

Evidence-Based Psychological Supervision

Caleb W. Lack, Ph.D.
www.caleblack.com

“We would never dream of turning untrained therapists loose on needy patients, so why would we turn untrained supervisors loose on untrained therapists who help those needy patients?”

Watkins (1997)

Outline

- Supervisor competencies
- Guidelines for supervision
- Means of assessing supervisors

Effective Clinical Supervision

- Ensures safe and effective practice
- Maximizes client outcomes
- Supports trainees
- Foremost method for teaching clinical skills
- Most critical aspect to developing into a competent therapist

Milne (2009)

Supervisor Competencies

What is important?

- Review of research literature and consultation with experts in the field has identified four areas of competency for supervisors
- Each area has numerous skills within it

Supervisor Competencies

- Generic competencies
- Specific competencies
- Application of supervision to specific models
- Metacompetencies

Roth (2008)

Generic Supervision Competencies

- The competences that underpin the supervision of *all* therapy modalities
- These cut across different types of therapies and therapeutic orientations

Generic Supervision Competencies

- Ability to employ educational principles which enhance learning
 - Apply principles of adult learning
 - Knowledge
 - Transfer of learning
 - Use of direct observation and contingent feedback to enhance learning in supervision
 - Link theory to practice, and relate practice to theory

Generic Supervision Competencies

- Ability to identify and discuss ethical issues with the supervisee
 - Identify and discuss ethical issues with the supervisee
 - Identify and discuss issues relating to confidentiality
 - Dual role-relationships

Generic Supervision Competencies

- Ability to foster competence in working with difference
 - Help supervisees consider the relevance of issues of difference
 - Help supervisees integrate issues of difference into their practice
 - Working with interpreters

Generic Supervision Competencies

- Ability to adapt supervision to the organizational and governmental context
 - Knowledge
 - Adapt supervision and supervisee's practice to the organizational context
 - Adapt supervision to the clinical governance context

Generic Supervision Competencies

- Ability to foster and maintain a supervisory alliance
 - Knowledge of factors associated with a positive supervisory alliance
 - Capacity to develop the supervisory alliance
 - Recognize and address strains in the supervisory alliance

Generic Supervision Competencies

- Ability to structure supervision sessions
 - Establish a professional framework for supervision
 - Establish and maintain boundaries
 - Negotiate a contract for supervision
 - Establish a structure for supervision sessions
 - Agree on expectations about which cases will be presented

Generic Supervision Competencies

- Ability to help the supervisee present information about clinical work
 - Help supervisee identify relevant content
 - Help the supervisee develop structured presentations

Generic Supervision Competencies

- An ability to help the supervisee reflect on their work and on the usefulness of supervision
 - Knowledge
 - Establish expectations about reflection
 - Facilitate reflection
 - Gauge the supervisee’s capacity to reflect
 - Monitor supervisee’s capacity to apply the outcomes of reflection

Generic Supervision Competencies

- Ability to use a range of methods to give accurate and constructive feedback
 - Create a context for giving feedback
 - Give feedback in an appropriate manner

Generic Supervision Competencies

- Ability to gauge the supervisee’s level of competence
 - Develop criteria for gauging competence
 - Use a range of methods to gauge competence
 - Be aware of and act on potential sources of evaluation bias

Generic Supervision Competencies

- Ability for supervisor to reflect (and act on) on limitations in own knowledge and experience
 - Limit supervision to those approaches in which the supervisor has sufficient training and/or supervised experience
 - Act on any limitations in training and/or experience which could impact on supervision quality

Generic Review

- Employ adult educational principles
- Enable ethical practice
- Foster cultural/ethical awareness
- Adapt supervision to local context
- Form & maintain supervisory alliance
- Structure supervision sessions
- Help supervisee present clinical information
- Foster self-reflection
- Give accurate and constructive feedback
- Gauge supervisee competence
- Recognize/act on own limitations

