

CLINICAL SUPERVISION: STRENGTHS, LIMITATIONS, AND ETHICAL IMPLICATIONS OF EVIDENCE-BASED SUPERVISION

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HE/HIM
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Land Acknowledgment

- HealthPoint offices and clinics occupy Coast Salish and Duwamish land.
- It is crucial that we reconcile and show appreciation to the indigenous people who call this land home.

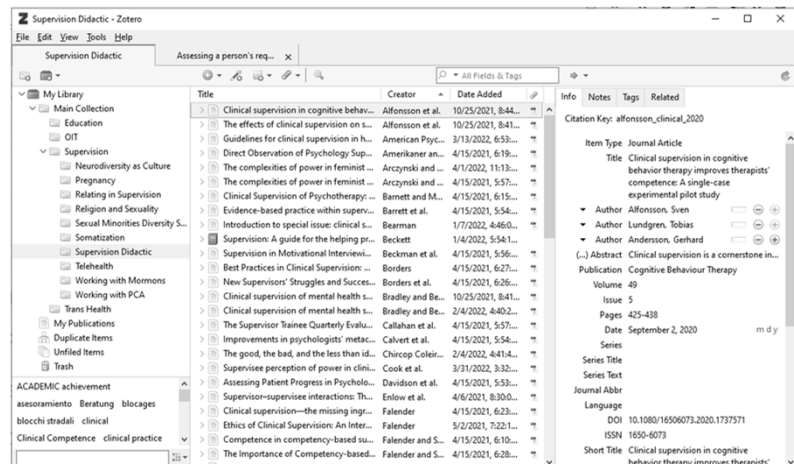
About me...

- BS in BS with psychology emphasis from UVU
- MS and PhD in clinical psychology from NSU
- Dissertation on clergy-perpetrated sexual abuse
- Internship at HealthPoint, Kent



About me...

- Supervision experience
- Supervision training



Objectives

- Students will be able to explain the limits of models of supervision
- Students will be able to describe the risks related to the role of supervisor
- Students will be able to list three underlying assumptions of the guidelines for clinical supervision in health psychology
- Students will be able to explain one element of the complexity of power within the supervisory relationship

Activity: Reflection

- Reflect on some of your best experiences being supervised. Describe your supervisor.
- What did your supervisor do to make the supervision experience work so well?
- What are strengths that you feel you will bring to the role of “supervisor” in the future?

Clip from Fritzell, J., Greenbaum, E., Gelbert, L. (Writers), & Reynolds, G. (Director). (1975, September 19). Change of command (Season 4, Episode 2). [Television series episode]. In L. Gelbert (Producer), *M*A*S*H*. Los Angeles, CA: 20th Century Fox Television.

ETHICS, RISK, AND LIABILITY



Ethics

- Supervision defined
- Goals of supervision
- “Current State” of supervision literature
- Evidence-based practices (EBP) in supervision
- Competent supervision according to APA

Supervision Defined

- “Supervision is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession” (APA, 2015).
- “The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleagues....The main methods that supervisors use are corrective feedback on the supervisees’ performance, teaching, and collaborative goal-setting” (Milne, 2009).

Supervision vs. Consultation

- Supervision occurs when you are overseeing those who cannot *legally* do what they are doing without your oversight
- Consultation is an arrangement between *legal equals* (Haarman, 2020)

Supervision Goals

- “Clinical supervision serves two essential and interrelated functions: to ensure the integrity of clinical services provided to the client and to develop competence in supervision”
- “Quality assurance is the primary ethical responsibility of the supervisor and supersedes educative, training, and evaluative functions” (Falender & Shafranske, 2004; cf. Arczynski & Morrow, 2017; Falendar, 2020)

Supervision Goals

- “Supervisors uphold their *primary* ethical and legal obligation to protect the welfare of the client/patient” (APA, 2015, p. 41; emphasis added)

Supervision Current State - “Ethical Supervision”

- International agreement on several premises around ethical supervision (Falender, 2020)
 - There is a firm line between supervision and personal psychotherapy
 - Respect for the dignity of persons and people
 - Competence in clinical services rendered by supervisee and in the practice of clinical supervision
 - Informed consent
 - Boundaries and multiple relationships
 - Evaluation

Supervision Current State - Models

- Therapy-based models of supervision
 - Psychodynamic, person-centered, cognitive-behavioral, systemic...
- Developmental supervision models
 - Integrated Developmental Model (IDM), Conceptual Model (Loganbill et al., 1982), Ronnestad and Skovholt's (2003) model
- Other models of supervision
 - Bernard's discrimination model, Holloway's (1995) model, outcome-oriented supervision, competency-based models, task-oriented model, strength-based clinical supervision...

