



Competencies of the Clinical Supervisor in Cognitive-Behavioral Therapy: A Scoping Review

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Abstract: The clinical supervision mode based on therapeutic competencies has gained prominence and empirical support. This review article aimed to map and synthesize the relevant literature available on the competencies of the clinical supervisor in cognitive-behavioral psychotherapy. The review was conducted following the scoping methodology recommended by the Joanna Briggs Institute and in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) checklist. Twenty-five articles were selected, identifying multiple categories for the analysis of therapeutic competencies: (a) basic; (b) transcultural; and (c) metacompetencies, in addition to studies that subdivided competencies into those related to individual, group, and online supervision. The findings highlight the importance of the supervisor's prior training and the prior and explicit definition of the competencies and/or domains to be observed and developed throughout the clinical supervision assessment cycles.

Keywords: clinical supervisory competencies, competence-based supervision, skills, supervision, cognitive-behavioral therapy

Competências do Supervisor Clínico de Terapia Cognitivo-Comportamental: Uma Revisão de Escopo

Resumo: O modelo de supervisão clínica baseado em competências terapêuticas tem ganhado destaque. O objetivo deste estudo de revisão foi mapear e sintetizar a literatura relevante disponível acerca das competências necessárias do supervisor clínico dentro da abordagem teórica da psicoterapia cognitivo-comportamental. A presente revisão foi elaborada de acordo com metodologia de análise de escopo recomendada pelo Instituto Joanna Briggs e foi conduzida segundo o conforme o *checklist Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews* (PRISMA-ScR). Foram selecionados 25 artigos os quais apontaram para múltiplas categorias de análise de competências terapêuticas: (a) básicas; (b) transculturais; (c) metacompetências, além de alguns estudos subdividirem entre competências da supervisão individual, grupal e *online*. Os estudos apontam para a importância do treinamento prévio do supervisor, definição prévia e clara de quais são as competências e/ou domínios que precisam ser observadas e treinadas ao longo dos ciclos de avaliação de supervisão clínica.

Palavras-chave: competência profissional, supervisão clínica, competências, supervisão, terapia cognitivo-comportamental

Competencias del Supervisor Clínico en Terapia Cognitivo-Conductual: Una Revisión de Alcance

Resumen: El modelo de supervisión clínica basado en competencias terapéuticas ha ganado prominencia. El objetivo de este artículo de revisión fue mapear y sintetizar la literatura relevante disponible sobre las competencias necesarias del supervisor clínico dentro del enfoque teórico de la psicoterapia cognitivo-conductual. Esta revisión se elaboró según la metodología de *scoping* recomendada por el Joanna Briggs Institute y se realizó de acuerdo con la lista de verificación *Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews* (PRISMA-ScR). Se seleccionaron 25 artículos que apuntaban a múltiples categorías para analizar las competencias terapéuticas: (a) básicas; (b) transculturales; (c) metacompetencias, además de algunos estudios que subdividían las competencias de supervisión individual, grupal y en línea. Los estudios señalan la importancia de la formación previa del supervisor, la definición previa y clara de qué competencias y/o dominios necesitan ser observados y entrenados a lo largo de los ciclos de evaluación de la supervisión clínica.

Palabras clave: competencia profesional, supervisión clínica, competencias, supervisión, terapia cognitivo-comportativa

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A major current challenge in clinical supervision within the cognitive-behavioral approach involves defining objective criteria to assess competencies achieved by supervisees. More traditional forms of supervision in Cognitive-Behavioral Therapy (CBT) involve a description of the case under care and a recommendation made by the supervisor, who often applies personal models and/or parameters, with the supervisor determining what is or is not important for the supervisee. In contrast, competence-based supervision emphasizes the supervisee's autonomy, with assessment based on clear and objective criteria. This makes supervision a space for resolving doubts rather than merely describing or reporting the treatment session; the supervisee is assessed using parameters established by scales developed by experts in the field, rather than parameters derived from the supervisor's personal experience.

Interest in the study of evidence-based supervision has increased in recent years. McManus et al. (2012), Muse and McManus (2013), Prasko et al. (2011), and Scotton et al. (2021) indicate that competency mapping relies primarily on the individual therapist's self-assessment. Binnie (2011) published a review addressing the clinical supervision process using a reflective model, comparing the trainee's development of competence as a therapist with their development as a supervisor.

Reiser and Milne (2012) sought to address the empirical status of CBT supervision and observed that, despite CBT's rich empirical heritage, CBT supervision still lacks a solid foundation and tends to be largely descriptive, emphasizing principles (relationship factors, collaboration, guided discovery, and structure) rather than employing explicit procedures and a rigorously manualized approach (Reiser & Milne, 2012). To understand the competencies needed to better clarify the effects of supervision, it is necessary to define and/or identify evidence-based structures, methods, and supervision content; moreover, it is necessary to identify the critical domains that must be analyzed to enable comparisons across studies. Given the importance of implementing competence-based supervision, this review article proposes to compile the literature on the competencies of the CBT clinical supervisor in clinical supervision processes within this approach.

