

The Clinical Supervision Competency

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The Supervision Competency

Our field is moving increasingly towards demonstrating competency in various skills and clinical supervision is no exception. But to know what constitutes supervisory competence requires knowledge of what constitutes effective supervision.

Three education objectives:

- Attendees will be able to identify factors in effective supervision as identified by current research.
- Attendees will be able to address how supervisee factors such as developmental stage should be addressed.
- Attendees will be able to name five ways supervisory competency can be documented.

Outline of presentation

- Movement towards demonstrated competencies in clinical practice.
- Research on what constitutes effective supervision.
- Elaborating on competency domains
- Assessing and documenting competency

Outline of presentation

Competency Domains

- Maintaining the supervisory alliance
- Supervisory planning
- Matching approach to supervisee
- Diversity
- Resolving conflicts and repairing ruptures
- Assessment, feedback and evaluation
- Remediation

Trend towards competency

- Originally, measured knowledge, via written tests or course work
- Then moved towards skills testing
- Now a broader concept of competence is emerging

Trend towards competency

Clinical competence means we have:

- the **knowledge** to conceptualize the problem in all of its complexity,
- the **skills** to apply knowledge in a productive fashion to solve the problem, and
- the **judgment** and **self-awareness** to adjust our approach as needed.

Trend towards competency

- We assess and evaluate our supervisees.
- But how do we assess **our competence** as supervisors?
- To assess that, we need to answer:
what constitutes an effective supervisor?

Discussion

What do we want supervision to accomplish?

What supervisory conditions and qualities will help us foster that outcome?

Goals of Supervision

Goals of supervision:

- Foster the **supervisee**'s professional development
- Ensure **client** welfare (enhance positive outcomes, minimize negative outcomes, protect from impaired professional)
- Maintain the administrative requirements of the **agency**

What can foster negative outcomes?

Most common *critical events* in supervision involve (per Ladany):

- Lack of supervisee skills or judgment
- Role conflicts
- Countertransference issues
- Sexual feelings or other boundary issues
- Gender-related misunderstandings
- Multicultural complications
- Problematic supervisee attitudes or behaviors

What can foster negative outcomes?

Most common sources of interpersonal conflict between supervisor and supervisee (from *supervisee* perspective)

- Supervisory power misapplied
- Role ambiguity—expectations not clear
- Lack of guidance or emotional support

» (Ladany and colleagues, 2007)

What can foster positive outcomes Study on “wise” supervisors

Wise supervisors nominated by professional peers, then asked what’s central to being an effective supervisor

Core theme: **openness to conflict**

(Nelson, Barnes, Evans, and Triggiano, 2008)

Study on “wise” supervisors

Their self-described attributes:

- take **pleasure from supervision**
- alternatively **firm and flexible**
- their interventions vary according to **level of supervisee development**

Many supervisors don’t do the last one.

What do supervisees think makes effective supervision?

In order of importance, supervisor

- Has **skills and knowledge**
- Fosters an **accepting climate**
- **Invested** in training and supervision
- **Empathic**
- **Flexible and available**
- Has **good relationship skills**
- Shares their **experiences**

(Lowry, 2001)

What do supervisees think makes effective supervision?

Supervisors will often find the location of the problem in the supervisee and not the relationship, nor is it always in the relationship (low productivity, lateness, paperwork).

Ironically, our supervisees take a more relational approach than we do!

What does DHS think makes good supervision?

Structure!

Changes made to the rule pertaining to clinical supervision were made with the intent to provide a structure around the supervision session.

- Bulletin #11-53-03 June 20, 2011

What does DHS require of clinical supervision?

- Can be done either individually or in group.
- Group cannot exceed six supervisees.
- Face-to-face supervision can be by telemedicine.
- Interactive video equipment and connection must comply with Medicare standards.
- But most importantly,
 - There must now be a **supervision plan!**

What does DHS require of the supervision plan?

Must be developed collaboratively by the supervisor and supervisee

Must be reviewed and updated at least annually.

Must include:

- supervisee and supervisor names, licensure, qualifications and name of agency where clinical supervision occurred

What does DHS require of the supervision plan?

- Breakdown of hours and modality of supervision
- policy regarding how the supervisee must contact the clinical supervisor during service provision and during client emergencies
- authorized scope of practice, including: description of the supervisee's service responsibilities, description of client population, and treatment methods and modalities

What does DHS require of ongoing documentation?

