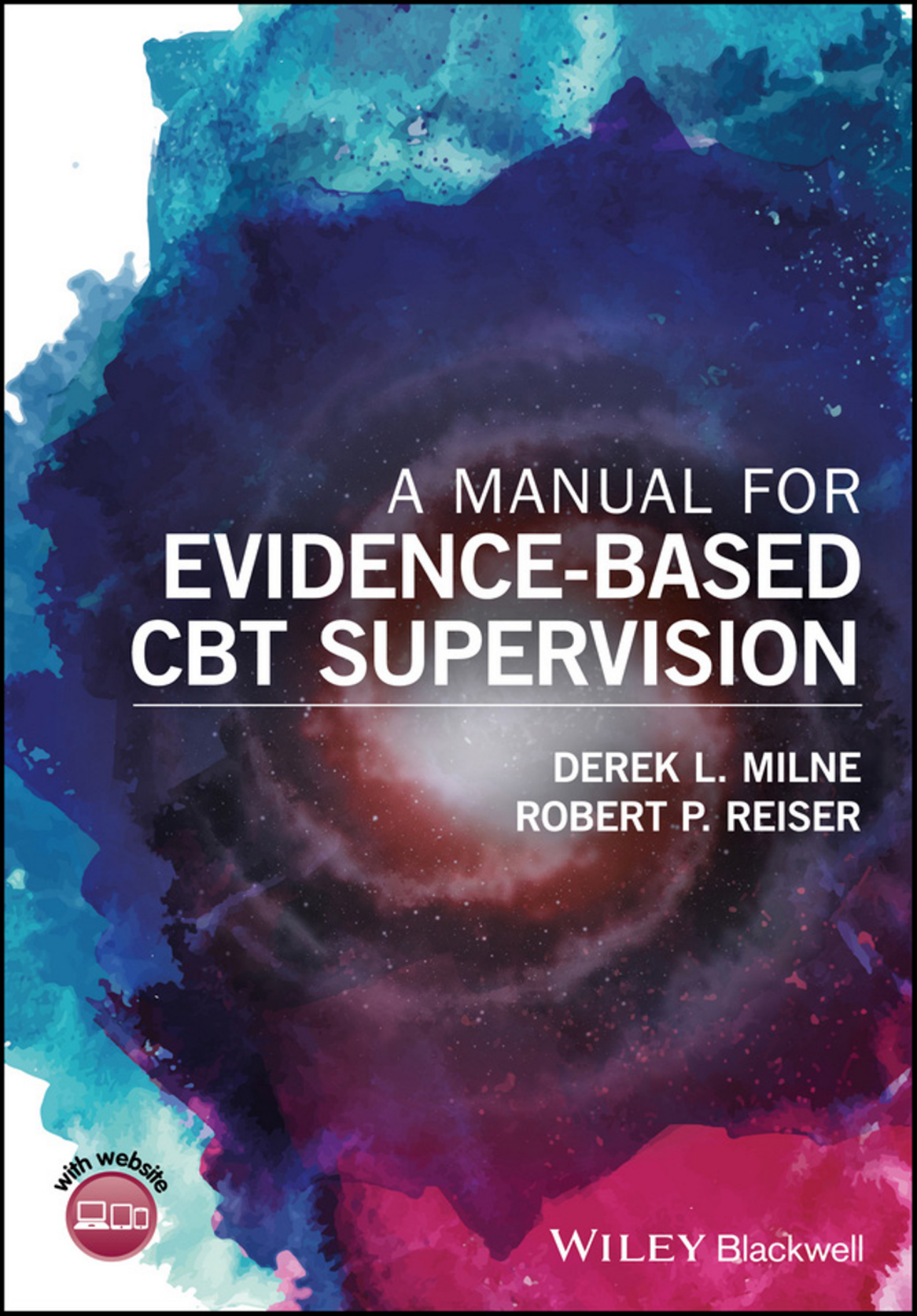
A MANUAL FOR
EVIDENCE-BASED
CBT SUPERVISION
DEREK L. MILNE
ROBERT P. REISER
with website
WILEY Blackwell

