Transforming Supervision: Skills and Competencies for Integrated Workplaces

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Casebook for Clinical Supervision: A Competency-Based Approach (APA, 2008)
Carol A. Falender & Edward P. Shafranske (Eds.)

Clinical Supervision: A Competency-Based Approach (APA, 2004)
Carol A. Falender & Edward P. Shafranske

Forthcoming in 2011 from APA

Getting the Most Out of Clinical Supervision: A Practical Guide for Practicum Students and Interns
Carol A. Falender & Edward P. Shafranske

Forthcoming in 2012 from APA

Diversity and Multiculturalism in Clinical Supervision: Foundation and Praxis
Carol A. Falender, Edward P. Shafranske, & Celia Falcov (Eds.)
Session Objectives

• To understand contracting in competency-based clinical supervision
• To know steps for a strategy of transformation to enliven clinical supervision
• To define competencies of supervisors and staff
• To engage in a reflective process regarding clients and supervisee/staff development
• To use a problem-solving frame to consider multiple relationships in supervision and in therapy
Transformation of what?

- Enhancing co-occurring diagnosis and co-occurring treatment with evidence-based approaches
- Clinical supervision that targets readiness to change, support, and enhancing competence
Why Clinical Supervision?

• Licensure and training
• EBP implemented with ongoing fidelity monitoring/supportive consultation – greater staff retention
  • Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009
• Reduction in turnover intent with clinical supervision
  • Knudsen, Ducharme, & Roman, 2008
• Enhanced treatment outcomes
  • Bambling, King, Raue, Schweitzer, & Lambert, 2006
• Supervisors impact client outcome (moderate effect)
  • Callahan, Almstrom, Swift, Borja, & Heath, 2009
• Parallel Process
  • Supportive process with staff translates to clients and climate
WHAT ARE WE AIMING FOR?
Goals for Integrated Settings

- Collaboration
- Engagement
- Use of motivational interviewing and stages of change to guide interventions and supervision
- Integrated understanding and interventions for mental health and co-occurring diagnoses—attending to functional impairment
- Parallel process of enhancement of competence
- Recovery model implementation
Supervisor as Leader: Current Status?

- Transactional versus transformational leadership
  - Application to clinical supervision
- Identify ways you currently supervise and think throughout this session of ideas you can incorporate to enhance your supervision experience!
- Supervision is fun, creative, and fosters development and productivity
- Creates environment of caring, shared objectives, and productivity
Transactional vs. Transformational Leadership

• Transactional leaders are distinguished by
  • Creation of clear structures
  • Communication of expectations
  • Providing rewards and punishments contingent upon performance
  • Focusing on meeting designated and specific targets or objectives

• Transformational leaders
  • Articulate a vision of the future
  • Foster acceptance of group goals
  • Communicate high performance expectations
  • Provide intellectual stimulation
  • Model appropriate behavior
  • Promote development of team members/staff
    • (Aarons, 2006; Kaslow, Falender & Grus, in press)
Supervision Session

• Supervisee is Caucasian, middle class, 24 year old trainee. She seeks supervision mid-session.

• Client is 16 year old Latino male, Jose, with his mother. Mother is tearful, son has gone from being a “B” student to failing, and is currently suspended, hangs around with “bad” people, and will not do anything she asks. Jose is withdrawn and wears hat pulled down over face. Mother says he gets into trouble fighting and she believes he is high most of the time—and she knows because of her own COD history. Jose sits with his head down avoiding eye contact, unresponsive, and looks threatening, hitting his fist into his hand repeatedly. Supervisor input?
What Goes Well and What Doesn’t?

• What are you currently doing in clinical supervision?
  • Attending to relationship/alliance issues?
  • To power differential issues—evaluation and gatekeeping?
  • Contracting?
  • Focus on administrative versus clinical supervision?
  • Quality of communication?
  • Identifying and repairing strains and ruptures?
  • Addressing and understanding diversity and worldviews?
  • Attending to ethical issues?
  • Covering everything in allotted time, helping supervisee feel supported, and developing competence?
  • Reflective stance?
Self-Assessment

• Think of particular issues you have experienced as a supervisor or supervisee that guide you and how these create a lens through which conduct supervision?

