Toolkit for Individual Supervision of Mental Health Professionals

Skills-Based Competency Grids for Individual Supervision of mhGAP-trained clinicians & Counselors/Psychologists

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Version: 1.0; updated October 2021

[This toolkit is valid for 2 years, for use in MSF field sites. After 2 years it will be updated based on feedback from users. For all feedback or questions, please contact gregory.keane@paris.msf.org]

Contents

Introduction

Clinical supervision from a senior mental health (MH) professional imparts knowledge, skills, and competence to less experienced practitioners. This toolkit is meant as a practical field instrument for technical supervisors (which can be different from line managers) to use when conducting individual supervision sessions. It should be used in combination with other supervision approaches – including for example InterVision and group supervision as outlined in MSF or equivalent guidelines. The aim of supervision is to help MH professionals assess their skills and to define the support they need from their supervisor in order to learn, expand their professional competencies, and improve the quality of care they deliver.

- Supervisee = a practitioner receiving technical supervision/case discussion/support
- Supervisor = a person providing this support
- Patient = a person accessing care, a service user

In MSF contexts, supervisees include practitioners providing care under the technical supervision of an MH professional (MH activity manager, patient support activity manager, MH supervisor). Supervisees working in MSF contexts come from a very wide variety of professional and educational backgrounds as well as social and cultural contexts. They range from newly recruited counselors in low resource settings often with no previous experience, to junior doctors who have not previously provided mental healthcare, up to experienced clinical psychologists and doctors experienced and trained in provision of mental healthcare. Supervision approaches therefore need to be flexible enough to account for everyone, in a way that recognizes the strengths, challenges and opportunities for skills development for each. While this tool is not able to achieve all things for all people, it has been developed in a way that should allow individual adaption.

Using these Tools

This individual supervision toolkit, and the competency grids contained within it, should be given and explained to the supervisee well in advance. Ideally, this would occur when a person starts their new position as part of a briefing on job expectations. At this time, a baseline competency assessment can also occur, individual and team learning goals can be defined, and supervision planning can be conducted together. Supervisees should have time to prepare for supervision sessions, with his/her input recorded. Supervision sessions should be conducted in a confidential manner in a private setting, with sufficient time for discussion and the possibility for follow-up on questions arising from the conversation.

Supervision with the tool should be done regularly (e.g., monthly) and not tied to sporadic observations, one patient, or particular "incidents." This will avoid generalizations being made from a single case or specific example. At the end of each supervision session, the next session should be scheduled, and a review of the supervision plan should occur. General feedback on a supervisee's skills may be given to their line manager after discussing first with the supervisee. When a skill needs work, a specific plan should be made with the supervisor, defining the process and support measures available (e.g., weekly file review, preparing a number of cases for discussion).

The supervision grid should be kept by the supervisee for review. Another copy should be kept in a supervision file. Tools can be printed and completed by hand if preferred, but all copies (electronic or printed) should be confidential.

Instructions

1. Which Supervision Tool Should I Use?

There are two supervision tools contained in this toolkit, intended for use with different types of supervisees.

- Supervision for Counselors or Psychologists = can be used to assess all positions providing professional counselling services, psychological interventions, psychotherapy, or basic individual counselling with a focus on mental health. See Appendix 1 for tool.

- Supervision for Psychiatrists of mhGAP-trained Staff = This tool should be used by staff who have received training in the WHO mhGAP approach to care for moderate to severe MH conditions, for positions who provide medical follow-up and psychotropic medication + counselling (many of the items will still address counselling aspects). See Appendix 2 for tool.

2. Intensity of Supervision required

The following table describes a way to understand the intensity of individual supervision required by the supervisee for each item used in this tool. For each competency, specific skills will be listed in the far-left column. These clinical skills should be assessed to ensure that the appropriate intensity of supervision is provided and to track progress over time. The columns on the right (used for additional comments and support planning) are also important elements of each tool and can be used to provide depth and detail on the quantitative score.

