

Roscoe, Jason ORCID: <https://orcid.org/0000-0002-6088-1327> (2020) Sending out an SoS: the search for a clear definition of supervision of supervision. *CBT Today*, 48 (4). pp. 14-15.

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Sending out an SoS:

The search for a clear definition of Supervision of Supervision

*Clinical supervision forms a key part of CBT practitioner training and is an ongoing requirement for those who wish to gain and continue to be accredited with the BABCP, writes **Jason Roscoe**.*

Whilst there is clear guidance on the suggested content of supervision between therapist and supervisor ^[1], the provision of meta-supervision or 'Supervision of Supervision (SoS) between master and junior supervisor remains a poorly understood practice ^[2].

Thinking about my own experiences of SoS leads me to a position of curiosity around the research and guidance which exists at present for those looking to access or offer SoS to other supervisors. When I worked in the NHS, SoS provision was inconsistent and poorly defined in terms of what we were supposed to bring or get from the experience. In my current role it does take place but more in an informal, often unstructured way for example periodic CTS-R inter-rater reliability exercises or ad hoc discussions around supervisor-supervisee impasses.

As an accredited supervisor I am expected to engage in SoS for one hour a month depending on the proportion of time that is spent supervising. Yet I have not come across any colleagues who advertise their services as 'meta-supervisors'. Whilst this might not be such a problem in NHS or university settings where colleagues are on hand to offer peer SoS, I do wonder how those exclusively in private practice fare with it. Furthermore, I do not recall seeing many CPD events advertised to train supervisors in the skills to offer effective SoS.

It has long been acknowledged in the supervision literature that many supervisors practice without having first accessed any training in how to supervise, instead drawing on their own experiences of receiving supervision. Doing so can be fraught





with dangers such as repeating bad habits. There might be a tendency to see CBT supervision as merely an extension of CBT Therapy, adopting the same format of agenda setting, structure and homework. However, this is an over-simplification as there are certain skills and competences that cannot solely be acquired through years 'on the job' as a therapist [3]. A competent supervisor needs to have an understanding of adult learning theory, learning styles and advanced skills in helping supervisees to spot and manage their own cognitions, emotions and unhelpful behaviours that arise in clinical practice.

Working on this assumption, an experienced supervisor may not necessarily have the knowledge and skills to offer SoS even if they think they do. Without any specific training in the nuances and adaptations that may be required how do we know that supervisors turning their hand to SoS as a part of standard supervision are doing a satisfactory job?

As a researcher of supervision, I have stumbled across a few articles during literature searches which attempt to describe the functions and possible content of SoS, yet there is insufficient detail for me to know how to definitively structure an SoS session with a supervisor. As an experienced supervisor who is fairly well read on the subject, I could hazard a guess of potential agenda items yet there is still an element of working in the dark doing this.



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I could ask or expect my meta-supervisor to use the SAGE scale [4] to measure my competence in the same way a supervisor would measure a therapist's. It is of note that when I delivered a supervisor training course at the start of the year, none of the attendees, many of whom had supervised for years, had not even heard of SAGE never mind used it.

This makes me wonder if others feel as lost as I do with this role or if in fact, SoS is paid lip service to because it is not seen as important. The lack of guidance that exists may serve to reinforce the idea that it is an optional extra or something that can be put to the bottom of the priority list. What is clear is that more guidance, CPD events and literature are needed to demystify this role which we all are seemingly supposed to know how to do instinctively. ■

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References

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[4] Milne, DL, Reiser, R, Cliffe, T & Raine, R (2011) *SAGE: preliminary evaluation of an instrument for observing competence in CBT supervision*, The Cognitive Behaviour Therapist, 2011, 4, 123–138