A Manual for Evidence-Based CBT Supervision

A Manual for Evidence-Based CBT Supervision

Derek L. Milne and Robert P. Reiser

WILEY Blackwell

This edition first published 2017

Registered Offices
John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA
John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial Office
The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Library of Congress Cataloging-in-Publication Data

Names: Milne, Derek L., 1949– author. | Reiser, Robert P., author.
Title: A Manual for Evidence-Based CBT Supervision / Derek L. Milne and Robert P. Reiser.
Description: Chichester, UK ; Hoboken, NJ : John Wiley & Sons, 2017. |
Includes bibliographical references and index.
Identifiers: LCCN 2016055385 | ISBN 9781118977323 (pbk.) | ISBN 9781119030454 (epub) |
ISBN 9781118977347 (ePDF)
Subjects: LCSH: Cognitive therapy–Handbooks, manuals, etc. |
Behavior therapy–Handbooks, manuals, etc.
Classification: LCC RC489.C63 M54 2017 | DDC 616.89/1425–dc23
LC record available at https://lccn.loc.gov/2016055385

Cover image: (Watercolor) © itskatjas/Gettyimages; (Galaxy) © Attila445/Gettyimages
Cover design: Wiley

Set in 10/12pt Warnock by SPi Global, Pondicherry, India

10 9 8 7 6 5 4 3 2 1

This book is dedicated to our families, and especially to our grandchildren, Martha Rose Maddison and Finlay Milne Maddison (DM), and Lily (RR).

Contents

About the Authors

Derek L. Milne (PhD, FBPS) is a retired clinical psychologist who worked in England's National Health Service for 33 years. During that time he specialized in staff development, including a decade as director of the doctorate in clinical psychology at Newcastle University, preceded by 12 years as a clinical tutor (Consultant to clinical supervisors) at Leeds and Newcastle Universities. Clinical supervision was a significant focus for this work, including the organization and management of placements for trainee clinical psychologists, together with workshops for clinical supervisors. This activity was preceded by providing clinical supervision to multidisciplinary NHS staff, as well as a clinical service to adults with mental health concerns. Since 1979, Derek has published 12 books, two on clinical supervision,[1] over 120 papers in peer-reviewed scientific journals, and numerous articles in professional journals. Many of these address practical issues in enhancing clinical supervision, such as clarifying conceptual models, improving measurement (especially through direct observation), conducting single-subject ($n = 1$) and other evaluations, and developing supervisor training. These activities has been guided by a commitment to evidence-based practice, drawing on a scientist-practitioner orientation.

Robert P. Reiser is a licensed clinical psychologist in California and a Fellow of the Academy of Cognitive Therapy. His primary orientation is cognitive-behavioral therapy, with a focus on supervising cases and treating individuals and families with complex and serious mental illnesses, including schizophrenia, bipolar spectrum disorders, and recurrent severe depression. Two of his grant-funded clinical research projects involved close collaboration with community mental health professionals in providing supervision, clinical training, and piloting clinical interventions for individuals with serious mental illnesses. Robert has provided numerous workshops and institutes at the Association for Behavioral and Cognitive Therapies (ABCT), focused on improving supervision and training through the use of empirically supported practices.

Since 2006, he has been delighted to collaborate with Derek Milne on a series of research projects involving the development of SAGE, an instrument that assesses competence in supervision. He has written and co-authored several journal articles and has contributed book chapters on evidence-based approaches to clinical supervision in association with Derek for *The International Handbook of Clinical Supervision*. He participated as a consulting supervisor providing CBT training to VA clinicians

[1] Milne, D. L. (2009). *Evidence-Based Clinical Supervision: Principles & Practice*. Chichester: BPS/Blackwell; C. E. Watkins & D. L. Milne (Eds.) (2014). *The Wiley International Handbook of Clinical Supervision*. Chichester: Wiley.

within the CBT-D national training program with the Veterans Administration over several years. Currently, he works as a consultant with the Felton Institute in San Francisco, providing supervision and training for clinicians and case managers using cognitive-behavioral therapy for psychosis (CBT-P), and supervises medical residents in the Department of Psychiatry at the University of California, San Francisco. He maintains an active interest in training and clinical supervision with eight years' experience of running a training clinic for doctoral-level clinical psychologists, which focused on supervising trainees providing empirically supported treatments.