Documentation made in supervisee's record must include:

- Date and duration of supervision session
- Type of supervision (individual or group)
- Name of clinical supervisor
- Subsequent actions supervisee must take
- Date and signature of clinical supervisor

Documentation in the client chart occurs to indicate

- Supervision pertinent to client treatment changes

What does DHS want?
big picture

Supervision based on the supervisee's plan that:

- promotes **knowledge, skills, and values** development
- models **ethical standards** of practice
- promotes **cultural competency**
- **encourages client family participation** in treatment planning where possible
- **monitors, evaluates, and documents** the supervisee's performance

So, what do competent supervisors do?
a consensus approach

Survey of supervisors, as summarized and paraphrased by me. (Falender, et al, 2004)

Upfront Tasks

- Establish the supervisory relationship
- Collaboratively create a supervisory plan
- Lay out process of evaluation, remediation and appeal

What do competent supervisors do?
a consensus approach

Relational Tasks

- Use relational skills to create a safe space for honest feedback both ways
- Address and repair relational ruptures
- Process the interrelationships among supervisor, supervisee, and client(s)
- Attend to social context
Diversity, ethics, developmental, organizational, sociopolitical

What do competent supervisors do?
a consensus approach

Problem Solving Tasks

- Share clinical knowledge, skills and insights
- Address supervisory problems as they arise

Professional Tasks

- Recognize power differential and model ethical practice in and out of supervision
- Commit to evidence-based supervision

What do competent supervisors do?
a consensus approach

Assessment and Feedback Tasks

- Give ongoing feedback on performance
- Review tapes and supervisee notes
- Facilitate supervisee self-awareness
- Encourage and accept supervisee feedback
- Recognize your own limitations
- Seek new insights and ways to improve your supervision

Falender and Shafranski (2007)

Upfront Tasks

A moment of zen

*One should resolve a great difficulty while it is easy
And manage a great thing while it is small.
Surely all the world's great difficulties arose from slight causes,
And all the world's great affair had small beginnings...*

A poem from the Dao de Ching by Lao Zi

Establishing the Relationship
Supervisee's supervision history

- Explore **supervisee's past history with supervision?** what worked? what didn't?
- Consider telling your supervisee *your* supervision history
- Ask re: supervisee's **preferences** for learning style in supervision?
- Ask what's the **toughest part** or most challenging aspect of supervision for them?

Establishing the Relationship
Supervisee's supervision history

- How the two of you will know that supervision is going well?
- How the two of you will know that something isn't going well?
that is to say, did you explore and specify the **markers of success and distress?**

Establishing the Relationship

- What motivates your supervisee?
e.g., learning/progress, praise, seeing results, responsibilities, financial recognition
- Wise supervisor's on desirable supervisor qualities to create a healthy relationship:
Humble Reflective
Flexible Can learn from mistakes

Establishing the Relationship

Share early embarrassing clinical errors, thereby normalizing them.

- We are highly dependent on what our supervisees tell us
- Trust and their sense of us as advocates for them is critical
- At the same time, our divided loyalties need always be kept in mind

Role Play and Exercise

- Pair off and do an interview of your partner as though you were going to begin doing supervision with them.
- Inquire as to their positive and negative history with supervision, preferred learning style and what would be the most likely triggers of conflict or markers of a supervisory alliance rupture.
- Then reverse roles.

Discussion

- *What if anything interesting emerged from this discussion?*
- *Do you do this in your own practice?*
- *What would be the advantages or disadvantages of sharing the things that are most likely to bug you in terms of supervisee behavior or attitudes?*

Supervisory Plan or Contract

- Clearly establish the supervisory contract
 - Productivity expectations
 - Emergency/crisis procedures
 - Hours of supervision
- Collaborate with the supervisee in developing a plan to meet those goals
 - supervisee's perception of **areas to work on**
 - specific skills the **supervisor expects to teach**
 - specific skills the **supervisee hopes to learn**

Supervisory Plan or Contract informed consent

The supervisee has a right to know:

- The supervisor's approach
- The skills and content the supervisee will be expected to learn
- Productivity expectations

Supervisory Plan or Contract informed consent and due process

- Who will know what on the training team?
 - for supervisee, that translates, what if anything is confidential?
- How their competence and success is to be measured?
- If things go wrong, how remediation and the appeals process work?

Matching Approach to Supervisee

Assessing your supervisee:

- Experience, competence, and confidence
- Past experiences with supervision
- Preferred learning style
- Insight and awareness
- Personal presentation
- Professional identity and theoretical orientation
- Current level of professional development

Matching Approach to Supervisee

Some supervisors give their supervisees Myers-Briggs and share their results with supervisees.

