



Higher National Unit Specification

General information

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Unit code: J3HK 37

Superclass: AF

Publication date: November 2019

Source: Scottish Qualifications Authority

Version: 02 (August 2024)

Unit purpose

The aim of this unit is to enable experienced counsellors to develop their knowledge and skills of the theoretical models and approaches involved in professional clinical supervision.

This will include the facilitation of supervision (including group supervision) and will include time management, session structure, leadership and the management of group processes and working with differing counselling models and theoretical approaches (psychoanalytic / psychodynamic, systemic, humanistic) to develop the skills necessary for supervisory practice.

The content of this unit is underpinned by the British Association of Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions and aligned with the BACP Curriculum Framework for Counselling Supervisor Training.

Higher National Unit Specification: General information (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Outcomes

On successful completion of the unit, the learner will be able to:

- 1 Critically explore the factors involved in the facilitation of effective one-to-one and group supervision.
- 2 Demonstrate the ability to work professionally within the supervisees chosen / preferred theoretical approach.
- 3 Apply and successfully consolidate the principles underpinning the chosen psychological model into supervisory practice.

Credit points and level

1 Higher National Unit credit at Scottish Credit and Qualifications Framework (SCQF) level 10: (8 SCQF credit points at SCQF level 10).

Recommended entry to the unit

Although entry is at the discretion of the centre, learners should have already achieved or be nearing completion of the unit Counselling Supervision: Introduction at SCQF level 10.

In addition, all applicants must:

- have significant experience in counselling / psychotherapy practice (with a minimum of 450 client hours).
- have as a minimum, two years' post-qualifying experience
- be BACP Registered or equivalent member of a professional body who adheres to an ethical framework or code of ethics.
- have appropriate supervision arrangements in place including access to at least two supervisees.
- be able to demonstrate knowledge of a range of media used for remote supervision, including audio, text, email and blended approaches.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the support notes for this unit specification.

There is no automatic certification of Core Skills or Core Skill components in this unit.

Higher National Unit Specification: General information (continued)

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Context for delivery

If this unit is delivered as part of a group award, it is recommended that it should be taught and assessed within the subject area of the group award to which it contributes. This is a mandatory unit for the PDA in Counselling Supervision at SCQF level 11.

Equality and inclusion

This unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website:

[SQA Assessment Arrangements](http://www.sqa.org.uk/assessmentarrangements) (www.sqa.org.uk/assessmentarrangements).

Higher National Unit Specification: Statement of standards

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Acceptable performance in this unit will be the satisfactory achievement of the standards set out in this part of the unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Where evidence for outcomes is assessed on a sample basis, the whole of the content listed in the knowledge and / or skills section must be taught and available for assessment. Learners should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Critically explore the factors involved in the facilitation of effective one-to-one and group supervision.

Knowledge and / or skills

- Facilitative role of the supervisor
- Benefits of effective preparation to the participants
- Structure and process of supervision
- Leadership and management skills required in group supervision

Outcome 2

Demonstrate the ability to work professionally within the supervisees chosen / preferred theoretical approach.

Knowledge and / or skills

- Importance of case load management for self and supervisee
- Extensive understanding of theoretical approaches and their application within counselling supervision
- Supervisee demonstration of skills underpinned by theory

Outcome 3

Apply and successfully consolidate the principles underpinning the chosen psychological model into supervisory practice.

Knowledge and / or skills

- Role of supervisory stance including monitoring
- Concepts and principles of therapeutic work
- Impact of specific psychological content to supervisory work

Higher National Unit Specification: Statement of standards (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Evidence requirements for this unit

Evidence is required to demonstrate that learners have achieved all outcomes. Given the nature of this unit, the importance of maintaining confidentiality and responsibilities relating to disclosure on issues emerging should be stressed to candidates. Learners should adhere to a nationally recognised professional ethical framework. Criteria for this assessment should be clear and specific with regard to learner competency.