• What factors determine your practice of supervision?
  • Personal experience
  • Theoretical orientation
  • Supervision training/literature/study including CE

• What is your history of supervision?
  • How does that impact your practice?
What We Know About Effective Supervision

• Accurately and collaboratively assess supervisee competence
• Develop educationally and contextually sound principles to foster learning and development
• Form supervisory alliance and collaboratively develop goals and tasks
• Structure supervision sessions
• Focus on diversity among client, supervisee, supervisor and resultant worldviews, attitudes for treatment planning and impact
• Enhance supervisee reflection on clinical work and process of supervision and clinical practice
• Give accurate positive and corrective feedback
• Monitor and be gatekeeper
• Know limits of competence
• Identify strains to supervisory relationship and repair
• Reflect specifically on one’s own supervision competence
  • Combined from U.K., Falender & al., & Kavanaugh et al., 2008
Self-Assess Strengths: Positive Psychology Strengths Survey

- Classification of strengths and virtues
- 24 Character Strengths
  - Wisdom and knowledge
  - Courage
  - Humanity
  - Justice
  - Temperance
  - Transcendence

- Useful tool for self-assessment and as a frame
  - [www.viastrengths.org](http://www.viastrengths.org)
Falender & Shafranske (2004) Clinical Supervision Definition

- Supervision is a distinct professional activity
- In which education and training aimed at developing science-informed practice are facilitated through
- A collaborative interpersonal process
- It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modeling, and mutual problem-solving.
- Building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy.
- Supervision ensures that clinical (supervision) is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large.
  - (p. 3)
- Plus Superordinate Values and Pillars of Supervision
Superordinate Values

- Integrity-in-Relationship
- Ethical, Values-based Practice
- Appreciation of Diversity
- Science-informed, Evidence-based Practice
  (Falender & Shafranske, 2004)
Pillars of Supervision

• Supervisory relationship
  • Foundation for alliance shared by supervisor and supervisee

• Inquiry
  • Processes facilitating understanding of therapeutic process AND awareness of professional and personal contributions

• Educational praxis
  • Learning strategies, tailored to enhance supervisee’s knowledge and develop technical skills

(Falender & Shafranske, 2004)
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
TRANSFORMATION
How to Transforms? Steps Towards Transforming Clinical Supervision

a) The supervisor examines his or her own clinical and supervision expertise and competency—strength-based;

b) The supervisor lays out supervisory expectations, including standards, rules, and general practice;

c) The supervisor identifies setting-specific competencies the supervisee is moving towards attaining for successful completion of the supervised experience or for development—strength-based;

Adapted from Falender & Shafranske, 2007, p. 238
Transforming Clinical Supervision

d) the supervisor collaborates with the supervisee in developing a supervisory agreement or contract with informed consent, ensuring clear communication in establishing competencies and goals, tasks to achieve them, and logistics; and  
e) the supervisor models and engages the supervisee in self-assessment and development of metacompetence (i.e., self-awareness of competencies) from the onset of supervision and throughout.

Adapted from Falender & Shafranske, 2007, p. 238
We Call That Metacompetence

- Ability to assess what you know and what you don’t know
  - Introspection about personal cognitive processes and products
    - Dependent on self-awareness, self-reflection, and self-assessment
      - Hatcher & Lassiter, 2007; Weinert, 2001
- Supervision guides development of metacompetence through encouraging and reinforcing development of skills in self-assessment
  - Falender & Shafranske, 2007
Competency-based Supervision

**Competency-based supervision** is an approach that explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency and develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidence-based practices and the requirements of the local clinical setting.

(Falender & Shafranske, 2007)
Self-Assess on Competencies

- Psychology Benchmarks

- Psychology Practicum and other Competencies

- Case Management Competencies
  - [http://muskie.usm.maine.edu/cfl/Competencies/cm.htm](http://muskie.usm.maine.edu/cfl/Competencies/cm.htm)
Mental Health Competencies

- CalSWEC II Competencies for Social Work
  - [http://calswec.berkeley.edu/MH_competencies_Adv_Specializn_year.pdf](http://calswec.berkeley.edu/MH_competencies_Adv_Specializn_year.pdf) (foundational and advanced)

