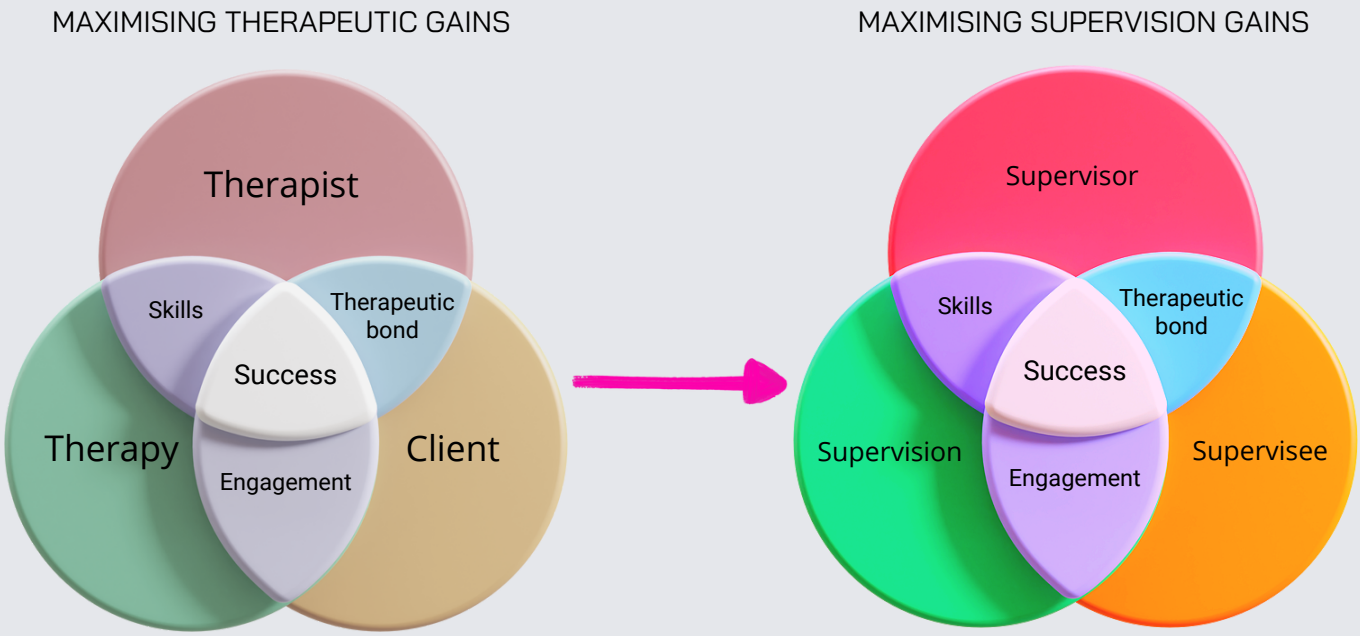
PREPARING FOR CBT SUPERVISION

Clinical supervision is a fundamental requirement for all forms of psychotherapy and health care professions. It provides the opportunity to develop skills, reflect on practice, problem solve and grow as a therapist. Like therapy it can become repetitive and personal goals can slip off the radar. Drift can occur and the sessions may lose focus. This guide will examine supervision as a process, looking at each part of the process in turn and is aimed at both supervisor and supervisee.

therapy & supervision as processes

The model on the left shows therapy as a process with the interaction between therapist, client and approach as being interrrelated. Success depends on the overlap. There is also the broader systems around this which include the culture, relationships and organisations outside the therapy room. We can apply the same process model to supervision, viewing the synergy between supervisor, supervisee and the approach to supervision as being interrelated with success requiring attention to all three.



Once we think of supervision as a process it should reduce the pressure and responsibility we put on ourselves as supervisor or supervisee and help us to navigate the best route to maximising the outcomes.

Finding a good fit

Supervisee has to be a good fit for supervisor too.

It can feel like a chicken and egg situation when looking for a supervisor. Are you looking for someone who can meet your personal goals for supervision, or someone who will support you to create new goals? There is no formula for this and interpersonal compatibility is a factor that is hard to account for. As with therapy, the bond is a critical part of supervision but not the only aspect to determine success. For example, you may have a very nurturing supervisor who makes you feel safe and secure but may not nudge you into the zone of proximal development (ZPD). Arguably, this is impeding personal growth on both the part of the supervisee and also the supervisor.

Likewise, you may want a supervisor who challenges you but if their style is overly didactic and critical then this can cause anxiety through threat-system activation making it harder to focus and learn. Getting the balance right can be challenging but thinking of it as a process like therapy helps us to accept that it will take time to build the bond to the optimum level for learning to be effective and safe.