IS	Intensive Supervision needed	Skill needs a lot of support and monitoring; intensive day-to-day supervision needed. Supervisee does not feel comfortable doing this independently
SS	Some Supervision needed	Skill is frequently used, but supervisee still needs some day-to-day support. Supervisee seeks support if needed
MO	Assessed as a Model for Others	Does not need much supervision, can support others by showing how it can be done
NA	Not Applicable	This has not been observed since the last supervision, or has not happened since then, or cannot be assessed

3. Which Skills Level Should a Supervisee be Initially Assessed at?

Each competency featured in the tool allows the supervisee to be assessed according to their level of skill, whether they are expected to have “Level 1” or “Level 2” based on their training and on initial supervision planning. Appendix 3 provides additional examples of a skill done well at Levels 1 and 2 ****During the**

supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox.

- Level 1 = The supervisee will have basic skills and likely be in a position with less formal MH education and experience required. They may be providing basic counselling or prescribing to patients (example: they had initial training in PFA/mhGAP)
- Level 2 = The supervisee will have advanced skills and likely be in a position with more formal clinical education, such as a psychologist and/or staff who have 2+ years clinical experience providing specialized MH care.

  *NOTE: If a staff member performs well on the majority of LEVEL 1 skills and performs more specialized tasks, consider "graduating" them to LEVEL 2 supervision regardless of whether they have a formal degree.

4. Frequency of Supervision

How often to conduct supervision will depend on the needs of the supervisee and the project's duration but should be conducted at least once every 3 months (minimum). In between supervision sessions, parts of this skills list can be used informally, e.g., for discussion of a specific session.

5. Monitoring Over Time

Supervisor and supervisee should make a plan together, including support measures that will be needed. Include no more than 1-2 plans per category. Be realistic: Learning takes time. Do not expect that every supervisee will improve their skills at every discussion. At the team level: assess the "general situation" every 3 months so you can identify team training/supervision needs.

Appendix 1: Tool for Counselor or Psychologist Supervision

COUNSELOR OR PSYCHOLOGIST SUPERVISION

COMPETENCY 1: The Practitioner-Patient Relationship

Country/Mission/Project:		Date last supervision:	
Date:		Goals of last supervision:	
Supervisee:			
Supervisor:			

INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Non-verbal communication Appropriate body language helps patient feel comfortable (open, not too close/far, eye contact). kind and calm tone. Practitioner stays focused, does not seem "distracted".				
Verbal communication Clear language. Practitioner takes time to check that the patient has understood; explains when the patient does not understand. Appropriate speed. Pauses to give the patient time to respond.				
Active listening Shows understanding, paraphrases (rewords), summarizing, clarifies what patient has said.				
Validating Normalizes patient reactions, lets patient know their emotional reactions are understandable. Does not minimize feelings, tell patients to feel differently. No judgment or blame communicated				
Empathy and attunement ☐ **Level 1 Skills:** Practitioner puts themself in patient perspective, to understand their experience. Tone and activity is sensitive to the patient's state (mirroring). *See Examples Lvl 1.* ☐ **Level 2 Skills:** Can adapt own emotional response appropriately in session.				
Collaborative Encourages patient to take an active part in the session. Does not tell the patient what to do in a situation (give advice) but encourages the patient to come up with their own ideas or solutions. Gives supportive feedback to the patient, praises openness.				

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

COUNSELOR OR PSYCHOLOGIST SUPERVISION				
COMPETENCY 2: Technical Skills				
Country/Mission/Project:			Date last supervision:	
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Frame & Boundaries ☐ **Level 1 Skills:** Sessions help the patient feel safe. They are welcoming and have an ending. patient can openly say their needs. Practitioner helps the patient feel comfortable. Roles, what to expect in the session, limits and confidentiality are clear. *See Examples Level 1.* ☐ **Level 2 Skills:** Frame can be adapted when needed.				
Collecting History ☐ **Level 1 Skills:** Practitioner conducts an assessment using standard tools and follows the patient's main concerns, including patient's current supports and strengths. Includes screening for risk of harm and abuse. ☐ **Level 2 Skills:** Practitioner conducts a semi-structured interview (standard areas but flexible). Follows up on "hints" of patient and future areas to explore. Uses diagnostic tests where appropriate. Includes patient current supports and strengths. Includes screening for harm/abuse				
Differentiating ☐ **Level 1 Skills:** Practitioner helps patient in explore different sides of an issue to understand their difficulty. ☐ **Level 2 Skills:** Helps the patient express nuances (fine differences) in emotions and work out ambivalences, even if the patient does not say directly. *See Examples Level 2.*				
Treatment Plan ☐ **Level 1 Skills:** helps patient identify recovery goals (what gives their life meaning? What are their hopes). Is specific in planning with patient, breaks large goals into smaller steps. Includes families/carers/support in planning as needed. Considers resources/barriers in community. At discharge, concludes counselling process supportively, reflecting together on patient progress ☐ **Level 2 Skills:** Structures the treatment with the patient based on their goals and prioritizes the plan based on MSF counselling guidelines and responsible professional practice. Concludes the counselling process with a relapse prevention plan. Puts in place a relapse prevention plan collaboratively.				

