The Missing Ingredient:
Supervision

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Competency-based Clinical Supervision

- Competency-based clinical supervision entails an intentional, systematic approach to the multiple competencies—knowledge, skills, and attitudes.
- It includes observation, collaborative self-assessment and feedback on the assessment; experiential learning and skill development, instruction, modeling, and mutual problem solving; ongoing assessment, feedback and evaluation, role modeling.
Competency-based Clinical Supervision

- Competency-based supervision’s intentional, systematic approach is in contrast to psychotherapy-driven or other supervision approaches are not comprehensive in all the components essential to clinical supervision.

- Essential is the interplay of self-assessment, supervisor collaborative assessment and feedback with the collaborative development of a training contract articulating discrete competencies to be attained and means to achieve those.
Frame! Supervision Distinguished From:

- Consultation
  - (Duty of Care to Distinguish)
- Psychotherapy
- Mentoring

Critical Components
- Evaluation
- Power
- Responsibility and Liability
- Imperative vs. choice
- Depth and breadth of case knowledge
Competency-based Supervision

Competency-based supervision is a metatheoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices (regulations), and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007). Competency-based supervision is one approach to supervision; it is metatheoretical and does not preclude other models of supervision. (APA, 2014)
The Learning Cycle

Performance
Supervisee performs psychological service
Supervisee Self-assessment

Planning
Identifies interventions/procedures to be performed
Instruction and experiential learning activities

Observation
Direct Observation (live supervision and/or review of recorded sessions)
Review of client feedback

Feedback/Evaluation
Supervisor encourages supervisee self-assessment and provides formative evaluation/feedback and summative evaluation factoring in client outcome assessment

Reflection
Supervisor and supervisee individually and together reflect on observations
Overview of Competency-based Supervision

Component Parts—Systematic Approach

- Supervisor Self-assessment—
  including assessment, interventions, multicultural intersections
- Supervisory Relationship-Contract
- Assessing strength, strains, ruptures and repairing
- Infusion of multicultural competence of triad/worldviews
- Attending to personal factors and reactivity
- Assessment, competency-anchored feedback, feedback from supervisee and evaluation
- Ethical, legal, and regulatory issues/standards
- Self-care
- Ongoing self and system assessment to move to culture of communitarian competence
SUPERVISION COMPETENCIES

Form Supervisory Alliance and Collaboratively Develop Goals and Tasks

How to develop alliance attending to diversity and the power differential
Alliance and the Supervision Contract

- Mutually defined goals and tasks of clinical training
- Knowledge, skills, and values assembled to form specific clinical competencies
- Learning strategies and evaluation procedures
- Introduction to diversity of all three
- Transparency in evaluation and feedback

Clarity in the training goals and the collaborative identification of the means to achieve the goals establish a context for the development of an alliance out of which an emotional bond will develop and the training goals will be achieved.
Supervisory Contract and the Alliance

Development of the supervision contract is an essential component of the supervisory process and serves as the basis for the supervisory alliance, enhanced articulation of expectations, informed consent, and definition of parameters of the relationship and the process and content of supervision.
Contracts

- Sample contract available in ASPPB Supervision Guidelines document:
- And two sample contracts in Falender & Shafranske 2016
Supervision Contract (APA, 2014)

a. Content, method, and context of supervision—logistics, roles, and processes

b. Highest duties of the supervisor: protection of the client(s) and gatekeeping for the profession

c. Roles and expectations of the supervisee and the supervisor, and supervisee goals and tasks

d. Criteria for successful completion and processes of evaluation with sample evaluation instruments and competency documents (APA, 2010, 2.06)
Supervision Contract (APA, 2014)

d. Criteria for successful completion and processes of evaluation with sample evaluation instruments and competency documents (APA, 2010, 2.06)
e. Processes and procedures when the supervisee does not meet performance criteria or reference to such if they exist in other documents
f. Expectations for supervisee preparation for supervision sessions (e.g., video review, case notes, agenda preparation) and informing supervisor of clinical work and risk situations
g. Limits of confidentiality of supervisee disclosures, behavior necessary to meet ethical and legal requirements for client/patient protection, and methods of communicating with training programs regarding supervisee performance

h. Expectations for supervisee disclosures including personal factors and emotional reactivity (previously described, and worldviews (APA, 2010, 7.04))

i. Legal and ethical parameters and compliance, such as informed consent, multiple relationships, limits of confidentiality, duty to protect and warn, and emergent situation procedures

j. Processes for ethical problem-solving in the case of ethical dilemmas (e.g., boundaries, multiple relationships)
Supervisory Contract—Other Aspects (Falender & Shafranske, 2004; 2016)

