EFFECTIVE SKILLS & COMPETENCIES FOR CLINICAL SUPERVISION

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Who Are You?

IMPORTANCE OF THIS TOPIC

- Supervision is…
  - a "core" competency (Falender et al., 2004)
  - an often performed activity within the field of psychology (Falender et al., 2004)
  - a discrete professional activity that requires specific training (Bernard & Goodyear, 2009)
  - an area in which the majority of supervisors have not obtained formalized training and supervision

    (Falender et al., 2004)

Definition:

"Supervisor-trainee"

- Person in training to be a supervisor and receiving supervision-of-supervision

HOW ARE SUPERVISORS TRAINED?

- Education
  - Program coursework
  - Continuing education
- Experience
  - Provide supervision to others
  - Receive supervision-of-supervision

APA REQUIREMENTS

- Doctoral Graduate Programs
  - "…the program has and implements a clear and coherent curriculum plan…students can acquire and demonstrate substantial understanding of and competence in…consultation and **supervision**…" (APA G & P)

DOCTORAL PROGRAMS

- Scott et al. (2000)
  - 30% required didactic training in supervision
  - 24% offered no didactic training at all
  - 23% required a supervision practicum
  - 20% offered no opportunities to provide any supervision

- Our Study (2013)
  - 17% did not have coursework in supervision
  - 43% did not have opportunity to provide supervision.

APA REQUIREMENTS

- Internship Sites
  - "…requires that all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the areas of…theories and/or methods of consultation, evaluation, and **supervision.**" (APA G & P)
  - "Although direct experience in the practice of these activities will be the typical road to intermediate or advanced competence, **actual practice is not required at the internship level.**" (APA website)

INTERNSHIPS

- Scott et al. (2000)
  - 35% had the requirement of didactic training in supervision
  - 34% offered no didactic training at all
  - 29% had the requirement of providing supervision
  - 35% had no opportunities to provide any supervision

- Our Study (2013)
  - 39% did not have supervision seminar or didactic training.
  - 50% did not have the opportunity to provide supervision.

PENNSYLVANIA REQUIREMENTS

- Effective **December 1st, 2015**: primary supervisors of psychology residents need to: "complete either a course in supervision for a psychology doctoral degree program or 3 hours of continuing education in supervision."
  - A course for a psychology doctoral degree program that contains the word "supervision" or a derivative of the word "supervision,"
  - A 3 hour continuing education course/program, offered by an APA approved sponsor of continuing education, that contains the word "supervision" or a derivative of the word "supervision" in the title, OR
  - Teach a course in supervision for a psychology doctoral degree program or teach 3 hours of continuing education in supervision that meets the above standard.

OBSTACLES TO TRAINING

- Two common beliefs *interfere* with pursuance of training in providing supervision:
  - Having been a supervisee adequately prepares one to be a supervisor
  - Being a good therapist is sufficient enough to make one a good supervisor

(Bernard & Goodyear, 2009)

- Yet, experience alone is *not* sufficient in the development of a supervisor—additional training is necessary and important (Falender et al., 2004; Steven et al., 1998)

- Did these beliefs come into play for you or those who provided your professional training?

DISCUSSION POINTS

- What were your training experiences in becoming a supervisor?
  - What was helpful and not helpful?
  - What did you feel like you missed out on?
  - Are there "generational differences" in experiences?
  - Did you learn how to attend to multicultural factors within the supervisor-trainee and trainee-client dyads?
- What are your experiences training "supervisee- trainees"?
  - Teaching coursework/workshops?
  - Providing supervision of supervision?

SUPERVISOR DEVELOPMENT

- Sample Model (Watkins, 1990; 1994; 1995)
  - Role Shock
  - Role Recovery & Transition
  - Role Consolidation
  - Role Mastery
- Common Themes Essential For Growth (Across Models)
  - Aspiration to be and grow/progress as a supervisor
  - Attention to one's own "supervisory self-experiencing"
  - Ability & willingness for self-reflection in the supervisor role
  - Implementation and practice of supervisory skills

(Watkins, 2012)

MODELS OF SUPERVISION

- What models are you familiar with?
- In what models have you been trained?
- Do you utilize a model(s) of supervision in your own supervisory work?

ALLIANCE

MODELS OF SUPERVISION

- Psychotherapy-based models
- Developmental models
- Social Role models

Bernard & Goodyear, 2009

PSYCHOTHERAPY-BASED MODELS

- Examples
  - Psychodynamic
  - CBT
  - Person-centered
  - Solution Focused
  - Etc.
- Pros and cons?

