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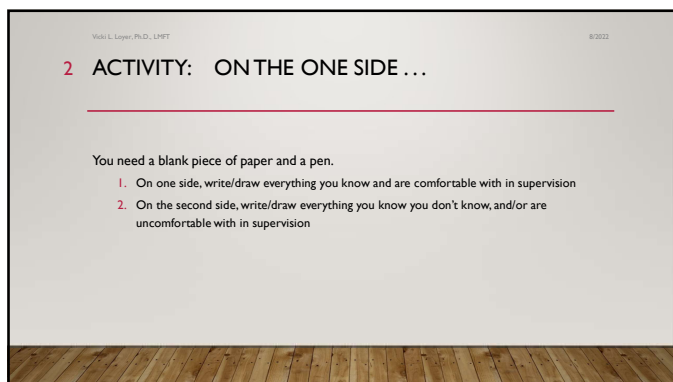
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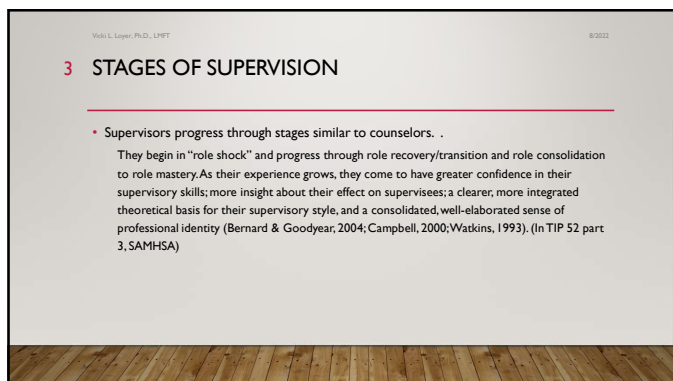
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### 4 WHAT STAGE OF SUPERVISION ARE YOU IN?

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- Level 1: new to the field
  - highly motivated, and highly anxious.
- Level 2: 6 – 9 years of experience
  - show empathy toward supervisee and have uneven success in practicing their skill.
- Level 3: more than 10 years experience.
  - Supervisors are fairly autonomous and have gained professional identity.

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### 5 MODELS OF CLINICAL SUPERVISION

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- Developmental
  - a supervisor matures and becomes more self-confident and skilled over time
- Psychotherapy based or philosophically based
  - Model the behaviors you wish to teach: developed for the major theoretical orientations.
- Discrimination models
  - Social role models attempt to identify the variety of roles the supervisor assumes and the supervisory foci that are addressed under each role. (e.g., teacher, counselor, and consultant)

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### 6 SUPERVISORY STYLES

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- Level 1:
  - Need more practical information and work on supervisory skills (task oriented)
- Level 2 and 3:
  - Deal with complex issues, benefit from interpersonally sensitive interactions
- Preferences also based on theoretical orientation (psychodynamic vs behavioral)

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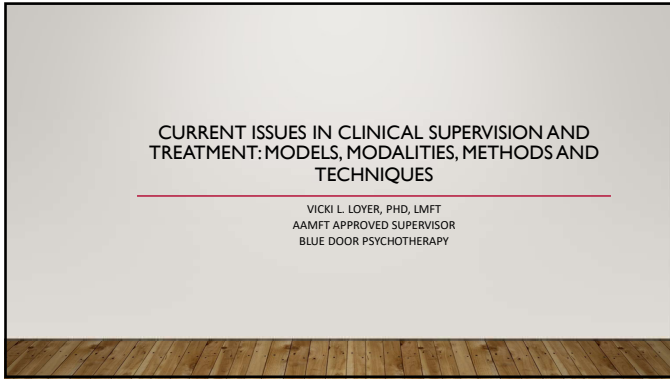
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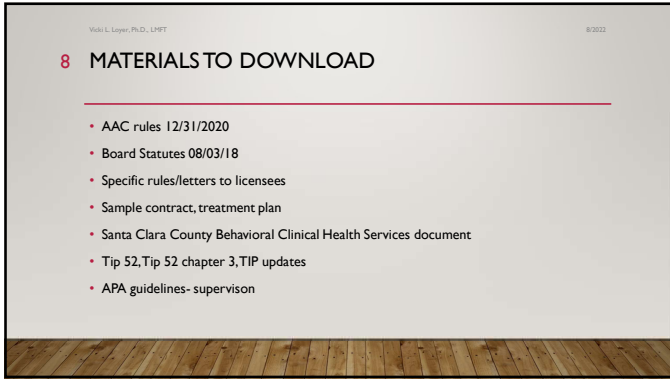
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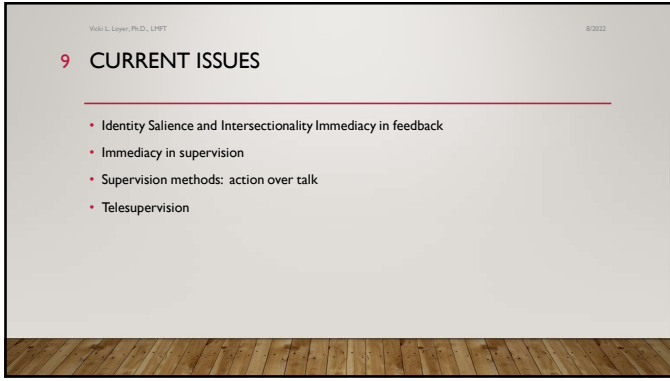
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### 10 IDENTITY SALIENCE AND INTERSECTIONALITY (JONES, ET AL., 2021)

