

## Guidance for Commissioning IAPT Supervisor Training (Revised 2011)

### Introduction

1. The provision of readily accessible, good quality clinical supervision and case management is a distinctive feature of IAPT services and will help to secure effective clinical outcomes for clients experiencing common mental health problems, who have been referred to these new and innovative services. The requirements for supervision were specified in the IAPT Supervision Guidance, which was published in December 2008 (updated March 2011).
2. Within the guidance we suggested that SHAs<sup>1</sup> should consider commissioning supervisor training that was specifically targeted at those qualified staff who would be supervising IAPT High Intensity and Psychological Wellbeing Practitioner (PWP) trainees and newly qualified staff within their services:

“SHAs are commissioning short training courses (5 days) for supervisors within IAPT services, although these are not currently available in all SHA regions. It is expected that most IAPT supervisors will eventually be trained in the specifics of supervising within an IAPT service by attending one of these courses. Courses should address IAPT requirements for supervision of both high intensity practitioners, together with case management supervision for the low intensity practitioners (<http://www.iapt.nhs.uk/2008/12/17/iapt-supervision-guidance/> page 5).”

3. IAPT also commissioned a set of supervision competences (Roth and Pilling; [http://www.ucl.ac.uk/clinical-psychology/CORE/supervision\\_framework.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/supervision_framework.htm)) relevant to both clinical supervision and case management supervision required within IAPT services. An outline curriculum and programme of supervision training was published as part of this work ([http://www.ucl.ac.uk/clinical-psychology/CORE/supervision\\_frame\\_work.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/supervision_frame_work.htm)). In order to support PWP case management supervision, a supervisors' manual was published in 2010 as part of the Reach-out PWP training materials <http://www.iapt.nhs.uk/workforce/low-intensity/>

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<sup>1</sup> The arrangements for commissioning education and training within the NHS are currently subject to consultation following publication of *Liberating the NHS: developing the healthcare workforce*. Accordingly when we refer to SHAs in this document we refer to SHAs and their transitional arrangements, and any commissioning bodies that might replace their education and training functions.

4. We are aware that access to supervisor training in the first two years of IAPT implementation has been variable across SHA Regions. The situation has been reviewed through two expert seminars held in October 2009 and 2010 and coordinated by the IAPT National Education and Training Group. Generally, it was considered that the roll out of IAPT supervisor training had been successful although some services were still experiencing difficulties in accessing training. It was agreed that some amendments to the Good Practice Guide for IAPT Supervision should be made especially in relation 1) to the provision of clinical skills supervision for Psychological Well-being Practitioners, in addition to case management supervision, and 2) extending supervisor training to the other 4 IAPT approved psychological therapies, in addition to CBT.
5. It was also agreed last year that a commissioning brief should be prepared for SHAs as to what ought to be offered to IAPT supervisors. This document constitutes that brief and has been currently updated so as to attempt to take account of changes to the IAPT programme, together with changes in SHA involvement with Education and Training. It should also be read in conjunction with the detailed guidance about how IAPT training ought to be incorporated within the MPET process (Guidance for Commissioning IAPT Training 2011/12 – 2014/15; [www.iapt.nhs.uk/workforce/iapt-education-training-and-development/](http://www.iapt.nhs.uk/workforce/iapt-education-training-and-development/) ).
6. The following brief for commissioning Supervisor Training is suggested:
  - a) Supervisor training courses should be commissioned from education providers with an established track record of supervisor training, together with relevant and specific knowledge, and familiarity of the following: IAPT services, supervising Cognitive Behavioural Therapy (CBT) therapists and high volume case management supervision for PWP. Where practitioners have recently been trained in the four other non-CBT psychological therapies<sup>2</sup> approved by IAPT, SHAs should consider providing supervisor training within these therapies and seek the relevant expertise.
  - b) The content of courses should be based around the Roth and Pilling supervision competences and be consistent with the IAPT curriculum for supervisor training, which is available on the iapt website. PWP case management supervision should be based on the Reach Out Manual for PWP Supervisors, also available on the iapt website.
  - c) The following minimum guidance is not meant to be prescriptive and it maybe that some supervision training course providers will offer their training over more days or in a different sequence depending upon local needs and requirements.
  - d) Courses should be based on 5 or 7 days depending upon whether both low and high intensity IAPT supervision is to be covered. We suggest a basic format of an introductory 2-day workshop, which focuses on generic supervision competences. This is followed by a further two days which focus individually on either clinical supervision for high intensity CBT or other IAPT approved therapies, or case management supervision for supervisors of PWPs. Finally, the last day of the workshop could be used to integrate the previous days and deal with issues such as evaluation of clinical and supervisory skills. It is likely that these 5 or 7 days will be spread out over a period of time such as 6 or 9 months. Some IAPT therapy courses may (e.g. IPT) already offer specific IPT Supervisor training which

