity to IP issues within the therapeutic relationship	
Shows sensitivity to IP issues between the supervisor and client or wider system	
Shows sensitivity to process issues within the client's wider system	
Shows sensitivity to process issues within the supervisee's wider system	
Recognises and manages group processes appropriately (where relevant)	

Part 4- Considered competent:

Yes / No (please circle)

General Comments:

Part 5: Professional and ethical practice

Item	Score
Practises within limits of own knowledge and skill	
Fosters competence in working with difference	
Respects confidentiality	
Promotes safe CBT practice (including risk assessment where appropriate)	
Encourages realistic and safe case management	

Part 5- Considered competent:

Yes / No *(please circle)*

General Comments:

General feedback

Supervisor's main strength as demonstrated in this recording:

Suggestions for improvement:

SCS Supervisee Feedback *

Supervisor:.....

Date of session:

As a supervisee, what did you find particularly helpful or less helpful about this session?
What, if anything, would suggest to improve the session?

* Supervisors may request more detailed feedback

SCS Reflection on Supervision

Background information

Give a brief description of the supervisee(s), their level of experience, the number of times you have met etc.

General reflection

Comment on what you are pleased with and less pleased with in this session: consider content, procedure and process. You might also want to consider your assumptions, shared responsibilities and shared expertise.

Supervisee feedback

What is your response to the feedback from your supervisee(s)?

Supervisory goals

In the light of your reflections, what is your next goal(s) as a supervisor?

Representativeness of session

Does this session reflect your usual practice? Was there anything unusual about this session – if so, how did you manage this?