- MFT Competencies: AAMFT Website

- Nursing: National Panel for Psychiatric-Mental Health NP Competencies
  - [http://www.aacn.nche.edu/Accreditation/psychiatricmentalhealthnursepractitionercompetencies/FINAL03.pdf](http://www.aacn.nche.edu/Accreditation/psychiatricmentalhealthnursepractitionercompetencies/FINAL03.pdf)

- Physician competencies—psychiatry

- “The expected competence of behavioral health care providers can be summarized in the phrase: he/she should know his/her own limits of expertise, and should know what to do when those limits are reached”
  - Bashook, 2005
Other Competencies Documents

- School Psychology
  - [http://www.nasponline.org/standards/FinalStandards.pdf](http://www.nasponline.org/standards/FinalStandards.pdf)
  - Also Tharinger, Pryzwansky, & Miller, 2008

- Substance Abuse Treatment Clinical Supervisors: TAP 21A

- Substance Abuse Counselor Supervision: TIP 52

- Health Psychology:
  - France et al., 2008; Kerns et al., 2009
  - Kaslow, Dunn, Smith, 2008

- Neuropsychology
  - Stucky, Bush, & Donders, 2010
Develop Supervisory Contract

• Content and Context of Supervision
• Roles and Expectations of Supervisee and Supervisor
  • Learning activities, competence self-assessment, supervisor and supervisee responsibilities, feedback, mutually defined goals and tasks
• Legal/Ethical Parameters
  • Informed consent; confidentiality, setting boundary expectations
  • Include specific reference to ethical codes, licensing statutes, and laws
  • Reference to agency/site personnel practices
  • When performance criteria are not achieved
• Performance Expectations
  • Specific knowledge, skills, values (from Benchmarks or Competency doc)
  • Modes of formative and summative evaluation
  • Processes: countertransference, rupture repair, possible therapy referral

• Falender & Shafranske, 2004; Thomas, 2010; www.cfalender.com
Clinical Supervision in EBPs

• Relationship of supervisor and supervisee
• Attention to fidelity of treatment model
  • Requires supervisor competency in model
• Attention to aspects of countertransference and personal factors
• Attending to what is not discussed in supervision
• Use of best tape and worst tape sections to review
• CBT Supervision framework

• Some models have a supervisory manual (i.e. IAPT.nhs.uk for Interpersonal Psychotherapy; Henggeler’s Multisystemic Therapy)
Establishing the Alliance: Keys

- Clarity—including difference (diversity) and feedback
- Clarity of goals and tasks to achieve
- Transparency and No Surprises
- Definition of All Power Differentials Including Administrative
- Integrity
- Continuous Constructive Feedback Given Sensitively and Welcomed as well
What about when things go awry?

- Strains or ruptures may occur in supervision or therapy—
  
  Results can be:
  - Decreased supervisee disclosure, even on essential clinical or supervision issues
  - General withdrawal
  - Spurious compliance
Addressing Strains and Ruptures

- Noticing/attending to rupture or strain marker
- Internal review—consider intensity/significance of marker
- Make decision to act on observed marker (or not)
- Acknowledge/reflect on rupture/strain with supervisee and precipitating event
- Supervisor acknowledges own contribution and validates supervisee experience
- Exploration of links to other occurrences and client treatment
- Collaboratively agree on action—consider revising formulation/monitoring/making revisions

Based on Aspland, Llewelyn, Hardy, Barkham, & Stiles. 2008; applied to supervision in Falender & Shafranske (2011)
Diversity: Should and Would

- Significant difference between endorsement as appropriate strategies of multiculturally competent practices and likelihood of actual use of them in practice
  - (Sehgal et al., 2011)
  - Example: Latino Spanish-speaking client, a Latino therapist from the same country and same immigrant generation as the client, supervisor from another cultural background—question of shared meanings and variants of acculturation and other non-shared identities
Diversity: Opportunities

- Supervisor can infuse and model multiculturalism in supervision
  - Ideally, racial identity development of supervisor is equal or greater than supervisee
    - Ladany et al., 1997
  - Attending to cultural dynamics—and individual racial, ethnic, spiritual, sexual orientation, and gender identity
  - Enhances awareness of racial-cultural dynamics in vivo
  - Enhances relationship and client outcomes
    - Burkard et al., 2006
  - Attention to multicultural phenomena associated with stronger supervisory alliance
    - Gatmon et al., 2001; Nilsson & Anderson, 2004
  - When multicultural dynamics are introduced it is associated with an increase in personal awareness of culture
    - Toporek et al., 2004
  - Creation of culturally sensitive ambiance and climate
    - Dickson, Jepsen, & Barbee, 2008
Integrating Personal Factors: What are they?