- Clinical supervision is always intercultural because every person belongs to multiple sociocultural groups and has their own unique multicultural make-up
- When supervisees reported the identities that were most important to them, researchers found those identities were invisible or ambiguous so supervisors had no way to know how supervisees identify without exploring the topic specifically.
- Recommendations are for supervisors to bring intersectionality into the supervisory process with **respectful inquisitiveness**, maintain a **culturally humble stance**, and prepare themselves by exploring their own cultural identities and intersectionality of those identities (**Supervisor Readiness**).

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### 11 IMMEDIACY IN SUPERVISION (KNOX, ET AL., 2021)

- Tension and conflict are highly likely in supervision relationships (across theoretical frameworks) due to the evaluative nature of supervision
- Supervisees are more likely to hide information from supervisors if they are dissatisfied, have a poor alliance, or are embarrassed (among other reasons).
- Addressing relationship ruptures through IM may minimize disruption in the therapeutic relationship and provides modeling for managing relationship ruptures in therapy.
- **Findings:** A sound relationship may facilitate effective use of IM in supervision, and the effective use of IM in supervision may strengthen the supervisory relationship.

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### 12 SUPERVISION METHODS: ACTION OVER TALK (OCHS, 2021)

- Metaphor is more powerful through non-verbal action
- People in fields such as psychology learn better from experiential methods than from traditional methods: Most clinical supervisees participate in individual supervision that is verbally orientated and excludes the body.
- The body stores much somatic experience that cannot be accessed through thinking.
- Action methods: psychodrama, dance movement therapy, expressive arts (drawing, sandtray, sculpting)

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### 13 GOALS FOR USING SUPERVISION IN ACTION (OCHS, 2021)

- 1) Help the supervisee overcome therapeutic impasse with her clients by
  - a) showing her what her relationship is with her clients in three dimensions;
  - b) Deepening her understanding of the clients' points of view and dynamic;
  - c) Exploring through action, alternatives to what she is doing with the clients that is contributing to the impasse.
- 2) Help her to understand her own values, blind spots, and biases.
- 3) Help her get support and guidance from the group.

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### 14 TELESUPERVISION (THOMPSON ET AL., 2022)

- Trainees reported telesupervision to be acceptable and to have benefits of ease and flexibility of meeting, and reported benefits of technology for sharing information within supervision.
- Trainees in hybrid situations reported supervisors as being more accessible than solely telesupervision.
- Satisfaction did not vary based on format (individual or group) or trainee developmental level (despite the belief in the field that in-person training is needed for beginning trainees).
- Trainees reported that they generally prefer to be in person, and accept telesupervision as a necessity of the pandemic, and prefer to be in person.

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### 15 PRAGMATIC ISSUES

- How to be effective
- What are the challenges?
- What to believe about supervision
- Is supervision an art or a science?