Legal/Ethical Parameters

- Setting-specific boundary expectations
- Specific reference to ethical codes, regulations, and laws
- Handling electronic information—e.g., informed consent, confidentiality
- Social media guidelines
- Normative management of countertransference, reactivity, strains or ruptures to alliance
- Limits of supervision: Not personal psychotherapy
Self-Assess

0 Do you use a supervision contract?
0 Does it include the relevant informed consent aspects?
0 Does it correspond to supervision actually practiced? — all staff on the same page?
0 What could be added?
0 Consider how carefully you have described limits of confidentiality in supervision contract/program description
0 Spend a few minutes considering aspects you should add to your supervision contract
Accurately and Collaboratively Assess Supervisee Competence
Competencies (knowledge skills and attitudes) regarding EBP in general and the particular model
Social Work Competencies

- Council on Social Work Education; Commission on Accreditation
- Cswe.org/accreditation/accreditation-process/2015EPAS_Web_Final.aspx
- Educational policy and accreditation standards
Focus on Diversity among Client, Supervisee, Supervisor: Worldviews

An Ethical Imperative
Diversity in Supervision

- Low rates of actual discussion of ethnicity, gender, sexual orientation in supervision or initiation by supervisors
  - (Duan & Roelhke, 2001)
- Race is most frequently raised if any are
  - Sohelian et al., 2014
- Topics simply does not come up i.e., religion
  - Russell & Yarhouse, 2006; Shafranske, 2014
- Supervisees and licensed psychologists may describe multiculturally competent treatments but may not perform them
  - Sehgal et al., 2011
- Perceptions may vary between supervisees and supervisors on initiation and on supervisory prior experience
- Pain inflicted on supervisees (and worry re: client welfare) by culturally insensitive supervisors (Jemigan et al., 2010; Singh & Chun, 2010) by misunderstanding
Implicit Bias

- Therapists responding to phone messages are more likely to call back “Allison” than “Lakisha”
  - Smith et al., 2016
  - http://www.uvm.edu/~uvmpr/?Page=news&storyID=23412&category=four_sq

- Prospective jurors given facts about a fictional incident remember more aggressive details about a defendant named "Tyrone" than they do when the same scenario concerns a "William.”
  - Donald et al., 2016
Diversity Factors

- Gender
- Sexual orientation
- Gender identity
- Age-generation
- Race
- Ethnicity
- Language
- Country of origin
- Immigration/status
- Political affiliation/party
- Acculturation
- Indigenous heritage
- Culture
- Social class, socioeconomic
- Religion & spirituality
- Disability or Ableness
- Urban vs. rural
- Body size
- Educational level/profession
- Military experience
- Other factors including worldview
Multidimensional Ecological Comparative Approach (MECA)
(Falicov in Falender, Shafranske, & Falicov, 2014)

- The generic ecosystemic parameters,
  - Migration/acculturation
  - Ecological context,
  - Family organization
  - Family life cycle
- Apply to diverse cultural groups, incorporating cultural diversity and social justice lenses. Within a postmodern position of not-knowing and curiosity
The constellation of beliefs about health, illness, religion, spirituality, and magic are relevant for understanding the client’s preferred avenues and attitudes toward mainstream health care, psychotherapy, and complementary folk medicine.

- Personal responsibility, cultural styles of coping
- Cultural humility is the key
- Exploring health, religious resources that may be helpful—how those work adopting a “not-knowing” approach. . .curiosity and respect

(Falicov in Falender, Shafranske, & Falicov, 2014)
Consider your practice of clinical supervision
What parts are strengths in what you currently do?
What could be improved, transformed to a competency-based approach?