• Personal and professional sources influence conduct of psychological treatment and become intertwined
  • Conscious beliefs
  • Culturally-embedded values reflecting individual differences and diversity
  • Unresolved conflicts
• Supervision is subject to these influences as well
What If Supervisee Has Strong Reaction to Client?

- Client elicits intense tearfulness, anger...
- Example: Therapist has strong feelings about hearing about client trauma—abuse, pain--include fear, anger, sadness, confusion and even helplessness and hopelessness parallel to that of client
- Responsivity versus Reactivity
Stages in Addressing Personal Factors and Countertransference

- Preface
  - Supervisory contract
  - Explicit orientation to personal factors
  - Modeling
  - Exploration of positive contributions of personal factors and strength-based aspects
- Collaborative Identification of CT
- Reinforcement of Identification of CT as a Competency
Addressing Countertransference

(Derived from Gelso & Hayes, 2001)

- Self-insight
- Self-integration—(differentiation)
- Anxiety experience and management
- Empathy
- Conceptualization ability
  - Elaborated in Shafranske & Falender, 2008 (In Falender & Shafranske, 2008)
Example: Structure of CT Supervision

- Checking in (including mood check-in)
- Setting the supervision agenda
- Bridge from previous supervision session
- Inquiry about previously supervised therapy cases
- Reviewing homework since previous supervision session
  - Case conceptualizations, reading
- Prioritizing and discussion of agenda items
- Assignment of new homework
- Supervisor’s capsule summaries (throughout session and at end)
- Elicit feedback from therapist (throughout session and at end)
  - Liese & Beck, 1997; p. 121
Reflection-on-Action TO Reflection-In-Action and Beyond

- Essential component of self-monitoring or regulating our attentiveness and motivation
  - Attention to choice of data we attend to
  - Meta-awareness – of our own state and of our openness and curiosity
    - Openness easier if self-concept and self-efficacy are strong
    - Increased emotional arousal regulation with experience
      - Epstein, Siegel, & Silberman, 2008
Supervisory Boundaries

• Boundary Crossing: Deviation from strictest professional role, sometimes part of well-constructed treatment plan
• Boundary Violation: Therapist misuses his/her power to exploit or harm a client
• In internet era, disclosure is redefined
  • Diminished intentionality of disclosure
  • Era of transparency and increased disclosure
    • Social networking
      • Zur, 2007
Balancing “Sometimes a taco is just a taco” (Vasquez, 2007) with inadvisable, capricious, or even exploitative boundary crossings

- Welfare of client/supervisee
- Avoidance of harm
- Exploitation potential
- Conflict of interest
- Risk of impairment of clinical judgment
  - Lazarus & Zur, 2002
WHAT TO CONSIDER IN A MULTIPLE RELATIONSHIP?

Examples of Multiple Relationships between Supervisor and supervisee
Questions to Ask in Multiple Relationships in Supervision

- Is entering into a relationship in addition to the supervisory one necessary or should the supervisor avoid it?
- Can the additional relationship potentially cause harm to the supervisee?
- If harm seems unlikely or avoidable, would the additional relationship prove beneficial?
- Is there a risk the additional relationship could disrupt the supervisory relationship?
- Can the supervisor evaluate the matter objectively?
  - Adapted from Gottlieb, Robinson, & Younggren, 2007
Resources

• Evidence-based practices kit. Integrated treatment for Co-Occurring Disorders: Training Frontline staff
  • http://store.samhsa.gov/term/Treatment

• Substance Abuse Treatment Clinical Supervisors: TAP 21A http://www.nattc.org/resPubs/tap21/TAP21a.pdf

• Substance Abuse Counselor Supervision: TIP 52 http://kap.samhsa.gov/products/manuals/tips/pdf/TIP52.pdf