An Introduction to Clinical Supervision:
An Overview of Foundations, Models, and Multicultural Considerations

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August 2023

Positionality

| Cisgender woman | White | Heterosexual |

| Professional | and much more… |

Objectives

- List and describe two broad functions of supervision
- Describe the importance of attending to the development of the supervisory relationship
- Identify foundational skills that contribute to an effective supervisory relationship and experience
- Identify at least two different models of supervision
- Describe three different supervisor roles associated with the Discrimination Model
- Explain the relevance and importance of addressing culture and diversity variables in clinical supervision

Overview

- Definitions, history, and supervision as a competency

- Building the relationship (and attending to supervisory alliance)

- Models of supervision

- Multicultural considerations

Clinical Supervision
Functions and Responsibilities

- Two broad functions
  - Supporting supervisee's professional development
  - Ensuring client welfare
- Supervision vs. Teaching
  - Both impart new skills and knowledge (and oversee/evaluate)
  - Supervision is highly individualized
- Supervision vs. Therapy
  - Both address behaviors, thoughts, feelings and functioning of participant
  - Evaluative element in supervision, and any therapeutic work with supervisee is limited to focus of increasing effectiveness with clients
- Supervision vs. Consultation
  - Both help recipient become more effective
  - Supervisory relationships are evaluative

Clinical Supervision as a Competency

- Defining Competencies in Psychology Supervision
  - 5 Factors
    - Life-long, cumulative, developmental process
    - Attention to diversity in all its forms
    - Attention to ethical and legal issues
    - Personal and professional factors
    - Self- and peer-assessment
  - Orienting Assumptions:
    - Developmental considerations
    - Diversity as a consistent lens

Guidelines for Clinical Supervision

- <u>APA Guidelines for Clinical Supervision in Health Service Psychology</u>
- **Domain A: Supervisor Competence**
- Domain B: Diversity
- Domain C: Supervisory Relationship
- Domain D: Professionalism
- Domain E: Assessment/ Evaluation/ Feedback
- Domain F: Problems of Professional Competence
- Domain G: Ethical, Legal, and Regulatory Considerations

1. Supervisors strive to be competent in the psychological services provided to clients/ patients by supervisees under their supervision and when supervising in areas in which they are less familiar they take reasonable steps to ensure the competence of their work and to protect others from harm.

2. Supervisors seek to attain and maintain competence in the practice of supervision through formal education and training.

3. Supervisors endeavor to coordinate with other professionals responsible for the supervisee's education and training to ensure communication and coordination of goals and expectations.

4. Supervisors strive for diversity competence across populations and settings.

5. Supervisors using technology in supervision (including distance supervision), or when supervising care that incorporates technology, strive to be competent regarding its use.

Guidelines for Clinical Supervision

- <u>ASPPB Supervision Guidelines</u>

Skills

- Providing supervision in multiple modalities (e.g., group, individual)
- Forming a supervisory alliance
- Providing formative and summative feedback
- Promoting the supervisee's self-assessment and growth
- Self-assessing by the supervisor
- Assessing the supervisee's learning needs and developmental level
- Discussing relevant multi-cultural issues
- Eliciting and integrating evaluative feedback from supervisees
- Teaching and didactics
- Setting boundaries
- Knowing when to seek consultation
- Flexibility
- Engaging in scientific thinking and translating theory and research to practice

Attitudes and values:

- Appreciation of responsibility for both clients and supervisees
- Respect
- Sensitivity to diversity
- Balancing between being supportive and challenging
- Empowerment
- Commitment to lifelong learning and professional growth
- Balancing supervisee self-care and well being with work demands of the training experience
- Balancing obligations to client, agency, and service with training needs
- Valuing ethical principles
- Knowing and utilizing psychological science related to supervision
- Commitment to the use of empirically-based supervision
- Commitment to knowing one's own limitations

Effective Clinical Supervision

- Attitudes
  - Acknowledging and appreciating that responsibility for the client and supervisee lies with the supervisor.
  - Valuing ethical principles and code of ethics.
  - Demonstrating respect for the supervisee and client(s).
  - Respecting and valuing diversity of all members of the supervision triad (client(s), supervisee/therapist, and supervisor).
  - Valuing self-reflective practice, including self-assessment and acknowledging limits of competence, knowing what he/she does not know (meta-competence).
  - Valuing commitment and proactive efforts to enhance clinical competence, and embracing lifelong learning.
  - Appreciating and empowering the supervisee as appropriate, supporting and encouraging the supervisee's development, including identification of supervisee strengths and efficacy.
  - Valuing and expressing respect for the supervision process, supervisee competence, and emerging developments.

