

**Appendix 9**

**ACAT Accredited Supervisor Training - Supervisor Training Portfolio**

**Guidance: How to use this portfolio**

This Portfolio lists the required evidence of generic and specific supervision competences and specific skills and experience of Cognitive Analytic Therapy (CAT) supervision required for The Association for Cognitive Analytic Therapy (ACAT) supervisor accreditation. It offers a framework to structure your training so that you use the areas of competence in this framework as learning objectives and to inform your choice of training experiences. You can complete this portfolio, using it to work through the skills and competences you develop throughout the supervisor training period. You will acquire the competences through a combination of; supervisor training workshops, taught and experiential components; observing supervision and running your own supervision groups; reflecting and appraising your own supervisory skills using audio alone and with your senior supervisor; discussing key moments in supervision; personal development; general CAT CPD and reading.

The portfolio will be signed off by your ACAT Senior Supervisor. You would keep the signed off portfolio as your own record of training but your Senior Supervisor signs off the Application for Accreditation form which goes forward to ACAT Exam Board.

*How has this portfolio been derived?* The competences listed are those identified in the UK competence framework for supervision of psychological therapies. The framework includes supervision of the range of therapy modalities and clinical contexts included in the ‘suite’ of competence frameworks published on the CORE website (accessed at [www.ucl.ac.uk/CORE/competence-frameworks](http://www.ucl.ac.uk/CORE/competence-frameworks)). Much of the content of the supervision framework is pan-theoretical: it is intended to be used by supervisors of all psychotherapeutic orientations. It locates supervision competences into a 'map', with four domains. The first outlines a set of Generic Supervision competences, which supervisors of all orientations will usually employ. Though still pan-theoretical, the second domain of Specific Supervision competences outlines some particular supervisory tasks. The third domain focuses on model or context-specific supervision, and consequently for this domain we have included in this portfolio only the CAT specific supervisory competences. The fourth identifies the Metacompetences supervisors need to apply across all the other domains of the framework; these are usually examples of higher-order decision making.

**ACAT Supervision Competences Framework**

**By the end of supervisor training, trainee supervisors are required to have gained experience and been considered to reach a satisfactory level of competence, or above, on all of the below competences.**

**Needs attention           Satisfactory                     Excellent**

**1\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_5**

*Each domain listed below has an associated list of competences, which is provided in brackets, so for example the first one “Ability to employ educational principles which enhance learning” has 11 competences, some with further subsections. These individual items have not been reproduced here for you to use as a full monitoring portfolio as the listing is comprehensive. We therefore steer you to the UCL link to download each section for your own use. The portfolio can then serve to capture the domain and allow a focus for their training and subsequently be ticked off*

**Apprentice Supervisor………………………………………………………………………. Senior Supervisor…………………………………………………………………………………..**

**GENERIC SUPERVISION COMPETENCES**

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| --- | --- | --- | --- |
| **Competences** | **Evidence of competences – list an example for each** | **Supervisor’s signature** | **Date** |
| Ability to employ educational principles which enhance learning (11) |  |  |  |
| Ability to enable ethical practice (12) |  |  |  |
| Ability to foster competence in working with difference (9) |  |  |  |
| Ability to adapt supervision to the organisational and governance context (6) |  |  |  |
| Ability to form and maintain a supervisory alliance (14) |  |  |  |
| Ability to structure supervision sessions (11) |  |  |  |
| Ability to help the supervisee present information about clinical work (6) |  |  |  |
| Ability to help the supervisee’s ability to reflect on their work and on the usefulness of supervision (11) |  |  |  |
| Ability to use to a range of methods to give accurate and constructive feedback (9) |  |  |  |
| Ability to gauge supervisee’s level of competence (8) |  |  |  |
| Ability to use measures to help the supervisee gauge progress (8) |  |  |  |
| Ability for supervisor to reflect (and act) on limitations in their knowledge and experience (3) |  |  |  |

**SPECIFIC SUPERVISION COMPETENCES**

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| --- | --- | --- | --- |
| **Competences** | **Evidence of competences – list an example for each**  | **Supervisor’s signature.** | **Date** |
| Ability to help the supervisee practice specific clinical skills (5) |  |  |  |
| Ability to incorporate direct observation into supervision (16) |  |  |  |
| Ability to conduct supervision in group formats (11) |  |  |  |
| Ability to apply standards (11) |  |  |  |