Setting goals

As with therapy, having realistic and aspirational goals will help you to get the most out of supervision. Due to the busy and intense nature of the job itself, we may not allow ourselves time to reflect on supervision goals. We may be relying on past goals that are not longer relevant or limited. Setting goals makes you pro-active in the process and supervision should be based on these goals and nothing else. Once we slip into a rut we may use supervision more like case management merely updating our supervisor on progress of cases previously discussed.

Supervision should be driven by goals. Take time now to consider your current supervision goals.

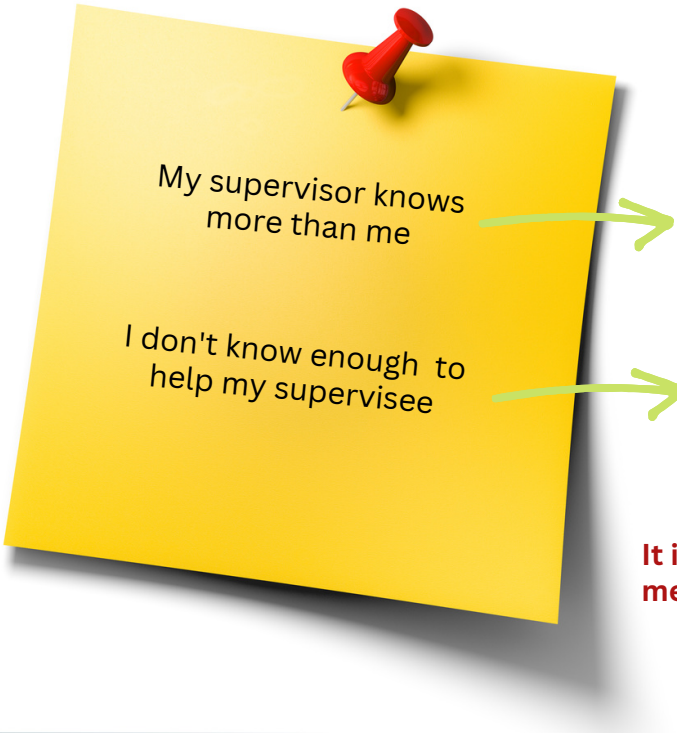
Make sure a supervision contract is agreed

LIFE LONG LEARNER MODEL

No matter how long we have been qualified or how many qualifications we have, we are all following the same journey. This is one of life-long learning. It is useful to think back to when you were a trainee, or maybe you currently are a trainee. Think about the structure and emphasis placed on supervision as a space to be vulnerable with the belief that this will lead to improved skills and clinical practice. It is easy to forget how powerful this is as a motivator to push us into the ZPD. We cannot assume that over time we reach a level of skill and knowledge that requires no further development. On the contrary, this attitude will prevent learning and growth.

Learning isn't always linear. We may revisit old messages and update understanding based on discussions with our supervisor that provides a new position. It is important to be open minded & humble in our approach to learning.