Effective Clinical Supervision

- Skills
  - Clarifying and ensuring understanding of supervisee roles and supervisor expectations.
  - Articulating the balance of supervisory roles of protection of the client and public, gatekeeping for the profession, and enhancing the functioning of the supervisee to develop to their potential.
  - Remaining mindful and attuned to ethical and legal aspects of supervision and practice including appropriate boundaries, informed consent, and confidentiality.
  - Knowing various supervision modalities (group, individual, video, or live observation/review).
  - Forming a supervisory alliance.
  - Collaboratively assessing supervisee competence (with supervisee self-assessment and supervisor feedback).
  - Collaboratively developing goals and tasks to achieve the goals.
  - Collaboratively constructing a supervision contract based upon goals, tasks, and developing competencies, providing informed consent regarding expectations, logistics, and monitoring
    - Supervision Contracts (cfalender.com)
  - Infusing diversity among client, supervisee, and supervisor into clinical and supervision practice.
  - Reflecting on and respecting worldviews, attitudes, and biases, of client, supervisee, and supervisor, and infusing understanding of these in conceptualization, assessment, and intervention.
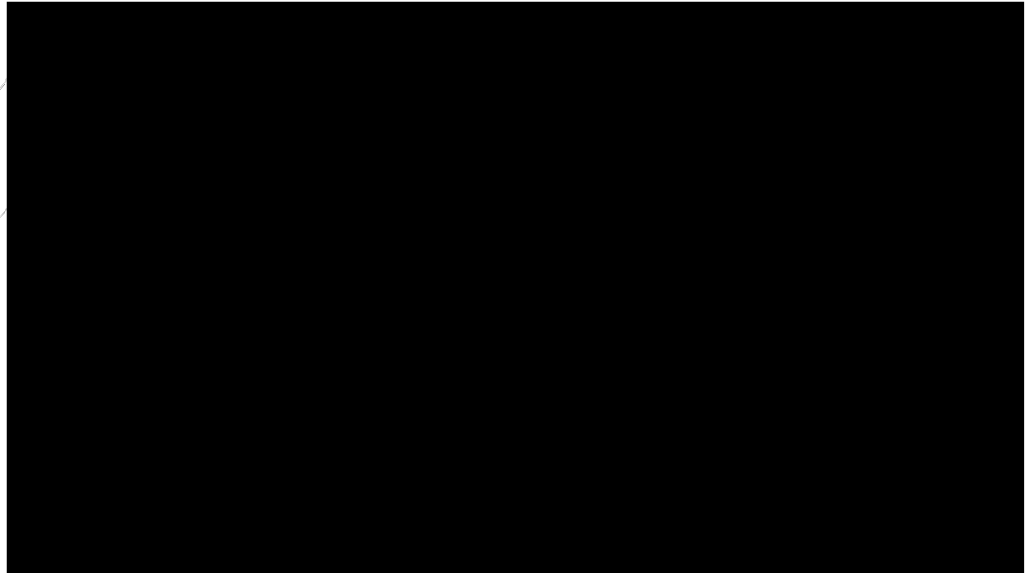
Effective Clinical Supervision

- Supervisory Alliance

- What might be important to consider or include when beginning a supervisory relationship?
- How do we set the foundation for clinical supervision?