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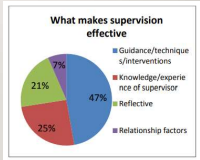
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16 SANTA CLARA CLINICAL SUPERVISION: HOW TO BE EFFECTIVE

- What makes supervision effective?
  - Guidance/techniques/interventions?
  - Knowledge/experience of supervisor?
  - Reflective?
  - Relationship factors?



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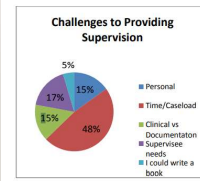
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17 SANTA CLARA CLINICAL SUPERVISION WORKGROUP: WHAT ARE THE CHALLENGES?

- What are the challenges to providing supervision?
  - Personal
  - Time/caseload
  - Clinical vs Documentation
  - Supervisee needs
  - I could write a book



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18 WHAT TO BELIEVE ABOUT SUPERVISION

- When you provide more training to supervisors and create an environment supportive of supervision, there's better supervision.
- When there's constraints in the workplace for supervision, it takes away from the use of supervision

Fullerton, M., Edbrooke-Childs, J., Law, D., Martin, K., Whelean, I., Wolpert, M. (2018). Using Patient-reported outcome measures to improve service effectiveness for supervisors: a mixed-methods evaluation of supervisors' attitudes and self-efficacy after training to use outcome measure in child mental health. *Child and Adolescent Mental Health*, 23(1), pp. 34–40

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### 19 IS SUPERVISION AN ART OR A SCIENCE?

- Supervision skills can be taught
- Supervisors did not perceive that supervision training improved their competencies
- Supervisors did report improvements in goal-setting, agenda setting, review, seeking supervisee feedback.
- Supervisor training developed supervisor competencies in skill acquisition and behavior change
- Supervisors became more critical of their skills after training.
- Learning to be a supervisor is a developmental process best learned through didactic and experiential training.

Gosselin, J., Barker, K. K., Kegan, C. S., Pennington, M. L., & Pines Ahar, M. P. (2015). Setting the Stage for an Evidence-Based Model of Psychotherapy supervisor Development in clinical Psychology. *Counseling Psychology, 55*(3), pp. 379-393.

O'Donovan, A., Clough, B., & Pines, J. (2016). Is Supervisor Training Effective? A Pilot Investigation of Clinical Supervisor Training Program. *Australian Psychologist, 51*, pp. 149-154.

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### 20 ACTIVITY: DESCRIBE THE MENTAL HEALTH WORKFORCE IN THE UNITED STATES

1. Take a blank piece of paper and something to write with.
2. Design an "icon" like one that would be used to signify an app on your phone that represents how you see the availability of a behavioral health workforce in the United States.

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### 21 BUILDING A WORKFORCE

- Training the trainers
- Providing feedback
- Competence

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**22** **YALE PROGRAM ON SUPERVISION (2016)  
TO DEVELOP THE WORKFORCE IN MENTAL HEALTH**

“to improve the competence of supervisors and create stronger supervision standards within service agencies, along with a culture of supervision in which this practice was valued and occurred routinely”

Hoge, M., Wolf, J., Migdole, S., Cannata, E. & Gregory, F. (2016). Workforce Development and Mental Health Transformation: a State Perspective. *Community Mental Health Journal*, 52, pp 323 - 331.

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**23** **TRAINING, STANDARDS, AND A CULTURE OF SUPPORT**

**1. 3 – 5 DAYS OF PROBLEM-ORIENTED SUPERVISOR TRAINING**

- Focused on supervisory functions
  - ensuring quality of care
  - providing support
  - promoting professional development
  - managing administrative tasks

**2. CREATED LEARNING COMMUNITIES FOR SUPERVISORS TO EXPLORE AND SUSTAIN NEW SKILLS**

- Developed comprehensive standards:
  - Informed consent for supervisory process
  - Specification of the minimum duration
    - Frequency and format of supervision
    - Process for documenting supervision
    - Minimum qualifications for supervisors

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**24** **3 GREAT IDEAS FROM THE  
YALE PROGRAM ON SUPERVISION (2016)**

Effective supervision sessions are well structured and informed by feedback (Milne, 2016)

Supervisors experience sustained learning through supervision learning communities (Hoge et al, 2016)

Supervisees need to be trained in how to use supervision (Hoge et al, 2016)

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## PROVIDING FEEDBACK



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## WHAT DOES FEEDBACK LOOK LIKE?