Learners will need to provide evidence to demonstrate their knowledge and / or skills across all outcomes by showing that they can:

- explain the facilitative role of the supervisor within the group context.
- explain the key aspects of preparation and their importance in ensuring supervisees are effective participants.
- explain the importance of structure and time-management including within the group supervision process.
- demonstrate the ability to work collaboratively with supervisees to bring supervisory sessions and relationships to an end.
- reflect on the development of skills to manage supervision informed by theory.
- explain the range of leadership and management skills required for effective supervision.
- explain the importance of case load management for self and supervisee.
- explain a range of measures that can be utilised to help a supervisee with their volume of work.
- evaluate the use of paper and electronic information in supervision.
- describe the personal and professional issues that may impact on a supervisee's capacities.
- explain in detail specific theoretical approaches and their application within counselling supervision.
- outline the factors involved when utilising online technology in counselling supervision.
- define the supervisory stance including monitoring, educating and supporting the supervisee.
- explore the concepts and principles of theoretical content informing supervisory practice.
- critique the impact of specific psychological content to supervisory work.



Higher National Unit Support Notes

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Unit support notes are offered as guidance and are not mandatory; however, the BACP ethical framework and guidance for clinical supervision must be adhered to throughout.

While the exact time allocated to this unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this unit

Outcome 1

This outcome explores the facilitation, management, process and structure of supervision. Learners should be identifying issues that help them to be effective participants as well as how to manage expectations regarding attendance and maintaining respect for others. Leadership styles such as active, assertive and non-authoritarian should be considered. The importance of listening and being a reflexive practitioner should be explored in the context of responding to feedback. The negotiation of the structure and time management of sessions contributes to the engagement of supervision. An awareness of and strategy for working with problematic interpersonal issue including conflict and inappropriate competitiveness should be highlighted in addition to working positively with difference. There should be a focus on reflection on the development of skills to manage supervision group informed by theory.

Outcomes 2 and 3

Both of these outcomes relate to chosen theoretical models. The following aspects should be explored in the context of the supervisees chosen theoretical model:

- Supporting the supervisee to manage their caseload; assimilating and integrating information presented by the supervisee on their caseload; supporting and developing the supervisee's capacity to use outcome measures to manage their caseload; identifying and managing risks from the caseload; recognising and helping to resolve problems of caseload management, workload, time management.
- Adjusting the supervision style in light of the volume of work presented.

Higher National Unit Support Notes

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Outcomes 2 and 3 (continued)

- Using paper and electronic information in supervision.
- Detecting personal and professional issues that could have an impact on supervisee's capacities.
- Working with supervision using online technology, for example telephone, skype, text, video conferencing. Supervisors must be experienced in delivering OPT before supervising OPT work (for further details please refer to the competences for Distance therapies on the research resources page of the BACP website at link: [bacp research, resources](#))
- Working Online in the Counselling Professions (BACP Good Practice in Action 047 Fact Sheet) will be helpful for delivery.
- The knowledge of the principles underpinning low-intensity interventions.
- Recognising limitations in knowledge that may have implications for the supervisor's capacity to offer effective supervision.
- Identifying the supervisee's knowledge of low intensity supervision.
- Supporting the supervisee in assessing suitability for low-intensity interventions, developing their capacity to deliver evidence-based clinical and assessment tools.
- Supporting the supervisee to deliver low-intensity interventions, giving advice and guidance on low intensity cognitive behavioural therapy (CBT) techniques, identifying any difficulties the supervisee has in working within a protocol driven, low-intensity service.
- Supporting routine outcome monitoring.
- Supporting decisions about the appropriateness of interventions.
- Working on chosen theoretical approach.
- Setting up practice sessions that would be helpful for the supervisee, for example setting up exercises that help the supervisee to rehearse implementing therapeutic procedures.

The trainee supervisor should align themselves with supervisees who work with theoretical models familiar to them. The supervisor should have extensive experience of the supervisees preferred / chosen model so that the supervisor can work with the supervisees, ensuring approaches and theory are being correctly applied.