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https://www.youtube.com/watch?v=hkALwAUxwcA

Effective Clinical Supervision

When Supervision is Not Effective

- Harmful supervision

  Findings:

  - Common occurrence
    - 35% of 363 narratives
    - 7th most frequent reason for APA sanction
    - Results in residual feelings of shame and inadequacy (particularly if the harm was persistent and severe)

When Supervision is Not Effective

Common Themes

- Address strengths and areas of needed improvement

- Rigid supervision
  - Inhibit critical thinking
  - Prevent autonomous behavior
  - Disrupt the development of one's professional identity

When Supervision is Not Effective

Common Themes

- Multicultural supervision
- Covert nature of harmful dynamics
- Consequences if not addressed
- Warning signs of harmful supervision
- Use of humor
- Developmentally appropriate interventions
- Administrative support

When Supervision is Not Effective

Addressing Harmful Supervision

- Every supervisor has the potential to be harmful
- Educate supervisees
- Generate sufficient structure
- Remain mindful and monitor own experiences and supervisee's skills, needs, and level of development

Models of Supervision

- Two broad categories
  - Models based on psychotherapy theories
  - Models designed specifically for supervision
    - Developmental models
    - Integrated models

Therapy Based Models

- Psychodynamic Approach to Supervision

  - Patient-centered (didactic, low conflict)
  - Supervisee-centered (experiential, potential for stress)
  - Supervisory-matrix-centered (dynamic)

Therapy Based Models

- Feminist Model of Supervision
  - The personal is political
  - Gender-fair, flexible, interactional and life-span oriented

- Cognitive-Behavioral Supervision
  - Examines observable cognitions and behaviors
  - Set agenda, bridge from previous sessions, supervisee homework

Therapy Based Models

- Person-Centered Supervision
  - Similar tenets of person-centered therapy
    - Supervisee has the resources to effectively develop as a counselor
    - Collaborator vs. Expert
  - Relies heavily on the supervisory relationship to facilitate learning and growth
- Systemic Supervision
  - Focuses on similarities between family systems and supervisory systems
  - Collaboratively set clear, meaningful, effective goals

Developmental Models

Progressive stages of supervisee development

(Continuum from Novice to Expert)

- Integrated Developmental Model
  - 3 levels of development
    - Level 1: Balance high anxiety/dependence by being supportive and   prescriptive
    - Level 2: Monitor growth and developmental needs
    - Level 3: Emphasize autonomy and collegial challenging

Developmental Models

➡ Ronnestad and Skovholt's Model

　➡ 6 phases of development

　　➡ Phase 1: Lay Helper

　　➡ Phase 2: Beginning Student

　　➡ Phase 3: Advanced Student

　　➡ Phase 4: Novice Professional

　　➡ Phase 5: Experienced Professional

　　➡ Phase 6: Senior Professional

Developmental Models

14 Themes of Counselor Development (Ronnestad and Skovholt)

1. Professional development involves an increasing higher-order integration of the professional self and the personal self

2. The focus of functioning shifts dramatically over time from internal to external to internal.

3. Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience.

4. An intense commitment to learn propels the developmental process.

5. The cognitive map changes: Beginning practitioners rely on external expertise, seasoned practitioners rely on internal expertise.

6. Professional development is long, slow, continuous process that can also be erratic.

7. Professional development is a life-long process.

8. Many beginning practitioners experience much anxiety in their professional work. Over time, anxiety is mastered by most.

9. Clients serve as a major source of influence and serve as primary teachers.

10. Personal life influences professional functioning and development throughout the professional life span.

11. Interpersonal sources of influence propel professional development more than 'impersonal' sources of influence.

12. New members of the field view professional elders and graduate training with strong affective reactions.

13. Extensive experience with suffering contributes to heightened recognition, acceptance and appreciation of human variability.

