CWP Supervisor Training

Competency Assessment and Development Framework and Curriculum

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Acknowledgements

Section 1: Introduction and overview

Introduction

The Children's Wellbeing Practitioner (CWP) role was developed in direct response to the Government's Five Year Forward View report (2016) which provided an indicative trajectory for increased access to services, recognising that this would require a significant expansion of the workforce. It made clear that the CYPMHS workforce needed an additional 1700 practitioners up to 2020/21 to close the gap between demand and provision for evidence-based mental health treatments for children and young people. The NHS Long Term Plan and Implementation plan (2019) further outlines this need and the ongoing expansion of the CYPMHS workforce.

These reports challenge us to ensure there is step-change in the accessibility of support for children young people and their families, to tackle mild to moderate presentations in a timely and effective manner and to accelerate the identification and triaging of more complex cases for appropriate treatment.

A new training scheme was therefore been developed to create a new cadre of psychological practitioners capable of delivering high-quality, evidence-based interventions for mild to moderate difficulties in a way that could be efficiently brought to scale. They are trained to deliver low intensity interventions both face to face and remotely with children, young people and their parents / carers for common mental health problems (anxiety, low mood and behavioural difficulties).

Specialist supervisor roles are needed to support safe and effective practice during both the CWP training year and once qualified. As part of the CWP Programme, participating Higher Education Institutions (HEIs) are commissioned to deliver CWP supervisor training and assurance and challenge support to facilitate effective and robust supervisory practice.
The CWP supervisor Programme is a key element in developing the knowledge and practice of the new CWPs and their supervisors, providing a critical function in developing effective and sustainable theory to practice connections in their local context.

For prospective CWP supervisor candidates, the current entry criteria for the CWP supervisor training has been specified to best support the understanding and application of the clinical competencies for the CWP trainees; they represent an ideal of what should be identified in a prospective candidate. We would strongly encourage services to liaise and work collaboratively

with HEIs in regard to recruitment processes as they are able to offer further guidance and support at the stage of advertising, shortlisting, and interviews.

A generic job description for CWP supervisors is under development and will be available
Please note that currently CWP and CWP supervision are considered separately.
It is anticipated that validation requirements by individual HEIs may necessitate small deviations from the generic specification of the training programme.

In summary the aims of the supervisor training are to enable supervisors:

- To develop competency in supervising CWP evidence-based interventions set out in the CWP curriculum.
- To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the CWP programme.
- To develop sustainable skills in supervising CWPs in order to drive the ongoing development of these quality-driven, outcomes-informed services.

Pre-requisites for entry into the training (experience / competencies)

The entry criteria below indicate the ideal experience and competency profile of an individual undertaking training as a CWP supervisor:

1.   Supervisors will need to be experienced MH professionals/practitioners as evidenced by normally 2 or more years working therapeutically, clinically, or consultatively within a CYP Mental Health Setting, with children and young people with mental health difficulties.

2.   They will need to supervise low intensity cognitive behavioural interventions and will therefore need to demonstrate clinical knowledge, experience and competencies in delivering CBT interventions / technique (please see Section 2 for examples).

A minimum of 2 years' experience in a CYP mental health setting post-qualification is desirable, but experience of delivering CBT is essential.

- Where there are gaps in competence, trainee supervisors must be able to make this up in the course of supervisor training. This is a supplement to the existing curriculum and may involve joint attendance with CWP trainees at curricular events or additional teaching opportunities.
- For supervisor training programmes delivered as PG Certificates, supervisors will need to demonstrate the ability to study at a Post-Graduate level.
- Please note: it is expected that HEIs will draw up individual training pathways for candidate supervisors, drawing on existing modules within the current portfolio as appropriate. Scope to develop specific skills will be provided through practice tutor groups.
- In recognition of the workforce challenge it is expected that supervisor trainings will develop and the CWP initiative is an expanding programme, a CWP supervisor competency development framework has been developed to support access onto the training and provide a robust and effective training solution that responds to these recruitment difficulties and allows for the training offer to be fit for purpose.