The objective of this research was to map and synthesize the relevant literature on the competencies required of the clinical supervisor within the theoretical framework of cognitive-behavioral psychotherapy. We sought to answer the following research question: "What competencies should the clinical supervisor in Cognitive-Behavioral Therapy (CBT) demonstrate, according to the national and international literature?" Specifically, we ask: What empirical evidence is available regarding the competency framework in clinical supervision within CBT? Which competencies of the CBT clinical supervisor have been mapped?

Method

This review was carried out following the scoping review methodology recommended by the Joanna Briggs Institute

(Aromataris & Munn, 2017). The following steps were followed: (a) definition of the topic, objectives, and research questions; (b) definition of inclusion and exclusion criteria; (c) definition of the approach for article search, selection, extraction, and presentation of findings; (d) search for evidence; (e) selection of evidence; (f) extraction of evidence; (g) evidence analysis; (h) presentation of results; and (i) summary of evidence (Cordeiro & Soares, 2019; Peters et al., 2015; 2017). This review was also conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018).

The process of selecting and categorizing the studies was performed by two independent reviewers and, in cases of disagreement, consensus was reached through consultation and analysis by a specialist judge in the field. However, no disagreements arose, and the judge's evaluation was not required.

The literature search was conducted in August 2024, by selecting articles published in English, Spanish, or Portuguese from the following electronic databases: PubMed, Scopus, PsycINFO, SciELO, Virtual Health Library (VHL), and manual search. The choice of databases was based on their relevance to the review topic and the inclusion of both international and national studies. The publication date limit was set to articles published from 2011 onward, in light of a literature review on supervisor competency mapping published in that year (Binnie, 2011). Accordingly, only scientific articles published in the last 13 years were considered.

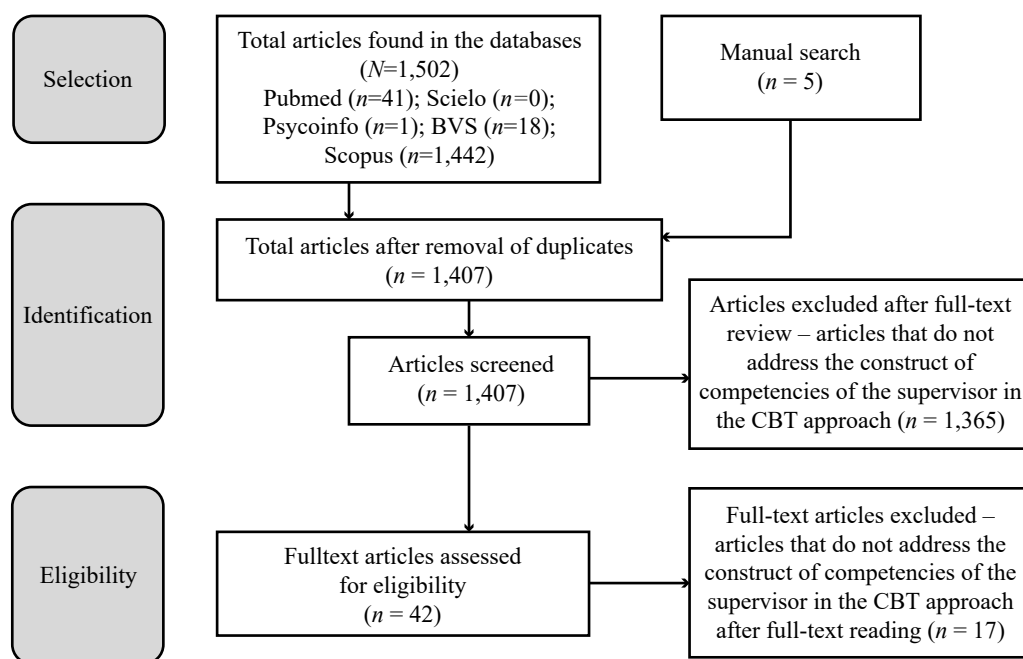
Based on the expertise of two reviewers specialized in the subject and consultations of publications in the field, search terms were defined, and the following combinations of descriptors and Boolean operators were used across all selected databases. (1) (competencies clinical supervisor OR competence-based supervision OR competencies OR supervision) AND (cognitive-behavioral therapy OR CBT OR cognitive therapy);

In the first stage, a free search without filters was carried out in the selected databases using the aforementioned descriptors, identifying 1,507 publications. Based on this initial search, a screening was conducted through the reading of titles, abstracts, and keywords, applying the following inclusion criteria: original articles directly related to the concept of the clinical supervisor's competencies in CBT, written in any of the three aforementioned languages, and published from 2011 onward. The exclusion criteria were: articles related to clinical supervision in approaches other than CBT, as well as theses, dissertations, book chapters, letters to the editor, editorials, and review articles.