The following are examples of different theoretical approaches and how the supervisor should work with the supervisee:

Higher National Unit Support Notes (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Cognitive Behavioural Therapy (CBT)

(For further information on CBT competence framework use link: [CBT Competence Framework](#))

- Knowledge of the principles of CBT.
- Recognising limitations in knowledge that may have implications for the supervisor's capacity to offer effective supervision.
- Adapting supervision to the supervisee's training needs — identifying knowledge and addressing any misconceptions about the model. Gaining experience of the model by applying the techniques to themselves, making use of the CBT perspective to understand the client's presentation, helping the supervisee to reflect on their development as a CBT practitioner.
- Structuring supervision sessions that resonate with the principles of CBT — agreeing an agenda, reflecting on the application of ideas from previous supervision sessions, reviewing practice and identifying issues for discussion, reviewing any practice assignments that have been agreed.
- Understanding specific content areas for CBT supervision — knowledge of diagnosis, knowledge of CBT case conceptualisation and formulation, structuring therapy sessions, making use of interventions as outlined in the CBT competences in the context of a collaborative relationship.
- Understanding specific supervisory techniques — understanding and using observational and participatory methods, using video and audio recordings, using 'capsule summaries' to summarise material discussed, identifying any negative thoughts that interfere with supervision.
- Monitoring the supervisee's work — formally assessing the supervisee's CBT competences using appropriate instruments.

Psychoanalytic / psychodynamic

(For further information on Psychoanalytic / Psychodynamic competence framework use link: [Psychoanalytic / Psychodynamic framework](#))

- Knowledge of psychodynamic therapy and its principles.
- Recognising limitations in knowledge that may have implications for the supervisor's capacity to offer effective supervision.
- Adapting supervision in relation to the stage of learning and development of the therapist integrating training and therapeutic aspects of the role.
- Maintaining a balance between a collaborative and an authoritative stance.

Higher National Unit Support Notes (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Psychoanalytic / psychodynamic (continued)

- Identifying the supervisee's knowledge and experience of psychoanalytic / psychodynamic therapy.
- Identifying and discussing any misconceptions that the supervisee may hold regarding psychoanalytic / psychodynamic therapy and the techniques usually associated with this model.
- Monitoring the supervisee's ability to make use of a psychodynamic perspective to understand the client's presentation and the evolution of therapy.
- Helping the supervisee reflect on their development as a psychodynamic practitioner in order to identify specific learning goals.
- Negotiating learning agreements that reflect the supervisee's learning needs.
- Specific content areas for psychoanalytic / psychodynamic supervision — helping the supervisee to review and apply knowledge about psychoanalytic / psychodynamic ideas and techniques, as it applies to the supervisee's clinical work, helping the supervisee develop skills in; assessment and analytic / dynamic case formulation, and to apply these skills to guide therapeutic interventions.
- Helping supervisees observe and explore significant patterns in the clinical material, especially relating to unconscious dynamics and communication, linking psychodynamic concepts and principles to therapeutic strategies and techniques: observation, using process notes.
- Modelling appropriate therapist behaviours and mental activities, focusing on the client's patterns of interaction with the supervisee as well as the client's intrapsychic dynamics, focusing on the supervisee's experiences, mental processes and behaviour, as well as the client's dynamics.
- Specific supervisory techniques — 'parallel process' knowledge of the ways in which similar interpersonal dynamics may be concurrently enacted in both the therapy and supervisory dyads.
- Maintaining a focus on the therapy with the client, while recognising the possibility of re-enactment within supervision of significant dynamics between the supervisee and their client.
- Developing a relationship that facilitates discussion of the processes happening both within supervision and therapy, and the way in which these relate to one another.
- Helping the supervisee identify when they have been drawn into 'enactments' with the client.
- Helping the supervisee discuss their thoughts and feelings about their clinical work, using this to understand the client's transference and the supervisee's counter-transference.

Higher National Unit Support Notes (continued)

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Psychoanalytic / psychodynamic (continued)

- Monitoring the supervisee's work — making use of recordings and / or direct observation to monitor the supervisee's ability to use psychodynamic strategies and techniques.
- Recognising limitations in knowledge that may have implications for the supervisor's capacity to offer effective supervision.