- Recommendation: direct observation (live or videotaped) of the demonstrated competencies to provide accurate feedback.
- What happens:
  - Audio or videotapes seldom used
  - Role play seldom used
  - Case discussions most frequently used

Weck, E Kaufmann, Y.M., & Witzhoft, M. (2017). Topics and techniques in clinical supervision in psychotherapy training. *The Cognitive Behaviour Therapist*, 10(3), 1-17.

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## WHAT'S THE DEAL WITH VIDEO/AUDIO FEEDBACK?

- Therapists have difficulty adequately evaluating their competencies.
- Therapists may be fearful of negative evaluation of their work.
- Lack of direct observation is associated with therapist non-disclosure

*What this means is that supervision is mainly about what supervisees say they are doing in practice and not what may actually be taking place." Townend, 2002, p. 497*

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**CAN'T DO DIRECT OBSERVATION? WHAT ABOUT YOUR SWA?**

- SWA is your Supervisor-Working Alliance.
  - Working alliance only accounts for 3% of Supervisee Non-Disclosure (SND)
- 2 other factors
  - Collaborative Supervision (CS)
    - Supervisees are happier with supervision relationship
    - Inversely connected to conflict with supervisors
  - Explicit Relational Behavior (RB)
    - Exploring feelings, focusing on countertransference, attending to parallel process, focusing on supervisory alliance, and focusing on the therapeutic process.

Gibson, A. S., Ellis, M., Friedlander, M. L. (2018). Toward a nuanced understanding of nondisclosure in psychotherapy supervision. *Journal of Counseling Psychology*.

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**COMPETENCE**

- Competent: clinical supervision decreases staff turnover, reduces clinicians' emotional exhaustion, and improves quality of services.
- Much supervision is ineffectual or harmful

Hutman, H. et al. (2021). Training Public Sector Clinicians in Competency-Based Clinical Supervision: Methods, Curriculum, and Lessons Learned. *Journal of Contemporary Psychotherapy*, 51, pp. 227 – 237.

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**OBSTACLES TO COMPETENT SUPERVISION  
SINGLE PERSON DUAL ROLE DANCE:**

- Complexities experienced by persons filling the administrator and the clinical supervisor role simultaneously:
  - Issues related to the disclosure of personal responses and reactivity
  - Relationship strains and ruptures
  - Power dynamics
  - Evaluation

Hutman, H. et al. (2021). Training Public Sector Clinicians in Competency-Based Clinical Supervision: Methods, Curriculum, and Lessons Learned. *Journal of Contemporary Psychotherapy*, 51, pp. 227 – 237.

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### 31 COMPETENCIES THAT CAN BE BLOCKED IN SOME WORK SETTINGS

- Direct observation of supervisee's work
- Obtaining client feedback through routine outcome monitoring to use in supervision
- Gatekeeping

Hutman, H. et al., (2021). Training Public Sector Clinicians in Competency-Based Clinical Supervision: Methods, Curriculum, and Lessons Learned. *Journal of Contemporary Psychotherapy*, 51, pp. 227 – 237.

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### 32 MINIMALLY ADEQUATE SUPERVISION

- The supervisor
  - Has the proper credentials as defined by the supervisor's discipline or profession;
  - Has the appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations;
  - Obtains a consent for supervision or uses a supervision contract;
  - Provides a minimum of 1 hr of face-to-face individual supervision per week;
  - Observes, reviews, or monitors supervisee's therapy/counseling sessions (or parts thereof);

Ellis, M., Berger, L., Hanus, A., Ayala, E. Swords, B., & Siemor, M. (2013). Inadequate and Harmful Clinical Supervision: Testing a Revised Framework and Assessing Occurrence. *The Counseling Psychologist*, (Sage).

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### 33 MINIMALLY ADEQUATE SUPERVISION (CONTINUED)

- – Provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal;
- – Promotes and is invested in the supervisee's welfare, professional growth and development;
- – Is attentive to multicultural and diversity issues in supervision and in therapy/ counseling;
- – Maintains supervisee confidentiality (as appropriate); and
- – Is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor and its effects on the supervisory relationship

Ellis, M., Berger, L., Hanus, A., Ayala, E. Swords, B., & Siemor, M. (2013). Inadequate and Harmful Clinical Supervision: Testing a Revised Framework and Assessing Occurrence. *The Counseling Psychologist*, (Sage).