Supervision Current State – Models?

- Meta-analysis of 52 models of supervision from 1964-2015 (Simpson-Southward et al., 2017)
 - Content analysis revealed 71 supervisor elements
 - Most focused on supervisee learning and development
 - Less focus on emotional aspects of the work and ethical responsibility
 - Most focused on the supervisor/supervisee rather than the patient
 - NONE were clearly or adequately empirically based
 - NONE had clear evidence that supervision contributed to positive patient outcomes (cf. Ogbeide, Bauman, et al., 2022)

Supervision Current State - EBP

- No formal education or training required historically (Mann & Merced, 2018)
 - Some states do require supervision CE credits, others do not
 - “If you can do it, you can teach/train/supervise it”

Supervision Current State - EBP

- Review of reviews over the last 25 years (Watkins, 2020)
 - “Proof” for supervision is more “proof by association” (p. 206)
 - Evidence-based supervision appears to be more of a “hope and dream” than the reality of supervision presently
 - Supervision models lack clear evidence and an EBP model of supervision is still lacking (e.g., Simpson-Southward et al., 2017)

Supervision Current State

- Why do we have supervision at all?
- Why even study supervision models? (cf. Watkins, 2020; Watkins et al., 2021)

What *does* work then?

- Supervision seems to be positively associated with job satisfaction, job retention, and ability to manage workload
- Appears to be viewed as helpful by supervisees
- May benefit supervisee therapeutic competence (Watkins, 2020; Watkins et al., 2021; cf. Martin et al., 2021; Ogbeide, Trepal, et al., 2022; Snowden et al., 2017)

What *does* work then?

- Supervision may improve “process of care”
- ...but impact on patient health outcomes is equivocal (Snowdon et al., 2017; cf. Barrett et al., 2020; Ogbeide, Bauman, et al. 2022; Watkins et al., 2021)

Supervision Moving towards EBP

- Common elements in “effective” supervision (e.g., Holt et al., 2015; Wade & Jones, 2015)
 - Strong working alliance and positive relationship between supervisor and trainee
 - Modeling of ethical behavior
 - Incorporating treatment progress into supervision goals and evaluations
 - Discussing, modeling, and using experiential methods for evidence-based clinical practices
 - Establishing clear expectations for supervision
 - Setting appropriate goals collaboratively
 - Routine and frequent feedback

Supervision Alliance

- A successful supervisory alliance is a common factor amongst models of supervision (e.g., Watkins et al., 2021)
- Navigating issues around risk/liability involves a good foundation rooted in a positive alliance between supervisor and supervisee

Supervision Alliance

- Facets of good alliance (Falendar, 2020; Milne, 2009)
 - Confidentiality
 - Evaluation based on agreed objectives (see Beckett, 2020)
 - Interpersonally sensitive
 - Task oriented
 - Moderate levels of supervisor disclosure

Supervision Alliance

- Facets of poor alliance
 - “Lousy” supervision (Milne, 2009)
 - “Lousy supervision includes not revealing your own shortcomings; not providing a sense of safety wherein doubts and fears can be discussed; placing service needs above the supervisee’s educational needs; ignoring the need for emotional support from the supervisee; ignoring the supervisee’s strengths and interests; and not recognizing the need to share responsibility for any interpersonal conflicts that arise” (pg. 83)
 - Ruptures and impasses
 - Power differentials/struggles (Beckett, 2020)
 - Games that are played (e.g., Beckett, 2020; Kadushin, 1968; McIntosh et al., 2006)

Supervision Alliance

- * Outcomes of successful supervisory alliance
 - Development of competencies
 - Willingness to disclose mistakes to supervisor
 - Improved therapeutic alliance (Milne, 2009; see also Haarman, 2020)

Activity: Self-reflection

- Consider one of the supervisory relationships you are currently involved in... write down answers for the following questions:
 - How successful a supervisory relationship it is/was and what are its strengths and weaknesses.
 - The degree to which the supervisor was/is able to exercise legitimate power.
 - Other kinds of power possessed by each participant.
 - What seem to be the drivers of both parties—are they the same or different?—and the effect of these on the supervisory relationship.
 - Differences and similarities between the two parties in terms of age, social class, ethnicity, country of origin, gender... and any other social division which is relevant.
 - What does supervision help with in this particular pairing, and what does it fail to help with? What could you do to make it more helpful? (This may of course involve asking the other participant to do something different.)
 - What kind of supervisee do you become? Is it a good thing that you become like this, or is it something you should resist? (Beckett, 2020, ch. 4)