COUNSELOR OR PSYCHOLOGIST SUPERVISION			
COMPETENCY 2: Technical Skills (Page 2)			
	INTENSITY	COMMENTS	SUPPORT PLAN
Psychoeducation ☐ **Level 1 Skills:** Gives enough psychoeducation (information) on symptoms experienced, using specific examples. ☐ **Level 2 Skills:** Includes comparisons, images or metaphors used by the patient where possible.			
Making Links ☐ **Level 1 Skills:** Reviews recovery process with patient, links with previous statements/ sessions. *Example: reviews session notes, connects what patient says with what was said earlier.* ☐ **Level 2 Skills:** Makes links for patients with what was discussed in previous sessions and what has happened over the course of sessions and treatment. Includes events and practice opportunities outside sessions. Supports patient reflection.			

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

COUNSELOR OR PSYCHOLOGIST SUPERVISION				
COMPETENCY 3: Case Discussion				
Country/Mission/Project:			Date last supervision:	Click or tap here to enter text.
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Patient-Centered Care ☐ **Level 1 Skills:** Advocates for patient. Considers patient a "whole person." Does not generalize or base explanations on "all patients with this problem." *Example: links patient's anxiety to patient's specific experience.* ☐ **Level 2 Skills:** Integrates thoughts, feelings, behaviors, interpersonal relationships, learning history, environmental and physical factors.				
Categorization ☐ **Level 1 Skills:** Identifies patient's "main complaint"/difficulties and chooses appropriate syndrome. Considers how the person is doing in their day-to-day activities (what is going well, what are the main areas of difficulty). ☐ **Level 2 Skills:** Gives appropriate diagnosis based on comprehensive assessment. Considers other similar presentations. Describes functional impairment (how/where is MH condition affecting the patient?). Where no clinical diagnosis, uses other psychological frameworks to understand difficulties. Example: systemic understanding of a conflict, attachment framework.				
Adapting ☐ **Level 1 Skills:** If patient is not improving, uses case discussion to understand why and adapt the intervention. ☐ **Level 2 Skills:** Thinks about alternatives to own assumptions (ideas about the patient). Adapts interventions. Example: considers impact of rapport (how their own response affects interaction - countertransference) or intervention's fit for patient.				
Observation ☐ **Level 1 Skills:** Describes patient's appearance and behavior in a simple way. *Examples: says how the patient was dressed, if patient was talking slowly or moving a lot, crying a lot.* ☐ **Level 2 Skills:** Links observations to current difficulties where appropriate, takes them into account in the treatment plan. Examples: recognizes when patient is very self-critical, considers style of help-seeking, comments on carer-child interactions.				

COUNSELOR OR PSYCHOLOGIST SUPERVISION			
COMPETENCY 3: Case Discussion (Page 2)			
	INTENSITY	COMMENTS	SUPPORT PLAN
Choice of Intervention ☐ **Level 1 Skills:** Uses interventions based on MSF counselling guidelines and WHO. Shows awareness of basic counselling concepts. *See Examples Level 1.* ☐ **Level 2 Skills:** Uses interventions based on MSF counselling guidelines, WHO, and own professional practice or continued learning. Considers benefits of different interventions. Priorities of intervention are based on case formulation.			
Ethical Issues ☐ **Level 1 Skills:** Brings up uncertainties in case discussion. Shows awareness of when to seek supervision. *Example: risk concerns about abuse.* ☐ **Level 2 Skills:** Practitioner brings up uncertainties in case discussion and seeks supervision. Shows awareness of common ethical dilemmas and can describe them. Examples: concerns about risk, limits of competency, conflicts of interest (personal involvement with patient).			
Multidisciplinary Work 1 ☐ **Level 1 Skills:** Communicates about treatment plan with other team members, shares information. Makes appropriate referrals. *Example: discusses rehabilitation goals with the medical team (with patient consent*). ☐ **Level 2 Skills:** Example: discusses concerns about psychiatric symptoms with the prescriber			