In total, 42 texts were initially screened. A subsequent screening was conducted through the full reading of all texts, excluding those not written in the languages specified in the inclusion criteria, duplicates, and those that did not address the construct of the clinical supervisor's competencies within the CBT approach. At this stage, 25 articles were deemed eligible and were included in the final analysis of this scoping review. The entire selection process is summarized in the PRISMA flowchart below (Figure 1).

Figure 1

PRISMA flowchart outlining the identification, screening, and selection of studies for the scoping review.



Results

For the interpretation and synthesis of the results, the extracted data were classified into categories. The data were extracted and entered into a table for the characterization of the studies included in the review (Table 1).

Table 1

Characterization of the studies included in the scoping review

Author/ Year	Country/ Language	Format	Method	Database	Study Objective
Barletta et al. (2012)	Brazil PT	Article – Theoretical	Qualitative	Manual search	To discuss the importance of clinical supervision as a tool for the development of therapeutic competencies
Newman (2013)	USA EN	Article – Theoretical	Qualitative	VHL (BVS)	To highlight the processes of a postgraduate training course in CBT supervision
Pearl et al. (2013)	USA EN	Article – Theoretical	Qualitative	Pubmed	To assess the challenges and perceptions of supervision processes by psychiatrists
Reiser e Milne (2013)	USA EN	Article – Theoretical	Qualitative	Pubmed	To outline a formulation of the current state of CBT supervision
Milne et al. (2013)	UK EN	Cross-sectional study	Quantitative	PubMed	To assess the effectiveness of supervision processes in facilitating learning
Lewis et al. (2014)	USA EN	Pilot study	Qualitative	Psycinfo	To discuss the outcome domains of clinical supervision
Nakamura et al. (2014)	USA EN	Cross-sectional study	Quantitative	PubMed	To present the development of a coding scheme for supervisor skill acquisition
Cummings et al. (2015)	Canada EN	Article – Theoretical	Qualitative	PubMed	To discuss the processes regularly used during CBT supervision
Weck et al. (2016)	Germany EN	RCT	Quantitative	PubMed	To compare the effectiveness of supervision in terms of supervision structure

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Author/ Year	Country/ Language	Format	Method	Database	Study Objective
Velasquez (2017)	Brazil PT	Thesis – Experimental	Quantitative	PubMed	To examine the current panorama of supervised clinical practice in CBT specialization courses
Milne (2018)	UK EN	Book chapter	Qualitative	Manual search	To discuss the activities supervisors should perform in supervision
Yang et al. (2018)	Beijing EN	Case study	Qualitative	Scopus	To provide evidence on the benefits and challenges of online cross-cultural supervision
Murr et al. (2020)	UK EN	Pilot study	Qualitative	Scopus	To describe the most valued elements of CBT supervision by trainees
Bearman et al. (2020)	USA EN	Cross-sectional	Qualitative	Scopus	To examine perceptions of supervision competencies before and after training
Alfonsson et al. (2020)	Sweden EN	Pilot study	Qualitative	Scopus	To assess the effects of standardized supervision on competence as evaluated by the assessor
Barletta et al. (2021)	Brazil PT	Article – Theoretical	Qualitative	Manual search	To examine perceptions about the training of CBT supervisors
Kelly e Hassett (2021)	UK EN	Theoretical study	Qualitative	Scopus	To describe supervisors' and supervisees' thoughts in a training context
Watkins et al. (2021)	USA EN	Theoretical study	Qualitative	Scopus	To analyze barriers and solutions for the implementation of supervision
Guindon et al. (2022)	Canada EN	Theoretical study	Qualitative	Scopus	To identify interventions considered by trainees during supervised processes
Harris et al (2022).	UK EN	Thematic analysis	Qualitative	Scopus	To conduct a thematic analysis of CBT supervision processes for therapists in training
Miljkovic (2023)	Bosnia EN	Pilot study	Qualitative	Scopus	To analyze the effects of written feedback in online supervision
Gonsalvez et al. (2023)	Australia EN	Cross-sectional	Qualitative / Quantitative	Scopus	To examine differences between supervisors and trainees in competence assessments
Meza et al. (2023)	USA EN	Observational – Exploratory	Qualitative	Scopus	To examine the presence of evidence-based supervision approaches among clinicians
Axelsson et al. (2024)	Sweden EN	Theoretical study	Qualitative	Scopus	To present a supervisee-centered supervision process
Riva & Smith (2024)	USA EN	Theoretical study	Qualitative	Scopus	To analyze supervision competencies in individual and group modalities

Note. RCT = Randomized Clinical Trial; PT = Portuguese; EN = English.