Some unhelpful assumptions



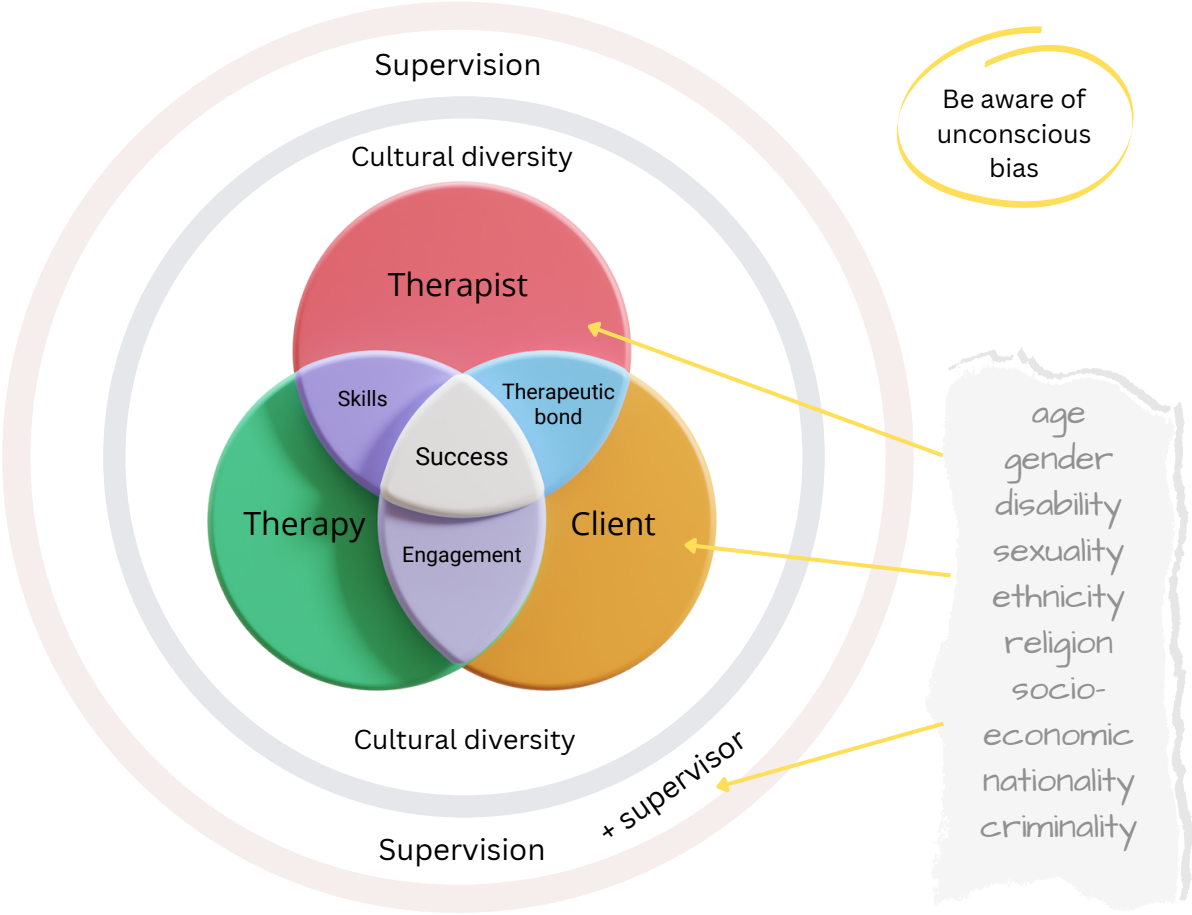
This is an absolute term. It is unlikely that your supervisor knows more about **everything** than you. If you are a supervisor yourself they may not even know more about supervision.

If you are a supervisor then you have a level of experience and skill to do this role. You do not need to know everything, just use your skills to encourage synthesis, reflection & critical thinking

It is not the quantity of knowledge but the quality & methods used to assist learning that matters

ADDRESSING CULTURE & DIVERSITY

If we merely focus on individual cases in supervision then we can miss broader cultural and systemic issues. All therapeutic encounters occur in a cultural context. In addition to this there is the cultural backgrounds of client and therapist. When it comes to supervision there is also the cultural background of the supervisor. The process diagrams presented on the front of this guide can be extended by adding two outer rings. This includes the nuances and individual differences which may not always be visible. It is essential that we see the full scope of supervision in these terms. Equally, we need to address diversity by asking questions and having an attitude of curiosity. Never make assumptions and make yourself vulnerable by admitting you do not understand aspects of someone's life.



READ MORE

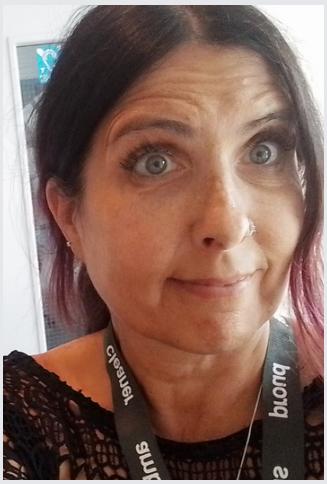
Dummett's (2010) systemic formulation accounts for cultural and developmental factors. This model is aimed at children & young people but can be adapted for adults and makes a good framework for discussion in supervision. A link is provided at the end of this guide.

Andrew Beck's book 'Transcultural CBT' is a great resource.

COLLABORATIVE APPROACH

We should not feel intimidated by a supervisor or supervisee. The relationship is dynamic and based on the principles of CBT. This includes the need for a collaborative approach. The supervisor should model this, including being vulnerable. This may be stating when you do not know something, or try something new on the spot without preparing, and demonstrating gratitude for learning something from the supervisee. If supervision always feels comfortable then we may not be pushing ourselves as supervisors.

Supervisors should feel vulnerable too!