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

COUNSELOR OR PSYCHOLOGIST SUPERVISION				
COMPETENCY 4: Clinical Files				
Country/Mission/Project:		Date last supervision:		
Date:		Goals of last supervision:		
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Completeness ☐ **Level 1 Skills:** Practitioner completes appropriate clinical forms after each session, including any screening tools used. Patient's main reason for being seen is clear. ☐ **Level 2 Skills:** Assessments include syndromes (diagnoses where appropriate) and follow-up notes include monitoring tools and comments on patient progress.				
Regularity ☐ **Level 1 Skills:** Practitioner provides regular follow-up to patients and documents missed appointments. ☐ **Level 2 Skills:** Frequency (how often) is appropriate to the patient's needs.				
Multidisciplinary Work 2 ☐ **Level 1 Skills:** Appropriate referrals are made to other services, either inside or outside the project. Referrals are adapted to patient needs and respect their wishes. ☐ **Level 2 Skills:** This includes management of complicated situations (e.g., protection).				

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

COUNSELOR OR PSYCHOLOGIST SUPERVISION				
COMPETENCY 5 (OPTIONAL): Specific Situations and Subgroups				
Country/Mission/Project:			Date last supervision:	
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Interventions for children ☐ **Level 1 Skills:** Uses expressive (creative) activities adapted to the child's development stage. *Example: play or art activities.* ☐ **Level 2 Skills:** Uses expressive interventions to understand the child's inner world and relationships (adapted to the child's development stage). Therapeutic exercises adapted for children. Example: play therapy, art therapy, therapeutic stories for the purpose of psychoeducation.				
Crisis management ☐ **Level 1 Skills:** Practitioner identifies signs of an acute crisis and seeks specialized advice where needed. *Example: When the patient becomes very distressed, talks about wanting to end his/her life or hurt others.* ☐ **Level 2 Skills:** Can stabilize a patient in acute crisis. Can use appropriate skills-based techniques. Examples: a patient having a panic attack or is dissociating.				
Interpreter Practitioner works with interpreter/translator in a collaborative way. Gives clear guidance, requests feedback. Gives space for debriefing and listens.				
Groups ☐ **Level 1 Skills:** Practitioner moderates group sessions, allowing participants to contribute and ask questions. Summarizes and closes group sessions appropriately. ☐ **Level 2 Skills:** Plans and structures group sessions adapted to patients' shared difficulties and recovery goals. Observes process. Encourages participants to model behavior for and support each other. Does not lecture. Can reframe critical contributions in the group.				

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

COUNSELOR OR PSYCHOLOGIST SUPERVISION				
COMPETENCY 6: Therapeutic Interventions (Level 2 Skills)				
Country/Mission/Project:		Date last supervision:		
Date:		Goals of last supervision:		
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Skills-Based Orientation ☐ **Level 2 Skills:** Engages patient as an active participant. Supports patient in gradually (step by step) tolerating emotions, experiencing mastery, and regulating behaviors.				
Cognitive Orientation ☐ **Level 2 Skills:** Supports patient in exploring and differentiating thoughts, feelings, wishes, beliefs, and assumptions in relation to their reality and history.				
Experiential Orientation ☐ **Level 2 Skills:** Integrates techniques (i.e. psychodrama, roleplay, behavioral experiments, gestalt therapeutic elements, etc.) when appropriate for the patient and familiar for the practitioner.				
Directivenes ☐ **Level 2 Skills:** Adapts own directiveness to the needs and readiness of the patient. *Examples: exploring motivation and readiness for change, "rolling with resistance," providing a holding environment for very distressed patients.*				
Relationships ☐ **Level 2 Skills:** Practitioner attends to moments of inter- or intrapersonal conflict (conflict between people or within the person). Can explore with patient how this relates to relationships outside. Responds in a way that allows for a different relationship experience.				
Narrative/trauma ☐ **Level 2 Skills:** Respects patient as an expert for experience, helps patient cope in the present. Provides psychoeducation on specific symptoms. Supports patient in regaining meaning, integrating experiences into their life story. Does not impose own interpretation or force exposure.				