Rationale:

- Helps supervisee gain insight about self.
- Helps supervisor strategize supervision.

Matching Approach to Supervisee

- Example: Introvert supervisees are likely to respond better to more structure, more time to prepare for new experiences, and increased time between feedback and discussion of performance
- Introvert supervisors are good at exploring issues in depth, reflecting concerns and in one-to-one communication. They may need to work on providing supervisee's with action stops and at being more expressive and at intentional self-disclosure.
- Other examples available from Bernard & Goodyear (2008)

Developmental factors

From Stoltenberg's Integrated Development Model of Counselor Development

- Able to perceive increasing complexity in self and others.
- Motivation shifts from an anxiety base to an intrinsic interest in professional growth.
- Sense of autonomy and confidence grows.

In Bernard and Goodyear (2009)

Ronnestad and Skovholt's Model of Therapist Development

Qualitative study: 100 interviews of therapists from interns to 40-plus years. Found these phases:

- **Lay Helper Phase:** Advice based on experience. Help conversational in nature. Boundary issues common.
- **Student Phase** (Beginning, Advanced): Interventions based on external principles. Help intentional in nature. Style: conservative, cautious, thorough.
- **Professional Phase** (Novice, Experienced, Senior): Interventions increasingly based on internalized principles. Style more relaxed, risk-taking, spontaneous.

From Bernard and Goodyear (2009)

Developmental factors

Implications for Supervisors

Supervision needs to evolve as "conditions on the ground" begin to change

- Typically from more to less directive
- From micro skills to macro themes
- Intentional self-disclosure mirrors supervisee dilemmas

If we don't change approach, increased chance of conflict or supervisee chafing at overly tight reins

Developmental factors

For advanced supervisees:

- Gradual shift into more consultative role
- Move increasingly from mentor to colleague
- Foster ambition and next growth area
- Address stagnation/burn out as needed
- Succession planning—consider training supervisee to be a supervisor

Attending to Diverse Identities

- Prefer this phrase to diversity: risk of only attending to diversity when someone's "different"
- Discussion of diverse identities should be **regular and start early** on in supervision
- Start with discussion of **Addressing model**
- Perhaps explore how your respective diverse identities might impact one another
- Be alert to possibilities of **micro aggressions**

Hays' ADDRESSING Model

Age
Developmental stage
Disabilities
Religion (also region: rural/urban)
Ethnicity
Socioeconomic status
Sexual orientation
Indigenous heritage
National origin
Gender

Attending to Diverse Identities

Consider discussing self-disclosure in the context of diverse identities.

Discussion:

How does revealing how we are alike or different from our client or supervisee impact the working alliance?

Self-disclosure should always be intentional with the benefit to the client or supervisee the guiding principle.

Resolving Conflicts

- Another moment of zen...

To lead people, walk behind them.

Lao Ze

Brings to my mind, a runaway stagecoach analogy...

Resolving Conflict

Carlson's SEARS Model

Seek first to understand

Empathize

"And" also note the other side:

characterize this as a dilemma

Request ideas or different behavior

Strategize solutions

Repairing Ruptures

- Acknowledge what the supervisee has said or what you sense
- Express sincere distress over the rupture
- Own whatever part is yours
- Speak on strengths to build upon
- Collaborate on repair strategies
- Identify stuck/need to change dialectic
- Check in periodically (don't assume)

Assessment

- The APA now requires that therapy practicums include a component of assessing the therapeutic progress of the student's clients
- As supervisor's we need to oversee this process
- If with practicum students, why not with all supervisees?

Assessment

Discussion:

How do we insure that our feedback is regular and builds on itself?

How do we build informal structure to insure ongoing feedback?

What are the sources of info that we use?

Bottom line: No supervisee should ever be surprised by their annual review.

Assessment

Discussion:

- *How do we structure supervisee 's assessment of us as supervisors?*
- *How do we keep that process safe for them?*
- *Have we considered a process in which our supervision sessions are taped for evaluation by a third party?*

Assessment

Supervisee assessment of supervisor

VA--Chicago Form
(available at APPIC website—see references)

Very specific—promptness of meetings
numeric frequency of tapes reviewed
granted ore autonomy as time went on

Can be used for comparative or summative purposes

If you create your own, use descriptive anchors.

Assessment

Discussion

How do we make supervisee assessment safe?