Two facets of supervision

The supervision of CWP practice is separated in to two core aspects of supervision: Clinical Skills Supervision (CSS) and Caseload Management Supervision (CMS). Supervisees on the CWP training programme, will therefore receive these two types of supervision in the workplace. In implementing the supervision process, CWPs will receive weekly individual case management supervision (between 30mins and one hour depending on caseload size) and fortnightly group clinical skills supervision with their service supervisor (2 hours per group of 2-4 supervisees), which could be from two appropriately qualified supervisors. Note that CWPs need to receive a minimum of 40 hours of supervision over the course to include ideally a minimum of 20 hours of case management and 20 hours of clinical skills supervision.

It is expected that in CSS, the focus is on clinical skills delivery and treatment fidelity and engagement in clinical skills rehearsal with their supervisor, e.g. role-plays. Clinical skills supervisors are responsible for assessing supervisees' clinical competences in accordance with the course curriculum outcomes. This requires the supervisee to have demonstrated (mainly via the recordings of sessions taken to supervision) the clinical skills taught on the programme.

In CMS, the focus will be on discussing risk, changes in presentation, clinical outcomes (e.g. ROMs) and appropriate care-planning (discharge, continued work on clear goals, step up or down to alternative intervention).

In addition to the specific competences of supervisors in relation to the CWP curriculum, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees to thrive, this will be permeate through both facets of supervision in order to provide appropriate support for CWP trainees (this could include the ability to support trainees to 'self-reflect' on how their settings may affect them).

Purpose

As a Programme, we wholly acknowledge the workforce challenges present in the system that can result in it being very difficult for services to recruit a 'model' supervisor candidate. Therefore, we expect supervisor training programmes to develop pathways and resources to equip CWP supervisors with the core competencies required to effectively supervise trainee CWPs. This additional bespoke training will sit alongside the core CWP supervisor PG Certificate and focus on the additional required competencies that may be missing or are limited from the candidate's experience in relation to Low Intensity CBT.

PLEASE NOTE: This framework and the delivery of training assumes that all candidates meet the essential criterion of experience as professional / practitioners as evidenced by MH professionals/practitioners as evidenced by normally 2 or more years working therapeutically, clinically or consultatively within a CYP Mental Health Setting, with children and young people with mental health difficulties. Candidates should not be accepted on to the training without this essential criterion being met. The Roth and Pilling (2007) Competence Framework for Workers in CAMHS settings is a useful framework for supporting the assessment of this criterion: http://www.ucl.ac.uk/clinicalpsychology/CORE/competenceframeworks.htm%20

Framework Overview

The CWP supervisor competency assessment and development framework has been established in response to the emerging supervisor workforce challenges. The framework offers the trainee supervisor the opportunity to assess their current competency in relation to the entry criteria for the CWP supervisor training programme. This assessment, completed in collaboration with the HEI tutor, will then form the basis of a joint competency development plan, drawing on resources and additional teaching days delivered by the HEI. This will subsequently provide a roadmap towards the appropriate level of knowledge and understanding to effectively practice as an CWP supervisor.

Collaborative Competency Assessment

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Competency Development Plan

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Record of Evidence

Framework Guidance and Process

Upon application, the HEI is expected to liaise with the prospective candidate (and their Line Manager) to interview them and collaboratively assess if either of the 2 highlighted knowledge and experience areas fall below the required competency level.

Following this joint assessment, the Programme Tutor and trainee supervisor will agree what additional training input is required. The additional training and any related formative assessment will be a prescribed portfolio of study and teaching engagement and will enable the trainee supervisor to log and evidence how they have now met these required competencies. In order to facilitate this offer, the HEI teaching team will provide a set of up to 10 top up days of teaching (5 on Low intensity approaches, 5 on whole school approaches, some of which can be remotely delivered) which can be accessed in addition to the provision of support materials, padlets, and reflective group spaces. This will be complemented by the core training provision and support structures provided as part of the supervisor PG Cert.
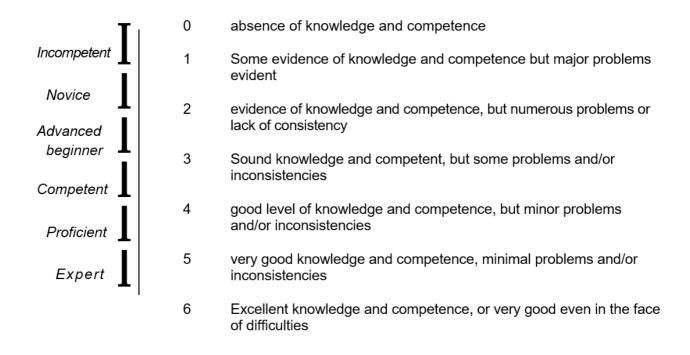
Assessing Levels of Competence