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

Appendix 2: Tool for mhGAP-trained Clinician Supervision

PSYCHIATRIC OR mhGAP-TRAINED STAFF SUPERVISION				
COMPETENCY 1: The Practitioner-Patient Relationship				
Country/Mission/Project:			Date last supervision:	
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Non-verbal communication Body language is appropriate, helps patient feel comfortable (e.g., open, not too close/far, eye contact). Tone is kind and calm. Practitioner stays focused, does not seem "distracted."				
Verbal communication Language is clear. Practitioner takes time to check that patient understands; explains when patient does not understand. Appropriate speed. Uses pauses to give patient time to respond.				
Active listening Practitioner shows understanding by paraphrasing (rewording), summarizing and clarifying what the patient has said.				
Validating Normalizes patient's reactions. Lets patient know their emotional reactions are understandable. Does not minimize feelings or tell patient to feel differently. Comments are made without judgement or blame.				
Empathy and attunement ☐ **Level 1 Skills:** Practitioner puts themselves in patient's shoes (takes perspective) to understand their experience. Tone & activity are sensitive to the patient's state (mirroring). ☐ **Level 2 Skills:** Can adapt own emotional response appropriately in session.				
Collaborative Practitioner encourages patient to take active part in the session. Does not tell patient what to do (give advice) but encourages them to come up with their own ideas or solutions. Gives supportive feedback to the patient, praises openness.				

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION				
COMPETENCY 2: Technical Skills				
Country/Mission/Project:			Date last supervision:	Click or tap here to enter text.
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Frame & boundaries ☐ **Level 1 Skills:** Sessions help the patient feel safe. They have a welcoming and an ending. patient can openly say what their needs. Practitioner helps the patient feel comfortable. Roles, what to expect in the session, limits and confidentiality are clear. ☐ **Level 2 Skills:** Frame can be adapted when needed (see examples, level 2).				
Collecting history ☐ **Level 1 Skills:** Practitioner conducts a diagnostic interview, including taking a history of the main complaint and medical history. Includes patient current supports and strengths. Includes screening for risk of harm and abuse. ☐ **Level 2 Skills:** Practitioner conducts a diagnostic interview, including comprehensive history taking and assessment of mental status. Can adapt structure to patient. Example: assesses development of the child of a patient with substance use issues.				
Differentiating ☐ **Level 1 Skills:** Practitioner asks questions or performs examinations related to screening for common conditions not disclosed. *Examples: substance use, infection.* ☐ **Level 2 Skills:** This includes considering rarer differential diagnosis (e.g. neurological examination). Examples: self-medication for chronic pain through substance use.				
Treatment plan ☐ **Level 1 Skills:** Practitioner helps the patient identify their recovery goals (what gives their life meaning and what they hope for). Is specific in planning with the patient and prioritizes the treatment plan based on the mhGAP algorithm. Includes families/carers/support persons in the plan as needed. Considers resources and barriers in the community. At discharge from care, concludes the process with a patient supportively by reflecting together on the patient's progress. ☐ **Level 2 Skills:** Prioritizes the treatment plan with the patient based on the mhGAP algorithm, MSF protocols and responsible professional practice.				