Always think in the case of the worst supervisor, is the supervisee still safe to give feedback?

Remediation

What Are We Talking About?

1. "An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior"
2. "An inability to acquire professional skills in order to reach an acceptable level of competency"
3. "An inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning"

(Lamb, et al., 1987)

Remediation

Common indicators for the need of formal remediation:

Lack of response to interventions:
"impervious to feedback"

Performance or attitude is actually getting worse

Has negative impact upon clients, agency, colleagues, etc.

Constitutes a risk to any of the above

Remediation

What's Next?

Consider Ethical Obligations

Monitor client welfare

Comply with legal, ethical, and professional standards of practice

Monitor clinical performance and professional development of the supervisee

Evaluation and certifying current performance and potential of the supervisees for academic, screening, selection, placement, employment, and credentialing purposes

Association for Counselor Education and Supervision (ACES), 1993

Remediation

What's Next?

Consider Stakeholders

- Client welfare
- Supervisee welfare
- Supervisor welfare
- Program and agency

Develop a Remediation Plan

- Make it as collaborative as possible

Association for Counselor Education and Supervision (ACES), 1993

Remediation

Guidelines

- USE YOUR DUE PROCESS PROTOCOLS!
- Obtain an informed consent signature at the beginning of supervision
- Provide regular critical feedback from the beginning
- Provide progressive remediation responses: increase level and frequency if problems persist

Remediation

Some ideas for a remediation plan

- Increased supervision with more or different supervisors
- Shift the focus of supervision (i.e., cases)
- Increasing observation
- Reduce client load
- Remedial coursework or readings
- Personal therapy and/or assessment:
 - option or requirement?

Remediation plans should:

- Be specific and clearly stated
- Have goals that are measurable or documentable
- Have a clear time frame for being met
- Provide a way back for the supervisee, i.e., identifies strategies that will help
- Note possible consequences explicitly
- Be signed by both the supervisee and supervisor

Remediation—a case study

- On a cold winter night, Sean drove home one of his therapy clients whose ride didn't come. The client invited Sean in for a drink and Sean declined, but admitted he was ill at ease because he felt the client might have a crush on him. This was new information to you. You had a serious discussion and felt Sean "got it." Three weeks later, Sean loaned another female client \$20 so she could buy food for her family, in violation of clinic policy. Again, Sean sheepishly shares this information with you. This, in conjunction with his tendency to go past the 50 minute hour on a consistent basis makes you feel that you need to develop a formal remediation plan.

Remediation—a break-out exercise

Divide up into groups by orientation

- Psychodynamic, humanistic, systems, cognitive behavioral, other?

Develop a remediation plan that includes some of the criteria mentioned earlier.

How would you know the supervisee was ready to be removed from formal remediation?

Documenting Supervisory Competence

- Difference between social work and psychology
- Ways to justify competency in supervision to the Board of Psychology
- May go without saying, but if you're doing supervision, you ought to have supervision listed as a competency and you'll need to justify why you are competent to supervise.

Documenting Supervisory Competency

- **Successful completion of course on supervision**
Many older clinicians never had a course on how to do supervision
Documenting trainings like this are the next best thing
- **Verification of previous supervision of supervision**
(documenting readiness to supervise independently)

Documenting Supervisory Competency

- **Creation of a peer supervision group** to address issues of interest, read articles, etc.
e.g., once a month brown bag with discussion of a journal article. Listing dates of that group.
- **Direct observation and assessment (of us!)**
live, audiotape or videotape.

Documenting Supervisory Competency

Discussion

How many of you have ever had your supervision observed?

Submitted a tape of a supervision session as graduate student? As professional?

Is this an intrusion or a good idea?

Who is competent to evaluate competency in supervision?

Documenting Supervisory Competency

- **Supervisory training regarding diversity**

Some of the most common supervisory rupture occur over matters of ethnicity or gender differences between supervisor or supervisee, concept of microaggressions

- **Supervisee feedback**

Potential of supervisee feedback becoming part of the supervisor's training plan

Documenting Supervisory Competence

- **Structured self-assessment** and awareness of need for consultation when necessary.

Explicit discussion of a supervisor with their peers or their own supervisor on topic areas they feel the most in need of consultation.

- **Assessment of supervision outcomes—both individual and group**

Discussion: What is a supervision outcome?

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References and Contact Info

Useful forms and resources on supervision available through the appic website:

http://appic.org/training/7_1_training_subject_rev_1_08.htm

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