14. For the practitioner there is a realignment from self as hero to client as hero.

Integrative Models

- Systems Approach

  - Relationship is central (bestows power to both supervisor and supervisee)
  - 7 dimensions of supervision
    - Functions of supervision
    - Tasks of supervision
    - The client
    - The trainee
    - The supervisor
    - The institution

TASKS FUNCTIONS	Counselling Skills	Case Conceptualization	Professional Role	Emotional Awareness	Self-Evaluation
Monitoring					
Instructing					
Modeling					
Consulting					
Supporting					

Integrative Models

- Bernard's Discrimination Model
- Areas of focus
  - Process/Intervention, Conceptualization, Personalization

  - Supervisor roles
    - Teacher, counselor/therapist, consultant

  - Evaluates supervisee's ability within the focus area
  - Selects appropriate role from which to respond

Area of Focus	Teacher	Counselor	Consultant
Intervention	Models or teaches a specific skill; supervisee is taught to use the CBT "downward arrow" technique	Prompting supervisee to explore areas of difficulty or challenge; asking supervisee to reflect on why they are struggling with silence	Providing resources, sharing information; responding to supervisee request for resources on a specific issue, or celebrating supervisee's success with new techniques
Conceptualization	Identifying session themes; recordings are critiqued to help supervisee identify cognitive distortions	Helping supervisee identify thoughts, feelings and experiences impacting clinical work; observing that supervisee's behavior is similar to that of a client, or helping supervisee identify what is blocking them from having empathy for client	Helping to brainstorm additional ways of thinking about/approaching a client or situation; prompting supervisee to develop a case conceptualization from a new theoretical model, or provide tasks for supervisee to practice prior to difficult interactions
Personalization	Describing, identifying, and sharing observations; pointing out countertransference, or providing an article about counselor anxiety	Exploring supervisee's experiences; encouraging supervisee to recognize potential bias, or inquiring about supervisee's thoughts and feelings in a session	Supplying resources related to personal and professional issues and growth; serving as a sounding board and resource for supervisee, or supportively listening as supervisee offers insight and processes personal reactions

Clinical Supervision - Bernard's "Discrimination Model"

Multicultural Competence in Supervision

- History

- Outcomes (research)

- Guidelines

History

1980s - 1990s - 2000s - 2010s

History
APA: Equity, Diversity, Inclusion

- Equity, Diversity, and Inclusion Framework (apa.org)

- APA Guidelines on Race and Ethnicity in Psychology

- Apology to people of color for APA's role in promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in U.S.

- Role of psychology and APA in dismantling systemic racism in U.S.

- Equity, diversity, and inclusion monthly actions (apa.org)

10/2/2023

APA Guidelines

APA Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization

APA Guidelines for Psychological Practice With Sexual Minority Persons (PDF, 1.5MB)

APA Guidelines on Race and Ethnicity in Psychology

Assessment of and intervention with persons with disabilities

Evaluation of dementia and age-related cognitive change (PDF, 488KB)

Multicultural guidelines: An ecological approach to context, identity, and intersectionality, 2017.

Psychological practice with older adults.

Outcomes

Positive Outcomes

- Increased satisfaction with supervision
- Supervisors viewed as more sincere and invested
- Deeper working alliance
- Improved client outcomes

- Awareness, openness, and focus
- Higher racial consciousness
- Vulnerability and humility

Negative Outcomes

- Supervisee frustration and resistance
- Decreased satisfaction (feeling misunderstood, miscommunicated, disconnected, dismissed, and ignored)
- Supervisors viewed as culturally insensitive and incompetent

- Gender bias
- Racial microaggressions and unintentional racism
- Insensitivity to supervisee's nonverbal cues
- Engaging in cultural stereotyping
- Lack of interpersonal awareness

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Multicultural Guidelines Multicultural Guidelines, APA 2017

- Guideline 1. Psychologists seek to recognize and understand that identity and self-definition are fluid and complex and that the interaction between the two is dynamic. To this end, psychologists appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts.

- Guideline 2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.

- Guideline 3. Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions.

Multicultural Guidelines

- Guideline 4. Psychologists endeavor to be aware of the role of the social and physical environment in the lives of clients, students, research participants, and/or consultees.

- Guideline 5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services.

- Guideline 6. Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems, including prevention, early intervention, and recovery.

Multicultural Guidelines

- Guideline 7. Psychologists endeavor to examine the profession's assumptions and practices within an international context, whether domestically or internationally based, and consider how this globalization has an impact on the psychologist's self-definition, purpose, role, and function.

- Guideline 8. Psychologists seek awareness and understanding of how developmental stages and life transitions intersect with the larger biosociocultural context, how identity evolves as a function of such intersections, and how these different socialization and maturation experiences influence worldview and identity.

