# CBT Supervision Preparation

## A beginner-friendly glossary and practical checklist

### THE AIM

Arrive with a clear question, a concise case summary and awareness of uncertainty. Supervision supports safe clinical decisions, reflective practice and therapist development.

## 01 Essential supervision terms

| TERM | PLAIN-ENGLISH MEANING |
|---|---|
| Case management supervision | Review of caseload, suitability, risk, progress and service decisions. |
| Clinical supervision | Collaborative exploration of clinical work, formulation, interventions and therapist responses. |
| Agenda | A short list of priority questions or decisions for the meeting. |
| Formulation | A working explanation of how a client's difficulties developed and are maintained. |
| Maintaining factors | Patterns that may keep difficulties going, such as avoidance or reassurance seeking. |
| Outcome measures | Structured scores used alongside clinical discussion to monitor change. |
| Risk assessment | An ongoing evaluation of possible harm, protective factors and appropriate action. |

### PRACTICAL TIP

Bring only information necessary for the supervision question. Use anonymised case details and follow your service confidentiality procedures.

# Prepare a focused case discussion

## 02 What to bring and how to organise it

| TERM | WHAT IT MEANS IN PREPARATION |
|---|---|
| Presenting problem | The client’s main difficulty, impact on daily life and goals. |
| Clinical question | The specific uncertainty or decision you want help with. |
| Treatment target | A meaningful change you and the client are working towards. |
| Intervention rationale | Why a CBT strategy fits the formulation and current goal. |
| Therapeutic alliance | The collaborative relationship, including agreement on goals and tasks. |
| Rupture | A strain or misunderstanding in the therapeutic relationship that may need repair. |
| Safeguarding | Action to protect children or adults at risk, according to local procedures. |
| Reflective practice | Noticing your assumptions, emotional responses, strengths and learning needs. |

## 03 Six-point preparation checklist

### BEFORE SUPERVISION

- ■ Identify your most important clinical question.
- ■ Summarise the presenting problem and current formulation.
- ■ Review progress, measures and client feedback.
- ■ Note risk, safeguarding and relevant service procedures.
- ■ Describe what you have tried and what happened.
- ■ Name any uncertainty, alliance issue or learning need.

# Turn supervision into action

## 04 Questions, example and follow-through

### Useful questions to take into supervision

| FOCUS | EXAMPLE QUESTION |
|---|---|
| Formulation | What might be maintaining this difficulty that I have missed? |
| Intervention | How can I adapt the task to fit the client's goals and context? |
| Engagement | How could I explore our disagreement about the agenda? |
| Risk and safety | What action is needed now under our service procedures? |
| Therapist reflection | How might my own response be affecting the work? |

### WORKED EXAMPLE | SOCIAL ANXIETY

**Brief summary:** Client avoids speaking in meetings; fears negative evaluation.
**What has been tried:** Identified predictions and agreed a small experiment; client did not attempt it.
**Supervision question:** How can I explore barriers and revise the experiment collaboratively?
**Possible next step:** Review the client's experience, safety behaviours and readiness before agreeing another test.

## 05 After supervision: action notes

### RECORD AND REVIEW

**Agreed action:** _____

**What I will discuss with the client:** _____

**What I need to check or escalate:** _____

**What I learned:** _____

Quick check: Clear question | Relevant information | Safety considered | Agreed next step