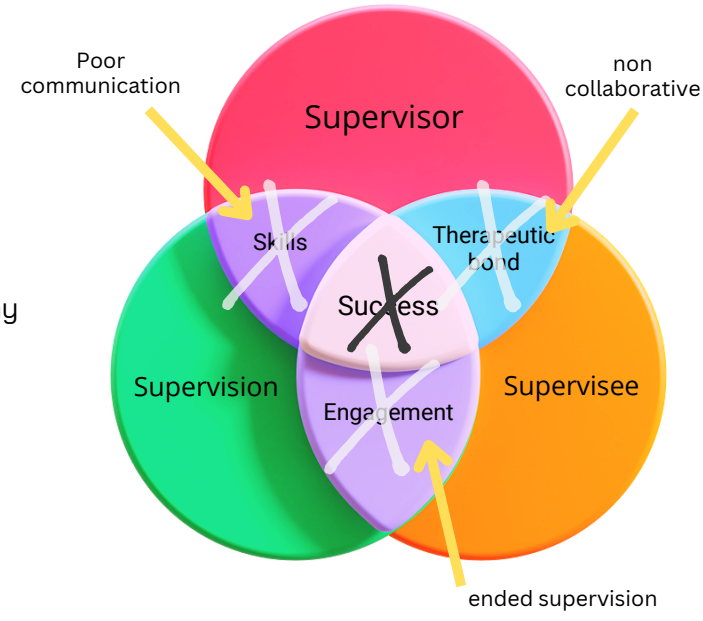


Real life example

When I noticed a change in engagement from a supervisee I explored it in the moment. Despite veering from the agenda, it was important to gauge immediate feedback from the supervisee. As someone with ADHD I also had the awareness that I was not feeling totally focused so my style had shifted into a more hyperactive presentation. This can affect my communication by not waiting my turn and talking over people. In order to repair I had to offer an explanation from my perspective. For this particular situation I was not able to repair it and the supervisee decided not to return.

The importance of supervision of supervision

The above example demonstrates how collaboration was lost when I dominated the session. We need to recognise our role in these various systems and also remember that we are never solely responsible for the outcomes of therapy or supervision. In the example above, my stress compromised my skills of supervision, leading to a rupture in the relationship. This led to the supervisee expressing their preference to end supervision (therefore disengaging). It is important that supervisors share any issues in their own supervision sessions.



Make sure that regular feedback is shared

PREPARING FOR SUPERVISION SESSIONS

Supervision questions encourage examination of specific issues and challenges faced by the supervisee. They should be well thought out, be something that is beyond other means of reconciliation such as self-study or discussions with colleagues. Without a question there is a risk of drift and supervision can become case management with content merely being updates of previous case presentations.

Christine Padesky's supervision worksheet (also known as the supervision roadmap) provides a series of questions to guide learning before, during and after supervision. It helps to orient to a suitable supervision question. Link provided at end of this guide.

Padesky's supervision roadmap

- Supervision question
- Is there a cognitive model for understanding and treating the problem?
- Are you following the cognitive conceptualisation and treatment plan?
- Do you have the knowledge and skills to properly implement treatment?
- Is the therapeutic response as expected?
- What else may be interfering with success?

Use of live material is essential

It is vital that we continue to watch examples of our clinical practice beyond training. It is a requirement of the BABCP that live supervision is part of your ongoing professional development. If you do not do this then supervisors cannot complete a supervision report. Good practice is to have at least 2 complete sessions rated by self and supervisor per year and at least 5 recorded extracts played in supervision sessions. Supervisors should state this in their supervision contracts.

The more you present and rate tapes the less anxiety provoking it becomes

THE THERAPY PROCESS AS SUPERVISION MATERIAL

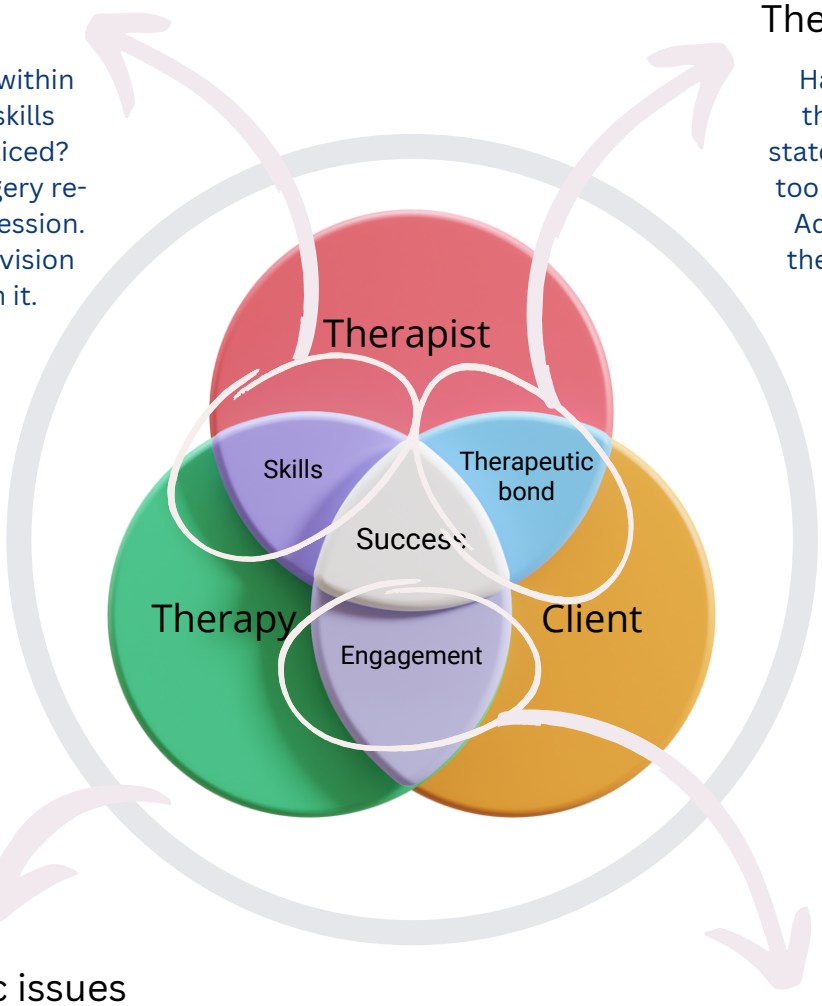
The therapy process model can be used to organise supervision and set questions. The diagram below shows how the overlapping segments can be examined in terms of understanding any barriers to therapy or challenges currently faced. Some suggestions are given as to how you may address these issues and develop an appropriate supervision question.