- Guideline 9. Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy as they address the first four levels of the Layered Ecological Model of the Multicultural Guidelines.

- Guideline 10. Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context.

Guidelines for Clinical Supervision

Guidelines for Clinical Supervision, APA 2014

- Supervisors strive to develop and maintain **self-awareness** regarding their diversity competence, which includes attitudes, knowledge, and skills

- Supervisors **planfully strive to enhance their diversity competence** to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees

- Supervisors recognize the value of and pursue **ongoing training in diversity competence** as part of their professional development and life-long learning.

- Supervisors aim to be **knowledgeable about the effects of bias, prejudice, and stereotyping**. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients/patients.

- Supervisors aspire to **be familiar with the scholarly literature concerning diversity competence in supervision and training**. Supervisors strive to be familiar with promising practices for navigating conflicts among personal and professional values in the interest of protecting the public.

Multicultural Competence in Supervision

- Awareness
  - Multicultural Identity
  - Countertransference

- Knowledge

- Skills
  - Nonverbal Behaviors
  - Helping Skills
  - Covert Processes
  - Therapeutic Strategies and Techniques

The *APA Handbook of Multicultural Psychology*, 2014

Multicultural Competence in Supervision

- Personal development

- Case conceptualization

- Interventions

- Process

- Evaluation

- Establish and maintain safety

- Commit to ongoing work

- Embed in supervisory dialogue

Multicultural Orientation in Supervision

- A Consistent Cultural Lens

- 4 Critical Assumptions

- 3 Components
  - Cultural Humility
  - Cultural Comfort
  - Cultural Opportunity

Cultural Humility

Attributes of Culturally Humble Supervisors:
- Awareness of culture (and cultural differences)
- Regulation (overcoming) of superiority → Openness, curiosity, interest

Approaches in Supervision
- Initiate-invite-instill
- Assess-build-connect

Resources: ADDRESSING Framework
Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy, Third Edition (apa.org)

Cultural characteristic	Power	Less power
Age and Generational Influences	Adults	Children, adolescents, elders
Developmental Disability	Temporarily able-bodied	*Individuals* with disabilities
Disability Acquired Later in Life	Temporarily able-bodied	*Individuals* with disabilities (e.g., multiple sclerosis or dementia caused by stroke)
Religion and Spiritual Orientation	Christians	*non-Christian*
Ethnicity/Race Identity	White or Caucasian	*Persons* of color
Socioeconomic Status	Owning & Middle Class (access to higher ed.)	People of lower status because of occupation, education, income, or rural habitat
Sexual Orientation	Heterosexuals	Gay, lesbians, and bisexual people
Indigenous Heritage	Non-native	Native
National Origin	U.S. born	Immigrants, refugees, and international students
Gender	Male	Women, transgender, and intersex people

Hays, P. A. (2001). Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors. Washington, D. C.: American Psychological Association.

Please note: The influences and examples of corresponding minority groups provided within the A.D.D.R.E.S.S.I.N.G. model are applicable within United States and Canada.

Resources: Cultural Behaviors Scale

- Supervisee CBS Scales
  - Supervisee's work with clients
    - I felt comfortable when my clients expressed aspects of their race and/or ethnicity with me during our counseling sessions.
  - Supervisor's behaviors with supervisee
    - My supervisor felt comfortable when I addressed aspects of my race and/or ethnicity in our supervision sessions.
- Supervisor CBS Scales
  - Supervisor's behavior with supervisee
    - The conversations my supervisee and I had about the supervisee's race and/or ethnicity were important in establishing and maintaining our relationship.
  - Supervisor's behavior about supervisee's client
    - I addressed my supervisee's clients' race and/or ethnicity effectively during our supervision sessions.

King, Borders, & Jones, 2020

Resources

Trauma-Informed Supervision Guide
- Acknowledge Culture
- Be Respectful, Honest, Kind and Fair
- Accentuate the Positive
- Be Calm and Calming
- Ask Questions
- Empower Others
- Promote Self-Care

Supervisor Self-Check

Questions and Thoughts?

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