Studies involving the analysis of online supervision competencies and/or cross-cultural competencies

Two studies focused on analyzing the competencies of clinical supervisors in the online modality (Miljkovic, 2023; Yang et al., 2018). Miljkovic (2023) highlights the lack of adequately validated clinical models for electronic supervision and presents a model called the Supportive Model of Electronic Supervision (SMES), based on the following structure: (a) warm-up conversation; (b) task review; (c) 60-minute supervision sessions; (d) an active, directive, and dynamic supervisory stance; (e) compassionate and fair formulation of feedback; (f) case conceptualization;

(g) reducing hierarchical distance during electronic supervision while maintaining professional boundaries; and (h) effective use of verbal feedback. The study by Yang et al. (2018) provides evidence on the benefits and challenges of online cross-cultural supervision and the feasibility of this training modality. The core competencies involved in the cross-cultural supervision model (or culturally sensitive supervision) include awareness of cultural and linguistic differences in the clients served, discussion of culture-related topics, and consideration of the potential influence of cultural differences on the supervision process and outcomes. The supervisor's approach consisted of: (a) creating a warm and supportive environment; (b) providing intellectual and emotional support; (c) respecting the supervisee's

opinions and ideas; (d) expressing curiosity about culturally shaped behaviors; (e) adopting a strengths-focused and nonjudgmental stance; (f) mutual respect; (g) professional guidance from the supervisor; and (h) flexibility in the supervision style.

Four studies discuss essentially cross-cultural aspects within the supervised process (Barletta et al., 2021; Milne, 2018; Newman, 2013; Reiser & Milne, 2013). Barletta et al. (2021) investigate the perceptions of female supervisors who received training in CBT clinical supervision. In Brazil, supervisors begin their training at the master's degree level. After graduation, a psychologist in Brazil may work as both a therapist and a supervisor, provided they are registered with the professional council. This difference should be considered in clinical supervision training programs, particularly regarding the amount of prior experience.

Milne (2018) points out that, in the context of supervision, culturally sensitive supervisory practice requires self-awareness and sensitivity toward the supervisee. The author highlights the seemingly frequent occurrence of situations in which the supervisee's cultural background is disregarded, which may result in distancing within the supervisory relationship, diminished supervisee engagement, and conceptualization errors on the part of the supervisor. A culturally informed education also helps reduce stereotypes and harmful judgments within supervision. Newman (2013) describes that awareness of and attention to cultural differences between the supervisor and their supervisees is also a skill. An example would be the supervisor taking the initiative in discussions related to cultural diversity. Reiser and Milne (2013) discuss the dilemma faced by novice supervisors in deciding whether to adhere strictly to validated CBT treatment programs or to individualize and adapt treatments to better meet patients' individual needs and/or cultural differences, noting the scarcity of scientific studies validating the implementation procedures for such specific adaptations.

Studies involving the analysis of group supervision competencies

Two studies focused on investigating the competencies of the group supervisor (Barletta et al., 2012; Riva & Smith, 2024). Barletta et al. (2012) identify as essential the maintenance of a supportive and cohesive supervision group, in which mistakes are accepted without punishment, as one of the main objectives of the supervisor. The ability to conduct supervision in a group format is considered part of the essential competency domains for CBT supervisors. The authors emphasize the importance of providing feedback throughout the meeting, not only at the end of the process, as this is also essential for supervisee engagement and meaningful learning. Riva and Smith (2024) provide important insights regarding clinical supervisor competencies related to group supervision. The authors highlight four key group supervisor competencies: (a) the group supervisor facilitated engagement and enhanced the contributions of

all members; (b) learning activities were well planned and coordinated; (c) the supervisor demonstrated insight into the client–professional relationship and the group; (d) the supervisor ensured a safe space for appropriate disclosure and professional growth; and (e) facilitation of mutual engagement among all group members, awareness of group processes or factors that may be present, and creation of a safe environment for supervisees to ask questions.

Competency analysis in individual supervision

Most of the studies (twenty-one) emphasized the analysis of clinical supervisor competencies in individual supervision modalities (Alfonsson et al., 2020; Axelsson et al., 2024; Barletta et al., 2021; Bearman et al., 2020; Cummings et al., 2015; Gonsalvez et al., 2023; Guindon et al., 2022; Harris et al., 2022; Kelly & Hassett, 2021; Lewis et al., 2014; Meza et al., 2023; Milne, 2018; Milne et al., 2013; Murr et al., 2020; Nakamura et al., 2014; Newman, 2013; Pearl et al., 2013; Reiser & Milne, 2013; Velasquez, 2017; Watkins et al., 2021; Weck et al., 2016).