Skills

Are you working within skill set? What skills need to be practiced? For example, imagery re-scripting for depression. Practice in supervision and read up on it.

Therapeutic bond

Have expectations of therapy been clearly stated? Is therapist taking too much responsibility? Address boundaries & therapist schemas (see Leahy, 2001)



Systemic issues

Are there any issues with family or relationships that need attention? Has the bigger picture been considered such as work and school? Include in the formulation

Engagement

Is client engaging? Are they doing homework? Are they avoidant in sessions? Do role plays in supervision and consider creative methods. Is CBT the right approach for them? Is now the right time?

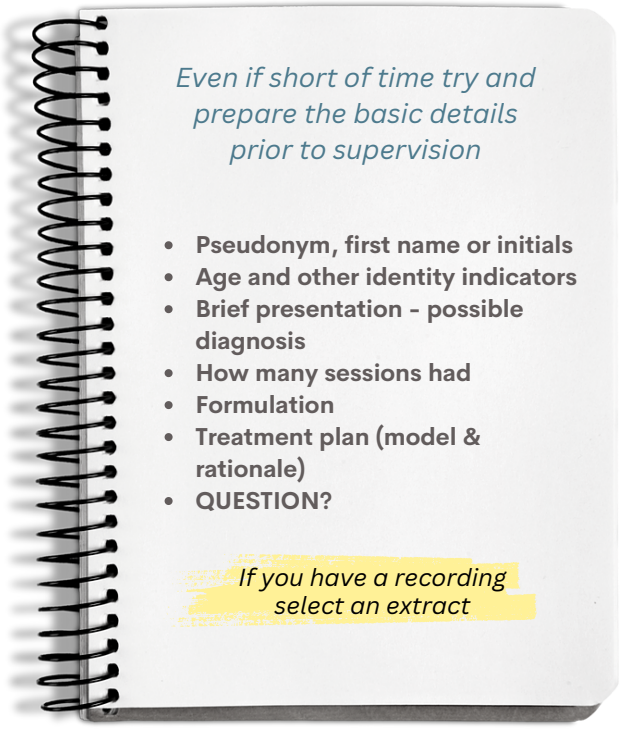
A copy of this template is provided as a worksheet at the back of this guide

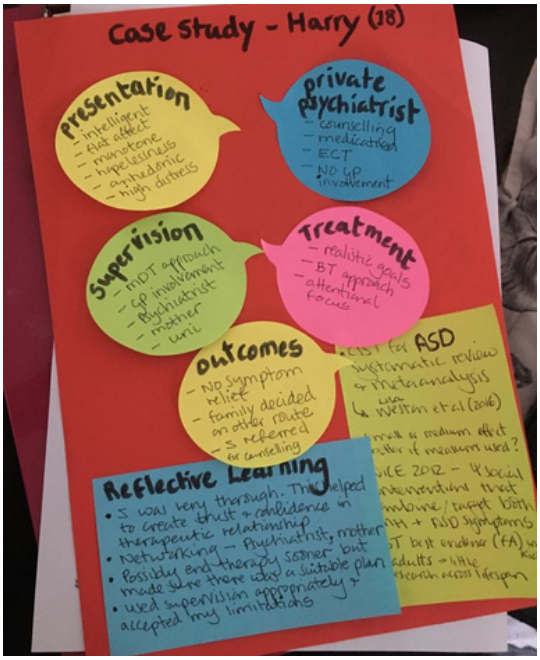
PRESENTING CASES

Case presentations are the most commonly used supervision method. Perhaps because of this they can become repetitive, ill prepared and result in case management as opposed to a full critical examination and exploration of a focused supervision question. You should **always present a formulation** for each case. Here are some tips for maximising the potential of your case presentation.