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## WELL STRUCTURED 5 PRINCIPLES OF BEST PRACTICE

- Address the core content areas identified in professional standards and the literature.
- Include both didactic instruction and supervised practice, concurrently or sequentially
- Reflect a developmental approach in content and sequencing
- Include instruction in a wide range of supervision methods, techniques, and approaches, with an emphasis on the intervention and flexible use of these approaches
- Include instruction in basic principles of learning theory.

Gosselin, J., Barkar, K. K., Kogut, C. S., Pomeroy, M., & Piroddo, M. P. (2015). Setting the Stage for an Evidence-Based Model of Psychotherapy Supervisor Development in Clinical Psychology. *Canadian Psychology, 54*(4), pp. 379-393.

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## RECEIVING FEEDBACK

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## YOUR CONTRACT: GUIDELINES FOR SUPERVISION

- Informed consent to participate in supervision is achieved through an overt agreement, sometimes called a contract.
  - Includes expectations for supervisor and supervisee
  - When to seek supervision
  - How to prepare for supervision

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### 40 CONTEMPLATE YOUR QUESTIONS, YOUR RISK, AND YOUR NEXT STEPS:

- An associate level clinician providing therapy to an adult in group and individual sessions. Client vulnerabilities included Suicide Attempt, boundary setting issues, codependency issues, anxiety, depression, long term substance addiction.
- Clinician provided client with her non-agency phone number and texted and spoke with the client by telephone numerous times in 4 months to provide support. Text messages consisted of licensee personal disclosures. Clinician went to lunch twice with client, clinician was fearful that client might commit suicide.
- Clinician admits that she made mistakes with the client and crossed boundaries, and attributes her mistakes to inadequate training and supervision by agency due to a compromised relationship with her supervisor.

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### 41 CONTEMPLATION: WHAT HAPPENED AT THE SUPERVISORY LEVEL?

TRAINING	CONTRACT
<p>During a 04/17/20 supervision session, Respondent's former supervisor at agency ("Complainant 1") gave examples of establishing clear boundaries with clients who attempt to blur lines of hierarchy and create unhealthy balance in therapeutic relationships.</p> <p>During a 05/22/20 supervision session, Complainant 1 focused on managing gas and countertransference with clients who have returned to treatment.</p> <p>5/20, Licensee attended group supervision at Agency which discussed ethical violations in a mock Board hearing that specifically involved a dual relationship scenario.</p> <p>Because the mock dual relationship training involved sex, Respondent did not view her relationship with Client as a dual relationship because she was not having sex with Client.</p>	<p>16. Additionally, on 12/27/19, Licensee signed Agency's Code of Ethics Policy which included the following, in part:</p> <ol style="list-style-type: none"> <li>Professional employees will not engage in personal relationships with clients of Agency.</li> <li>If a past/current client attempts to contact any Agency employee, the employee is required to refer client to the main office line.</li> <li>Under no circumstances is an employee ever to meet a client, former client, or client family member outside of Agency property.</li> <li>No employee may ever give their personal cell phone, home phone number, or any other means of contacting them outside of Agency.</li> </ol>

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### 42 PRIMARY OBJECTIVES OF SUPERVISION

- Development/enhancement of supervisee conceptual and treatment skills
- Development of professional identity
- Development of conviction about the meaningfulness of therapeutic work
- Monitor treatment efforts, safeguard client care.

• Watkins, 2017, p. 202

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### 43 SUPERVISION PROCESS PERSPECTIVES OF THE LAST DECADE

- **Psychotherapy-Focused:** Learning a particular form of psychotherapy.
- **Developmental:** Give voice to the developmental stages through which supervisees pass, developmental issues inherent in those stages, and supervisor developmental responsiveness
- **Social role/process:** supervisees evolving learning needs and supervisor roles that best responsively match those evolving needs.