In Alfonsson et al. (2020) supervision focused on CBT-specific competencies and employed experiential learning methods, such as role-playing. Axelsson et al. (2024) identified two main themes in competence-based supervision—learning and development—and five associated subthemes: structure and purpose, prerequisites, experience-based learning, therapeutic skills, and personal development. Barletta et al. (2021) highlighted that supervision training is fundamental for developing supervisory competencies. Supervisors training future supervisors should be prepared to implement activities focused on both clinical and teaching competencies. The transition from therapist to supervisor appears to be underestimated in the literature on female supervisors. Bearman et al. (2020) also focused on investigating the importance of prior and formal supervision training (meta-supervision), which helped develop a well-trained workforce of supervisors capable of better supporting the use of evidence-based therapies, such as CBT.

In Cummings et al. (2015) the authors shared practices they regularly use in their supervision: (1) setting a supervision agenda for each meeting; (2) encouraging supervisees to solve problems before receiving specific supervision input; and (3) providing regular formative feedback. Gonsalvez et al. (2023) found that, compared with their supervisors' ratings, trainees underestimated their competence during the early stages of training, with this discrepancy decreasing over the course of training and supervision. Compared with their own overall competence ratings, trainees ranked the domains of Relationship and Communication, Reflective Practice, and Professionalism as relative strengths. Another point highlighted by the article concerns the importance of metacompetence—namely, realistic self-assessment and reflective practice (self-observation, self-analysis, self-evaluation)—which appears to be self-monitored and self-directed, suggesting that training programs should systematically monitor self-assessments.

Guindon et al. (2022) identify several core competencies for supervisory work from the supervisee's perspective, including: didactic teaching, prior planning of instructional activities, clarification on case formulation, the use of experiential training/experimentation activities, and evaluation of the supervisee's work. Harris et al. (2022) point to three main themes related to the management of competencies in supervising cases of psychosis: (a) questions about knowledge/content and about procedures/processes; (b) questions about course requirements/assessment methods (training). The study indicates that supervision should prioritize knowledge, process learning, and active experimentation in training therapists to deliver high-quality CBT for individuals with psychosis.

Kelly & Hassett (2021) identified six categories denoting important characteristics of CBT supervision: (A) the nature of the supervision process/relationship; (B) ethical and legal factors; (C) the generic supervision process; (D) mirroring the CBT approach; (E) the supervisor's skills/knowledge; and (F) challenge, difference, and disagreement/improvement of practice. Lewis et al. (2014) specify clinical domains relevant to supervision outcomes, namely: knowledge, skills, attitudes, values, supervision relationship, general competencies, and patient outcomes. The authors note a potential relationship between training in these domains and improved patient engagement and positive outcomes. Meza et al. (2023) identified two supervision approaches: (a) directive support and (b) nondirective support, with both having a positive impact on supervision processes. Milne (2018) identifies the following competencies: (1) needs assessment; (2) goal setting; (3) empowering the supervisee; (4) facilitating learning; and (5) monitoring. The supervisor's stance as a "sports coach" is also discussed, aiming to foster continuous development throughout the professional trajectory. Milne et al. (2013) compare traditional supervision (case reporting only) with evidence-based clinical supervision (competency analysis).

According to Murr et al. (2020), supervisees reported that recordings of sessions with patients were vital for understanding what they needed to change in their practice and how to implement those changes. By observing actual behavior rather than just case reports, it was possible to discuss specific management points in greater detail, as well as allowing supervisors to access behaviors and remarks from supervisees that they themselves had not noticed. Nakamura et al. (2014) found that both supervisors and therapists improved competencies related to teaching and implementing therapy techniques, as well as in supervision based on competency analysis. A limitation noted by the authors was that supervisors were given free rein regarding how to conduct supervision. Newman (2013) identified the following as important tools for clinical supervision: (1) an overview of the main responsibilities and competencies of being a clinical supervisor; (2) the supervision relationship; (3) familiarity with and sensitivity to ethical and cross-cultural issues in supervision; (4) maximizing the supervisee's CBT competence, using the Cognitive Therapy Scale in supervision; (5) documentation, feedback provision,

and the evaluative role of the supervisor; and (6) providing supervision in high-risk clinical situations.

Pearl et al. (2013) note that a supervisor needs to conceptualize the skill levels of supervisees. Difficulties in essential CBT skills should be measured so they can be included in the supervision goals and personalized training plan. This plan can be guided by questions such as: (1) Does the supervisee possess the basic and universal skills of psychotherapy (empathy, genuineness, nonjudgmental attitude)? (2) How well does the supervisee understand the basic theoretical principles underlying CBT?

Reiser and Milne (2013) discuss integrating adult learning educational principles into training and supervision processes. Competencies such as metacognition and reflection on one's own practice appear essential. When space for such reflection is provided, a corrective feedback loop is created, helping supervisors identify areas needing attention and giving supervisees a mechanism for self-correction.