Systemic

(For further information on Psychoanalytic / Psychodynamic competence framework use link: [Systemic framework](#))

- Supervisor's expertise in systemic psychological therapies — knowledge of the principles underpinning a broad range of systemic psychological therapies; drawing on personal experience of the clinical applications of systemic psychological therapies; enabling supervisees to make a relationship between theory and personal and professional identities; recognising any limitations in knowledge and / or experience with implications for the supervisor's capacity to offer effective supervision.
- Holding in mind the multiple levels involved in supervision — family relationships; the relationship between the family and the therapist; the therapist's personal and professional contexts; the relationship between the therapist and the supervisor; the supervisor's personal and professional contexts; the context in which supervision takes place.
- Supervisory stance — applying the principles of systemic therapy to the conduct of supervision; being self-reflective and reflexive, and monitoring the emotional and interpersonal processes associated with supervisor-supervisee interactions.
- Adapting supervision in relation to the supervisee's stage of learning and development as a therapist; the supervisee's learning and therapy styles; the organisational context within which supervisees are working.
- Maintaining a relationship that is supportive of training but does not become 'therapy'.
- Maintaining an appropriate balance between a collaborative and an authoritative stance.
- Recognising and helping the supervisee reflect on parallels in the relationships between the therapist and the family (or the system with which they are working), and that between the therapist and the supervisor and / or the team.

Higher National Unit Support Notes (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Systemic (continued)

- Adapting supervision to the supervisee's training needs and developmental stage — identifying the supervisee's knowledge and experience of systemic therapies; monitoring the supervisee's ability to make use of a systemic perspective to understand the client's presentation and the evolution of therapy; helping the supervisee reflect on their development as a systemic practitioner in order to identify specific learning goals; helping the supervisee consider what will be needed in order to maintain a systemic stance outside supervision; linking personal material covered in specific supervision sessions to the supervisee's learning needs and personal development.
- Specific content areas for supervision of systemic psychological therapies — helping the supervisee review and apply knowledge about systemic ideas and techniques; helping the supervisee maintain a therapeutic stance appropriate to the systemic approach; helping supervisees make connections between systemic theory and their personal and professional lives; helping therapists to develop systemic rapport (that is, to align with one family member without compromising the ability to align with others at a later time); recognising when the clinical material generates significant concerns; recognising the role of their own family history and current circumstances as a resource and possible constraint in relation to each case; helping supervisees present clinical material in a variety of formats.
- Working with difference, including real or perceived power differences — exploring the issues of difference and power within the supervisory relationship; helping supervisees focus on the fact that, by participating as a therapist in any system, they become part of that system, and to help them consider the potential implications of this for the meaning of their actions.
- Live supervision and supervision in and through teams — intervening live in an ongoing session, taking account of the family's wellbeing, the therapeutic relationship and the therapist's development and (if involved) the team behind the screen; considering the effects of live supervision on the family and on the therapist.
- The reflecting team — utilising reflecting team interventions both as an intervention in clinical work and as part of a therapist's own development; observing and discussing the supervisee's clinical work through the use of a one-way screen, video link, in-room observation or joint working.
- Monitoring the supervisee's work — making use of recordings / direct observation and live supervision techniques to monitor the supervisee's ability to use strategies and techniques; using systemic techniques to constructively challenge problematic performance of a supervisee.

Higher National Unit Support Notes (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Humanistic (For further information on Psychoanalytic / Psychodynamic competence framework use link: [Humanistic framework](#))