Foreword

I am delighted to write a foreword for this manual for CBT supervision, an evidence-based account of CBT supervision. It is unique in providing guidelines and procedures along with an exhaustive review of the empirical literature and expert consensus. It is a very important book. The growth of high fidelity and competently practiced CBT and the expanding ability to serve new populations and complicated cases depends upon the quality of supervision and training that is provided to practitioners.

This is a quintessential scientist-practitioner approach. It combines the best science and a bridge to effective practice. The manual provides a comprehensive training package including 6 guidelines for practitioners accompanied by a PowerPoint slideshow and 2-3 video clips for each guideline. Each of the 18 included video clips maps onto the Roth & Pilling (2008) competencies framework for CBT supervision and onto the authors' instrument for measuring competence in CBT supervision, SAGE.

In summary, the authors have provided an original procedural account of CBT supervision and the training of CBT supervisors. It is unlike other manuals and textbooks on the subject, as it is rigorously linked to the evidence-base. It is worth also noting that the authors worked closely with practitioners, over 100 British Association for Behavioural and Cognitive Psychotherapies (BABCP) supervisors. Also a working committee of the BACBP provided feedback at every stage of the guidelines development.

Unique, too, is the emphasis on the role of organizational context and how this relates to the use of evidence-based training methods. This focus has resulted in advice on supervisor training that approximates a 'gold standard' for CBT supervision and is attuned to the age-old problems of generalizing such training to real world conditions. CBT supervision has lacked the robust evidence base afforded to CBT treatment and this manual stands as a corrective to that longstanding oversight.

I predict that you will find that this clinical manual of CBT supervision provides a new and particularly promising viewpoint, based squarely on the evidence-based practice approach.

Judith S. Beck, Ph.D.
President, Beck Institute for Cognitive Behavior Therapy
Clinical Associate Professor of Psychology in Psychiatry,
University of Pennsylvania

Preface

Motivation

Undertaking a task as challenging and unpromising as an evidence-based supervision manual requires a good explanation. We certainly hesitated before deciding to give it a go, but in the end we were influenced by a sense that at long last the world of clinical supervision was evolving and moving toward a new paradigm. For decades we had labored alongside enthusiastic colleagues to get supervision acknowledged as the cornerstone of professional development within the mental health professions. We now believe we have reached that threshold (Watkins & Milne, 2014), making the next phase appropriate. Recent developments in CBT supervision further increased our sense that the time was right to contribute this much-needed manual. There was also important and timely research progress in neighboring literatures, such as those concerned with expertise, education, and staff training. This progress suggested real improvements in the way we might address CBT supervision, in such issues as facilitating learning and providing effective feedback within supervision. Similar progress was evident concerning the optimal ways to train mental health professionals, with direct relevance to training and supporting CBT supervisors (e.g., Beidas & Kendall, 2010; Rakovshik & McManus, 2010).

Collaboration

Another boost to our ambitions was that we felt part of a small but effective group of like-minded professionals, all striving in the "swampy lowlands," but with the goal of finding a firmer footing in the supervision uplands (e.g., *The International Handbook of Clinical Supervi*sion, 2014; and the special issue of *The Cognitive Behaviour Therapist*, 2016). We received further encouragement in our workshops for supervisors, which were met with positive responses to our ideas and materials. This led naturally to some close collaboration with the intended users of this manual in the form of over 100 CBT supervisors who helped us develop the six supervision guidelines. Linked to this operational activity we were supported by a specially convened working party of the British Association for Behavioural and Cognitive Psychotherapy (BABCP), guiding us on strategic issues.