When assessing knowledge, skill and experience in Low Intensity, CBT informed Interventions, please refer to:

- The Roth and Pilling CBT Competence Framework (https://www.ucl.ac.uk/clinical-psychology/competency-maps/cbt-map.html)[1]
- CWP Practitioner curriculum
- Further evidence to support the competency assessment can include:
- Personal statements on competency assessment form (essential)
- Evidence of professional qualifications (essential)
- Evidence of ongoing commitment to CPD
- CV (essential)
- Job descriptions (current and historical)
- Professional reference

The following scale is adapted from the Dreyfus system (Dreyfus, 1989) for denoting competence, is used to guide the collaborative assessment of knowledge and competency.

Level	Score	Description
Incompetent	0	absence of knowledge and competence
	1	Some evidence of knowledge and competence but major problems evident
Novice	2	evidence of knowledge and competence, but numerous problems or lack of consistency
Advanced beginner	3	Sound knowledge and competent, but some problems and/or inconsistencies
Competent	4	good level of knowledge and competence, but minor problems and/or inconsistencies
Proficient	5	very good knowledge and competence, minimal problems and/or inconsistencies
Expert	6	Excellent knowledge and competence, or very good even in the face of difficulties

Evidence in support of successful knowledge and competency development includes:

- Registered attendance and engagement at relevant teaching day or evidence of completion of online learning.
- Signed statement of record in evidence of related additional self-directed study.
- Reflective log in relation to attendance of training and relevant additional self-directed study.
- Completion of formative assignment as agreed in competency development plan. This include a record of clinical practice.
- CPD Certificate.

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[1] Each HEI will have their own approach to assessing CBT supervision competency. One such approach is the SAGE scale for competency assessment.

CWP Supervision training should be assessed using a portfolio approach to assessment. PLEASE NOTE: As part of the PG Cert in Supervision trainee supervisors will also have to evidence knowledge and competency in the supervision of low intensity approaches (both face to face and remote). Please refer to CWP supervisor curriculum assessment requirements.

Section 2: competency assessment

Joint trainee/tutor assessment	
Low intensity intervention item	**Dreyfus system competency score (0-6) and evidence**
Assessment and Risk Monitoring	
Behavioural Activation	
Brief CBT for anxiety (including psychoeducation)	
Parent-Led CBT	
Exposure therapy	
Exposure Response Prevention for OCD	
Cognitive Restructuring	
Lifestyle management (sleep hygiene, stress management)	
Worry Management	
Behavioural parenting interventions	
Behavioural Experiments	
Adaptations of practice to ASD	
Adaptations of practice to LD	
Adaptations of practice to ADHD / neurodiversity	
Adaptions to practice (remote working)	
Additional comments and evidence	

Section 3: competency development plan

Competency development plan	
Low intensity intervention	**Details and timescales of how knowledge and competency requirements will be achieved and evidenced**
Assessment and Risk Monitoring	
Behavioural Activation	
Brief CBT for anxiety (including psychoeducation)	
Parent-Led CBT	
Exposure therapy	
Exposure Response Prevention for OCD	
Cognitive Restructuring	
Lifestyle management (sleep hygiene, stress management)	
Worry Management	
Behavioural parenting interventions	
Behavioural Experiments	
Adaptations of practice to ASD	
Adaptations of practice to LD	
Adaptations of practice to ADHD / neurodiversity	
Adaptions to practice (remote working)	
Additional comments and evidence	