Specific Supervision Competencies

- Pantheoretical like the generic competencies
- Outlines some particular supervisory tasks that those delivering “traditional” therapy supervision need to attend to

Specific Supervision Competencies

- Ability to help the supervisee practice clinical skills
 - Identify areas or clinical technique which it would be helpful to practice in supervision sessions
 - Identify and implement the most appropriate method for helping the supervisee practice clinical techniques
 - E.g., modeling, role plays

Specific Supervision Competencies

- Structure practice sessions so that the supervisee is clear about the aim, is appropriately prepared, and is clear about the skills they are expected to practice/ demonstrate
- Give feedback to the supervisee which is accurate and constructive, which focuses on strengths and weaknesses, and is task-specific (rather than global)
- Help the supervisee reflect on feedback

Specific Supervision Competencies

- Ability to incorporate direct observation into supervision
 - Use of video/audio recordings
 - Use of in-session direct observation

Specific Supervision Competencies

- Ability to conduct supervision in group formats
 - Induct supervisees to group supervision
 - Act as a group leader
 - Structure sessions appropriately
 - Manage group process

Specific Supervision Competencies

- Ability to apply standards
 - Knowledge of expected standards of professional conduct
 - Gatekeeping with the non-licensed
 - Maintenance of standards with supervisees who are licensed

Specific Review

- Help with clinical skills practice
- Incorporate direct observation
- Conduct supervision in group formats
- Apply proper standards

Model-Specific Supervision

- Refers to the incorporation of aspects of your therapeutic orientation into supervision
- Differs widely between models

Supervision Metacompetencies

- Focus on the need to make appropriate adaptations in order to maximize the supervisee's ability to learn
- Need to be applied across all the other domains of the framework

Supervision Metacompetencies

- Adapting process and content of supervision
 - Match the process and content of supervision to the supervisee's stage of development
 - Identify gaps in knowledge and skills and the best learning strategies for managing these
 - Monitor the supervisee's learning and emotional needs

Supervision Metacompetencies

- Balance the need to ensure that the supervision agenda is comprehensive against the need to be responsive to current and specific needs
- Decide whether and how to adapt supervision in response to supervisee feedback

Supervision Metacompetencies

- Giving feedback
 - An ability to balance positive and negative feedback
- Managing concerns about the supervisee's ability to use supervision

Supervision Metacompetencies

- Managing serious concerns about practice
 - Take appropriate action when the supervisee's clinical practice raises serious concerns
 - Identify and manage any adverse impacts of such actions on the supervisory relationship
 - Balance a focus on the supervisee's educational development with an obligation to identify and prevent practice which could be harmful or unhelpful to clients

The Competent Supervisor

- These competencies can be considered the sets of activities supervisors *need* to attend to
- They can also be incorporated into ongoing training for supervisors, so that they are as effective as possible
- Great supervisors are not born, but made

Questions?

Evidence-Based Guidelines

- Based on a systematic review of the evidence for clinical supervision
- Aimed at developing a model for supervision with broad application
- Included professional consensus and evaluation as part of the development process

Milne & Dunkerly (2009)

Evidence-Based Guidelines

- Two key practices were identified
- 1) Developing a needs assessment and setting the learning contract
- 2) Facilitating learning in supervision

Supervision Contract

- Supervisors and supervisees should have a formal contract that lays out
 - Learning objectives / goals
 - Practicalities
- This is one of the best-established practices for facilitating the supervisee's learning

Supervision Contract

- Helps ensure that the learning needs of the supervisee are taken into account, together with the legitimate interests of others
- 'Needs' are different from 'wants', so collaborative goal-setting and negotiation often come into play

Needs Assessment and Contract

- 1) Conduct a learning needs assessment
- 2) Define SMARTER learning objectives
- 3) Address common content areas
- 4) Review

Conduct a Learning Needs Assessment

- Gather information about the supervisee that helps to define his/her existing skills, knowledge and attitudes
- This is critical to the supervisory relationship, important to understanding the learning 'zone', and facilitates learning