Prepare in advance

When training, we are encouraged to prepare cases carefully before supervision. This allows us to focus in on the case and start the process of reflection which will lead to a suitable supervision question. This level of preparation tends to reduce once we are qualified. Often we are in a rush and do not spend enough time prior to the session preparing cases. It is common to be accessing information during the session, forgetting simple details like age of the client or how many sessions you have had with them.





Be creative

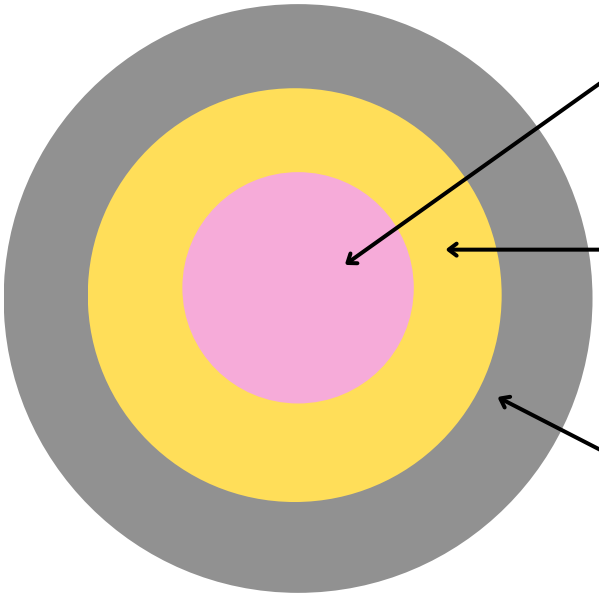
Make the presentation engaging by using post it notes or a mind map to cover all relevant aspects. This is an example of a completed case which was reflected on at the end of therapy. This is a great way to complete a case and is not often done as we tend to take issues during treatment then give brief feedback once the person has been discharged.

Other creative methods are the use of Canva or powerpoint which can be shared easily online.

CRITICAL REFLECTION SKILLS

Supervision is a space to reflect on practice. In order that this process is critical we need to use a framework or model to maximise learning. We have discussed the therapy process model already. This provides a robust method for critical reflection. The model below also provides a good explanatory framework to guide reflection. This is a broad systems model used in business sometimes referred to as the helicopter view. It encourages reflection at three levels - from the individual (or micro) level, local environment (or miso) level, and organisational (or macro) level. This is also the bigger picture perspective sometimes forgotten in our reflections of specific cases. This model is good for learning from critical incidents, encouraging reflection at the different levels, going beyond 'gut' reactions. It is not the only framework for this. There are many reflective and critical incident analysis models that also allow this critical examination, but the helicopter view is simple and robust.

Example IAPT patient finished CBT but scores still in caseness



Individual Micro level

Client had busy job & had to miss some sessions. Didn't do all homework. Good therapeutic bond

Local environment Meso level

Let them off for not doing homework as knew they were busy. Service only offer appointments fortnightly so didn't get momentum.

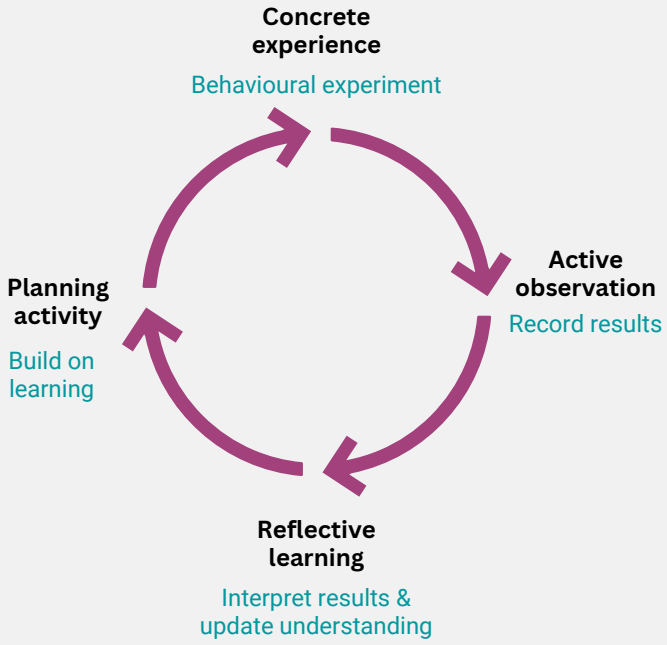
Bigger picture Macro level

Local treatment times do not match NICE guidelines. If patient had recommended number of sessions they may have reached recovery

Reading is the best way to develop a position on your CBT practice. This will enhance your critical thinking skills. Read as much as you can to maintain knowledge of the evidence base (macro-level)

EXPERIENTIAL LEARNING

If we keep supervision at an intellectual level we are limiting the opportunity for active learning. Doing exercises, role plays and engaging in CBT interventions helps us to empathise with the people we work with by experiencing what we ask them to do. Supervision is an appropriate place to build these skills.