Section 4: record of evidence

Competency development – record of evidence	
Low intensity intervention	**Provide details of teaching or CPD events attended, additional reading undertaken and relevant formative assignment outcomes**
Assessment and Risk Monitoring	
Behavioural Activation	
Brief CBT for anxiety (including psychoeducation)	
Parent-Led CBT	
Exposure therapy	
Exposure Response Prevention for OCD	
Cognitive Restructuring	
Lifestyle management (sleep hygiene, stress management)	
Worry Management	
Behavioural parenting interventions	
Behavioural Experiments	
Adaptations of practice to ASD	
Adaptations of practice to LD	
Adaptations of practice to ADHD / neurodiversity	
Adaptions to practice (remote working)	
Additional comments and evidence	

Section 5: curriculum course structure and content

General learning outcomes

At the end of the course supervisor graduates will:
- Understand the aims, objectives and structure of CYP mental health settings (CYPMHS)
- Understand the importance of supervision as a key clinical activity within CYPMHS
- Understand the importance of the supervisor as a change agent offering leadership and support to colleagues
- Evidence awareness of models of supervision applied within CYPMHS
- Be able to describe and evidence the supervision competencies outlined by Roth and Pilling (2007), published at:
- http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm[2]
- Demonstrate practical understanding in the application of clinical supervision competencies within CWP practice
- Understand the role of CWPs in the wider CYPMHS infrastructure.
- Understand the specific service structures used in the CYPMHS where the supervisee is placed.
- In addition to the specific competences of supervisors in relation to the CWPs curricula, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees to thrive.

Course Structure

It is anticipated that validation requirements by individual HEIs may necessitate small deviations from the generic specification of the training programme. The programme can either be delivered as CPD or as a PG Certificate, using a portfolio approach to assessment:

- The training of supervisors will need to be for a minimum of 15 days spread across a 9-12 month period
- The training programme will need to contain workshops on theoretical / clinical skills in relation to supervision and then a minimum of 6 supervision or supervising sessions / implementation groups to support the supervisors with their developing supervisory skills and overcoming implementation challenges.
- The training may be delivered remotely or face to face but ideally a combination of both. Supervisors will have a clear learning plan with specific objectives and will access online teaching sessions accordingly. Practice tutor groups often benefit from face to face support, but where travel restrictions or other factors limit this, they can be delivered remotely.
- Content will need to focus on both generic knowledge and competencies to support effective supervision in the CYPMHS and then CWP specific supervision knowledge and competencies (e.g. supervision approaches of low intensity interventions)
- Within the CWP training programme, core intervention skills will be taught in relation to 1:1 direct work (face to face and remote delivery), group work with CYP and Parents / Carer, and psychoeducation. If supervisors do not have existing knowledge of and competencies in these approaches and models, they will either have to attend the CWP

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[2] Each HEI will have their own approach to assessing CBT supervision competency. One such approach is the SAGE scale for competency assessment.

relevant training days (in person or remotely) or the supervision training will need to be expanded to include these. Please note: it is expected that HEIs will draw up individual training pathways for candidate supervisors, drawing on existing modules within the current portfolio as appropriate. Scope to develop specific skills will be provided through practice tutor groups.

Note that the course structure must accommodate the mandated supplementary supervision workshops to ensure minimum competency of the trainee supervisor in low intensity interventions.

While knowledge, facts, theories, and approaches to problems and solutions will be taught, an equal weighting will be given in the course to learning through reflection on the process of supervision itself, underpinned by a peer support and coaching/mentoring process. Supervisors should also be encouraged to bring tapes of their own supervision to these smaller supervision of supervision groups. Tapes can be viewed remotely or in person depending on the format of the session. Each module should therefore contain a combination of direct teaching, discussion, group work and experiential learning via:

- Workshops covering relevant theory and practice
- Clinical skills practice
- Supervision of supervision / implementation groups

A generic job description for CWP supervisors is under development and will be available prior to adoption of the revised CWP supervisor curriculum. Please note that currently CWP and CWP supervision are considered separately.

