Supervision competence framework

User guide



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Executive summary

3 G H R T R D Q F T H C D H C D M S H ¥ D R S G D B N L O D S D M B D R @ F of the role of supervisor to counsellors and psychotherapists, as set out in the BACP Supervision competence framework (2021). It outlines the activity involved

Background and rationale

The UCL Competences for the supervision of psychological therapies were commissioned in 2007 by the Care Services Improvement Partnership (CSIP), Skills for Health and NHS Education for Scotland to inform the development of the IAPT programme (UCL, 2007).

In 2009, a BACP Working group on supervision developed the 'Key components of supervision training' and in 2011, BACP commissioned an 'evaluation of Roth and Pilling's competence framework for clinical supervision' (Owen-Pugh and Symons, 2013).

In 2014, BACP produced the Counselling supervision training curriculum which is underpinned by the UCL competences. Early in 2017, a review of the supervision BTQQHBTKTL V @ R TMCDQS @ JDM HMENQLDC AX SGD ¥ M UCL competence framework and contemporary supervision research. This review concluded that BACP's Counselling supervision training curriculum (2014) required RHFMH¥B@MS BG@MFDR ENQ QDKDU@MBD SN BTQQDM supervision practice, supervision training and the varied needs of BACP members.

BACP commissioned the current project to produce up-to-date, evidence-based counselling and psychotherapy supervision competences, which are intended to inform supervision training and practice. The development of the supervision competences is based on a comprehensive review of the research literature, the process of which was overseen by an Expert Reference Group (ERG), recruited A @ R D C N M S G D H Q D W O D Q H D M B D @ M C R O D B H @ K H R S H intention is that the framework will be used to resource training, practice and research, as well as to inform the development of a new, revised supervision training curriculum for the profession.

M D ¤ D B S H U D R T O D Q U H R H N M E Q @ L D V N Q J H R G D K C A X G N M D R S C H R B T R R H N M @ M C S N O Q N U H C D S G D N O O N Q S depth about all aspects of their practice (BACP, 2018b).

Whilst distinctions in emphasis may be drawn between trainee supervision and ONRS PT@KH¥B@SHNM RTODQUHRHNM 'NAL@M GNV OQ@BSHSHNMDQR L@HMS@HM FNNC OQ@BSHBD attend to their own self-care and sustain the personal and professional resilience and resourcefulness required to undertake the work (BACP Ethical Framework, Good practice, point 60).

Terminology used in the framework

- The principle adopted in formulating the Supervision competence framework has been to communicate impartiality in respect of practitioner approach and orientation. Whilst the authors recognise that such theoretical impartiality may be a worthy aim, but one which is hard to achieve in practice, it has nonetheless been the intention to formulate the competency statements in terms which are meaningful to counselling and psychotherapy professionals and organisational R S @ J D G N K C D Q R @ B Q N R R S G D ¥ D K C N E O Q @ B S H B D
- 6 N Q J H M F S N S G D R @ L D O Q H M B H O K D N E @ O O K H B @ S H terms 'counselling' and 'therapy' are used interchangeably, as are the terms 'counsellor', 'therapist' and 'practitioner'.
- The somewhat unwieldy terms 'supervisor of supervision' and 'supervision of supervision' have been replaced respectively by 'supervisor consultant' and 'supervision consultancy'.
- The term 'supervisee' has been used interchangeably in its singular and plural ENQLR VHSG SGD HMSDMSHNM NE L@WHLHRHMF BNL NE SGD RS@SDLDMS 6GDQD SGDQD HR @ O@QSHBTK uniqueness of individual needs, the singular form is preferred.

- 5. % NKKNVHMF SGD ¥QRS HSDQ @ SHNM NE SGD EQ @ LD were recruited from invitations issued to senior experienced practitioners in SGD ¥DKC NE RTODQUHRHNM SQ @ HMHMF @ MC OQ @ particular specialism (such as in online and phone supervision). Peer reviewers were asked to respond to the following questions:
 - What are your thoughts about the structure of the framework?
 - #N XNT SGHMJ SGD BNLODSDMBDR HM SGD "NQD @ and organised appropriately?
 - How relevant and appropriate do you think each area of competence is for supervision practice?
 - Are there any gaps in the framework?
 - Do you see any potential problems with the competences?
- 6. The feedback and proposed amendments from the peer review stage were collated, analysed and discussed by the ERG which informed the development NESGD¥M@KUDQRHNMNESGDBNLODSDMBDEQ@I
- Following a last phase of editing, the complete framework was circulated to the \$ 1 & E N Q Q @ S H ¥ B @ S H N M

The role of the expert reference group (ERG)