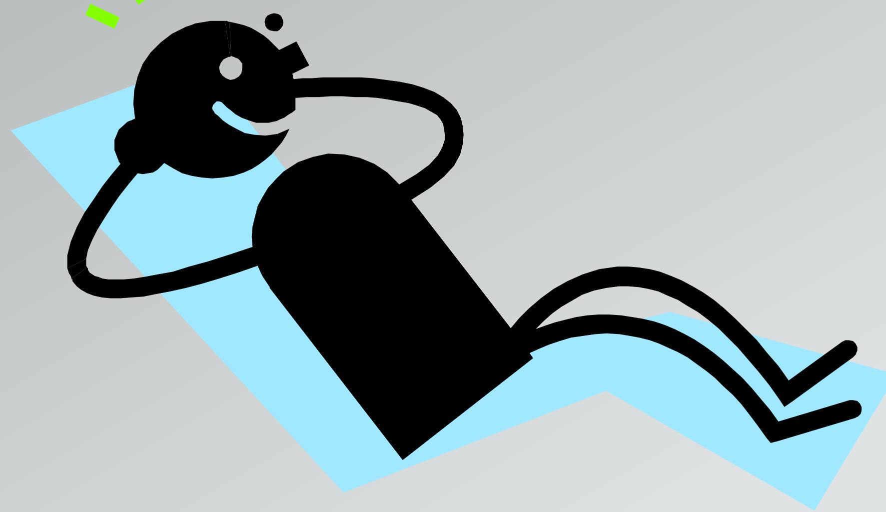
DEVELOPMENTAL MODELS

- Examples
  - Integrated Developmental Model (Stoltenberg, 1981; Stoltenberg, McNeill & Delworth, 1997)
  - Ronnestad & Skovholt Model (1993 & 2003)
  - Loganbill, Hardy, and Delworth Model (1982)

- Pros and cons?

SOCIAL ROLE MODELS

- Examples
  - Discrimination Model (Bernard, 1979 & 1997)
  - Hawkins and Shohet Model (1989; 2000)
  - Holloway Systems Model (1995)
- Pros and cons?



SESSION BREAK

EFFECTIVE VERSUS INEFFECTIVE SUPERVISION

- How would you describe effective supervision?
- How would you describe ineffective supervision?

EFFECTIVE SUPERVISION

- Strengthens supervisory relationship
  - Communicates respect, support, and encouragement, as well as a sense of openness in supervision
- Encourages autonomy—experiment and take risks
- Demonstration of clinical knowledge and skills
- Sets clear goals and provides both summative and formative feedback directly
- Engages with and clearly values supervision
- Attends to both supervisee and client outcome
- Engages in role induction, contracts with supervisee, and sets boundary between supervision and psychotherapy
- Knowledgeable of legal and ethical issues in supervision

(Allen et. al., 1986; Anderson et. al., 2000; Ladany, 2005; Ladany, Mori, & Mehr, 2013)

INEFFECTIVE SUPERVISION

- Supervisor's focus on own personal problems
- Intolerance for opposing viewpoints (e.g., theory)
- Being dismissive or unempathic toward trainee
- Lack of commitment to supervisor role
- Emphasis on supervisee's weaknesses
- Indirect or avoidant communication
- Absence of effective teaching and role modeling
- Emphasis on technical skills over personal growth *or* not emphasizing skill development enough
- Insufficient direct observation

(Allen et. al., 1986; Anderson et. al., 2000; Gray et. al., 2001; Ladany et al., 2013)

DISCUSSION

- What competencies do you think are important to supervisor development?

CLINICAL SUPERVISION COMPETENCIES

- KNOWLEDGE:
  - e.g., knowledge of area being supervised (psychotherapy, research, assessment, etc.)
  - e.g., knowledge of models, theories, modalities, and research on supervision
  - e.g., knowledge of professional/supervisee developmental models
- SKILLS:
  - e.g., relationship skills—ability to build supervisory alliance
  - e.g., ability to perform and balance multiple roles with supervisee
  - e.g., ability to provide effective formative and summative feedback
  - e.g., ability to assess the learning needs and developmental level of the supervisee
  - e.g., ability to encourage and use evaluative feedback from the trainee
  - e.g., ability to set appropriate boundaries and seek consultation when supervisory issues are outside domain of supervisory competence

(Falender et al., 2004)

CLINICAL SUPERVISION COMPETENCIES

- VALUES:
  - e.g., responsibility for client and supervisee rests with the supervisor
  - e.g., responsible for sensitivity to diversity in all its forms
  - e.g., balance between clinical and training needs
  - e.g., commitment to knowing one's own limitations
- SOCIAL CONTEXT OVERARCHING ISSUES:
  - e.g., ethical and legal issues
  - e.g., developmental processes
  - e.g., creation of climate in which feedback is the norm