- Supervisor's expertise in humanistic psychological therapies — knowledge of the principles underpinning humanistic psychological therapies; drawing on personal experience of the clinical applications of humanistic psychological therapies; recognising any limitations in knowledge and / or experience that have implications for the supervisor's capacity to offer effective supervision.
- Supervisory stance — being reflective and self-monitoring the emotional and interpersonal processes associated with supervisor-supervisee interactions; adapting supervision in relation to the supervisee's learning and therapy styles; being flexible about the application of theory and technical principles; having a respectful attitude to the supervisee, including an ability to be supportive and non-judgmental, especially in relation to the supervisee's discussion of clinical errors or mistakes; maintaining a relationship that is supportive but does not become 'therapy'; maintaining a primary focus on the educational goals of supervision.
- Identifying when it is appropriate to help the supervisee attend to personal and / or emotional reactions to their work.
- Maintaining an appropriate balance between a collaborative and an authoritative stance.
- Adopting an approach to supervision which places the primary focus on the exploration of client issues and the therapist's experience of the client, rather than on developing immediate solutions to problems.
- Adapting supervision to supervisees' training needs and their developmental stage — identify the supervisee's knowledge and experience of humanistic psychological therapies; monitoring the supervisee's ability use a humanistic perspective to understand the client's presentation and the way in which the therapeutic process develops; helping the supervisee reflect on their development as a humanistic practitioner in order to identify specific learning goals; linking material covered in supervision sessions to the supervisee's learning needs and personal development; negotiating learning agreements that reflect the supervisee's learning needs and are appropriate to their stage of development.
- Specific content areas for the supervision of humanistic psychological therapies — helping supervisees review and apply their knowledge of humanistic psychological therapy; listening actively to the supervisee in order to help the supervisee reflect on their work; developing empathic understanding to sense the supervisee's perceptions, experience and responses to their work.

Higher National Unit Support Notes (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Humanistic (continued)

- Helping the supervisee to reflect on their experience of the therapeutic relationship (including their affective, cognitive and somatic reactions to their client); being honest and open about their experience of offering therapy and communicating this in supervision.
- Adopting a position of curiosity towards their experiences in offering therapy, and being open to exploring the meaning of these experiences.
- Helping the supervisee maintain a therapeutic stance appropriate to the humanistic approach.
- Linking humanistic concepts and principles to therapeutic strategies and techniques with reference to clinical material presented by the supervisee through discussion, verbal reports, direct observation, process notes, modelling of humanistic principles in the context of supervision and the supervisory relationship.
- Specific supervisory techniques — ‘parallel process’: knowledge of the ways in which similar interpersonal dynamics may be concurrently enacted in the supervisory and therapeutic dyads.
- Maintaining a focus on the therapy with the client, while recognising the possibility of re-enactment within supervision of significant dynamics between the supervisee and their client.
- Understanding how to explore interpersonal processes occurring both between supervisor and supervisee, and supervisee and client, and how these relate to one another.
- Helping the supervisee identify when they have been drawn into ‘enactments’ with the client and to explore their thoughts and feelings when this occurs.
- Monitoring the supervisee’s work — making use of recordings and / or direct observation to monitor the supervisee’s ability to use humanistic strategies and techniques appropriate to the humanistic approach being adopted.

Guidance on approaches to delivery of this unit

A variety of teaching approaches is encouraged, for example, lectures and group-work including discussion around case studies and simulated supervision sessions. Self-directed research should be encouraged. There are many opportunities to integrate delivery and assessment of the units across the PDA.

The centre should provide a recommended reading list which will benefit learners in their self-directed learning.

Organised visits from current practitioners experienced in clinical supervision will provide further insight and benefit to learners.

Higher National Unit Support Notes (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

A minimum of 80% attendance is required by the learner for this unit. (90% attendance is required by some funding bodies, learners should refer to the delivering centres' programme guidance). Centres should have processes in place to monitor attendance.

As the content of the unit aims to develop the supervisor's ability to link theory to practice, it is mandatory that delivery will include structured simulated supervision skills and group-work sessions. This will provide beneficial experiences for learners as they will practise their supervision skills and work with teacher / lecturer / supervisor and peer feedback. They will also gain experience in supporting their supervisee, for example setting up exercises that will help their supervisee to rehearse implementing therapeutic procedures. A suggested order for delivery and minimum content follows.

Session	Session Content
Section 1	<ul style="list-style-type: none">• Introduction to the unit requirements and overview of sessions.• Enabling supervisees to prepare for group supervision — identifying issues that help them to be effective participants, expectations regarding attendance, respect for others.
Section 2	<ul style="list-style-type: none">• The training group facilitator modelling the process, giving feedback that is specific and with empathy.• Leadership — developing a leadership style that is active, assertive and non-authoritarian. Listening to the training group members and acting on feedback about group functioning from members.• Structuring sessions — agreeing and clarifying with members the way the training group will run, encouraging group members to act as supervisors to other training group members.• Allocating time — agreeing and clarifying how the time is used, the number of presentations.