The function of the ERG has been to share members' knowledge, skills and experience in the construction of a framework that in their view best describes the competences necessary for a supervisor to deliver good quality supervision for the ADMD¥S NE SGD OQ@BSHSHNMDQWR CDUDKNOLDMS @ functions for ERG members included:

- , @ JHMF QDBNLLDMC @ SHNMR ENQ QD¥MHMF SGD O @ according to own knowledge of the research literature on counselling/ psychotherapy supervision
- Consideration of pertinent research so as to identify and support the process of DWSQ@BSHMF SGD BNLODSDMBDR QDPTHQDC ENQ E psychotherapy supervision
- 3. RRHRSHMF HM ¥KSDQHMF QDKDU@MS BNLODSDMBD framework
- 4. Alerting the project team to any gaps in the competence map

- 5. Sharing knowledge and experience and where a lack of research evidence existed, recommending textbooks, training materials or own resources to inform the development of the framework
- 6. Supporting the framework consultation process by suggesting other stakeholders/experts to join the Peer Review Panel
- 7. Agreeing the iterations of the framework as discussed by the ERG membership

The order in which the competences are presented here does not imply a hierarchy. What the literature informs us is that those competences which have found their way into the framework, represent the elements of evidence-based best practice, not to be set one against another. Much as when we consult professionals in other sectors (healthcare, education, the law etc.), we expect that they will have a relevant body of knowledge and be able to draw on this and on their specialist skills, experience and competence – so supervisors must anticipate that their own knowledge, capacities and experience will be called upon in a LXQH@C NE CH¤DQDMS V@XR 3GHR HR MDHSGDQ @ B SG@S DUDQX RTODQUHRNQ VHKK N¤DQ @ ENQLTK@HB supervision dyad - like every therapeutic dyad - has its own features, emphases, and style. Every supervision session calls for a response which is unique to that supervisee, that issue, that current professional need. The framework makes it clear SG@S RTODQUHRHNM BNMRSHSTSDR @ RO@BD ENQ QI supervisee and the supervisor, since both parties will be developing and learning throughout their careers. There will be elements of the framework which seem a natural part of the repertoire of some supervisors; others where the supervisor will be less practised or less experienced, and which may well constitute a focus for further professional training.

The lists of competences may well appear daunting. What can never be encapsulated in a single statement or set of statements is the overarching ability to bring skills and competences together in a consistent way of working which is sensitive to the needs of the supervisee – requiring awareness of self in the relationship just as much as a well-developed ethical mindfulness; the ability to facilitate problem management just as much as the capacity to know how and VGDM SN N μ DQ BG @ KKDMFD

Overview of the supervision competence framework

The Supervision competence framework is structured into eight domains of core competence, with a further three domains covering specialist areas of context, modality or practitioner activity.

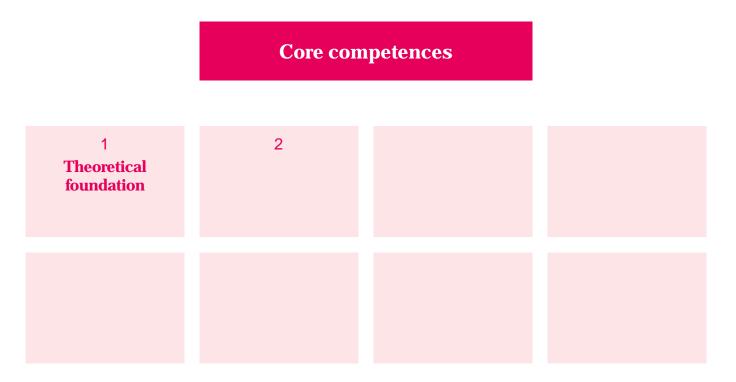
The Core competences refer to knowledge, skills, abilities and qualities which all supervisors may be expected to possess and on which all supervisors may reasonably be expected to draw.

3 G D J M N V K D C F D R J H K K R @ A H K H S H D R @ M C P T @ K H S H competences apply to specialist contexts, client populations or modalities. Examples of these are:

- supervision provided for counsellors and psychotherapists working with children and young people
- supervision provided in group settings
- supervision provided online or on the phone.

3GD "NQD @MC 20DBH¥B BNLODSDMBDR G@UD ADDM N

Supervision competence framework





Overview of the competence domains

3 G D B N L O D S D M B D R @ R R N B H @ S D C V H S G D ¤ D B S H U D B N supervision have been organised into 11 domains, of which eight apply to all supervisors across the range of work settings, supervisee populations and modes of delivery - these are the Core competences.