Learning

Something else helped, and made us aware we were pushing against an open and inviting door: this was the close connection between CBT and these developments in clinical supervision. Few models in the mental health sphere can match CBT for the clarity, relevance, transferability, and empirical depth of its learning principles, ones that also apply so readily to supervision. Based on many years of working as CBT therapists, supervisors, and researchers, we felt well placed, as individuals with relevant expertise, to combine this emerging material on supervision with the principles of CBT, blending in the exciting developments in neighboring literatures. Finally, our personal history of collaboration over eight years began with our initial $n = 1$ study of training effects in developing supervisory competence. It continued with the development of an assessment instrument – SAGE – designed to quantify competences in CBT supervision. Our working alliance continued with more joint scientific papers, alongside a series of international workshops and conferences, whch focused on improving supervisor training through evidence-based practices. We feel that this joint work exemplifies the kind of enriching development through experiential learning that we aim to convey in this manual.

Originality

Of course, there are other manuals on CBT supervision (e.g., Newman & Kaplan, 2016; Sudak, et al., 2016), so we needed to contribute something original. This we feel we have done by taking an evidence-based and systematic approach. Specifically, and unlike other manuals, we have critically reviewed the existing literatures in clinical supervision and the most relevant neighboring literatures to a standard comparable to scientific journal reviews. This is indicated by our linked publications in scientific journals (e.g., a survey of CBT supervisors and trainers; Reiser & Milne, 2016), in order to conduct a needs assessment for our manual; and reviews intended to clarify how we might best make a manual effective (including supervision guidelines; Milne, 2016a; Milne 2016b; Milne & Reiser, 2016). This text is also unique in terms of providing a systematic training manual, including everything needed for trainers to deliver a CBT supervision workshop. We include things that other manuals do not offer (e.g., slideshows and road-tested guidelines), and more varied and extensive material (e.g., video-based demonstrations of the supervision competences, linked to the competence framework of Roth & Pilling, 2008). We also offer well-established, proven methods of training and supervision in that this manual builds on extensive earlier work (the manual linked to the text by Milne, 2009), work which has been evaluated and developed in our own workshops and more formally (e.g. Milne, 2010; Milne & Dunkerley, 2010). In summary, we believe this manual is the best available resource for CBT supervisors, providing a carefully tailored collection of video demonstrations from a variety of supervisors and supervisees. To these we have added slideshows with suitable learning exercises and supervision guidelines, representing a far more complete and evidence-based training resource than other CBT supervision manuals or texts. In summary, we offer a comprehensive, evidence-based procedural account of CBT supervision that is lacking in all other textbooks and manuals.

Aims

As outlined above, we hope that this manual will contribute significantly to CBT supervision by indicating how supervisors can be trained and supported according to the best available, most firmly evidence-based practice. We aim to reduce the gap between the hope for and reality of CBT supervision, to help to "make things compute" better in this vital professional activity (Watkins, 1997). As a result, we believe that practitioners will feel more confident and skilled, and hope that their patients will receive safer and more effective therapy.

Scope

As described more fully in chapter 1, this manual has been written primarily for workshop leaders who train CBT supervisors. However, it will also be useful to individual supervisors, and to those who support and guide trainers and supervisors (e.g., peer groups, consultants, managers, administrators, training directors), as we include suggestions and materials (e.g,. video clips and guidelines. which can be used independently by supervisors). In summary, this manual is designed to support and enhance multiple training functions, including:

- Providing training to individual supervisors in a continuing education/professional development workshop format
- Credentialing and the certification of supervisors
- Assisting in a "train the trainers" approach suitable for agency or organization-based training of supervisors
- Coaching and training supervisors and supervisees remotely, through supplementary materials and an interactive website

We also aim to be multidisciplinary and systemic, as we recognize that supervision requires a supportive context and a suitable infrastructure (Milne & Reiser, 2016).