Workshops (See Table 1 for full learning objectives)

The content of the workshops below should be delivered over at least 6 days:

- Principles of supervision: The aim of this session is to ensure that supervisor graduates will understand the process of supervision in relation to CWP practice / CYPMHS.
- Promoting psychological knowledge in supervision: The aim of this session is to develop supervisor skills in broadening trainee therapists' understanding of psychological theory directly relevant to CWP practice, psychological knowledge in the context of working with children, young people, parents and families, and service-related issues.
- The use of outcomes data in supervision: The aim of this session is to introduce supervisors to the use of outcomes data as part of routine supervision with an emphasis of using routine outcomes monitoring to enhance the use of outcomes information for clinical decision making shared between CWPs and the child, young person and or family.
- Facilitating therapeutic processes in supervision: This session aims to equip supervisor trainees with the knowledge of how to guide trainee therapists in the core processes of the CWP programme. With an emphasis on a number of key characteristics central to delivering effective CWP therapeutic interventions.
- Delivering modality-specific supervision: These sessions focus on enabling supervisor trainees to understand and develop skills in providing direct modality-specific supervision to trainee CWPs.
- Supervising Low Intensity Interventions: These sessions focus on the specific competencies needed to supervise low intensity interventions.

Table 1: Workshop Learning Objectives

Topic area	Learning Objectives

Principles of supervision	Supervisors will develop knowledge of:
	• The core purpose of supervision, exploring the differences between clinical supervision, case management and clinical governance.
	• The Core Competency framework for supervision (Roth & Pilling, 2007), and understanding of the importance of the four levels.
	• The focus on clinical supervision of trainee CWPs within the first year of training
	• The use of self-reflection in exploring the advantages and disadvantages of different styles of supervision.
	• The importance of supervision as a space for support, teaching, clinical discussion, problem solving and reflection with trainees, in addition to considering how to give constructive advice, direction and critical analysis to aid trainee therapists.
	• How to problem-solve dilemmas, including:
	  ○ Challenges presented by clinical casework
	  ○ Concerns regarding the competency of trainees
	  ○ Issues in the supervisor/supervisee relationship
	  ○ Understanding of learning models and processes and adapting supervision in line with trainee learning styles / zone of proximal development
	  ○ Assessing trainee competency
	  ○ How supervision is important in preventing staff burnout
	• The importance of treatment fidelity in relation to the CWP curriculum.
	• The importance of how to set up supervision to maximize the learning of trainee CWPs, attending to the setting, regularity and timing of supervision sessions
	• The importance of contracting with trainee CWPs to allow for clarity, both between supervisor/supervisee and also in order to comply with course requirements
	• The importance of the course requirements around client contact, recording, and other formal requirements of the course
	• The mechanisms for providing feedback to the trainee and course, including placement visits.
	• The adaptations required to provide supervision and support to the trainee when working remotely.
	• The importance of including consideration of protected characteristics within the supervision space (those of the supervisor, supervisees and the clients/families)

Promoting psychological knowledge in supervision	Supervisor trainees will develop strategies for helping supervisees to develop and apply knowledge in the following areas: • How to guide supervisees on appropriate literature/reading/evidence-based thinking relevant to CWP practice • The core principles of the main theoretical approaches adopted in CWP practice, in particular the following: ○ Social Learning Theory ○ Cognitive science/social development ○ Behavioural models ○ Cognitive behavioural interventions.

	• The importance of integrating psychological theory in the process of generating shared understandings with children, young people and families. • The importance of holding multiple conceptualisations of presenting issues, as well as the necessity to employ pragmatic, evidence-based interventions, as matched to collaboratively agreed goals. • The additional models/interventions appropriate to the CWP context, but not necessarily delivered as part of the curriculum. • The importance of family systems for all children and young people, and how supervision can enhance trainee CWPs' understanding of systemic factors influencing treatment approaches. • How to enhance trainee CWPs' understanding of the broader CAMHS and education context, and how CWP specific interventions may complement other approaches • How supervision can enhance trainee CWPs' knowledge of the broader CAMHS and education context, its range and scope, local organisational structures and the multiagency context.