(Falender et al., 2004)

CLINICAL SUPERVISION COMPETENCIES

- TRAINING OF SUPERVISION COMPETENCIES
  - e.g., coursework in supervision including knowledge and skill areas listed
  - e.g., has received supervision of supervision including some form of observation (videotape or audiotape) with critical feedback
- ASSESSMENT OF SUPERVISION COMPETENCIES
  - e.g., successful completion of course on supervision
  - e.g., verification of previous supervision of supervision documenting readiness to supervise independently
  - e.g., evidence of direct observation (e.g., audiotape or videotape)

(Falender et al., 2004)

GUIDELINES FOR CLINICAL SUPERVISION IN HEALTH SERVICE PSYCHOLOGY

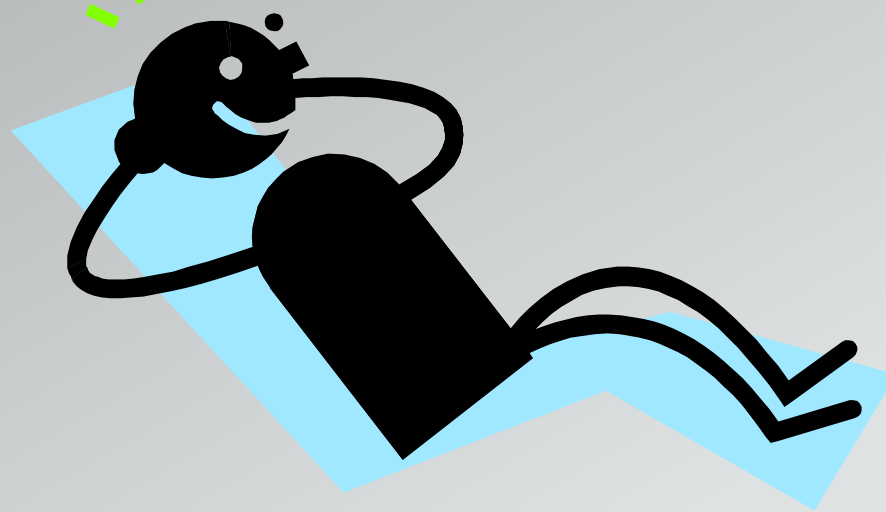
- Purpose: “delineate essential practices in the provision of clinical supervision.”
- “Competency framework,” “aspirational in nature,” and “informed by the empirical and theoretical literature.”
- Domains
  - Supervisor Competence
  - Diversity
  - Supervisory Relationship
  - Professionalism
  - Assessment/Evaluation/Feedback
  - Problems of Professional Competence
  - Ethical, Legal, and Regulatory Considerations

APA (August 2014)

ETHICS IN SUPERVISION

- What are the ethical considerations in supervision?

- Are there any specific ethical considerations unique to supervision?



SESSION BREAK

CASE EXAMPLE #1

- Suzy was a beginning practicum student being supervised by Dr. Smith. After the first few weeks of supervision, Dr. Smith noticed Suzy becoming increasingly uncomfortable reviewing tape in supervision and that she was vague when talking about clinical interactions. Suzy then insisted that the supervisor disclose her sexual orientation to help her feel more comfortable in supervision, but was unwilling to discuss why this piece of information was important to her. Suzy began actively withholding therapy content and was unwilling to explore these issues in supervision.

CASE EXAMPLE #2

- Nicole was an intern being supervised by Dr. James. Nicole was less skilled than typical for the intern level and did not possess great confidence in her skillset. At times, Nicole felt pulled to her own agenda rather than meeting clients where they were, as well as struggled with being too directive and active rather than just “being” with clients. However, she was highly invested in her clients and worked hard to develop her therapy skills and relationships.

CASE EXAMPLE #3

- Beth, a woman of color, is an intern with male, white, supervisor in a College Counseling Center. Beth has been feeling increasingly uncomfortable in supervision when discussing her clients concerns about social justice issues on-campus and in the media. When she brings up these issues, he tends to brush them aside and focuses instead on symptoms.

CASE EXAMPLE #4

- Howard was an intern being supervised by Dr. Mudd. His skillset was somewhat below-average for the intern level, but he was over-confident in his skills. Howard tended to be judgmental of his clients, especially those who felt weren't "bad" enough to be in therapy. He could be defensive at times around feedback received in supervision.

CASE EXAMPLE #5

- Bobby was an advanced practicum student being supervised by Dr. Haddaway. When Bobby was in high school, his mother died by suicide and he didn't fully process this loss. While on practicum, Bobby began working with a client who recently lost a loved one to suicide.

Questions/Comments?

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