Method

The introductory chapter sets out our plan for achieving these aims, but here we note how, even in our manual design, we have been guided by the available evidence. We were particularly persuaded by the literature on instructional design (e.g., de Jong & Ferguson-Hessler, 1996), which suggested that the manual needed to address strategic, declarative, and procedural knowledge. In practice, this means that the first three chapters are strategic and academic in style, setting out our guiding principles and core theory (e.g., on the role of organizational context on training). The heart of the manual are the six guideline chapters that follow, each chapter tackling one of the elements in effective CBT supervision. They follow the standard organization of workshops by starting with the necessary didactic teaching in order to provide a foundation in declarative knowledge. This leads on to our evidence-based recommendations, incorporating principles of experiential learning, designed to develop procedural knowledge. Together, these three complementary forms of knowledge address the best available

evidence on how to train CBT supervisors and how to conduct CBT supervision effectively. Those looking for a quick procedural guide can turn straight to the relevant guideline chapter. Each guideline chapter is written in a concise and direct style (as are the six guidelines), and summarizes the evidence for each recommendation that we offer. In the final chapter we reflect on the material and draw some conclusions on the strengths and weaknesses of the manual, and on the challenges that lie ahead.

We hope that you find this approach appealing and that you can draw on this manual to improve your work.

Derek L. Milne
Morpeth, Northumberland
and
Robert P. Reiser
Kentfield, California
July 2016

References

Beidas, R. S., & Kendall, P. C. (2010). Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science & Practice*, *17*, 1–30.

Milne, D. L. (2009). *Evidence-Based Clinical Supervision: Principles & Practice*. Leicester: BPS Blackwell.

Milne, D. L. (2010). Can we enhance the training of clinical supervisors? A national pilot study of an evidence-based approach. *Clinical Psychology & Psychotherapy*, *17*, 321–328.

Milne, D. L. (2016a). Guiding CBT supervision: How well do manuals and guidelines fulfil their promise? *The Cognitive Behaviour Therapist*. doi: 10.1017/s1754470x15000720

Milne, D. L. (2016b). How can video recordings best contribute to clinical supervisor training? *The Cognitive-Behaviour Therapist.* doi: 10.1017/S1754470X15000562

Milne, D. L., & Dunkerley, C. (2010). Towards evidence-based clinical supervision: The development and evaluation of four CBT guidelines. *The Cognitive Behaviour Therapist*, *3*, 43–57.

Milne, D. L., & Reiser, R. P. (2016). Saving our supervisors: Sending out an SOS. *The Cognitive Behaviour Therapist.* doi: 10.1017/S1754470X15000616

Rakovshik, S. G., & McManus, F. (2010). Establishing evidence-based training in CBT: A review of current empirical findings and theoretical guidance. *Clinical Psychology Review*, *30*, 496–516.

Reiser, R. P., & Milne, D. L. (2016). A survey of CBT supervision in the UK: Methods, satisfaction and training, as viewed by a selected sample of CBT supervision leaders. *The Cognitive- Behaviour Therapist.* doi: 10.1017/S1754470X15000689

Roth, T., & Pilling, S. (2008). The competence framework for supervision. www.ucl.ac.uk/clinical -psychology/CORE/supervision_framework.htm.

Sudak, D. M., Codd, R. T., Ludgate, J. W., Sokol, L., Fox, M. G., Reiser, R. P., & Milne, D. L. (2016). *Teaching and Supervising CBT*. Chichester: Wiley.

Newman, C. F., & Kaplan, D. A. (2016). *Supervision Essentials for Cognitive-Behavioral Therapy*. Washington, DC: American Psychological Association.
Watkins, C. E. (Ed.). (1997). *Handbook of Psychotherapy Supervision*. New York: Wiley.
Watkins, C. E., & Milne, D. L. (Eds.). (2016). Clinical supervision at the international crossroads: Current status and future directions. (pp. 673–696). In *The Wiley International Handbook of Clinical Supervision*. Chichester: Wiley.

