Theory and Practice of Clinical Supervision

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A “Whirlwind Tour” of the Supervision Literature

• Why discuss clinical supervision?
  ➢ Status of supervision in the profession
  ➢ Complex nature of supervision

• History and models of supervision

• Best practices

• Time to talk about your cases
Why discuss clinical supervision?

• Supervision is a major practice area
• Garfield and Kurtz (1976)
  ➢ Practicing clinical psychologists
  ➢ Supervision was fifth most common activity
• Norcross, Prochaska, and Gallager (1993)
  ➢ Members of APA Division 29 (Psychotherapy)
  ➢ Supervision was second most common activity
Thought to be a key ingredient in therapist training

• Accrediting body requirements
• Licensure requirements
• Research evidence that supervision leads to improved…
  ➢ clinical skills
  ➢ therapeutic relationship
  ➢ therapy outcome
Supervision is a complex activity

• Multiple interests
  ➢ Supervisee well-being and professional development
  ➢ Client welfare
  ➢ Protection of the profession

• Multiple roles
  ➢ Helper versus evaluator
  ➢ Teacher versus counselor
Important ethical and legal issues

• Responsible for client welfare
  ➢ Direct liability
  ➢ Vicarious liability

• Boundary issues

• Informed consent
  ➢ Client
  ➢ Supervisee
Supervisors vary in ability

- Considerable variability in the quality of supervisees’ experiences
- Supported by both quantitative and qualitative studies.
Examples of negative trainee (T) experiences with supervisors (S)

- T. came to supervision prepared to discuss cases and review tapes, but the S. used the entire session to self-disclose and process a recent event that the S had experienced.
- S. shut off the T’s therapy session tape and asked, “Why are you showing this to me?”
- T. asked for more supportive feedback rather than just feedback about mistakes, and the supervisor declined to provide that kind of supervision.
Examples of the “good supervisory experience”

• “She really gave me permission to think about things without pressuring me to do anything.”
• “What was so great was that my S. was really affirming of…my ability to speak clearly…I felt like she appreciated those abilities that I had taken pride in the past and which I had felt, I just hadn’t felt were being recognized at all, at any level.”
• “Maybe his [the S’s] being willing to hear what I had to say, maybe it modeled, maybe I should consider what he has to say.”
Why isn’t supervisor training required?

• Haley (1993):
  ➢ “How to be a therapy supervisor without knowing how to change anyone”

• Faulty assumption:
  ➢ Those who can do, can also teach
Current status of supervision training

- APA does not currently require supervision training as part of accreditation
- CACREP and AAMFT do require this
- Training is more common in counseling psychology than clinical psychology programs
Earliest models of formal clinical supervision

- **1920s: Beginnings**
  - Max Eitingon established formal supervision at the Berlin Institute of Psychoanalysis
  - Supervision required by International Psychoanalytic Society

- **1930s: Rift**
  - Budapest School: supervision as therapy
  - Viennese School: supervision as education
Types of supervision models

• Models based on theories of psychotherapy
• Developmental models
• Social role models
Modern psychodynamic models

- Attention to the relationship dynamics
  - Client-therapist
  - Supervisor-supervisee
- Parallel process (Searles, 1955)
  - Client-therapist ⇐ Supervisor-supervisee
Person-centered models

- Belief in growth potential
- Emphasis on facilitative conditions
  - Empathy, genuineness, warmth
- Rogers:
  - “No clean way” to differentiate supervision from therapy
Behavioral Models

- First articulated by Wolpe (1966)
- Therapist performance is a function of learned skills
- Foundations of current approaches
  - Operationalize needed skills
  - Establish trusting relationship
  - Conduct a skill analysis
  - Set goals
  - Devise strategies to achieve goals, using principles of learning theory
Cognitive Models

- Similar to behavioral, but with cognitive twist
- Challenge cognitive errors and misperceptions
- Liese and Beck (1997) on beliefs that can reduce supervisors’ effectiveness:
  - “It is bad when someone’s feelings get hurt.”
  - “I need to be right all of the time.”
  - “It is most important to know how you feel about your client”
Models of Therapist Development