The use of outcomes data in supervision	Supervisors will develop the ability to:
	 • Supervise CWPs on how to determine collaboratively with service users the main areas to work on, and how to record and monitor this each session.
	 • Guide CWPs in:
	    o Introducing outcomes evaluation to children and families and CYPMH staff
	    o Making use of information from measures to identify the degree and nature of improvement
	    o Discussing this with children and families and CYPMH staff
	 • Incorporate regular and consistent discussion of outcomes data into supervision.
	 • Help CWPs to develop an awareness of the strengths and limitations of different forms of outcomes data, and to use this to interpret measures.
	 • Help CWPs to use outcomes data and other sources of information to decide whether a change of intervention or service is needed.
	 • Use outcomes data along with other information to evaluate the therapeutic effectiveness of CWPs and services, so that appropriate action can be taken, such as specific training.
	 • Have clear protocols on how to access outcomes data in a timely way to make use of in supervision.
	 • An ability to monitor and support the supervisee's collection and clinical use of routine outcome measurement.
	 • An ability to monitor and support the supervises use of routine outcome measures to evaluate the overall outcomes of the service provided.
	 • An ability to support trainee CWPs to use outcome measurement when working online / remotely.

Facilitating therapeutic processes in supervision	The Supervisor trainees will develop strategies for helping supervisees to develop their skills in the following areas: • Importance of treatment fidelity and how to guide trainee CWPs in the following:

	o Agenda setting in both individual and group therapeutic sessions, and how to guide trainee CWPs to appropriately provide structure and direct each session o Therapeutic structure across a given intervention, in order to guide trainee CWPs in planning the number and content of sessions appropriately o Treatment protocols and their importance in providing coherence and direction to treatment. o How to adapt protocols for online / remote delivery. o How to adapt protocols to deliver culturally responsive interventions. • The importance of consent and confidentiality, and how to guide trainee CWPs in ensuring these are appropriately considered and sought where applicable, e.g. permission for videotaping. • The importance of non-specific therapeutic factors, and how to guide trainee CWPs in developing appropriate skills in listening, warmth and genuineness. • The importance of group processes as they relate to Parenting Training, and how to guide trainees in attending to, managing and utilising group dynamics in the development of behaviour change. • The importance of engagement, assessment, and collaboration and how to guide trainee CWPs in maximising treatment outcomes via careful attention to building a therapeutic alliance both individually and in groups. • The importance of safeguarding, risk assessment and risk management, and how to guide trainee CWPs in making appropriate, timely decisions about risk and safeguarding, including providing information regarding local and national protocols. • How to guide trainee CWPs in working with resistance, passivity and poor attendance in young people and parents. • How to guide trainee CWPs in decision making around therapeutic interventions, in particular when and how to consider alternative approaches to treatment outside of the CWP models.
Supervising CWP Practice	Supervisor trainees will develop knowledge of: • The importance of theory–practice links in the delivery of low intensity CBT, parenting interventions with CYP and parents in CYPMHS, and how to guide trainee CWPs to articulate and explain these links throughout their work. • The importance of assessment as a key skill for trainee CWPs in gathering salient information to guide future interventions. • The importance of developing shared understandings as a key skill for trainee CWPs in understanding and communicating psychological ideas to young people and parents and CYPMH staff. • The importance of being creative and confident in developing teaching methods to enable trainee CWPs to understand the links between theory and practice, and in turn promote creativity in the work of trainee CWPs • Teaching trainee CWPs in a range of therapeutic change methods in low intensity CBT for children and adolescents with anxiety and depression, and cognitive and behavioural change methods in