Velasquez (2017) pointed to a lack of standardization in the supervision structure offered in more than half of postgraduate courses in Brazil. The use of recorded sessions does not appear to be a common practice in supervision in the country. It is also common for clinical supervisors to be hired based on their clinical experience and academic background, with specific training in supervision and meta-supervision being an uncommon requirement. Similarly, Watkins et al. (2021) aimed to analyze some of the obstacles that have apparently prevented supervision research from advancing more effectively in Brazil, noting that such recommendations and/or guidelines are not put into practice. Finally, Weck et al. (2016) found that the therapeutic relationship and clinical competencies were greater among therapists supervised using BITE (in which the supervisor provides written instructions through a visual display simultaneously during the supervisee's session) than in DVB (video-based supervision).

Discussion

The aim of this article was to map and synthesize the relevant literature on the competencies required of the clinical supervisor within the CBT approach. An interesting finding of this review is that, over the past 12 years to the present, the production on clinical supervisor competencies has remained concentrated in the United States and the United Kingdom, consistent with the emergence of theoretical models of training and supervision, as well as the development of scales for assessing clinical supervisor competencies in these countries. The findings highlight the need to increase the number of studies—particularly randomized clinical trials, systematic reviews, and meta-analyses—that address the assessment of clinical supervisor competencies based on competency theory, in order to promote theoretical and practical advances in the field of CBT. In addition, the results reveal that one of the major contributions of competency mapping for supervisors to

the field of CBT is that, by identifying which competencies are present or absent, it becomes possible to design skills training programs through meta-supervision (supervision of supervision), thereby reducing potential impacts on supervised learning.

Regarding group supervision competencies, it is evident that, overall, one of the core competencies involves the supervisor's interpersonal skill in managing and engaging members with each other during supervision. To be competent in group supervision, the clinical supervisor requires skills specific to this format, including facilitating the engagement of all members in supervision, being aware of group processes or factors that may be present, and creating a safe environment for group members to ask questions (Riva & Smith, 2024). As for online supervision competencies, those that stood out in this modality included effective use of technology, a high level of support, and dynamism—competencies that are also important for group work (Miljkovic, 2023). Mastery of technology use can significantly influence the degree of management of supervision situations, in line with the demands of this service modality. Finally, competencies for individual supervision were found to be similar to those psychotherapists apply in their therapy sessions. Specifically, the supervision process should mirror the CBT approach, which includes the learning of CBT-specific competencies; supervision structured with an agenda; the presence of supervision tasks; the constant provision and solicitation of feedback; and the application and review of case conceptualization.

As possible gaps, it can be observed that there is no standard and/or single model for assessing and/or mapping clinical supervisor competencies, and that few studies employed an objective method to measure such competencies immediately after the supervision session—for example, through objective competency measurement scales designed exclusively to evaluate the mapping of supervisor competencies. Another noteworthy factor is that few studies focused on mapping cross-cultural clinical competencies. Only one study identified competencies involving the need to respect the supervisee's opinions and ideas, express curiosity about different perspectives and culturally shaped behaviors, and maintain mutual respect (Yang et al. 2018). Another interesting finding from the studies concerns the need to overcome the barrier of recording supervision sessions, which does not appear to be a common practice in supervision in Brazil. Regarding actions to take after identifying such competency gaps in clinical supervisors, few studies pointed to more systematic supervision training, such as meta-supervision training programs. Such initiatives are imperative, as it is necessary to train both supervisors and therapists in advance, aligning expectations for each role and thus providing an overview of the main responsibilities and competencies to be achieved.

It can be concluded that a more systematic and evidence-based evaluation of supervision according to the CBT framework is imperative. Training for supervisors

and a theoretical approach to guide the assessment of their competencies are proposed, with a clear and prior definition of the competencies to be developed.

In summary, the articles included suggest that training programs focused on the competencies of clinical supervisors in the cognitive-behavioral approach are necessary. There are several competencies that the clinical supervisor should assess and encourage supervisees to self-assess in order to continuously improve the clinical supervision process. For more objective evaluations, there are scales that measure the presence or absence of such competencies and the level at which they are present. The use of valid, reliable, and culturally adapted psychometric scales is proposed to support the entire clinical supervision process from the perspective of the supervisor, the supervisee, and even an external evaluator. Objective evaluation of supervision outcomes is rarely applied systematically and through the use of scales.

As limitations of the present study, it should be noted that, as a scoping review of the literature, the search for articles had to be conducted broadly and required several structured searches by two independent reviewers. Furthermore, it was necessary to search for manuals in the literature to encompass the full body of available articles.

Data Availability

The entire dataset supporting the results of this study was published in the article itself.

