

EMHP Supervisor Training Competency Assessment and Development Framework

Revised October 2020, Peter Fonagy

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EMHP Supervisor Training Competency Assessment and Development Framework

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Section 1: Introduction and overview

Introduction

The new Education Mental Health Practitioner (EMHP) role is in direct response to the Government's green paper. As this document and the government response to it outlines, the aim is to develop Mental Health Support Teams (MHST) to deliver mental health provision to local education clusters. The EMHP forms part of the MHSTs, alongside other senior mental health practitioners and specialist supervisors. These specialist EMHP supervisor roles are in place to provide safe and effective practice during both the EMHP training year and once qualified. As part of the MHST and EMHP programme, participating Higher Education Institutions (HEIs) are commissioned to deliver EMHP supervisor training and assurance and challenge support to facilitate effective and robust supervisory practice.

The EMHP supervisor programme is a key element in developing the knowledge and practice of the new EMHP practitioners and their supervisors, providing a critical function in developing effective and sustainable theory to practice connections in their local context.

For prospective EMHP supervisor candidates, the current entry criteria for the EMHP supervisor training has been specified to best support the understanding and application of the clinical competencies for the EMHP 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 EMHP supervisors is under development and will be available prior to adoption of the revised EMHP supervisor curriculum. Please note that currently EMHP and Children's Wellbeing Practitioner (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 EMHP evidence-based interventions set out in the EMHP curriculum.
- To evidence a critical knowledge of the theoretical, research and implementation literature that underpins the supervision of trainees on the EMHP programme.
- To develop sustainable skills in supervising EMHPs 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 supervisor. It is recognized that during the setting up of this programme, not all applicants to training will meet all the criteria outlined below. It is nevertheless expected that training programmes will be able to identify individuals who meet at least two out of three criteria or the ratio thereof, in part or in full. This means that courses are

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expected to provide adequate support to all trainee supervisors to enable them to comprehensively meet the key areas. Further, given that in many instances the full set of criteria will not be possible to meet for individuals on this programme, it is expected that the MHST where supervisors are based formally, endorse the supervisor arrangements, thereby ensuring safety and governance. Given that the role of EMHPs also involves consultancy-based techniques, it is recognized that support for supervision in some instances will be provided by Educational Psychologists with experience in delivering such interventions. It is also accepted that the way supervision is delivered will be split between different individuals and that the work of the EMHP may be overseen by a 'supervisory team' who between them can cover the activities which the EMHP is undertaking.

- 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 Educational or Mental Health Setting, with children and young people with mental health difficulties.
- Ideally, they will also have experience of delivering mental health interventions in education settings.
- They will need to supervise two elements of EMHP practice: 1. low intensity cognitive behavioural interventions and 2. whole school approaches to mental health in education settings. Ideally, they will be able to demonstrate experience in both these areas, but realistically experience in one of these areas is acceptable if the programme has resources to make up competency gaps through a training pathway.
- In addition to the above clinical knowledge, experience and competencies, supervisors will be expected to have experience of delivering CBT informed practice and supervision, ideally at low intensity is desirable. A minimum of 2 years' experience in a CYP mental health setting post-qualification is desirable, but experience of delivering CBT is essential (please see Roth and Pilling CBT Competence Framework for guidance).
- 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 EMHP 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 possible that some teams may decide to put forward a mix of EMHP supervisors where individual supervisors are limited to one of these two core areas of EMHP practice. It is also possible for the Children's Wellbeing Practitioners (CWPs) to be put forward in relation to the supervision of the EMHP's low intensity work where they will supervise alongside a more experienced mental health specialist.

Regions may be able to support this approach as long as there is a spread of supervisory knowledge and expertise that covers both core areas within each MHST and as long as the training programmes can set up the training in a way that allows for one but not both core areas needing to be demonstrated as part of successful completion of the training programme. Nevertheless, candidates should demonstrate competence in at least one area upon arrival, supplementing their knowledge with the weaker area in order to ensure a minimum competence

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criterion is met for both elements. This may be challenging to implement but is essential to the spirit of the EMHP training programme. 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 EMHP and MHST initiative is an expanding programme, an EMHP 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

Across MHST sites, services have highlighted the challenge of effectively identifying and recruiting candidates that have the suitable knowledge, experience and skills in order to meet the supervisory criteria outlined above. In response to this challenge the separation of two aspects of supervision have been agreed. This concerns the distinction between Clinical Skills Supervision (CSS) and Caseload Management Supervision (CMS) in order to ensure that suitable staff are released to provide suitable supervision of each element. Supervisees on the EMHP (and CWP) courses, will therefore receive two types of supervision in the workplace; CSS and CMS.