Guidelines for Clinical Supervision in Health Service Psychology

- Competency-based approach (APA, 2015)
- Aspirational (Haarman, 2020)
- Informed by published guidelines on supervision from a number of other organizations nationally and internationally

Guidelines for Clinical Supervision in Health Service Psychology

- Assumptions (APA, 2015)
 - A distinct professional practice
 - Prioritizes patient/public
 - Involves evaluation of the supervisee
 - The supervisory relationship is important
 - There are ethical/legal implications
 - It incorporates diversity

Guidelines for Clinical Supervision in Health Service Psychology

- Competency domains
 - A: Supervisor competence
 - B: Diversity
 - C: Supervisory relationship
 - D: Professionalism
 - E: Assessment/evaluation/feedback
 - F: Problems of professional competence
 - G: Ethical, legal, and regulatory considerations

Risk and Liability

- Liability
- EBP and Liability
- Recommendations to improve supervision in light of liability

Risk and Liability

- What is *risk*?
- What is *liability*?

Liability

- Direct
 - You are responsible because *you* did something
- Vicarious
 - You are responsible because your *supervisee* did something (Falendar & Shafranske, 2004; Haarman, 2020)

Liability in Washington

- “Responsibilities of the supervisor: The supervisor accepts full legal and professional responsibility for all services that may be rendered by the auxiliary staff. To this end, the supervisor shall have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan and assure the delivery of effective services. The supervisor is responsible for assuring that appropriate supervision is available or present at all times. The supervisor is responsible for assuring that auxiliary staff are informed of and adhere to requirements of confidentiality. The supervisor shall assure that the staff person providing services is appropriately covered by professional liability insurance and adheres to accepted business practices” (WAC 246-924-030(3); cf. RCW 18.83.121(5); Simmons v. US, 1986).

Liability in Washington

- “Under Washington law, liability for supervisory negligence is imposed on one who *should have known* of the negligent acts of a subordinate. See *La Lone v. Smith*, 39 Wn.2d 167, 171, 234 P.2d 893 (1951). It is arguable that Mr. Sansalone should have supervised Mr. Kammers more closely so that he would have been aware of the situation at a much earlier date” (*Simmons v. United States*, 1986; emphasis added).

Liability in Oregon

- (25) “Supervision” means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual and group consultation, guidance and instruction with respect to the skills and competencies of the person supervised.
(26) “Supervisor” means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person (OARS 858-010-0001; see also OARS 858-010-0001(5)).

Liability in Oregon

- “...the supervisor is responsible for the services provided under his or her license. He or she has direct oversight; can, and at times must, insist on a course of action; provide close monitoring, review and evaluation, and can overrule the decisions and judgment of supervisee. The residency supervisor is ultimately responsible and liable—clinically, ethically and legally—for all the clinical work being conducted by the resident supervisee” (Oregon Board of Psychology, 2018, pg. 26)

Ethics, Risk, and Liability

- It is important we strive for evidence-based practice. Why?
- Striving for EBP in supervision is an ethical obligation considering the scientist-practitioner model
- Barrett et al. (2020) found only FOUR articles that met their search criteria for EBP within supervision. Their findings:
 - Competency assessment rating forms to evaluate performance is an effective supervision activity
 - Supervisor Trainee Quarterly Evaluations (STQE)
 - Clinical Psychology Practicum Competencies Rating Scale (C ψ PRS)
 - Experiential learning strategies can promote and enhance scientist-practitioner competencies

Ethics, Risk, and Liability Recommendations

- Direct Observation of Treatment
- Progress Monitoring (PM)
- Experiential Learning Methods
- Summative Evaluation of Competencies
- Diversity-Focused Supervision (Johnson, 2019; cf. Haarman, 2020)

Activity: Scenarios

- Giving constructive feedback
- “Dropping the ball”
- Remediation

BALANCING POWER, BALANCING ROLES



Power in Supervision

- Hierarchy is inherent (e.g., consultation vs. supervision)
 - Role of evaluator
 - Role of gate-keeper

Power in Supervision

- Power doesn't just come from our role as “supervisor” (Beckett, 2020)
 - Intersectionality

Activity: Self-reflection

- Take a moment to jot down statuses you hold, and identity factors that impact power within a supervisory relationship

Power in Supervision

A (Potential) Dual Relationship

- Accountability (administrative) supervision vs.
- Clinical (developmental) supervision (Beckett, 2020; Haarman, 2020)

Power Dynamics

Conceptual Framework

- Power Analysis (Cook et al., 2018)
 - Openly discuss the inherent power differentials in the supervisory relationship
 - Discuss the process, define the roles, review the limits, encourage conversation around potential boundary issues
 - Reflect on privilege

Power Dynamics Conceptual Framework

- Positive and Negative Uses of Power (Murphy & Wright, 2005)
- How do we measure or evaluate power in the supervisory relationship?