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<sup>2</sup> IAPT approved non-CBT training courses for Couple Therapy for Depression, Counselling for Depression, Dynamic Interpersonal Therapy, and Interpersonal Therapy have been commissioned by SHAs and rely on intensive training for already experienced and accredited therapists, together with supervised practice following the course and provided by trained supervisors. For further information see the Commissioning and Curriculum Guide which is available on the iapt website.

may be independent of existing IAPT supervisor training. It is hoped that over time, these training courses might be more closely integrated.

- e) We recommend that the workshops from first two days and the final day should contain both supervisors of low and high intensity interventions in order that qualified staff in these services, will gain a shared understanding of the interventions being delivered and the issues raised within supervision. However, we also believe that it is essential that supervisors receive specific training around how to supervise both low and high intensity interventions and the different demands that these interventions place on supervision.
- f) The first day of the course should not be spent inducting qualified staff into the operation of IAPT services. Ideally, staff undergoing supervisor training should already have experience of working within IAPT services and have been inducted already as regards service models and philosophy, types of interventions and clinical protocols, and the requirements of outcome measurement.

More generic aspects of IAPT services such as understanding and assessing depression, risk assessment and management, outcome measurement, and equalities aspects of services have recently been incorporated into the generic competences for IAPT therapists and training materials are readily available on the IAPT site. Supervisors attending IAPT supervision courses might be asked to familiarise themselves with these materials before the course commences.

- g) It is unlikely that all five days will be delivered sequentially but spaced over a period of time, which will also allow supervisors to report back their supervision experiences within IAPT services within the workshop days. Spacing out the days in this way also allows workshop material to be transferred and tested out within the participants' routine IAPT supervision, resulting in the opportunity to refine or revisit parts of the workshop and to provide feedback to individual supervisors'. Follow up supervisor training for therapists that have attended 5 day training events in non-CBT IAPT approved therapies can also allow opportunities to reflect on the initial therapy training, as well as extending to supervision issues.
- h) It would also be desirable for the competences of supervisors attending these courses to be assessed and evaluated. This could be via course training staff or through peer or self-assessment. However, a supervision competence self-assessment tool, similar to the National Curriculum High Intensity Competence self-assessment has yet to be developed.
- i) In addition, supervisors might bring in examples (e.g. audio tapes or DVDs) of their work with supervisees during the previous weeks clinical work within services. Ratings and feedback on supervision provided by supervisees might also be included. Such assessments, whilst highly desirable, are demanding of course staff time and would need to be adequately resourced. Moreover, reliable scales of supervision competence have yet to be developed and agreed. The usual consent and confidentiality procedures would also need to apply.
- j) Courses should also include some form of course evaluation by the participants.
- k) Courses should consider offering certificates of attendance to those supervisors that have successfully passed the course and demonstrated their competence within supervision. Indeed, attendance certificates are now being required by BABCP for the accreditation of individual PWP practitioners. Sometimes, these courses might be part of a modular structure leading to an overall post-graduate qualification in either supervision/psychotherapy/counselling or an advanced qualification for PWPs.

- l) Where staff have experienced difficulties in demonstrating their supervision competences, courses need to consider whether and how such information could be feedback in a constructive and confidential manner to services.
  - m) Courses might consider using APL/APEL procedures for very experienced supervisors with extensive supervision training experience or qualifications.
  - n) Requirements for supervisor eligibility and how supervisor training is assessed across the five IAPT approved therapies can be found under the detailed documentation provided on the IAPT website for each of the approved psychological therapies. It should be noted that the quality of supervision provided for each of the therapies is a critical requirement for these trainings in order that they successfully receive
7. SHAs face particular challenges with the proposed move of IAPT education and training commissions into the MPET budget. Although it would appear that both supervisor training and non-CBT IAPT courses are essentially beyond registration, they are an essential part of the IAPT full roll out which will be a MPET responsibility. Accordingly, we would recommend that the courses are commissioned alongside PWP and High Intensity CBT courses, just in the same way that SHAs provide support for clinical supervision training within the context of pre-registration clinical psychology training.

## **Conclusion**

We hope this document might provide greater clarity for SHA Education leads or their successors who maybe responsible for commissioning IAPT Supervision Training. If you have any comments or suggestions, please do not hesitate to contact Prof Graham Turpin ([g.turpin@shef.ac.uk](mailto:g.turpin@shef.ac.uk)).

**IAPT Education and Training Group**  
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