Session	Session Content
Section 3	<ul style="list-style-type: none"> • Managing the one-to-one and group supervision processes — supporting and monitoring the engagement of supervisees with each other. Offering support to the supervisees. Identifying and acting on problematic interpersonal issues within the group by assessing conflict and inappropriate competitiveness. Working with difference in the training group and identifying and addressing any issues arising within the training group. • Time set aside for practising supervision skills with other members of the training group, working with teacher / lecturer / supervisor and peer feedback. • Setting up practice sessions that would be helpful for the supervisee, for example setting up exercises that help the supervisee to rehearse implementing therapeutic procedures.
Section 4	<ul style="list-style-type: none"> • Supporting the supervisee to manage their caseload; assimilating and integrating information presented by the supervisee on their caseload; supporting and developing the supervisee's capacity to use outcome measures to manage their caseload; identifying and managing risks from the caseload; recognising and helping to resolve problems of caseload management, workload, time management. • Adjusting the supervision style in light of the volume of work presented. • Using paper and electronic information in supervision. • Detecting personal and professional issues that could have an impact on supervisee's capacities. • Working with supervision using online technology, for example telephone, skype, text, videoconferencing (for further details please refer to the competences for Distance therapies on the research resources page of the BACP website at: BACP Research / Resources).

Session	Session Content
Section 5	<ul style="list-style-type: none"> • The knowledge of the principles underpinning low intensity interventions. • Recognising limitations in knowledge that may have implications for the supervisor's capacity to offer effective supervision. • Identifying the supervisee's knowledge of low intensity supervision. • Supporting the supervisee in assessing suitability for low-intensity interventions, developing their capacity to deliver evidence-based clinical and assessment tools. • Supporting the supervisee to deliver low-intensity interventions, giving advice and guidance on low intensity CBT techniques, identifying any difficulties the supervisee has in working within a protocol driven, low-intensity service. • Supporting routine outcome monitoring. • Supporting decisions about the appropriateness of interventions.
Section 6	<ul style="list-style-type: none"> • Working on chosen theoretical approach. • Setting up practice sessions that would be helpful for the supervisee, for example setting up exercises that help the supervisee to rehearse implementing therapeutic procedures.
Section 7	<ul style="list-style-type: none"> • Working on chosen theoretical approach. • Time set aside for practising supervision skills with other members of the training group, working with teacher / lecturer / supervisor and peer feedback.
Section 8	<ul style="list-style-type: none"> • Working on chosen theoretical approach. • Setting up practice sessions that would be helpful for the supervisee, for example setting up exercises that help the supervisee to rehearse implementing therapeutic procedures.
Section 9	<ul style="list-style-type: none"> • Working on chosen theoretical approach. • Time set aside for practising supervision skills with other members of the group, working with teacher / lecturer / supervisor and peer feedback.
Section 10	<ul style="list-style-type: none"> • Working on chosen theoretical approach. • Setting up practice sessions that would be helpful for the supervisee, for example setting up exercises that help the supervisee to rehearse implementing therapeutic procedures.
Section 11	<ul style="list-style-type: none"> • Consolidation of learning and assessment.
Section 12	<ul style="list-style-type: none"> • Group work, reflection and evaluation.

Higher National Unit Support Notes (continued)

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

Guidance on approaches to assessment of this unit

Evidence can be generated using different types of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Evidence for all knowledge based elements may be assessed holistically. Evidence may be gathered in open-book conditions at appropriate points throughout the unit. The use of a learner portfolio totalling no more than 2,500 words is recommended. (This may also be useful if the learner chooses to maintain a reflective journal to support their learning process). Evidence for skills-based elements should be assessed via a combination of group contribution and demonstration of the learner's ability to link theory into practice.