The remaining three domains include specialist areas of supervision practice – SGDRD @QD SGD 20DBH¥B BNL0DSDMBDR

Core competences

1. Theoretical foundation recognises that supervisory competence is OQDCHB@SDCNM@V@QDMDRRNE@MCSGD@AHKH knowledge and understanding. These relate not only to supervision theory, models and approaches, and to functions and processes within the supervisory encounter. They extend further to encompass supervisors' understanding of the HMITDMBD NE SGDHQ NVM SGDQ@ODTSHB NQHDMS@ articulate their own consistent supervision approach grounded in supervision theory.

"NLODSDMBX HM SGHR CNL@HM HR L@HMS@HMDC AX relevant contemporary research and theoretical developments.

2. Ethical and professional practice highlights knowledge and understanding of ethical, professional and legal responsibilities, requirements
@ M C M N Q L R @ R @ O O K H D C S N S G D R T O D Q U H R N Q X O to the areas of ethical gatekeeping and client welfare.

The competent supervisor will be informed about and have the capacity to act in accordance with responsible management of boundaries, including in respect of RTBG @ RODBSR @ R BNMSQ @ BSR CT@KQDK@SHNMF compliance and the maintenance of sessional focus.

"NLODSDMBX HLOKHDR JMNVKDCFD @MC @V@QDMDR challenges in supervision and the ability to work respectfully in partnership with RTODQUHRDDR HMBKTCHMF HM RHST@SHNMR VGDQ concern. 3.

Individual needs of the supervisee C D E HSVGDDRAV K D COP D C abilities required to respond to the individuality of the supervisee. Competency in the supervisor includes the capacity to respect and take account of the supervisee's theoretical approach and level of experience.

Recognising that beginning and experienced supervisees are likely to require C H E E D Q D M S R D BORQ D Q SQD KSD REDNOQD E K DRBOS @ BONDROD K E challenge or for educative input) implies working collaboratively to determine developmental needs.

Attention to supervisee wellbeing is demonstrated by the supervisor's ability to facilitate discussion, and to model and support the maintenance of self-care strategies.

Supervision with trainee and novice counsellors presupposes a knowledge of relevant standards and course criteria, the ability to provide information on tasks and bonds, and the skill to enable trainee/novice counsellors to develop their understanding of the potential of the process. Acknowledgement of the R H F M H ENHIB & RMDBRDR L D M S @HMACE ESCUBEROAC@@BB H S X \$SHNL O & X L and balanced evaluation which the supervisee can understand and make use of.

Facilitation of supervision brings together the competences required to establish and maintain a coherent supervisory frame and to apply a range of methods and interventions within it. These include the skills and abilities associated with contracting, negotiating and maintaining focus, and boundary-keeping.

\$ E E D B S H U D EBOGNOROACK DK DK NT E DD Q W HU RENCO QN R LSORST O D Q U H R D D C D U D K N (@LNDSOLGIDS) W O @ NN REQHDNEINE D SVGHBUNHLSOXD SCD 100 S Q H BE RAKIQ to notice and respond when aspects seem to be left unsaid, or to be out of supervisees' awareness.

The use of audio or visual recorded practice requires the supervisor to understand the legal and professional framework, as well as the range of ways in which recordings can be employed productively in supervision.

Professional development of the supervisor takes as its premise S G @ TSO D Q U@ HORDM @ @ Iff @ OM M F N H M F @ D D B & B@ D B M B@ D B M B M M M development. The section on supervision consultancy details the abilities which the competent supervisor brings into the consultancy process, including recognition and responding to own limits of experience and knowledge, gaining R T O OENNOCS/I F N @ D/ E K D @ S/DON Ø/ K N Q @ S H N MN/E ERSOSKOEDH L O @ B supervision relationship.

Supervisors have the ability and commitment to develop and update their own base of theory and experience through ongoing professional development, ensuring their preparedness to occupy the supervisor role.

In their ongoing professional activity, the supervisor needs the ability to learn from the supervisee and the supervision process and to be open to developing within and through its skills, strategies, strengths and values.

8. Supervisor self-awareness CD¥MDR SGNRD @AHKHSHDR Q the supervisor role with self-understanding, including the capacity for and VHKKHMFMDRR SN TMCDQS@JD RTODQUHRNQX RDKE

Supervisors require the ability to understand and attend to their own responses SN @ RODBSR NE ETK¥KKHMF SGD QNKD @ MC SN S@ where the impact of the work requires this.