Acknowledgments

We are hugely indebted to many colleagues and helpers for their contributions to this manual. Being part-book and part-manual, this is no straightforward text, and we could not have compiled it without substantial input from many helpful people. Perhaps the most sustained collaborative effort took place in developing the six supervision guidelines that form the backbone of the manual. We developed them with the help of over 100 active clinical supervisors working in the NHS in England and Scotland. In a series of supervision workshops led by Derek Milne held during 2015–2016, these supervisors – mostly CBT supervisors and BABCP members – scrutinized the draft guidelines and suggested improvements. This procedure is described in chapter 1, but here we wish to thank the supervisors for their significant and willing assistance. We cannot list them all by name, but we should at least thank those who organized the workshops and facilitated the guideline development work. They are: Edith Moon (University of Derby), Nicky Kelly (in relation to the BABCP Special Interest Group in supervision and to Canterbury & Christ Church University); Craig Thompson (University of Northumbria), Sandra Ferguson (National Education Scotland), and Pam Myles (Reading University).

The time and effort taken to record the 18 video clips that demonstrate the six guidelines were similar, but the associated stress of performing supervision in front of a camera deserves a special note of thanks. We identify all the contributors by name with their affiliated employers in the video catalogue, but wish to extend a special thank you here, as we found surprisingly few colleagues were willing to record their approach to CBT supervision.

We were also aided by colleagues in relation to the many issues we encountered along the way. Most frequently there was the challenge of locating key research studies, or of checking our grasp of the literature we had collated. Here we thank Carol Falender, Amanda Farr, Craig Gonsalvez, Russell Hawkins, and Ed Watkins. Of course, they have no responsibility for the material in this manual, which is entirely our own work. We wanted to acknowledge the Felton Institute and the California Institute for Behavioral Health Solutions as well as Sara Tai for assistance in producing several of our high quality supervision videos. We are also indebted to our video editor, Adam Gilroy (time and motion films), for his highly professional approach, and to graphic artist Angela Butler for contributing high-quality figures and valuable advice on the design of the slideshows and the DVD cover. Finally, we owe a debt of gratitude to Andy Peart at Wiley for commissioning this manual, followed by assistance from editors Darren Reed, Roshna Mohan, and Nivetha Udayakumar. Jan Little provided tireless and valuable guidance on improving the draft text.

Another major consideration was that of trying to ensure that this manual is as useful as possible. We would like to thank a specially convened working party of the BABCP for guidance throughout the two years that it took to prepare this manual. This group was initiated and led by Mark Latham; the working party members were: Amanda Cole, Anne Garland, Sarah Goff, Mark McCartney, Linda Mathews, and Lucy Nicholas.

1

Introduction and Overview of Evidence-Based CBT Supervision

What a State We're in

We are not the first to be concerned by the gap that exists between the vital role of supervision in professional practice and the means by which clinical supervisors are prepared and developed. The phrase "something does not compute" sums it up succinctly (Watkins, 1997, p. 604). Although Watkins was referring to the neglect of supervisor training, his phrase applies just as well to the way that many advocates of CBT supervision have neglected evidence, failing to create an evidence-based approach to their supervision practice, despite the impressive commitment to evidence in therapy (Milne, 2009; Reiser, 2014). We recognize this is a timely moment to bridge that gap, in recognition of the increasing international status of clinical supervision (Watkins & Milne, 2014). This manual makes things compute by providing both a wealth of research-based evidence, which will improve CBT supervisors' training, and robust support for supervisors in their everyday supervision practice.

Now You're Talking!

The gap becomes even more apparent when one considers the value of supervision, which is rightly regarded as the signature method of training in the mental health professions (Bernard & Goodyear, 2014). Our interventions are called talking therapies, but CBT places special emphasis on taking the correct action (Waller, 2009). This principle applies equally well to CBT supervision in that the role of experiential learning, which involves repeated cycles of reflection, experiencing, conceptualizing, planning, and experimenting, is viewed as the primary mechanism of development (Reiser, 2014). Our preferred summary of experiential learning is provided by Kolb (1984), who noted that humans are primarily adapted for learning: we are effectively "the learning species." It follows that "learning is an increasing preoccupation for everyone … and an increasing occupation" (pp. 1–2). This underscores the importance of action and helps us understand why clinical supervision is such a marvelous and quintessentially human activity. Not only is it deeply satisfying, it is also highly effective. Although research on clinical supervision – CBT supervision in particular – has been sparse and of variable quality, there is reason to believe it is the single most effective method for helping supervisees (therapists) to develop the competence, capability, and professional identity

A Manual for Evidence-Based CBT Supervision, First Edition. Derek L. Milne and Robert P. Reiser.