In implementing the supervision process, EMHPs will receive weekly individual case management supervision (between 30mins and one hour depending on caseload size) and fortnightly group clinical skills supervision with your service supervisor (2 hours per group of 2-4 supervisees), which could be from two appropriately qualified supervisors. Note that EMHPs need to receive a minimum of 40 hours of supervision over the course to include 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 engage 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 EMHPs curricula, 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 EMHP trainees (this could include the ability to support trainees to 'self-reflect' on how educational settings may affect them e.g. based on previous experience of hierarchical structures).

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.

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Therefore, we expect supervisor training programmes to develop pathways and resources to equip EMHP supervisors with the core competencies required to effectively supervise trainee EMHPs. This additional bespoke training will sit alongside the core EMHP 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: 1) Low Intensity CBT and/or 2) whole school approaches to mental health in education settings.

PLEASE NOTE: This framework and the delivery of training assumes that all candidates meet the essential criterion of experience as MH professionals/practitioners as evidenced by normally 2 or more years working therapeutically, clinically or consultatively within a CYP Educational or 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/clinical-psychology/CORE/competenceframeworks.htm%20>)

Framework Overview

The EMHP 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 EMHP 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 EMHP supervisor.

Collaborative Competency Assessment



Competency Development Plan



Record of Evidence

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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
- EMHP Practitioner curriculum (available on the [CYP area of the HEE website](#)).

When assessing skill and experience in the whole school approach to mental health and delivery of mental health support in educational settings:

- EMHP practitioner curriculum
- Roth and Pilling core CAMHS Competence Framework (<https://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/cypia/pt/documentspre-2017/CAMHsCompetencyFramework.pdf>)
- Promoting children and young people's emotional health and wellbeing: A whole school and college approach 2015 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932360/Final_EHWP_draft_03-11-20.pdf)
- Mentally Healthy Schools: <https://www.mentallyhealthyschools.org.uk/>

PLEASE NOTE: As of December 2019, competency frameworks for EMHP practitioners will be reviewed no later than March 2020 and the alignment of the EMHP competency framework will be reviewed in relation to knowledge and competency for whole school approach to mental health, and the delivery of mental health support in educational settings.

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.

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

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

<i>Incompetent</i>	I	0	absence of knowledge and competence
<i>Novice</i>	I	1	Some evidence of knowledge and competence but major problems evident
<i>Advanced beginner</i>	I	2	evidence of knowledge and competence, but numerous problems or lack of consistency
<i>Competent</i>	I	3	Sound knowledge and competent, but some problems and/or inconsistencies
<i>Proficient</i>	I	4	good level of knowledge and competence, but minor problems and/or inconsistencies
<i>Expert</i>	I	5	very good knowledge and competence, minimal problems and/or inconsistencies
		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.

EMHP 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) and / or whole school approaches. Please refer to EMHP 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	

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Joint trainee/tutor assessment	
Mental health support in education settings	Dreyfus system competency score (0-6) and evidence
A foundational understanding the education system	
Whole school Approach to mental health	
Understanding and conducting an audit of wellbeing and mental health support in an education context	
Development and delivery of peer support in an education context	
Delivering consultation in education settings	
Supervising approaches to consultations in education settings	
Adaptations 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	

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Competency development plan	
Low intensity intervention	Details and timescales of how knowledge and competency requirements will be achieved and evidenced
A foundational understanding the education system	
Whole school Approach to mental health	
Understanding and conducting an audit of wellbeing and mental health support in an education context	
Development and delivery of peer support in an education context	
Delivering consultation in education settings	
Supervising approaches to consultations in education settings	
Adaptations 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	

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Competency development – record of evidence	
Low intensity intervention	Provide details of teaching or CPD events attended, additional reading undertaken and relevant formative assignment outcomes. Attach additional information as required
A foundational understanding the education system	
Whole school Approach to mental health	
Understanding and conducting an audit of wellbeing and mental health support in an education context	
Development and delivery of peer support in an education context	
Delivering consultation in education settings	
Supervising approaches to consultations in education settings	
Adaptations 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 MHSTs as outlined in the MHST manual, see document:
- '[Mental Health Support Teams for Children and Young People in Education The Manual September 19 FINAL](#)'.
- Understand the importance of supervision as a key clinical activity within MHSTs
- Understand the importance of the supervisor as a change agent offering leadership and support to colleagues during the development and sustainability of MHSTs.
- Evidence awareness of models of supervision applied within MHSTs
- 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.htm²
- Demonstrate practical understanding in the application of clinical supervision competencies within MHST.
- Understand the role of EMHPs in the wider MHST infrastructure.
- Understand the specific service structures used in the MHST where the supervisee is placed.
- In addition to the specific competences of supervisors in relation to the EMHPs curricula, it is expected that supervisors will have generic capacities to provide a learning environment that enables trainees to thrive.