Psychoeducation ☐ **Level 1 Skills:** Practitioner gives enough psychoeducation (information) on diagnosis, using specific examples. Asks the patient what they would like to know about their condition. Educates about risks and benefits of treatment, potential side-effects, duration and importance of adherence. ☐ **Level 2 Skills:** Practitioner gives enough psychoeducation (information) on mental health condition, taking into account the patient's health knowledge and beliefs			
Making links ☐ **Level 1 Skills:** Practitioner reviews recovery process with patient. Helps the patient make links. *Examples: reviews session notes before, connects what patient is saying with what was said earlier in session.* ☐ **Level 2 Skills:** Reviews recovery process with patient. Makes links for patients with what was discussed in previous sessions and what has happened over the course of the treatment. Follows up on concerns from last consultation. Examples: reviews session notes before, connects what patient is saying with what was said in an earlier session.			
Physical health screen Practitioner checks the physical condition of the patient, noting weight, age, vital signs as appropriate.			
Medication safety 1 Practitioner checks for contra-indications and barriers to adherence before prescribing any medication. Prescribes medication at the lowest effective dose. Monitors progress on medication including any side-effects. Alters treatment depending on patient response and side effects. Tapers medication gradually.			
Daily functioning ☐ **Level 1 Skills:** Asks how the patient is functioning in their day-to-day activities. Supports the patient to consider the ways that they could improve their daily functioning. Includes behavioral health strategies for managing symptoms. Gives practical guidance for addressing common barriers to adherence. ☐ **Level 2 Skills:** Works with the patient/caregiver on problem-solving these barriers together. Shows non-confrontational approach.			

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION				
COMPETENCY 3: Case Discussion				
Country/Mission/Project:			Date last supervision:	
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Patient-centered care ☐ **Level 1 Skills:** Advocates for patient. Considers them a "whole person." Does not generalize, use explanations based on "all patients with this diagnosis." *Example: identifies patient's individual triggers for mood episodes (e.g. sleep deprivation, disruptions in routine).* ☐ **Level 2 Skills:** Integrates psychosocial and environmental factors into the biomedical model. *Example: understands patient's mood episodes because of temperament, past experience and current stressors.*				
Diagnosis ☐ **Level 1 Skills:** Identifies patient's "main complaint" and difficulties at this moment; gives an mhGAP diagnosis. Considers how person is doing in their day-to-day activities (what is going well, what are the main areas of difficulty). ☐ **Level 2 Skills:** Practitioner gives an appropriate diagnosis based on comprehensive assessment. Considers other similar presentations based on mhGAP, clinical guidelines and diagnostic manuals. Describes functional impairment (how and where is the MH condition affecting the patient at this time?).				
Adapting ☐ **Level 1 Skills:** If patient is not improving/getting worse: Practitioner uses case discussion to understand why and adapt intervention. *Example: before considering switching medication, reconsiders diagnosis and intervention.* ☐ **Level 2 Skills:** Thinks about alternatives to own assumptions (ideas about the patient).				
Observation ☐ **Level 1 Skills:** Can describe clinical observations of the patient, including mental state as it has changed over time: appearance, behavior, speech, mood, thoughts, perception, and insight. ☐ **Level 2 Skills:** Presentation is logical and makes links between different aspects.				

Choice of intervention ☐ **Level 1 Skills:** Practitioner suggests interventions based on mhGAP management algorithms. Shows awareness of stress-related conditions and essential care and practice. ☐ **Level 2 Skills:** Practitioner suggests interventions based on mhGAP, MSF clinical guidelines and professional practice/continued learning. Considers risks and benefits of a pharmacological intervention. Priorities of intervention are based on a case formulation (See Examples Level 2).			
Ethical issues ☐ **Level 1 Skills:** Brings up uncertainties in case discussion. Shows some awareness of when to seek supervision. *Example: risk concerns about abuse.* ☐ **Level 2 Skills:** Shows awareness of common ethical dilemmas and can describe them. Examples: concerns about risk, limits of competency.			
Multidisciplinary Work 1 Communicates about treatment plan with other members of the team, shares information. Makes appropriate referrals. *Example: refers to psychosocial worker for engagement in a meaningful activity or need for psychosocial follow-up.*			

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION				
COMPETENCY 4: Clinical Files				
Country/Mission/Project:			Date last supervision:	
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Completeness ☐ **Level 1 Skills:** Practitioner fills the appropriate clinical forms after each consultation. This includes prescriptions. Assessments include diagnoses. ☐ **Level 2 Skills:** Follow-up notes include monitoring tools and comments on patient progress.				
Regularity ☐ **Level 1 Skills:** Practitioner provides regular follow-up to patients and documents missed appointments. Frequency (how often) respects mhGAP and MSF clinical guidelines.				
Multidisciplinary Work 2 ☐ **Level 1 Skills:** Practitioner makes appropriate referrals to other services. This can be inside or outside the project. Referrals are adapted to the patient's needs and respect his/her wishes. ☐ **Level 2 Skills:** This includes management of complicated situations (e.g., protection).				
Medication safety 2 Practitioner gives the appropriate amount of a drug in relation to frequency of appointments. Avoids gaps and/or supplying large quantities with insufficient (not enough) monitoring.				