Outcome 3 provides an important opportunity for the learner to demonstrate their ability to link the underpinning knowledge and understanding elements of the unit into their practice. The use of an internally moderated observation checklist supported by evidence of constructive questioning and feedback from the peer group and teachers / lecturers / supervisors are appropriate methods of assessment. Learners should be encouraged to reflect on the practice sessions as this will contribute to their overarching evaluation.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the evidence requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at [SQA e-Assessment](http://www.sqa.org.uk/Guide%20to%20best%20practice.pdf). (www.sqa.org.uk/Guide to best practice.pdf).

Opportunities for developing Core and other essential skills

There are opportunities to develop the Core Skills of Communication (Oral and Written Communication), Numeracy, Problem Solving, Working with Others and Information and Communication Technology (ICT).

History of changes to unit

Version	Description of change	Date
02	<p>'Tutor' changed to 'teacher / lecturer / supervisor' throughout unit specification.</p> <p>Page 1: Minor amendments to Unit Purpose. Amendment to outcome 1 and outcome 2.</p> <p>Page 3: Amendment to entry requirements.</p> <p>Page 4: Deletion of reference to 'national specific competencies for counselling supervision'.</p> <p>Page 5: Paragraph added before outcome 1. Outcome 1 bullet 1 amended to 'one-to-one and group...' Outcome 1 bullet 3, removal of 'groups'. Outcome 2 title amended. Outcome 2 bullet 3 addition of 'supervisee'.</p> <p>Page 6: Bullet 3 addition of 'including'. Bullet 4 added.</p> <p>Page 7: Outcome 1 minor amendments. Outcomes 2 and 3 minor amendments. Outcome 2 and outcome 3 addition of 'Supervisors must be experienced in delivering OPT before supervising OPT work'.</p> <p>Page 8: Two paragraphs inserted before section on CBT.</p> <p>Pages 8-13: All links updated and simplified.</p>	August 2024

History of changes to unit (continued)

Version	Description of change	Date
02 (continued)	<p>Page 14: Deletion of reference to reading list in Content and Context section. Addition of 'The centre should provide a recommended reading list which will benefit learners in their self-directed learning'. Addition of 'Centres should have processes in place to monitor attendance.' Section 2 addition of 'training' within section.</p> <p>Page 16: addition of 'one-to-one and group'. Addition of 'training'.</p> <p>Page 17: Section 7 — addition of 'training'.</p> <p>Page 18: Addition of new paragraph under heading 'Guidance on approaches to assessment of this unit'.</p> <p>Page 21: Addition of 'experienced' and 'both one-to-one' in second paragraph. Correction of learning outcomes to match those mentioned on page 1.</p>	August 2024

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Unit template: February 2024

General information for learners

Unit title: Counselling: Theoretical Models and Approaches in Professional Clinical Supervision (SCQF level 10)

This section will help you decide whether this is the unit for you by explaining what the unit is about, what you should know or be able to do before you start, what you will need to do during the unit and opportunities for further learning and employment.

This unit is designed for experienced counsellors wishing to practise as clinical supervisors. It explores the facilitation of both one-to-one and group supervision and focuses on the underpinning theoretical models used to help you develop and enhance the skills necessary to facilitate supervisory practice. During the unit you will learn how to facilitate and manage a supervisory group and acquire the understanding and the impact of theory upon successful supervisory practice.

This unit is mandatory within the PDA in Counselling Supervision and may also be taken as a stand-alone unit, perhaps by current practitioners for the purpose of continued professional development.

British Association of Counselling and Psychotherapy (BACP) Ethical Framework for the Counselling Professions and aligned with the BACP Curriculum Framework for Counselling Supervisor Training.

You will complete three outcomes to achieve the unit.

- 1 Critically explore the factors involved in the facilitation of effective one-to-one and group supervision.
- 2 Demonstrate the ability to work professionally within the supervisees chosen / preferred theoretical approach.
- 3 Apply and successfully consolidate the principles underpinning the chosen psychological model into supervisory practice.

Assessment for theory-based content is by one holistic portfolio whilst skills-based elements are assessed by both (a) group contribution and (b) demonstration incorporating teacher / lecturer / supervisor and peer feedback and (c) engagement in an external clinical supervisory relationship.