Course Structure

There will be flexibility as to the structure of the supervision training. 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 20 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 MHSTs and then EMHP specific supervision knowledge and competencies (e.g. supervision approaches of low intensity interventions and whole school approaches).

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

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- Within the EMHP 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, models of consultation, peer mentoring approaches and psychoeducation. If supervisors do not have existing knowledge of and competencies in these approaches and models, they will either have to attend the EMHP 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 both key areas of low intensity interventions and whole school 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 EMHP supervisors is under development and will be available prior to adoption of the revised EMHP supervisor curriculum. Please note that currently EMHP 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 10 days:

- Principles of supervision: The aim of this session is to ensure that supervisor graduates will understand the process of supervision in MHST.
- 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 EMHP practice, psychological knowledge in the context of working with children, young people, parents and families, and service-related issues in MHSTs.
- 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 in MHSTs with an emphasis of using routine outcomes monitoring to enhance the use of outcomes information for clinical decision making shared between EHMPs and the child, young person and or family and education staff.
- 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

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EMHP programme. With an emphasis on a number of key characteristics central to delivering effective EMHP therapeutic interventions.

- **Delivering modality-specific supervision:** These sessions focuses on enabling supervisor trainees to understand and develop skills in providing direct modality-specific supervision to trainee EMHPs.
- **Supervising Low Intensity Interventions:** These sessions focus on the specific competencies needs to supervise low intensity interventions in education settings.
- **Supervising Whole School Interventions:** These sessions focus on interventions at whole school level which include consulting classroom and general mental health and wellbeing advice. The sessions incorporate providing a foundational understanding of the educational system both at primary and secondary education levels.

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Table 1: Workshop Learning Objectives

Topic area	Learning Objectives
Principles of supervision	<p>Supervisors will develop knowledge of:</p> <ul style="list-style-type: none"> • 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 EHMPs within the first year of implementation of MHSTs. • 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: <ul style="list-style-type: none"> ○ 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; and, ○ How supervision is important in preventing staff burnout. • The importance of treatment fidelity in relation to the EHMP curriculum. • The importance of how to set up supervision to maximize the learning of trainee EMHPs, attending to the setting, regularity and timing of supervision sessions. • The importance of contracting with trainee EMHPs 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	<p>Supervisor trainees will develop strategies for helping supervisees to develop and apply knowledge in the following areas:</p> <ul style="list-style-type: none"> • How to guide supervisees on appropriate literature/reading/evidence-based thinking relevant to EMHP practice. • The core principles of the main theoretical approaches adopted in EMHP practice, in particular the following: <ul style="list-style-type: none"> ○ Social Learning Theory; ○ Cognitive science/social development; ○ Behavioural models; and,

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	<ul style="list-style-type: none"> ○ 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 EMHP 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 EHMPs understanding of systemic factors influencing treatment approaches. ● How to enhance trainee EMHP’s understanding of the broader CAMHS and education context, and how EMHP specific interventions may complement other approaches. ● How supervision can enhance trainee EMHP’s knowledge of the broader CAMHS and education context, its range and scope, local organisational structures and the multiagency context.
<p>The use of outcomes data in supervision</p>	<p>Supervisors will develop the ability to:</p> <ul style="list-style-type: none"> ● Supervise EMHPs on how to determine collaboratively with service users the main areas to work on, and how to record and monitor this each session. ● Guide EMHPs in: <ul style="list-style-type: none"> ○ Introducing outcomes evaluation to children and families and education staff; ○ Making use of information from measures to identify the degree and nature of improvement; and, ○ Discussing this with children and families and education staff. ● Incorporate regular and consistent discussion of outcomes data into supervision. ● Help EHMPs to develop an awareness of the strengths and limitations of different forms of outcomes data, and to use this to interpret measures. ● Help EHMPs 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 EMHPs 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 supervisees use of routine outcome measures to evaluate the overall outcomes of the service provided. ● An ability to support trainee EMHPs to use outcome measurement when working online / remotely.
<p>Facilitating therapeutic processes in supervision</p>	<p>The Supervisor trainees will develop strategies for helping supervisees to develop their skills in the following areas:</p> <ul style="list-style-type: none"> ● Importance of treatment fidelity and how to guide trainee EMHPs in the following:

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	<ul style="list-style-type: none"> ○ Agenda setting in both individual and group therapeutic sessions, and how to guide trainee EMHPs to appropriately provide structure and direct each session; ○ Therapeutic structure across a given intervention, in order to guide trainee EMHPs in planning the number and content of sessions appropriately; ○ Treatment protocols and their importance in providing coherence and direction to treatment; ○ How to adapt protocols for online / remote delivery; and, ○ How to adapt protocols to deliver culturally responsive interventions. ● The importance of consent and confidentiality, and how to guide trainee EMHPs 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 EMHPs 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 EMHPs 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 EMHPs in making appropriate, timely decisions about risk and safeguarding, including providing information regarding local and national protocols. ● How to guide trainee EMHPs in working with resistance, passivity and poor attendance in young people and parents. ● How to guide trainee EMHPs in decision making around therapeutic interventions, in particular when and how to consider alternative approaches to treatment outside of the EMHP models.
Supervising EMHP Practice	<p>Supervisor trainees will develop knowledge of:</p> <ul style="list-style-type: none"> ● The importance of theory–practice links in the delivery of low intensity CBT, parenting interventions and whole school interventions with CYP and parents in education settings, and how to guide trainee EMHPs to articulate and explain these links throughout their work. ● The importance of assessment as a key skill for trainee EMHPs in gathering salient information to guide future interventions. ● The importance of developing shared understandings as a key skill for trainee EMHPs in understanding and communicating psychological ideas to young people and parents and education staff. ● The importance of being creative and confident in developing teaching methods to enable trainee EMHPs to understand the links between theory and practice, and in turn promote creativity in the work of trainee EMHPs. ● Teaching trainee EMHPs 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

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	<p>individual and group parenting training and interventions supporting whole school approaches.</p> <ul style="list-style-type: none"> • How to use Socratic dialogues to guide trainee EMHPs in developing solutions to clinical casework. • How to use their own clinical experience to illustrate and develop themes in the work of trainee EMHPs. • How to rehearse, model and role play condition-specific scenarios, enabling trainee EMHPs 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.
<p>Supervising Low Intensity Interventions</p>	<p>Supervisor's Expertise:</p> <ul style="list-style-type: none"> • 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. <p>Adapting supervision to the supervisee's training needs</p> <ul style="list-style-type: none"> • 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. <p>Ability to support the supervisee in assessing suitability for low-intensity interventions</p> <ul style="list-style-type: none"> • 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). <p>Ability to support the supervisee's delivery of low intensity interventions</p>

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	<ul style="list-style-type: none"> • 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. <p>Ability to support the supervisee in the delivery of group-based interventions, including:</p> <ul style="list-style-type: none"> • An ability to run groups in school settings; • An ability to support group work³; • An ability to support the running of workshops and psychoeducation interventions (not to be conflated with the above); and, • An ability to run a group remotely. <p>Ability to support decisions about the appropriateness of interventions</p> <ul style="list-style-type: none"> • An ability to help the supervisee decide when it is appropriate to maintain a client on a low-intensity intervention.
<p>Understanding the education system</p>	<ul style="list-style-type: none"> • To have a foundational understanding of the education system, including the ability to supervise practitioners working with whole school approaches, including culture, ethos and environment (including school governance), teaching and partnerships with families and the community. • To understand the barriers certain communities may face in education, the national and regional attainment gaps identified by schools and the impact of community culture on the education system. • Have knowledge of the statutory duties which frame the school’s role in relation to mental health (including: safeguarding, Special Educational Needs and disability (SEND, Behaviour, Relationship, Health and Sex Education (RHSE) and other duties which can frame wellbeing action in schools (equalities, Physical Education (PE). • Have knowledge of the other levers within the education system that can help (Ofsted, Childhood Obesity Plan, Healthy Schools Rating Scheme) • An ability to understand differences between school cultural interventions, whole class interventions, and targeted interventions for the individual and their context. • An ability to understand school accreditation systems for healthy schools. • An ability to recognize signs of a healthy school during visits and consultation to school staff.