Companion website: www.wiley.com/go/milne/manual_clinicalsupervision

they need (Falender & Shafranske, 2004; Callahan et al., 2009; Milne & Watkins, 2014). Supervision is also perceived by supervisees as the main influence on their practice (Lucock, Hall & Noble, 2006), and is currently recognized by governments as an essential component of mental health services. In the United Kingdom the Care Quality Commission (2013, p. 6) states that "clinical supervision is considered to be an essential part of good professional practice," and a clear example of the UK government's investment in supervision can be found in the Improving Access to Psychological Therapies program (IAPT: Department of Health, 2008). In addition, supervision has strengthened its status internationally in recent years (Watkins & Milne, 2014), and CBT supervision has developed significantly (Reiser, 2014). Therefore, this is a timely moment to attempt to tackle the long-standing gaps and build a bridge for CBT supervision as a professional specialization (Milne, 2008).

Getting Our Act Together

How, then, can we bridge the gap between how training and supervision are conducted and the evidence base, so that we better realize the great potential of CBT supervision? Consistent with the IAPT approach, Dorsey and colleagues (2013) claim that the gold standard for supervision in clinical trials is:

- Assessing the fidelity of therapy
- Developing competence through behavioral rehearsal
- Reviewing therapy through direct observation (usually audiovisual recordings)
- Monitoring clinical outcomes

Training CBT supervisors in these methods, and supporting them so that they maintain the standards and continue to develop expertise, are as challenging as supervising therapy, but have been afforded far less interest and attention (Although we refer throughout this manual to therapy, we recognize that supervision should embrace all professional activities). Even less is known about supervisor training than supervision itself and the gaps in our knowledge base are even wider when it comes to organizational support for supervisors (see chapter 9). Although Watkin's (1997) concern that something does not compute has been eased by what he regards as a sea change in supervisor training, his review concludes that we are still in the formative stage and know little about structuring, timing, covering, delivering, or evaluating supervision training (Watkins & Wang, 2014). Milne and colleagues (2011) reached a more optimistic conclusion, based on their systematic review of 11 controlled evaluations of supervisor training, which they believed provided enough empirical support to recommend the following training methods:

- Role-playing and use of simulations
- Observational learning (competence modeled live, or by a video recording)
- Corrective feedback, ideally based on direct observation
- Teaching (verbal instruction, discussion, and guided reading)
- Written assignments (e.g., learning exercises, quizzes, and homework)

Note how similar these methods are to the gold standards for supervision itself, not to mention CBT. This suggests a fundamental role for experiential learning (Kolb, 1984) in mental health interventions (see chapter 4). This manual reflects this status and draws attention to relevant commonalities.

How Can We Act Together?

Inspired by the potential of CBT supervision to improve competence in supervisees through experiential learning, this manual addresses the gaps in supervisor training and evidence-based supervisory practice. Our approach has been to develop an accessible, state-of-the-art product, designed to enhance supervisory training in CBT in a way that is consistent with evidence-based practice, including relevant competence frameworks. This manual, together with associated internet content (e.g., video demonstrations of competent practice), has been developed in six user-friendly modules, reflecting the popular and logical training cycle, starting with goals and ending with evaluation. Each module includes a guideline, condensing the essential information found in the chapters. We also tested the guidelines and other materials at supervisors' workshops, paying close attention to feedback and retaining only the material rated as clear and accurate. To ensure that the manual was state-of-the-art we reviewed the latest ideas from the best available supervision manuals and guidelines (Milne, 2016). We also studied the wider literature for evidence, such as controlled studies and systematic reviews of staff training (see chapter 3). Finally, we learned important lessons about effective dissemination and uptake through experiences with a prior manual that showed promise (Milne, 2010; Milne & Dunkerley, 2010). It is for these reasons that we are confident that our current effort will further enhance supervisors' training.