Define SMARTER Learning Objectives

- Goals serve several important functions in supervision
- Goals should be assigned by the supervisor, and also generated by the supervisee, with some 'win-win' negotiation

Specific
Measurable
Achievable
Realistic
Time-phased (scheduled)
Evaluated
Recorded (written down)

Address Common Content Areas

- Contracts normally cover:
 - Competencies
 - Practicalities
 - Methods to be used
 - Evaluation arrangements
 - Documentation plans
 - Professional matters

Review

- Progress towards the contract goals should be reviewed regularly
- Collaborative process between supervisor and supervisee

Facilitating Learning in Supervision

- A supervision method is a technique for facilitating the supervisee's learning
- Methods employed should be guided by the learning needs of the supervisee
 - Symbolic (based on the use of words)
 - Iconic (visual images)
 - Enactive (action/behavior)

Symbolic Methods

- Case presentation
- Questioning and challenging
- Discussion
- Instruction/teaching/informing/suggesting
- Planning
- Facilitating reflection
- Tips and examples from the supervisor's clinical experience
- Feedback/evaluation

Iconic Methods

- Modeling by the supervisor, or demonstration on a video
- Observation by the supervisee
- Both parties observing and commenting on supervisee's approach, recorded on audio or videotape

Enactive Methods

- Role play
- Behavioral experiments
- Live supervision
- Learning exercises

Blended Supervision

- Refers to the use of iconic and enactive methods to supplement traditional (symbolic)
- Recommended by both research literature and surveys of supervisors
- Several key practices can guide facilitation of supervisee learning

Take Supervision Contract into Account

- When selecting a method to use, aim to work in supervisee's zone of proximal development
- These and the supervision alliance guide the use of supervision methods

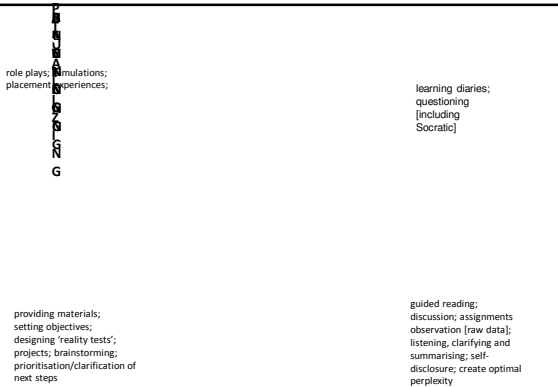
Vary the Methods

- Likely to produce the best results
- Helps to ensure variety and stimulation, and encourages supervisees to use different learning modes

Work within the Cycle

- Use different methods to increase the chance that the supervisee will work within the experiential learning cycle
- 1) Experiencing
 - 2) Reflecting
 - 3) Conceptualizing
 - 4) Planning
 - 5) Experimenting

Kolb (1984)



[based on Kolb,1984: Experiential Learning: New Jersey: Prentice Hall]

Multiple Method Use

- Aim to use two or three methods in each supervision session
- Some methods may be more appropriate for novice supervisees (e.g. case presentation, demonstrating and planning)
- Other methods, such as challenging, may be more suitable for an experienced supervisee

Feedback

- Supervisors should provide *and* solicit feedback regularly, to monitor how these methods are working
- Encourage open and honest communication
- Provide corrective, supportive feedback that guides the acquisition of competence and consolidates learning

Feedback

- Key recommendations
 - Refer to the learning objectives as outlined in the supervision contract
 - Provide professional feedback (balanced, specific)
 - Use different assessment methods
 - Reflect on and review your approach

Questions?