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

PSYCHIATRIC OR mhGAP-TRAINED CLINICIAN SUPERVISION				
COMPETENCY 5: Specific Situations & Target Groups				
Country/Mission/Project:			Date last supervision:	
Date:			Goals of last supervision:	
Supervisee:				
Supervisor:				
INTENSITY OF SUPERVISION NEEDED:	IS Intensive Supervision Needed SS Some Supervision Needed MO Model for Others NA Not Applicable	INTENSITY	**COMMENTS** *What exactly is the supervision need? What do supervisee and supervisor think?*	**SUPPORT PLAN** *What can supervisee work on before next time? How will supervisor support?*
Interventions for children ☐ **Level 1 Skills:** Practitioner assesses children with language and behavior adapted to the child's stage of development. Medication is only considered after consulting a supervisor. ☐ **Level 2 Skills:** Medication is only considered after consulting guidelines and discussing with a supervisor or colleague. Practitioner communicates a biopsychosocial understanding of the child's condition and is comfortable encouraging parenting interventions and behavioral rules.				
Crisis management ☐ **Level 1 Skills:** Practitioner identifies signs of an acute crisis and seeks specialized advice where needed. *Examples: When the patient is incoherent (impossible to understand), has very different behavior to last consultation, looks agitated.* ☐ **Level 2 Skills:** Practitioner is able to stabilize a patient in an acute crisis, without or with a pharmacological intervention as appropriate. *Examples: acutely suicidal patient, catatonic patient, agitated patient.*				
Interpreter Practitioner works with interpreter/translator in a collaborative way. Gives clear guidance, requests feedback. Gives space for debriefing and listens.				

**During the supervision process of a given competency, the Skills Level should be specified by ticking the respective checkbox*

Additional Comments:

Appendix 3: Case Studies & More Examples

The following table gives additional examples of a skill done well at Levels 1 and 2. Not everyone will do all of these things all the time, and there are many more ways to achieve good practice. These examples can be used for discussion between the supervisor and the supervisee. One copy can be kept in the supervision folder. This sheet is to print.

COMPETENCY	LEVEL 1	LEVEL 2
Empathy & attunement	▪ Practitioner understands that the patient's view and their own views can be different. ▪ Practitioner can give words to the feelings the patient is expressing, even when the patient does not say them directly. Can connect them to their experience. ▪ Practitioner can communicate concern for the patient, without overwhelming them. Can show they care. ▪ Practitioner can stay with the patient when the patient talks about difficult feelings. ▪ Practitioner adapts their behavior to the patient, e.g. speaks more gently with a very quiet patient.	▪ Practitioner can be sensitive to the patient's feelings without being overwhelmed him-/herself by them. ▪ Practitioner acknowledges patient's anger but does not get equally (same) angry. ▪ Practitioner can accept patient's hopelessness yet be slightly above the patient's low level of arousal. ▪ Practitioner recognizes, for example, a patient's reaction to a difficult event (feeling guilty) when their own reaction is sadness for the patient (for having gone through this). Can gently reflect this to the patient when in the patient's interest.
Frame & boundaries	▪ Practitioner checks in with the patient at the start of the session. ▪ Helps patient feel safe through predictability and explains what to expect, explains role of counsellor/prescriber and checks what patient needs. ▪ Explains what they can do and do not do clearly. ▪ Explains confidentiality and gets patient's consent (agreement). ▪ Respects the patient's choices. ▪ Practitioner does not have private contact with patient. Can explain to patient in a kind way why not.	▪ Practitioner may have a session plan but always makes sure to check in with patient at the start of the session. Adapts plan if necessary. ▪ Practitioner can reach a "therapeutic contract" with patient. Discusses patient's expectations and how to work together. ▪ Practitioner can explain what happens in a counselling process. ▪ Gets informed consent (agreement) at every step. Including when treatment plan changes. ▪ Practitioner can discuss patient's wishes if patient makes a request the practitioner cannot fulfil. Makes a link with the patient's needs.
Differentiating & categorization	▪ Practitioner explores different sides of an issue. ▪ Practitioner can recognize "typical" examples of depression, anxiety etc. related to training examples and identify relevant steps of action. ▪ In case discussion, practitioner can summarize what they see as the main difficulty: what happened first, next, what is the patient bringing. ▪ Practitioner can ask standard risk assessment questions once he/she has been trained in this.	▪ Assessment is adapted to patient's level of disclosure. For example, if patient feels no one cares about him/her, practitioner spends more time on support persons and relationship experiences. ▪ Practitioner can follow up on subtle "hints" from patients about difficult experiences, such as sexual violence or suicidal thoughts. ▪ Practitioner can consider and exclude more similar diagnoses. ▪ In case discussion, practitioner can consider different explanations for a difficulty and think about evidence for either. (Generating hypotheses.)