	individual and group parenting training and interventions supporting whole school approaches. • How to use Socratic dialogues to guide trainee CWPs in developing solutions to clinical casework. • How to use their own clinical experience to illustrate and develop themes in the work of trainee CWPs. • How to rehearse, model and role play condition-specific scenarios, enabling trainee CWPs to practice techniques in supervision prior to clinical sessions. • How to rehearse, model and role play discussions with clients regarding race, ethnicity, gender, sexuality, disability and other protected characteristics. • How to effectively use video-feedback methods to enable trainees to critically evaluate their own work, understand and identify dynamics in individual and group sessions, and identify areas for modification in ongoing therapeutic work. • How to assist trainee therapists in designing and implementing relapse prevention protocols, including therapeutic blueprints.
Supervising Low Intensity Interventions	Supervisor's Expertise: • An ability to draw on knowledge of the principles underpinning low intensity interventions. • An ability to draw on personal experience of the clinical applications of low intensity interventions. • An ability to recognize (and to remedy) any limitations in knowledge and/or experience which has implications for the supervisor's capacity to offer effective supervision. • An ability to ensure that supervision integrates attention to generic therapeutic skills (e.g. the ability to maintain a positive therapeutic alliance, an ability to respond appropriately to client's distress) while also focusing on the development and /or maintenance of skills specifically associated with low intensity interventions. Adapting supervision to the supervisee's training needs • An ability to identify the supervisee's knowledge of, and experience with, low intensity interventions. • An ability to identify and discuss any misconceptions that the supervisee may hold regarding the rationale for, and application of, low intensity interventions. • An ability to help the supervisee draw on knowledge of the rationale for low intensity interventions, and on the evidence base for their use. • An ability to help the supervisee deliver remote interventions effectively. Ability to support the supervisee in assessing suitability for low-intensity interventions • An ability to help the supervisee assess the appropriateness of a low intensity intervention for the client's identified problem. • An ability to help the supervisee develop their capacity to deliver evidence-based clinical and risk assessment tools (including routine outcome measures). Ability to support the supervisee's delivery of low intensity interventions

	- An ability to assess the supervisee's capacity to deliver and adhere to protocol-driven low intensity CBT interventions. - An ability to give advice and guidance on the conduct of specific low-intensity CBT techniques (e.g. guided self-help, CCBT, exposure and behavioural activation). - An ability to identify any difficulties the supervisee has working within a protocol-driven low intensity service and support them in overcoming these difficulties. - An ability to support and develop the supervisee's capacity to communicate effectively with other professionals about the outcome of the intervention. - An ability to support and develop the supervises capacity to alert relevant colleagues when there are any significant concerns about the client Ability to support decisions about the appropriateness of interventions - An ability to help the supervisee decide when it is appropriate to maintain a client on a low-intensity intervention.

Assessment of trainees on the CWP supervisors' course

Success of the supervisor trainees on the course will be assessed on a portfolio approach, using a range of assessments. It must include direct observation of supervision in the form of video recordings of supervision sessions:

Supervisor trainees will be assessed by a combination of:

• An essay on the theoretical underpinnings of delivering supervision in CYPMHS

• Video tape of supervision session of supervision of low intensity supervision session

• Supervision portfolio – to be presented at the end of the course detailing an overview of supervision given and received and evidence of meeting supervision competencies. To include report by training supervisor.

• Implementation project which outlines a CWP approach and the supervisory skills and support provided to the CWP.

Section 6: example of workshop titles (c/o King's College London)

Learning Objectives for CWP Supervisor Teaching/ Training

Topic area	Learning Objectives
Introductory Day (1 day)	• To have a knowledge of the University support and administrative induction • To understand the aims and objectives of the supervisor course including course assignments • To have a wider understanding of the political history and context of CYP IAPT training/services and the development specifically of CWPs • To understand the CWP trainee objectives and overview of the course including case selection, timetable overviews, procedures, common arising issues and trouble shooting • To reflect as a group on specific challenges and troubleshooting for supervisors
Supervising low Intensity models (3 days)	• To have good knowledge of the low intensity parent led models of anxiety and parenting common behaviour problems • To have good knowledge of the low intensity models for low mood and anxiety with the young person • To be aware of how to further own knowledge including signposting to manuals and resources (Wiki) of these approaches • To be aware of how to develop skills in application in own clinical practice • To understand case selection of mild to moderate cases • To have knowledge and skills in supervising the low intensity models via a range of modalities including individually, through parents, group work, workshops and over the phone. • To have knowledge and skills in supervising CWPs in developing competency in supporting safe and professional practice; collaborative practice; supporting development of assessment and formulation skills; support tracking and responding to change; developing psychoeducation skills; supporting trying out new things including more effective coping/ changing behaviours/ exploring ways of thinking/ working in groups; supporting relapse prevention work. • To have knowledge and skills in supervising likely challenges and an ability to trouble shoot • To have knowledge and skills in adapting the above interventions for online working.
The Use of outcomes in supervision (1 day)	• To have knowledge and skills in using POD • To understand the importance of regular and consistent discussion of outcomes data in supervision • To have knowledge and skills in clinically using the recommended outcome tools • To have knowledge and skills in supervising CWPs to determine the best outcome and feedback tools to use, understanding their strengths and limitations and considering the presenting concern