Means of Assessing Supervision

Evaluating Supervisors

- How do we know if supervisors are practicing EBS?
- Instruments are available to assess from both behavioral and supervisee perspectives
 - Supervision: Adherence & Guidance Evaluation (SAGE)
 - Process Evaluation of Training & Supervision (My PETS)

Milne (2008)

SAGE

- Provides an empirically-based approach that allows an observer to systematically code supervision sessions
- Behaviorally codes 23 factors in four areas

SAGE factors

1. The Common Factors
 - Non-specific factors underlying effective supervision and psychotherapy
- Relating, collaborating, managing, facilitating

SAGE factors

2. The Supervision Cycle
 - Specific supervisors' behaviors which are believed to support optimal learning
- Agenda-setting, demonstrating, discussing, evaluating, experiencing, feeding back (give and receive), formulating, listening, observing, prompting, questioning, teaching, training/experimenting

SAGE factors

3. The Supervisee's Learning

- Specific areas of learning that are impacted by the cycle
- Experiencing, reflecting, conceptualizing, planning, experimenting

SAGE ratings

<i>Incompetent</i>	0	Absence of feature, or highly inappropriate performance
<i>Novice</i>	1	Inappropriate performance, with major problems evident
<i>Advanced beginner</i>	2	Evidence of competence, but numerous problems and lack of consistency
<i>Competent</i>	3	Competent, but some problems and/or inconsistencies
<i>Proficient</i>	4	Good features, but minor problems and/or inconsistencies
<i>Expert</i>	5	very good features, minimal problems and/or inconsistencies
	6	excellent performance, or very good even in the face of difficulties

My PETS

- Designed to allow the supervisee to rate their supervisor on several aspects
- Duration, frequency, normative, supportive, and formative factors are all assessed

I am satisfied that the duration of the supervision session was appropriate (i.e. it lasted as long as it should).	1 2 3 4 5 N/A
I am satisfied with the frequency of supervision sessions (i.e. this supervision session occurred when it should have).	1 2 3 4 5 N/A
Normative: The supervisor helped me with planning, managing, evaluating and problem-solving issues.	1 2 3 4 5 N/A
Supportive: I felt supported through the supervisor's use of 'core' relationship conditions (e.g. feeling accepted, receiving recognition and support).	1 2 3 4 5 N/A
Formative: I was able to recognise relevant feelings, becoming more self-aware (e.g. role play helped me to express emotion).	1 2 3 4 5 N/A
I was able to reflect on events and perceive things more clearly (e.g. draw on my own experience to give events more personal meaning).	1 2 3 4 5 N/A
My understanding of my work was improved (i.e. analysing cases to gain more insight and a better grasp).	1 2 3 4 5 N/A
Based on applying this information we agreed action/s based on this supervision session (e.g. made a plan, agreed steps, set a goal).	1 2 3 4 5 NA
The supervisor helped me to try things out and to try and solve problems/practise skills, (e.g. gave me corrective feedback that improved my competence).	1 2 3 4 5 NA

Psychometrics

- SAGE and My PETS have strong validity and reliability supporting their use
- Can be used to check progress across both objective and subjective reports
- Useful for providing corrective feedback to supervisors practicing EBS

Questions? Discussion?

Key Resources

- Falender, C., & Shafranske, E. (2008). *Casebook for Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.
- Roth, A. D. & Pilling, S. (2008) Use of evidence based methodology to identify the competencies required to deliver effective cognitive and behavioural therapy for depression and anxiety disorders. *Behavioural and Cognitive Psychotherapy*, 36, 129 –147.
- Milne, D.L.(2008). *Evidence-based Clinical Supervision*. Chichester: BPS/Blackwell.
- Watkins, C. E. (Ed.). (1997). *The Handbook of Psychotherapy Supervision*. NY: Wiley.

Key Resources

- Milne’s Evidence-Based Clinical Supervision
– wiley.com/go/milne
- Supervision Competencies Framework
– www.ucl.ac.uk/clinical-psychology/CORE/supervision_framework.htm
- Reiser’s supervision resources
– www.robertreiser.com/supervision.htm
- Competency Initiatives in Professional Psychology
– www.apa.org/ed/graduate/competency.aspx