Watkins, E. E. (2017)

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### 44 FIVE MEGA VARIABLES RESPONSIBLE FOR FAVORABLE OUTCOMES (WATKINS, 2017)

- **Connection:** personal and professional relationship
- **Conception:** agreement on goals. Action = beliefs and expectations.
- **Alignment:** Correctly defined roles and responsibilities
- **Action:** process of supervision for conceptualization/feedback/teaching/modeling in context of power and privilege
- **Allegiance:** supervisor and supervisee's belief in the method.

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### 45 DISCRIMINATION MODEL OF SUPERVISION

- 4 foci (focus on 1 or all as deemed necessary)
  - Intervention skills
  - Conceptualization skills:
    - Personalization
    - Professional behavior
- 3 supervisor roles
  - Teacher
  - Counselor
  - Consultant
- Supervisor chooses the focus by evaluating the supervisee's abilities
- Christian, D. & Perryman, K. L., (2018).

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**46**

**BEHAVIORAL: FOUR-PART CYCLE:  
RECIPROCAL, ROLE SPECIFIC, BEHAVIORAL**  
(WATKINS 2018)

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- A. Supervisee presents a problem
- B. Supervisor applies understanding and interprets concern/issue
- C. Supervisor applies interventions to address concern
- D. Supervisee responds

\*This cycle is event based and event responsive

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**47**

**ANSWERING "WHAT DO I DO?"  
PRINCIPLES USED IN SUPERVISION** (Holt, et al, 2015)

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**Impairment-level principle**

1. For all clients with moderate to severe impairment, the therapist should identify social service or medical care needs and arrange for attention to these needs. Those with low social support systems need assistance to develop social support systems. This may mean the use of adjunctive group or multiperson interventions

**Relationship Principle**

2. Therapy is likely to be beneficial if a strong working alliance is established and maintained the course of treatment
3. The qualities of a good working alliance are likely to be facilitated if the therapist relates to clients in an empathic way, adopts an attitude of caring, warmth, and acceptance, and an attitude of congruence or authenticity
4. Therapists are likely to resolve alliance ruptures when addressing such ruptures in an empathic and flexible way

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**48**

**PRINCIPLES USED IN SUPERVISION**  
(CONTINUED, Holt, et al, 2015)

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**Resistance Principles**

5. In dealing with resistant client, the therapist's use of directive therapeutic intervention should be planned to inversely correspond with the client's manifest level of resistant traits and states. Nonconfrontational strategies are most helpful in working with such clients

**Coping style Principles**

6. Clients whose personalities are characterized by relatively high "externalizing" styles (e.g., impulsivity, social gregariousness, emotional lability and external blame for problems) benefit more from direct behavioral change and symptom reduction efforts, including building new skills and managing impulses, than they do from procedures that are designed to facilitate insight and self awareness.
7. Clients whose personalities are characterized by relatively high "internalizing" styles (e.g., low levels of impulsivity, indecisiveness, self inspection, and overcontrol) tend to benefit more from procedures that foster self-inspection, self-understanding, insight, interpersonal attachment, and self-esteem than they do from procedures that aim at directly altering symptoms and building new social skills.

**Readiness Principles**

8. Clients who are in more advanced stages of readiness for change (e.g. preparation, action, maintenance) are more likely to improve in psychotherapy than those at lower stages of readiness (precontemplation, contemplation)

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### 49 OTHER ELEMENTS OF SUPERVISION

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- Triangles
- Cultural awareness and challenges
- Workplace requirements

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### 50 THREE PERSON TRIANGULAR RELATIONSHIP

(COLLENS AND VAN HOUT, 2017)

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### 51 CULTURAL CONTEXT

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- Content themes
  - Cultural context or race, gender, ethnicity
  - Issues of Power, hierarchy, discrimination
  - Family life cycle issues
  - Stages in family therapy
  - Interpersonal process of the therapist.

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**52 MULTICULTURAL COMPETENCY IN CLINICAL DEVELOPMENT (TOHIDIAN & QUEK, 2017)**

- Acknowledge the multiple identities clients may have;
- Implement goals that are consistent with the clients' life experiences and cultural values;
- Use both culture-specific and universal roles and strategies for intervention planning;
- Develop case conceptualizations that complement both individualistic and collectivistic perspectives

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**53 MULTICULTURAL STANCE**

- Supervisors take on a proactive position by instigating active dialogue regarding diversity and differences.
- Multiculturally attuned supervisors model openness and self-disclosure, demonstrate awareness, understanding, and respect for all diversity variables, and support and encourage supervisees in their development and growth as clinicians.