- **Assumptions**
  - Supervisees go through different stages of development
  - A different supervisory approach is needed for each stage
- **Research**
  - Weak research designs
  - Stages are consistent with perceptions
  - Trainee experience level is linked with supervisor behavior
Integrated Development Model—Stoltenberg et al. (1998)

• Three developmental levels
  1. High level of dependence
  2. Dependency-autonomy conflict
  3. Conditional dependency

• Three domains of developmental change
  1. Autonomy
  2. Self-other awareness
  3. Motivation to develop skills

• Eight skill areas
IDM Application

• Issue: Supervisee has difficulty identifying realistic goals for a client who requests assertiveness training

• How might our understanding of this situation change depending on supervisees’ levels of...
  - Autonomy and experience?
  - Self versus client focus? Self-awareness?
  - Motivation to develop skills?

• How might these factors inform one’s supervision strategy?
Social Role Models

- Ekstein (1964):
  - “Supervision of psychotherapy: Is it teaching? Is it administration? Or is it therapy?”

- Basic assumptions
  - Supervisors must assume different roles with supervisees
  - Roles are chosen on the basis of a number of factors
    - Developmental stage
    - Theoretical orientation
    - Nature of specific issue
Discrimination Model (Barnard, 1979): Basics

- Focus is on roles related to training rather than evaluation
- Supervisor first attends to focus area:
  - Intervention skills
  - Conceptualization skills
  - Personalization skills
- Supervisor next chooses role:
  - Teacher, counselor, or consultant
Discrimination Model: Application

- Issue: Supervisee has difficulty identifying realistic goals for a client who requests assertiveness training
- Focus:
  - Conceptualization
- How to choose whether to use a teacher or counselor role?
- Examples of interventions using these roles?
Best Practices in Supervision

• Can only touch on a few today
• Limited body of research
• Handout
Supervisory Relationship

• Perhaps the most important “best practice”
• Supervisory alliance predicts
  ➢ Supervisees’ willingness to disclose
  ➢ Client perception of therapeutic alliance
• Supervisory alliance related to
  ➢ Supervisor ethical behavior
  ➢ Use of effective evaluation practices
  ➢ Supervisor self-disclosure (professional)
Setting the Groundwork for a Good Supervisory Relationship

• Value supervision and your supervisees
• Create a supportive learning environment
• Work to reduce anxiety
• Initiate a thorough informed consent process
• Include supervisee in setting goals, planning, and evaluation process
• Normalize mistake making
• Discuss barriers to trust (e.g., role ambiguity)
• Validate differences in perspective/approach
Record keeping: The Supervision Activity Log

• Benefits
  - Can facilitate supervisory process
  - Can help when facing legal issues or impairment

• Include
  - Date, time, length of session; modality
  - Pre-session goals, next session goals
  - Major topics
  - Client- and supervisee-focused interventions
  - Risk management review
Informed Consent

- Basic ethical practice
- Protection against malpractice charges
- Three levels to consider
  - Clients understand parameters of therapy
  - Clients understand how supervision will affect them
  - Supervisees understand parameters of supervision
Informed Consent and Supervision: Client Consent

- Supervisee training status
- Supervisee observation method
- Who will be involved in supervision
- Impact of supervision on confidentiality

- Benefits of supervision
- Contact info for supervisor
- Policies regarding discomfort working with the supervisee
Informed Consent and Supervision: Supervisee Consent

• Consider creating a “Supervision Contract”
  ➢ Supervisor professional disclosure
  ➢ Purpose, goals, objectives
  ➢ Nature and context of supervision services
  ➢ Responsibilities of supervisor & supervisee
  ➢ Procedural considerations
  ➢ Evaluation procedures
  ➢ Ethical and legal issues
Evaluation

• Defining aspect of supervision

• Two types of evaluation
  - Formative feedback
  - Summative feedback

• Two core problems
  - Defining competence
  - Conflicts with self-concept as a “helper”

• Can result in avoidance of evaluator role
Evaluation Tips

• Take on the challenge!
• Discuss the evaluation methods and criteria from the very start
• Address natural vulnerability
• Model openness to feedback, self-critique
• Encourage self-evaluation
• Qualities of good feedback: CORBS
  ➢ Clear, Owned, Regular, Balanced, Specific
Let's give CORBS a test drive…