**SUPERVISION METACOMPETENCES**

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| --- | --- | --- | --- |
| **Competences** | **Evidence of competences** | **Supervisor’s signature.** | **Date** |
| Adapting process and content of supervision (5) |  |  |  |
| Giving feedback (2) |  |  |  |
| Managing concerns about the supervisee’s ability to use supervision (1) |  |  |  |
| Managing serious concerns about practice (3) |  |  |  |
| Low intensity supervision (1) | Not applicable  |  |  |

**APPLICATION OF SUPERVISION TO SPECIFIC MODEL – ABILITY TO SUPERVISE CAT**

NB The full listing of CAT competences is appended at the end of the portfolio as these are not available on the UCL link

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| --- | --- | --- | --- |
| **Competences** | **Evidence of competences – list an example for each**  | **Supervisor’s signature** | **Date** |
| Supervisor’s expertise in Cognitive Analytic Therapy (6) |  |  |  |
| Supervisory stance (10) |  |  |  |
| Adapting supervision to the supervisee’s CAT training needs (7) |  |  |  |
| Specific content areas for supervision of Cognitive Analytic Therapy (18) |  |  |  |
| Structuring supervision sessions (1) |  |  |  |
| Specific supervisory techniques (3) |  |  |  |
| Specific supervisory techniques - “Enactments and parallel process” (4)  |  |  |  |
| Monitoring the supervisee’s work (4)  |  |  |  |

**Appendix**

**Ability to supervise Cognitive Analytic Therapy – for use in the section above**

**(Derived to meet supervision competences structure for specific therapy modalities)**

This section describes the knowledge and skills needed for supervision of Cognitive Analytic Therapy (CAT). It is not a ‘stand-alone’ description of competences, and should be read:

1. As part of the supervision competence framework. Effective CAT supervision depends on the integration of specific CAT supervision competences with the knowledge and skills set out in the other domains of the supervision competence framework.
2. With reference to the CAT competence framework, which describes the generic, basic, specific and problem-specific competences which contribute to the effective delivery of CAT
3. Competence frameworks may not always convey the central aspect of CAT so it is essential to note that CAT supervisor training aims to promote a key competence of the model for supervisors to convey to therapists, which is:

*The essential companionable sense of working alongside our clients/patients, in open and curious conversation, the sense of ‘us’ exploring and trying to make sense together of the difficulties of leading a human life, in human relationships.*

**Supervisor’s expertise in Cognitive Analytic Therapy**

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| * An ability for the supervisor to draw on knowledge of the principles underpinning CAT
 |
| * 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 for the supervisor to draw on personal experience of the clinical applications of CAT
 |
| * An ability to enable supervisees to make a relationship between theory and personal and professional identities
 |
| * An ability to hold in mind the multiple levels involved in supervision:
 |
| * the client’s relationships/patterns
 |
| * the relationship between the client 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
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| * 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 CAT
 |

**Supervisory stance**

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| * An ability consistently to apply the principles of cognitive analytic therapy to the conduct of supervision
 |
| * 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
 |
| * the organisational context within which supervisees are working
 |
| * 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 demonstrate a willingness to give an account of the thinking which lies behind supervisory interventions
 |
| * An ability to integrate “training” and “therapeutic” aspects of the supervisory role
 |
| * An ability to maintain a focus on the educational 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 client (or system with which they are working), and that between the therapist and the supervisor and/or the team
 |
| * An ability to promote and model the essential companionable sense of working alongside our clients/patients, in open and curious conversation, the sense of ‘us’ exploring and trying to make sense together of the difficulties of leading a human life, in human relationships.
 |

**Adapting supervision to the supervisee’s CAT training needs**

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| * An ability to identify the supervisee’s knowledge of, and experience with, the CAT model
 |
| * An ability to identify and discuss any misconceptions that the supervisee may hold regarding Cognitive Analytic Therapy and techniques usually associated with this model
 |
| * An ability to monitor the supervisee’s ability to make use of a CAT 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 CAT practitioner/psychotherapist 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 and are appropriate to their stage of development
 |
| * An ability to help the supervisee draw on experience of the CAT model by encouraging self-reflection on their personal experience of CAT training therapy
 |

**Specific content areas for supervision of Cognitive Analytic Therapy** *– this cannot cover all aspects of supervising CAT nor of CAT as a model but it is a frame of reference to reflect on your developing work as a supervisor.*