\$ ¤ DBSHUD TRD NE RDKE HM RTODQUHRHNM HMBKTCI own emotions, as well as using awareness of 'in the moment' responses and QD@BSHNMR ENQ SGD ADMD¥S NE SGD RTODQUHRDE

6SHFL®F FRPSHWHQFHV

1. Modes and methods of providing supervision

1.1 Working with creative methods recognises @MC HCDMSH¥DR ROD JMNVKDCFD @MC @AHKHSHDR @RRNBH@SDC VHSG N RTODQUHRHNM 3GD RTODQUHRNQ N¤DQHMF SGDRD 2. Organisational supervision GHFGKHFGSR RODBH¥B @QD@ required of the supervisor working within an organisational setting or supporting supervisees in organisations.

3 G D R T O D Q U H R N Q W R ¥ D K C N E B N L O D S D M B D V H K K M of organisational culture, the impact of power and authority structures, and regularly occurring dilemmas relating to such matters as dual roles, B N M ¥ C D M S H @ K H S X @ M C @ B B N T M S @ A H K H S X

There is a requirement to balance professional responsibilities towards the supervisee with those held in relation to the organisation. The supervisor may be especially called upon to maintain counselling values and identity when support for supervision and counselling is lacking from the organisation, including in the task of ensuring adequacy of supervision and training.

3. 6XSHUYLVLRQ IRU VSHFL®F FOLHQW JURX

3.1 Supervising work with children and young people sets out specialist knowledge, theory and experience relevant to supervision of therapeutic work with younger age groups, including legislation, policies and procedures and organisational systems.

The supervisor needs the ability to make informed ethical and professional ITCFLDMSR HM RTBG @QD@R @R BNMRDMS R@EDFT

Supervising counselling in schools involves such aspects as supporting the supervisee to develop professional relationships within the organisation and with parents/carers and external colleagues with responsibilities for the young person.

3.2 Supervision of trauma therapy highlights the requirement for knowledge and understanding of the theory and mechanisms of vicarious traumatisation, SGD BNLOKDWHSX NE HRRTDR E@BDC AX SGD OQ@B supervision. The supervisory relationship will be characterised by a calm and collaborative approach.

The supervisor needs the ability to focus on and normalise the impact on the therapist, to emphasise supervisee self-monitoring and self-care, as well as to work with unconscious dynamics emerging as a consequence of the work.

3.3 Supervising therapists working with interpreters HCDMSH¥DR SGD JMNVKDCFD QDPTHQDC SN N¤DQ RTODQUHRHNM SN O a therapeutic role.

The supervisor will be alert to and be able to give consideration to the complexities of the working relationship and to such issues as relate to power and control, development of trust, and avoiding exclusions and collusions.

Applications of the framework

It is anticipated that the Supervision competence framework will be used, as and where deemed appropriate, to resource and enhance activity in the following areas:

Supervisor training

Commissioning

Those organisations whose remit includes recruitment and management of OQNEDRRHNM@KR HM SGD ¥DKC NE BNTMRDKKHMF @N commitment to the maintenance of good practice and the ensuring of good quality provision. The framework provides clear guidance on what constitutes competent supervisor practice, thus resourcing decisions in such areas as recruitment and quality management practices.

Services

Services providing counselling and psychotherapy within the community or to specialist populations are invited to employ the framework as a reference point to HMENQL @MC RTOONQS RS@ # HM L@JHMF @OOQNOQH competent and appropriate supervision.

Where organisations provide in-house supervision, the framework can inform decisions about service structures.

,NQD AQN@CKX SGD EQ@LDVNQJ N¤DQR @ QDRNTQBD QDBQTHSLDMS OQNBDRRDR @MC SN HCDMSHEX RS@¤

Clinical governance

The framework aims to resource the process by which NHS organisations are accountable for continuously improving the quality of their servicing, and safeguarding high standards of care. What are termed the seven pillars of clinical governance are echoed in the framework in its desire to foster supervision D = D B S H U D M D R R D M R T Q D R @ E D @ M C D S G H B @ K O Q @ B and involvement, to promote good communication between supervisor and supervisee, and to develop a climate of learning for all parties within the supervision space.

Future developments

This framework has been developed on the basis of research studies and published L @ S D Q H @ K R Q D O Q D R D M S H M F Q D R D @ Q B G D U H C D M B D century. Since the profession is constantly developing, its authors anticipate that the BACP Supervision competence framework (2021) may reasonably be expected S N A D C D U D K N O D C S N H M B N Q O N Q @ S D E N Q D W @ L O K D work as more research is undertaken in various practitioner contexts e.g. supervision of couples counselling and supervision of outdoor/walking therapies.

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Appendix A: ERG membership

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Dr Dagmar Edwards Supervisor

Melanie Lockett Supervisor

Dr Elspeth Schwenk Supervisor

Eve Orton Clerk to the ERG

Appendix B: List of sources

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