APPIC Supervision Workshop: Goals, Objectives, Competencies, and Ethics in Supervision

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CE Objectives

The aim of this talk is to help:

1. Participants in this supervision workshop to be able to discuss supervision as a separate competency area, and describe the knowledge, skills, and values/attitudes involved in supervision competency

2. Participants to be able to describe issues in supervision, particularly involved in the evaluative functions of supervision, including giving balanced feedback

3. Participants to be able to describe assessment of quality supervision, and to discuss future directions in this area
Supervision

The signature pedagogy of the mental health professions (Barnett, Cornish, Goodyear, & Lichetenberg, 2007)

One of the most common activities of psychologists
Norcross, Hedges, and Castle (2002) – 3rd most frequently endorsed activity (after psychotherapy and assessment)

“supervision plays a critical role in maintaining the standards of the profession” (Holloway & Neufeldt, 1995, p. 207)

A distinct professional practice requiring specific training and competence (Falender & Shafranske, 2007)

Yet, supervision competence of supervisors not always consistent w/evolving standards (Kaslow, Falender, & Grus, 2012).
Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is: *Evaluative* and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she/he, or they see, and serving as a *gatekeeper* for those who are to enter the particular profession (Bernard & Goodyear, 2009 p, 7, italics added)
Supervision Models

- Models based on psychotherapy theory: psychodynamic (e.g., Frawley-O’Dea & Sarnatt, 2001), CBT (e.g., Newman, 2010), humanistic-existential (e.g., Farber, 2010), family systems (e.g., Celano, Smith, & Kaslow, 2010), integrative (Boswell, Nelson, Nordberg, McAleavey, & Castonguay, 2010)

- Developmental: stage models (e.g., Stoltenberg, McNeill, & Delworth, 1998), process models (e.g., Loganbill, Hardy, & Delworth, 1982), life span models (e.g., Skovholt & Ronnestad, 1995)

- Social role models: discrimination model (Bernanrd, 1979), Hawkins & Shohet (2000)

- Common factors (Morgan & Sprenkle, 2007)

- Multicultural (e.g., Ancis & Ladany, 2010)
Competencies

- “Culture of competence” (Roberts, Borden, Christiansen, & Lopez, 2005, p 356)

- Falender et al. (2004) Supervision as a separate competency (knowledge, skills, values, social context, training, assessment)

- Fouad et al. (2009) Competency Benchmarks (included developmental markers, essential components and behavioral anchors, and expectations/roles, processes/procedures, skills, quality factors, participation in supervision process, and ethical/legal issues)
Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

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<tr>
<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
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<tbody>
<tr>
<td><strong>13A. Expectations and Roles</strong></td>
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<tr>
<td>Demonstrates basic knowledge of expectations for supervision</td>
<td>Demonstrates knowledge of, purpose for, and roles in supervision</td>
<td>Understands the ethical, legal, and contextual issues of the supervisor role</td>
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<td><strong>13B. Processes and Procedures</strong></td>
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<tr>
<td>No expectation at this level</td>
<td>Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices</td>
<td>Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise</td>
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<td><strong>13C. Skills Development</strong></td>
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<td>Displays interpersonal skills of communication and openness to feedback</td>
<td>Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals</td>
<td>Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients</td>
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<td><strong>13D. Supervisory Practices</strong></td>
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<td>No expectation at this level</td>
<td>Provides helpful supervisory input in peer and group supervision</td>
<td>Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting</td>
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Guidelines

- ASPPB: With previous guidelines, supervisor needed at least 3 years post-doc licensure experience and training and/or experience in supervision; 24 hour availability to supervisee and clients (back-up as needed); no more than 3 supees predoc or 4 postdoc; register w/jurisdiction; need adequate training, knowl, skills; co-sign all reports/communication. Guidelines being revised (and reconsidering 3 year requirement) because so much variation by jurisdiction.

- APA Ethical Principles and Code of Conduct: not much specific to supervision, but some guidelines re education and teaching in general: don’t exploit persons over whom have supervisory authority; don’t require students to disclose personal information; don’t mandate therapy if you are giving grade; don’t have sexual relationship w/student
Ethics/Legal

- Complex, especially with problematic trainees (Kitchener, 1994: Always remember the ethic of care, even when supervisees err)
- Supervisor’s first responsibility to client
- Issues include: competence, multiple relationships, confidentiality, informed consent (supervision contract), due process, diversity issues, evaluation, availability/emergency coverage, record keeping, self-care
Research

- Not nearly as much research on supervision as compared to psychotherapy
  - Still mostly descriptive

- 1960s – 1970s Rogerian relationship skills

- 1980s developmental models (Russell & Petrie, 1994, developmental models not yet supported by empirical data)

- Currently: MC issues, supervisory relationship, see Tracey, Bludworth & Glidden-Tracey (2011) re parallel process

- B&G (and others) recommend client change as outcome criteria
Training

- Falender et al. (2004) recommended coursework plus some observation
- Riva & Cornish (2008) N = 162 group supervisors
  - 24.2% coursework in supervision 1991
  - 40.9% coursework in supervision 2006
- Rings et al. (2009) N=184 internship directors

<table>
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<tr>
<th>Training Type</th>
<th>Percentage</th>
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<tr>
<td>Formal coursework</td>
<td>27%</td>
</tr>
<tr>
<td>Attended a workshop</td>
<td>45%</td>
</tr>
<tr>
<td>No formal training</td>
<td>18%</td>
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2 items generated the most variability in responses

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<thead>
<tr>
<th></th>
<th>Range (1 strongly agree = 5 strongly disagree)</th>
<th>M</th>
<th>SD</th>
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<tbody>
<tr>
<td>Supervisor should complete course</td>
<td>1-5</td>
<td>2.58</td>
<td>.86</td>
</tr>
<tr>
<td>Training should include supe of supe and observation</td>
<td>1-5</td>
<td>2.25</td>
<td>.86</td>
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Supervisors without any prior formal supervision training significantly more likely to disagree with the importance of taking supervision coursework as compared to those with formal coursework experience \([t(82) = -5.33, p < .001]\) and workshop attendees \([t(114) = -2.28, p < .05]\).

Workshop attendees significantly more likely to disagree with the importance of taking coursework than did those with formal coursework experience \([t(130) = -3.88, p < .001]\).

Participants with formal coursework experience were significantly more likely to agree that receiving supervision of supervision is important than were workshop attendees \([t(130) = -3.92, p < .001]\) and those without formal training \([t(82) = -4.02, p < .001]\). (No signif diff w/ workshop attendees)
- Lack of training in supervision a concern
- Lack of valuing formal training in supervision a concern
- Lack of multicultural training in supervision a concern
- Some psychologists may feel that just receiving good supervision and having good clinical skills = being a good supervisor
- But supervision different from psychotherapy in important ways (e.g., evaluation, gate keeping)
Moving to Competency…..

- Credentialed Supervisors?
- Clinical Supervisor (protected title for those who meet the credentials?)
- What credentials would be needed to be considered a competent supervisor?
- Would a license as a psychologist, 1 year of supervision practice (under supervision of a peer or manager) and 3 hours of continuing education in the area of supervision meet these credentials?
Brainstorming for Quality Supervision

- What makes a good supervisor? 1 & 2
- What skills are needed to be a competent supervisor? 3 & 4
- What knowledge is needed to be a competent supervisor? 5 & 6
- What attitudes are needed to be a competent supervisor? 7 8 & 9
- What ethical issues need to be considered by supervisors? 10 & 11
- What requirement would be needed to maintain status as certified clinical supervisor? 12 & 13
References