References

- Alfonsson, S., Lundgren, T., & Andersson, G. (2020). Clinical supervision in cognitive behavior therapy improves therapists' competence: A single-case experimental pilot study. *Cognitive Behaviour Therapy*, 49(5), 425–438. <https://doi.org/10.1080/16506073.2020.1737571>
- Aromataris, E., & Munn, Z. (Eds.). (2017). *Joanna Briggs Institute reviewer's manual*. The Joanna Briggs Institute.
- Axelsson, S., Kihlberg, S., Davis, P., & Nyström, M. B. T. (2024). Psychotherapy students' experiences of supervisee-centred supervision based on deliberate practice, feedback-informed treatment and self-compassion. *Counselling and Psychotherapy Research*, 24(2), 719–733. <https://doi.org/10.1002/capr.12708>
- Barletta, J. B., Fonseca, A. L. B., & Delabrida, Z. N. C. (2012). A importância da supervisão de estágio clínico para o desenvolvimento de competências em terapia cognitivo-comportamental. [The importance of clinical internship supervision for the development of cognitive behavioral therapy skills] *Psicologia: Teoria e Prática*, 14(3), 153–167. https://pepsic.bvsalud.org/scielo.php?pid=S1516-36872012000300013&script=sci_abstract

- Barletta, J. B., Rodrigues, C. M. L., & Neufeld, C. B. (2021). A formação de supervisores em Terapia Cognitivo-Comportamental. [Training supervisors in Cognitive Behavioral Therapy] *Revista Brasileira de Orientação Profissional*, 22(1), 61–72. https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-33902021000100006
- Bearman, S. K., Bailin, A., & Sale, R. (2020). Graduate school training in CBT supervision to develop knowledge and competencies. *The Clinical Supervisor*, 39(1), 66–84. <https://doi.org/10.1080/07325223.2019.1663459>
- Binnie, J. (2011). Cognitive behavioural therapy supervision: Supervisee and supervisor development. *Issues in Mental Health Nursing*, 32(3), 158–162. <https://doi.org/10.3109/01612840.2010.536612>
- Cordeiro, L., & Soares, C. B. (2019). Revisão de escopo: Potencialidades para a síntese de metodologias utilizadas em pesquisa primária qualitativa. [Scope review: Potentialities for the synthesis of methodologies used in qualitative primary research] *Boletim do Instituto de Saúde*, 20(2), 37–43. <https://doi.org/10.52753/bis.2019.v20.34471>
- Cummings, J. A., Ballantyne, E. C., & Scallion, L. M. (2015). Essential processes for cognitive behavioral clinical supervision: Agenda setting, problem-solving, and formative feedback. *Psychotherapy*, 52(2), 158–163. <https://doi.org/10.1037/a0038712>
- Gonsalvez, C. J., Riebel, T., Nolan, L. J., Pohlman, S., & Bartik, W. (2023). Supervisor versus self-assessment of trainee competence: Differences across developmental stages and competency domains. *Journal of Clinical Psychology*, 79(12), 2959–2973. <https://doi.org/10.1002/jclp.23590>
- Guindon, J., Myhr, G., & Renaud, J. (2022). A qualitative examination of trainee perspectives on cognitive behavioural supervision. *The Cognitive Behaviour Therapist*, 15, e53. <https://doi.org/10.1017/S1754470X22000538>
- Harris, R., Maguire, T., & Newman-Taylor, K. (2022). What do trainee cognitive behavioural therapists need from clinical supervision to develop their skills in working with people with psychosis? A qualitative analysis. *Psychosis*, 14(2), 120–130. <https://doi.org/10.1080/17522439.2021.1924243>
- Kelly, N., & Hassett, A. (2021). Clinical supervision in CBT training: What do participants view as effective? *The Cognitive Behaviour Therapist*, 14, e27. <https://doi.org/10.1017/S1754470X21000222>
- Lewis, C. C., Scott, K. E., & Hendricks, K. E. (2014). A model and guide for evaluating supervision outcomes in cognitive-behavioral therapy-focused training programs. *Training and Education in Professional Psychology*, 8(3), 165. <https://doi.org/10.1037/tep0000029>
- McManus, F., Rakovshik, S., Kennerley, H., Fennell, M., & Westbrook, D. (2012). An investigation of the accuracy of therapists' self-assessment of cognitive-behaviour therapy skills. *British Journal of Clinical Psychology*, 51(3), 292–306. <https://doi.org/10.1111/j.2044-8260.2011.02028.x>
- Meza, R. D., AlRasheed, R., Pullmann, M. D., & Dorsey, S. (2023). Clinical supervision approach predicts evidence-based trauma treatment delivery in children's mental health. *Frontiers in Psychiatry*, 13, 1072844. <https://doi.org/10.3389/fpsyt.2022.1072844>
- Miljkovic, E. (2023). Comparing presence and absence of initial in-person contact and written feedback in RE&CBT E-supervision. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 41(4), 777–809. <https://doi.org/10.1007/s10942-023-00505-2>
- Milne, D. L. (2018). *Evidence-based CBT supervision: Principles and practice* (2nd ed.). Wiley.
- Milne, D. L., Reiser, R. P., & Cliffe, T. (2013). An N = 1 evaluation of enhanced CBT supervision. *Behavioural and Cognitive Psychotherapy*, 41(2), 210–220. <https://doi.org/10.1017/S1352465812000434>
- Murr, S., Nicklas, L., & Harper, S. (2020). How does supervision aid cognitive behaviour therapy skill development? Perspectives of CBT trainees: A thematic analysis. *The Cognitive Behaviour Therapist*, 13, e45. <https://doi.org/10.1017/S1754470X20000422>
- Muse, K., & McManus, F. (2013). A systematic review of methods for assessing competence in cognitive-behavioural therapy. *Clinical Psychology Review*, 33(3), 484–499. <https://doi.org/10.1016/j.cpr.2013.01.010>
- Nakamura, B. J., Selbo-Bruns, A., Okamura, K., Chang, J., Slavin, L., & Shimabukuro, S. (2014). Developing a systematic evaluation approach for training programs within a train-the-trainer model for youth cognitive behavior therapy. *Behaviour Research and Therapy*, 53, 10–19. <https://doi.org/10.1016/j.brat.2013.12.001>
- Newman, C. F. (2013). Training cognitive behavioral therapy supervisors: Didactics, simulated practice, and “meta-supervision.” *Journal of Cognitive Psychotherapy*, 27(1), 5–18. <https://doi.org/10.1891/0889-8391.27.1.5>
- Pearl, A. M., Mahr, F., & Friedberg, R. D. (2013). Supervising child psychiatry fellows in cognitive behavioral therapy: Crucibles and choices. *Journal of Cognitive Psychotherapy*, 27(1), 61–70. <https://doi.org/10.1891/0889-8391.27.1.61>
- Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *International Journal of Evidence-Based Healthcare*, 13(3), 141–146. <https://doi.org/10.1097/XEB.0000000000000050>