COMPETENCY	LEVEL 1	LEVEL 2
Recovery orientation	▪ The patient is seen as an individual person, not a diagnosis. ▪ Practitioner takes a rights-based approach to talking about the patient. Advocates for the patient. ▪ Practitioner can help the patient identify his/her goals. ▪ Practitioner helps the patient with this, can ask follow-up questions on what the patient used to enjoy, what the patient would be doing if they were feeling a bit better, who they spend time with, what is important to them. ▪ Practitioner can break a large goal down into smaller, manageable steps with the patient and problem-solve barriers.	▪ The patient is seen as an individual person, not a diagnosis. ▪ Practitioner takes a rights-based approach to talking about the patient. Advocates for the patient. ▪ Practitioner can help the patient identify his/her goals and the *values* behind them. Can help the patient identify the link between goals. ➔ What is important in life? ▪ Practitioner can help the patient come up with alternative goals that reflect their values where a goal is impossible to reach. ▪ Practitioner can support the patient in grieving losses and defining the meaning of recovery in complex situations. ▪ Practitioner can respect if a very hopeless patient does not have current goals. Helps the patient identify what used to be/could be important. ▪ Practitioner seeks supervision for difficult situations (e.g. patient's values seem unacceptable to practitioner).
Choice of intervention	▪ Practitioner understands in discussion when giving advice is helpful/unhelpful. ▪ Practitioner knows some stress management exercises, e,g. breathing exercises. Can demonstrate them clearly for patients. ▪ Practitioner can use structured problem-solving. ▪ Practitioner knows where to find more idea for exercises or can ask about this. ▪ Practitioner does not pressure patient to try a specific exercise or make promises about exercises. Explains their purpose first. Obtains consent. ▪ When patient does not want to talk, practitioner has some tools for other things to do, such as drawing. ▪ Prescriber can identify appropriate mhGAP source. For example, for insomnia related to acute stress, follows decision tree before considering medication.	▪ Practitioner can adapt interventions flexibly to the patient. ▪ Practitioner can prioritise steps of interventions based on difficulties of the patient. For example, for patient with depressive symptoms related to role dispute, considers communication analysis to address the conflict. ▪ Practitioner can identify common difficulties with interventions and sees when an exercise is inappropriate for a patient. ▪ Practitioner uses behavioural exercises for patient with difficulties in, for example, social skills or impulse control. Uses a more insight oriented approach for more internalising patient depending on need and goals. ▪ Practitioner promotes generalisation (applying something outside the session). Makes links with practice opportunities in daily life. ▪ Prescriber can consider alternatives outside mhGAP based on existing drugs. E.g. consider combination of olanzapine + fluoxetine for bipolar depression. ▪ Prescriber can manage more complex treatment plans. For example, for patient with major depressive symptoms + self-harm related to regulating severe emotional arousal (anxiety about rejection), considers anxiolytic antidepressant in combination with frequent follow-up and psychological intervention.