Power Dynamics Feminist Multicultural Supervision

- An egalitarian relationship is impossible--so collaborate as much as you can
 - Complexity of power
 - Bring history into the supervision room
 - Create trust through transparency
 - Use a collaborative process
 - Meet shifting developmental (a)symmetries
 - Use critical reflexivity
 - Look at and counterbalance the impact of context (Arczynski & Morrow, 2017)

Power and Humility Defined

- Supervisor openness
- Supervisor willingness and ability to accurately assess oneself
- Supervisor ability to recognize one's own supervisory limitations
- "other-focused orientation"
 - Oriented toward the supervisee and the patient (Watkins et al., 2019)

Power and Humility But why?

- Enhancing supervisor multicultural competence
- Fortifying the supervisory alliance
- Increasing the likelihood of supervisee feedback
- Fostering engagement in peer consultation (Watkins et al., 2019)

Power in Supervision Informed Consent

- “...attend to the inherent power differentials from the outset of supervision. Informed consent and disclosure agreements are intended to define the supervisory roles and responsibilities, as well as outline expectations of supervision for both the supervisor and supervisee” (Cook et al., 2018; cf. Haarman, 2020)

Power and Language

- Supervisee
- Trainee
- Learner
- Etc.

Activity: Scenarios

- * Games played in supervision

Pop quiz

- The supervisor tells the intern that a patient is coming in the next day with a history of Pseudobulbar affective disorder (PBA). The supervisor then immediately asks the intern to explain how they would explain the disorder and treatment options to the patient and their family. No time was allotted for the intern to research PBA nor are any suggestions for resources given.
- What is happening in this supervisory relationship?
- How do you proceed as an intern?
- How do you avoid doing this as a supervisor?

(McIntosh, 2006)

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You were passing until I failed you

- The intern was told after every patient visit that they had done a great job. The intern asked several times for additional comments, etc. but most responses from the supervisors were trite. Upon review of the rotation, intern was told they were lacking basic counseling skills by both supervisors. At that point the supervisors had several suggestions of how to improve care and proceeded to make the intern feel as though they likely chose the wrong career path, then ended by saying, "These are just little things to work on, your knowledge base is good."
- What is happening in this supervisory relationship?
- How do you proceed as an intern?
- How do you avoid doing this as a supervisor?

(McIntosh, 2006)

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Because EVERYONE Deserves GREAT CARE

I have a little list

- Your intern comes to supervision prepared with a list of questions related to your area of expertise. After the first question is asked, you spend some time providing education on the topic. As soon as this lecture winds down, the supervisee asks the second question. This continues until all the questions are answered, or the time runs out.
- What is happening in this supervisory relationship?
- How do you proceed as a supervisor?

(Kadushin, 1968)

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Because EVERYONE Deserves GREAT CARE

So what do *you* know about it?

- Your intern refers to their romantic relationship and parenting experience during a discussion about provision of family therapy. You are single and have no children.
- or**
- Your intern is older than you. They talk about “life” and how their experiences inform their treatments of patients developing dementia. You are young and fresh out of graduate school.
- or**
- Your intern hints at their greater understanding of the adolescent client since they smoked some pot, and considered trying LSD. You’re older and have never even considered using drugs.
 - What is happening in this supervisory relationship?
 - How do you proceed as a supervisor?

(Kadushin, 1968)

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Because EVERYONE Deserves GREAT CARE

If you knew Dostoyevsky like I know Dostoyevsky

- During the course of supervision, your intern makes a casual allusion to the fact that the patient's behavior reminds them of Raskolnikov in *Crime and Punishment*, which is, after all, somewhat different in etiology from the pathology that plagues Prince Myshkin in *The Idiot*. The intern asks, “You remember, don't you?” It is clear to both that you do not, if you ever did.
- What is happening in this supervisory relationship?
- How do you proceed as a supervisor?

(Kadushin, 1968)

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Because EVERYONE Deserves GREAT CARE

WRAP UP



Professional Development

- Wins and successes
- Any concerns?
 - Graduation?
- Establishing personal and professional identity
 - Discuss

References

- See separate handout