Kolb's learning cycle

Kolb introduced his experiential learning cycle in 1984 as a way of reflecting on learning in a teaching environment. It outlines the process of learning through observation and direct concrete experience which is then reflected on to inform future practice. It is a simple but eloquent model and has been used in CBT training and practice as a means for implementing the scientist practitioner model. This has been superimposed onto the model and marked in blue.

modelling in supervision...

By doing experiential exercises in supervision we are applying Kolb's learning cycle. Supervisor can demonstrate a skill (concrete example), supervisee observes, both discuss learning, then plan how the supervisee can apply the skill. This may be immediately in supervision or applied in practice.

CBT from the inside out

CBT from the inside out (Bennett-Levy et al, 2016) encourages us to experience the tools of CBT first hand to inform our practice. This could be keeping a worry diary or activity schedule between sessions or doing an imagery re-scripting exercise or mindful meditation in supervision.

DIFFICULT SITUATIONS

Supervision should be a safe place to honestly explore all issues relating to clinical practice. This includes difficult situations like ethical dilemmas, disclosures relating to risk or safeguarding, fitness for practice and ruptures in clinical and supervision context.

We must always work ethically, adhering to our professional code of conduct. Sometimes situations present that do not have a clear resolution and require a lot of thought and discussion to reconcile. These are ethical dilemmas and should always be brought to supervision. Use a model such as Beauchamp & Childress (1985) model of biomedical ethics. This states that as healthcare professionals we need to operate by 4 principles: autonomy, non-maleficence, beneficence & justice

Always work within your skill set

Whether in practice or supervision

Difficult situations can often be resolved through critical reflection. Use one of the models presented in this guide. If it can't then safety is always the priority. This may mean seeking help or taking action outside of the supervision relationship as you would in clinical practice. Supervisors need supervision of supervision and be prepared to discuss issues with professional bodies if necessary.

Supervision should be a safe place to address clinical & personal challenges

SUPERVISION IS MORE THAN TROUBLE SHOOTING

Sometimes things are running smoothly and we cannot identify a specific 'problem' to take to supervision. If this is the case, then you can refer to your supervision goals and see if there is any area of CBT that you want to enhance your knowledge. For example, to learn how to apply the cognitive model of PTSD. If you do not have any current patients with PTSD ask your supervisor if you can use some of their case examples to work through. The session can also provide a more academic supervision approach by examining some literature or having a critical debate. Supervision is more than trouble shooting. Some ideas are presented below.

Journal club session

You can make the supervision session like a journal club. Supervisor and supervisee can agree a text to read prior to the session and have a critical discussion.

Role plays

Although role plays are a common method for practicing skills relating to a specific client, you can use them for more general aspects of CBT when not related to a specific case. For example, practicing agenda setting or eliciting emotion in session.

Rating tapes

Again, tapes can be done at any time, and should be used regularly. When things are generally going well it is a good opportunity to practice rating recordings when the threat system is less active. You are likely to be more focused. Supervisors can share their recordings too.

FURTHER READING & RESOURCES

No particular model has been recommended in this guide. There are many esteemed texts on clinical supervision. The list below provides a brief sample. There are also links to other materials to explore when considering your supervision experience.

Beauchamp, T.L. and Childress, J.F. (2001) Principles of biomedical ethics. 5th Edition, Oxford University Press, Oxford

Beck, A. (2016) *Transcultural cognitive behavioural therapy for anxiety & depression: A practical guide.* Routlege: London.

Bennett-Leavy, J., et al (2016) Experiencing CBT from the inside out: A self-practice/self-reflection workbook for therapists. Guilford Press.

Corrie, S. & Laine, D. (2015) CBT supervision. Sage.