³ Approaches to assessing supervisor competencies relating to supervision of group work should be assessed within clinical skills supervision. It is an area requiring further development, which will be taken forward through the Curriculum Development Group.

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| <ul style="list-style-type: none">• An ability to understand wellbeing and strength-based strategies for universal use.• An ability to be able to supervise peer support strategies and parent and CYP participation involvement in whole school approaches.• The ability to demonstrate that they have an understanding of existing provision, including an understanding of which professionals provide mental health support in the setting, and what else is available within the setting before they look at interventions (e.g. peer support networks) and available data sources.• An ability to understand key roles and responsibilities within the educational setting, including the Senior Mental Health Lead and how supervisors can support them.• An ability to be able to supervise consultation, and a person-centered collaborative approach with school staff.• An ability to be able to supervise consultation skills for school staff to use with parents and CYPs using Department for Education's materials.• An ability to understand barriers and facilitators to change within school staff and within the context of general and specific school/ college cultures.• An ability to demonstrate an understanding of transitions in and out of education settings.• Ability to support giving advice to children of Special Education Needs and the development of educational plans. |
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Assessment of trainees on the EMHP 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 MHST
- Video tape of supervision session of either or both
 1. supervision of low intensity supervision session
 2. supervision of whole school approach (e.g. peer mentoring, consultation, group work etc.)
- 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.
- MHST implementation project which outlines a whole school approach and the supervisory skills and support provided to the EMHP.

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

Learning Objectives for EMHP Supervisor Teaching/ Training

Topic area	Learning Objectives
Introductory Day (1 day)	<ul style="list-style-type: none"> • 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 EMHP and MHSTs. • To understand the EMHP 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)	<ul style="list-style-type: none"> • To have good knowledge of the low intensity parent led models of anxiety and parenting common behavior 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 EMHPs 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)	<ul style="list-style-type: none"> • 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 EMHPs to determine the best outcome and feedback tools to use, understanding their

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	<p>strengths and limitations and considering the presenting concern and format of delivery including individual/ group/ universal interventions.</p> <ul style="list-style-type: none"> • To consider how to evaluate and track changes in whole school approach. • To have an ability to guide EMHPs in introducing, using and discussing outcome tools with children and families (individual/ groups/ workshops) and with education staff. • To have an ability to help EMHPs 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 EMHPs 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 Helpful Aspects of Supervision Questionnaire (HASQ)). • To have an ability to help EMHPs to use outcome measures when working online.
<p>Supervising the Whole School Approach (2 days)</p>	<ul style="list-style-type: none"> • To have a good understanding of the educational system • To understand how teaching & learning can create a context for emotional well-being & mental health. • To have a good understanding of a joint systems approach and the different discourses that may influence work at all levels within an education setting. • To understand the structure of the MHST and how it might position itself and work in partnership to build relationships, identify gaps in provision and develop/ contribute to existing structures and processes in education settings. • To be aware of key models/guidance/examples of whole school approaches. • To have knowledge of the core competencies that evidence suggests need to be targeted through WS Interventions. • To consider the knowledge, clinical and supervision skills required to facilitate the implementation of universal and targeted interventions in education settings. • To have knowledge and skills in supervising the development of WSA competences of trainee EMHPs and/or the wider MHST in peer support, consultation and signposting in an educational context. • To have knowledge of approaches to staff wellbeing including through online support.
<p>Supervision Skills: Models & Contracting (1 days)</p>	<ul style="list-style-type: none"> • 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.

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	<ul style="list-style-type: none"> • To have knowledge and signposting to appropriate literature/reading/evidence-based thinking relevant to EMHP 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 GRRRAACCEEESSS 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.
<p>Supervision Skills: Supervision processes and competences (1 day)</p>	<ul style="list-style-type: none"> • 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 EMHPs. • 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 EMHPs 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 EMHP 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.
<p>Sessions joint with Supervisor and trainees (2-3 days)</p>	<ul style="list-style-type: none"> • 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.
<p>Supervision of supervision (8 days)</p>	<ul style="list-style-type: none"> • 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 school and MHST context for group support.

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	<ul style="list-style-type: none">• 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.• 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 EMHPs in working with resistance, passivity and poor attendance in young people and parents.• To develop skills in guiding trainee EMHPs in decision making around therapeutic interventions, in particular when and how to consider alternative approaches to treatment outside of the EMHP 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 EMHPs to complete service project/ audit and in how to effectively evaluate evidence.
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