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| * An ability to help supervisees review and apply their knowledge of CAT ideas and techniques, as they apply to the supervisee’s clinical work
 |
| * An ability to listen actively to the supervisee in order to help the supervisee reflect on their work
 |
| * An ability to help the supervisee develop skills in assessment and in the process of CAT focus selection and reformulation, and to apply these skills to guide the focus for recognition and revision
 |
| * An ability to help the supervisee maintain a balance between relational and exploratory/meaning making interventions (e.g. attending to the therapeutic alliance whilst engaging the client in the process of reformulation) and using CAT concepts such as a Reciprocal Roles to reflect on the process of any ‘intervention’
 |
| * An ability to help supervisees observe and explore significant patterns in the clinical material, specifically, links between current symptomatic distress (Target Problems) and current inter and intrapersonal relationships and roles (Reciprocal Roles and Procedures) and their origin in the client’s history, especially as these relate to the negotiated focus and reformulation
 |
| * An ability to link CAT 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, mental activities and relational stance e.g.
 |
| * by modelling the use of the CAT reformulation to select between, and/or draw parallels across, complex strands of information
 |
| * by role playing interventions during the supervision session
 |
| * by modelling how to make professional use of the therapeutic process by entering into, staying alongside reflecting upon and using the therapeutic relationship
 |
| * by modelling warmth, engagement, encouragement, shared joy and laughter, playfulness, curiosity, irreverence
 |
| * 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 CAT model
 |
| * An ability to reflect on their experience of the therapeutic relationship (including their affective, cognitive and somatic reactions to the client)
 |
| * An ability to help supervisees to develop, produce, share and use CAT tools in a variety of formats, including:
 |
| * discussion and exploration of verbal reformulation concepts
 |
| * written prose reformulation and goodbye letters
 |
| * diagrammatic reformulation
 |
| * exit diagrams or descriptions and ratings of recognition and revision
 |
| * An ability to recognise when the clinical material generates countertransference reactions, significant concerns, feelings or difficulties in supervisees, and to use CAT concepts (such as Reciprocal Roles) to understand these and to help supervisees 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 their own ‘reformulation’ themes can be a resource and possible constraint in relation to each case
 |
| * An ability to help the supervisee draw on knowledge that CAT is a time-limited therapy so attention is paid in supervision to contracts, time boundaries, both sessional and across the therapy
 |
| * An ability to help the supervisee emphasise the importance of ending well by using the time-limit to address issues relevant for the client
 |
| * 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 draw on and use concepts from the CAT model to reflect on the impact of difference
 |
| * an ability to explore the issues of difference and power within the supervisory relationship
 |

**Structuring supervision sessions**

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| * An ability to structure supervision sessions in a manner which is consonant with the principles of CAT 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)
 |

**Specific supervisory techniques**

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| * 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 use of the CAT model
 |
| * 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)
 |

**Specific supervisory techniques - “Enactments and parallel process”**

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| * An ability to draw on knowledge of the ways in which similar interpersonal dynamics (reciprocal roles and procedures) may be concurrently enacted in the therapeutic relationship and supervisory relationship
 |
| * An ability to maintain a focus on the therapy with the client, while recognising the possibility of re-enactment within supervision of significant dynamics (reciprocal roles and procedures) 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
 |
| * and an ability to explore their thoughts and feelings when such events occur
 |
| * And an ability to help the supervisee discuss their thoughts and feelings about their clinical work, using this to understand the client’s transference (RRs) and the supervisee’s counter-transference (RRs – e.g. elicited and identifying)
 |

**Monitoring the supervisee’s work**

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| * 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 make use of recordings /direct observation to monitor the supervisee’s ability to work consistently with the cognitive analytic therapy stance and to use strategies and techniques appropriate to the cognitive analytic therapy model
 |
| * An ability to assess the supervisee’s practice using CAT competences-based assessment instruments (C-CAT measure)
 |
| * An ability to use cognitive analytic concepts to constructively challenge problematic performance of a supervisee
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**Sources of information about cognitive analytic therapy supervision**

Hawkins, P. & Shohet, R. (2012). Supervision in the helping professions (fourth edition). Maidenhead. Open University Press

Heron, J (1975). Six Category Intervention Analysis. Mimeographed handout. Human Potential Research Group. University of Surrey

Pickvance, D. (2016). Cognitive Analytic Supervision: A Relational Approach. Routledge

Siegel. D.J. (2010). The Mindful Therapist. London. Norton

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