	and format of delivery including individual/ group/ universal interventions
• To consider how to evaluate and track changes in Whole School Approach
• To have an ability to guide CWPs in introducing, using and discussing outcome tools with children and families (individual/ groups/ workshops) and with CYPMH staff
• To have an ability to help CWPs to use outcomes data and other sources of information to decide whether a change of intervention or service is needed To have an ability to use outcome data along with other information to evaluate the therapeutic effectiveness of CWPs and services, so that appropriate action can be taken, such as specific training
• To have knowledge and skills in using feedback tools to evaluate and monitor the usefulness of supervision sessions (e.g. the HASQ)
• To have an ability to help CWPs to use outcome measures when working online.
Supervision Skills: Models & Contracting (1 days)	• To define and discuss the purpose and different roles of supervision
• To reflect on the different styles of supervision and adaptations for individual trainee learning needs
• To have knowledge of several supervision models as applied to individual and group supervision
• To have knowledge and signposting to appropriate literature/reading/evidence-based thinking relevant to CWP supervision practice
• To have knowledge and skills in setting up a supervision contract to maximize the learning of trainees, attending to the setting, regularity, timing, rights and responsibilities in individual and group supervision
• To understand the social graces and how these apply in supervision
• To understand the importance of consent and confidentiality, and how to guide trainees to consider and use these appropriately e.g. permission for videotaping.
• Attend to how issues in the supervisor/supervisee relationship are considered and resolved.
Supervision Skills: Supervision processes and competences (1 day)	• To reflect on own supervision journey with consideration to what elements make supervision effective
• To be familiar with the Roth and Pilling supervision competency framework (2008, including generic competences, specific competences including direct observation and group supervision and specific to certain models of low intensity work, and meta-competences
• To have knowledge and competency in using the SAGE, including practicing in teaching using examples of good supervision of CWPs
• To be aware of the importance of treatment fidelity and how to guide supervisees in developing a warm practitioner relationship; agenda setting in individual and group therapeutic sessions; guiding CWPs in providing structure and directing sessions according to the model; in planning the number and content of sessions appropriately

	- To be familiar in the trainee CWP competences for low intensity work and whole school approaches and how to assess trainee competency - To be aware of trainee competency gaps and how to support trainee development within supervision - To identify own competency gaps as a supervisor and agreed plans on how to address these gaps
Sessions joint with Supervisor and trainees (2-3 days)	Different according to University and identified needs but to include key issues of safeguarding and risk, referral pathways, using supervision effectively and developing groups in schools.
Supervision of supervision (8 days)	- To support supervisors to develop their supervision practice in line with CYP IAPT principles (co-production with CYP, use of outcome tools, evidence-based practice, increasing access, reducing stigma). - To support supervisors in bringing challenges and dilemmas from supervision and in the wider context for group support - To develop skills in problem solving and reflecting (e.g. using action learning sets) - To develop skills in working with group processes even when working online /remotely during supervision - An ability to draw on personal experience and the principles underpinning the clinical applications of low intensity intervention - To develop supervisor skills in line with Roth and Pilling competencies/ SAGE through observation of supervision videos in small groups - To recognize (and to remedy) any limitations in knowledge and/or experience which has implications for the supervisor's capacity to offer effective supervision. - To develop skills in supporting trainee development using competency measures for low intensity work and for whole school approaches - To develop skills in supporting trainee CWPs in working with resistance, passivity and poor attendance in young people and parents. - To develop skills in guiding trainee CWPs in decision making around therapeutic interventions, in particular when and how to consider alternative approaches to treatment outside of the CWP models. - An ability to support and develop the supervisee's capacity to communicate effectively with other professionals about the outcome of the intervention or to alert colleagues about concerns when required - To support trainee CWPs to complete service project/ audit and in how to effectively evaluate evidence