- Prasko, J., Vyskocilova, J., Mozny, P., Novotny, M., & Slepecky, M. (2011). Therapist and supervisor competencies in cognitive behavioural therapy. *Neuroendocrinology Letters*, 32(6), 781–789.
- Reiser, R. P., & Milne, D. L. (2012). Supervising cognitive-behavioral psychotherapy: Pressing needs, impressing possibilities. *Journal of Contemporary Psychotherapy*, 42(3), 161–171. <https://doi.org/10.1007/s10879-011-9200-6>
- Reiser, R. P., & Milne, D. L. (2013). Cognitive behavioral therapy supervision in a university-based training clinic: A case study in bridging the gap between rigor and relevance. *Journal of Cognitive Psychotherapy*, 27(1), 30–41. <https://doi.org/10.1891/0889-8391.27.1.30>
- Riva, M. T., & Smith, R. D. (2024). Beyond the dyad: Broadening the APA supervision guidelines to include group supervision. *Psychotherapy*, 61(2), 161–172. <https://doi.org/10.1037/pst0000525>
- Scotton, I. L., Barletta, J. B., & Neufeld, C. B. (2021). Competências essenciais ao terapeuta cognitivo-comportamental. *Psico-USF*, 26(1), 141–152. <https://doi.org/10.1590/1413-82712021260112>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>
- Velasquez, M. L. (2017). *Desenvolvimento de competências terapêuticas pelo treinamento de supervisores clínicos em terapia cognitivo-comportamental* [Tese de doutorado, Universidade Federal da Bahia] Biblioteca Digital de Teses e Dissertações. <https://repositorio.ufba.br/handle/ri/36242>
- Watkins, C. E., Jr., Vişcu, L. I., & Cadariu, I. E. (2021). Psychotherapy supervision research: On roadblocks, remedies, and recommendations. *European Journal of Psychotherapy & Counselling*, 23(1), 8–25. <https://doi.org/10.1080/13642537.2021.1881139>
- Weck, F., Jakob, M., Neng, J. M. B., Höfling, V., Grikscheit, F., & Bohus, M. (2016). The effects of bug-in-the-eye supervision on therapeutic alliance and therapist competence in cognitive-behavioural therapy: A randomized controlled trial. *Clinical Psychology & Psychotherapy*, 23(5), 386–396. <https://doi.org/10.1002/cpp.1968>
- Yang, F. H., Dobson, K., Li, X.-M., Hennebury, A., Gao, Y., Tang, X.-F., & Qi, L. (2018). Cross-cultural supervision in cognitive-behavioral therapy: A case study. *Cognitive and Behavioral Practice*, 25(3), 351–360. <https://doi.org/10.1016/j.cbpra.2017.12.004>
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