Dummett, N. (2010) Cognitive behavioural therapy with children, young people and families: From individual to systemic therapy. *Advances in Psychiatric Treatment,* **16(1)**, 23-36. A copy can be accessed here: https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/cognitivebehavioural-therapy-with-children-young-people-and-families-from-individual-to-systemic-therapy/2D9F9CE5ABBFDCCC6CC7DF16326A9644

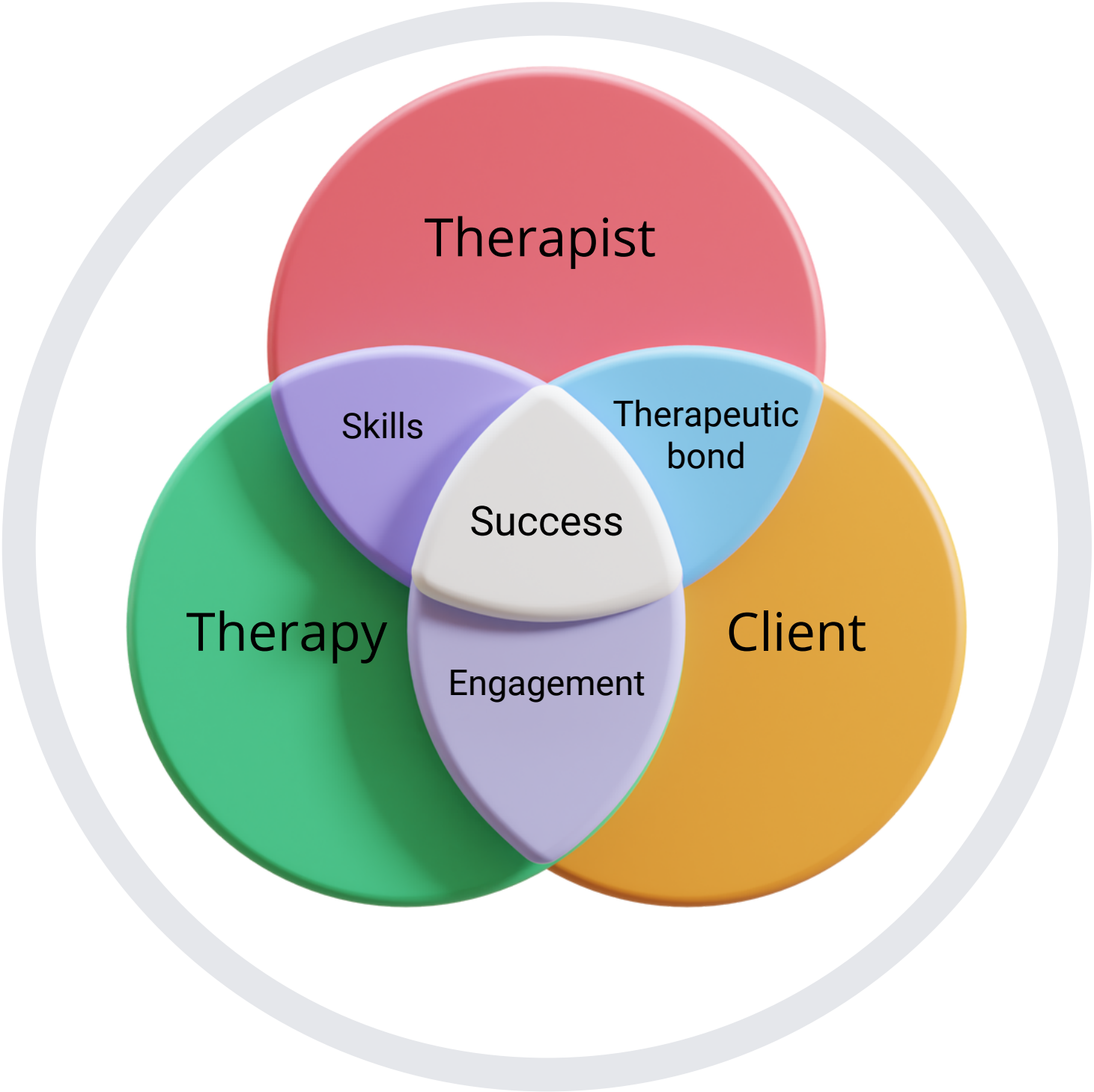
Gilbert, P. & Leahy, R. (2007) *The therapeutic relationship in cognitive behavioural psychotherapies*. Routlege: London.

Work sheets

Leahy, R. (2001) *The therapist schema questionnaire.* A copy can be accessed here: https://sk.sagepub.com/Download/TableData?format=pdf&contentId=173553&xmlId=i270&filename=The%20Therapist's%20Schema%20Questionnaire&tableId=i294

Padesky's supervision worksheet (sometimes referred to as the Padesky road map): https://padesky.com/newpad/wp-content/uploads/2012/11/Supervision_Worksheet.pdf

MAXIMISING THERAPEUTIC GAINS



SYSTEMS MODEL FOR CRITICAL REFLECTION