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**54 MULTICULTURAL ENCOUNTERS**

- Supervisees identified the need to feel safe in order to be vulnerable enough to take risks and share their values, beliefs, and concerns regarding differences and diversity in supervision.

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### 55 COMPETENCY-BASED CONTENT OF SUPERVISION

- Refers to all discussion of similarities and differences between the supervisor, the supervisee, and the client.
- Race, ethnicity, and gender were often discussed in supervision; sexual orientation, and spirituality were addressed only when the supervisee's client brought up these issues first in therapy (Taylor et al, 2006)

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### 56 PROCESSES SURROUNDING MULTICULTURAL SUPERVISION

- Deliberate, responsive, and purposeful manners of conceptualizing and addressing the variety of cultural dynamics
- Process Includes: (a) parallel processes; (b) providing feedback; and (c) attending to emotions

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### 57 CULTURALLY ATTUNED INTERVENTIONS AND SKILLS

- Interventions, skills, and techniques employed are culturally sensitive and congruent with the lifestyle and worldview of diverse clients.
- Use group discussions, cultural genograms, cultural poetry, journaling, and case write-ups, to increase supervisees' cultural competence and clinical growth

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### 58 A MULTICULTURAL SUPERVISORY ALLIANCE

- Supervisory relationship that is perceived to be
  - genuine,
  - collaborative,
  - non-judgmental.

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### 59 WORKPLACE REQUIREMENTS SUPERVISING FOR EVIDENCE-BASED TREATMENTS

- Workplace-based supervision can increase adoption, fidelity, and sustainment of EBTs.
  - EBTs are composed of clinical intervention elements and structural elements.
- Workplace climate that supports, expects, and rewards EBT improve the degree to which supervisors cover EBT predicted clinical intervention elements (e.g., exposure) and structural elements (e.g., assessment).
  - Increasing the amount of time available for supervision did not increase focus on EBT.
  - Having a more positive implementation climate had a strong effect on EBT focus.
- Supervisors both create and are shaped by implementation climate.

Pullmann, M. D., Lucid, L., Harrison, J. P., Martin, P., Deblinger, E., Benjamin, K. S., & Dorsey, S. (2018). Implementation climate and time predict intensity of supervision content related to Evidence Based Treatment. *Frontiers in Public Health*, 6, pp 1 – 16.

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### 60 ENHANCES MODEL FOR ADVENTURE BASED THERAPIES

- Philosophy of change impacts philosophy and style of supervision.
- Adventure based therapies are based on the philosophy that growth occurs through experience.
- Supervision of adventure-based therapies need to include experiential interventions focused on the supervisee to reinforce learning.
- ENHANCES model relies on parallel process (supervisory: therapeutic) with clinical and technical growth of supervisee as end goal.

Christian, D. D. & Perryman, K. L. (2018). Adventures in Supervision: Implications for Supervision of Adventure Based Counseling. *Journal of Creativity in Mental Health*, 13(1), pp. 19 – 30.

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**61 CONTEMPLATION: IS THERE A PROBLEM HERE?**

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- One of the distinct roles of a supervisor is that of consultant.
- Supervision is also recommended to be collaborative.
- A supervisor provided supervision to a licensed associate. The supervisor and supervisee also collaborated: They were business partners through a separate LLC.
- The supervisee submitted documentation for supervision hours from the supervisor and was granted a license for independent clinical practice.



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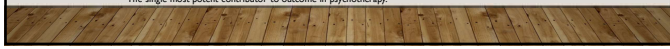
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**62 SUMMARY: EQUIFINALITY**

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Equifinality means there are hundreds of ways to achieve the same effect

- Dimensions of treatment setting:
  - Client, therapist, relationship, expectancy, treatment variables
- Client types and treatment:
  - Self reflective, introspective/introverted: Use Insight oriented
  - Impulsive, aggressive, symptom focused: Use skill building
- Process:
  - Emotionally charged, confiding relationship
  - Client trusts the therapist
  - Therapist offers credible rationale, plausible theoretical scheme
  - Therapist offers a credible ritual or procedure for addressing symptoms
- Client:
  - The single most potent contributor to outcome in psychotherapy.



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