Our project is ambitious in at least two ways: it addresses the shortage of suitable training resources and fosters successful dissemination. When we surveyed the current supervisor training manuals we found that most were restricted to academic discussions of supervision, but provided minimal interactive content, limited internet-based connectivity, and, with very few exceptions (Milne, 2009; Sudak et al., 2016), had minimal enactive, DVD-supported content. While these manuals are excellent for restricted, classroom-based teaching or as a reading assignment, they are neither user-friendly nor accessible across disciplines and countries, and none appeared to be easily adaptable to the highly enriched, complex experiential and procedural learning required for the effective training of clinical supervisors. This last shortcoming seemed especially egregious, as experiential learning lies at the heart of our method in CBT therapy and supervision. In short, most manuals offer limited practical support and do little to advance supervision in practice.

We have addressed dissemination by studying what works and then incorporating useful lessons (Milne, 2016). In particular, we sought to work closely with the British Association for Behavioural Psychotherapy (BABCP) through a working party which guided us toward the most accessible and appealing approaches for this manual. As we have noted, we also piloted and evaluated some sections of this manual with CBT supervisors and trainers (see Table 1.1), and conducted a survey of senior CBT supervisors in the UK in order to assess training needs (Reiser & Milne, 2016). The survey indicated that only one third of respondents were satisfied with the resources available to them for supervisor training.

Is This Manual For You?

This manual has been written primarily for workshop leaders who train CBT supervisors. However, supervisors and those who support and guide trainers and supervisors (e.g., consultants, managers, administrators, training directors), working in clinical

Table 1.1 The rating scale used to evaluate the six guidelines during supervision workshops.

Guideline Evaluation Form

Please take a few minutes to give your opinion of the guideline that you have just read. When rating, remember that the guideline is intended for *new CBT supervisors*. We are interested in knowing whether it is ready for use, or ways to improve it. If you prefer, feel free to write comments on the guideline itself.

Name of the guideline: _____ Today's date:_____

Rating Scale: 1 = Not yet acceptable 2 = Acceptable 3 = Good

1	Was the guideline easy to read? (Concise; user-friendly; expressed simply; right level of detail).	1	2	3
2	Did the content seem factually accurate? (e.g., was the information comprehensive?)	1	2	3
3	Was the guideline acceptable? (Expressed appropriately; relevant; "face-valid')	1	2	3
4	Is the information credible? (Current and relevant? Reflect other practice guidelines?).	1	2	3
5	Does the guideline enable competence in supervisors? (Are there practical suggestions or helpful ideas?)	1	2	3

Comments

Please add any notes to clarify the ratings that you have made above, or to offer suggestions for improving the guideline:

.....

.....

mental health services will also find it useful, as we have included suggestions and materials (e.g., slideshows and learning exercises) for trainers in addition to guidelines and video clips which supervisors and others can use independently (including supervisees). Thus, we offer guidance and resources to trainers, but also provide directed self-instruction for supervisors. For those who support supervisors, chapter 9 is devoted to what we know about restorative and normative CBT supervision. Further information on our systemic and organizational emphasis is set out below.

In addition to a focus on workshops and those who lead them as part of introductory and subsequent training in CBT supervision, the manual is designed to support and enhance multiple training functions, including:

- Providing training to individual supervisors in a continuing education/professional development workshop format
- The initial credentialing and certification of supervisors
- Assisting in a "train the trainers" approach suitable for agency or organization-based training of supervisors
- Providing supplementary materials and an interactive website for the continuing coaching/training of supervisors and supervisees

Our emphasis is multidisciplinary and systemic, and recognizes that supervision requires a nurturing environment if it is to flourish. In reviewing the literature (Milne & Reiser, 2016) we developed a "support our supervisors" (SOS) framework to clarify the kind of organizational support required for supervision to flourish. This describes an evidence-based and systematic organizational process to ensure that supervisors receive