

CLINICAL SUPERVISION

Using Acceptance & Commitment Therapy to
SHAPE Competent Clinicians



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Conflict of Interest Disclosure

Richard Sears holds several faculty appointments at the University of Cincinnati. He has written a number of books on mindfulness and psychotherapy, and offers mindfulness courses on his personal website.

Scope of Practice

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

Limitations of the Research & Potential Risks

- The difficulty of defining “successful” supervision is ongoing, and no one model of supervision has been shown as clearly the most successful approach to supervision.
- Adopting any model of supervision produces higher satisfaction of supervisees, but does not necessarily translate to better client outcomes.

-George Haarman, PsyD, LMFT

Limitations of the Research & Potential Risks

- Supervision is embedded in a supervisory alliance that underscores the interpersonal strengths of the supervisor and an obvious power differential in the relationship.
- Most supervisors believe that they are competent to supervise because they were supervised and many studies indicate that how they were supervised has the largest influence of their current supervision practice.

George Haarman, PsyD, LMFT

Limitations of Research & Potential Risks

- Supervisors have a higher likelihood of licensing board complaints & lawsuits
- Each profession/state/province/territory may have different rules



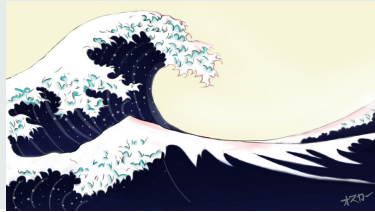
Acceptance and Commitment Therapy



- ACT – pronounced as one word – “Act”
- Pioneered by Steven C. Hayes and colleagues
- Association for Contextual Behavioral Science (ACBS) www.contextualscience.org

Acceptance and Commitment Therapy

ACT is considered a “Third Wave” behavioral therapy, along with Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT), etc.



A Short Definition of ACT

ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility.

Steven C. Hayes -- contextualscience.org

A Long Definition of ACT

ACT is a functional contextual therapy approach based on Relational Frame Theory which views human psychological problems dominantly as problems of psychological inflexibility fostered by cognitive fusion and experiential avoidance. In the context of a therapeutic relationship, ACT brings direct contingencies and indirect verbal processes to bear on the experiential establishment of greater psychological flexibility primarily through acceptance, defusion, establishment of a transcendent sense of self, contact with the present moment, values, and building larger and larger patterns of committed action linked to those values.

Steven C. Hayes -- contextualscience.org

Functional Contextualism

Context and function of behaviors are important

- Bucket with a holes

Context and function of supervisee behaviors

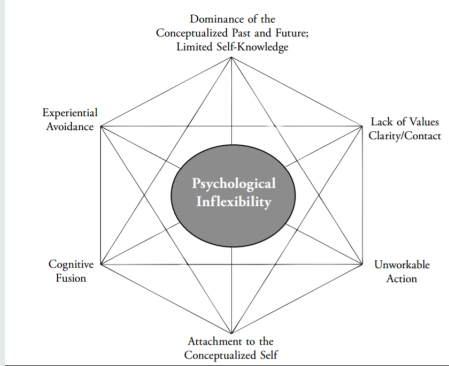


Relational Frame Theory

- Words/thoughts have conditioned meanings, associations, & emotions
- Not born with language
- Imitate, then internalize (thoughts)



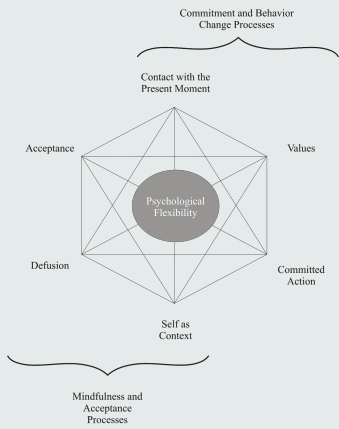
ACT Model of Psychopathology



Hexaflex

The Six Core Processes of ACT:

- Self as Context
- Defusion
- Acceptance
- Contact w Present Moment
- Values
- Committed Action



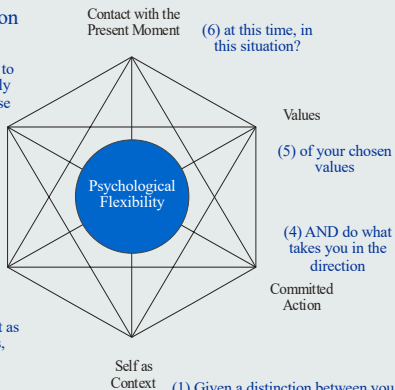
ACT Question

(2) are you willing to have that stuff, fully and without defense
Acceptance

If the answer is "yes," that is what builds...

(3) as it is, and not as what it says it is,
Defusion

Steven C. Hayes, www.contextualscience.org



Psychological Flexibility

“contacting the present moment fully as a conscious, historical human being, and based on what the situation affords, changing or persisting in behavior in the service of chosen values”

Steven C. Hayes -- contextualscience.org

Psychological Flexibility

“Psychological flexibility has been found to foster wellbeing, work effectiveness, openness to new learning, compassion, and acceptance of difference and diversity, in workplace settings. Moreover, the psychological flexibility of psychologists has been found to predict the use of evidence-based interventions, such as exposure.”

Walser & Westrup, 2006

Goal of ACT

ACT focuses on helping people live a more fulfilling life, NOT on symptom reduction

If you tell yourself that you will live your life as soon as all your problems are fixed, you may run out of lifetime before that actually happens.

Valued action predicts future drops in suffering, but drops in suffering do not predict future valued activity.

-Gloster et al., 2017

Creative Hopelessness/ Workability

Systematically reviewing everything that has already been tried, letting their own experience determine what has not been working

Helps to let go of unhelpful thinking/ verbal problem-solving/control/avoidance

“If you do what you’ve always done, you’ll get what you’ve always got.”

Creative Hopelessness/ Workability

- What have you already tried to deal with this problem?
- How effective has this been?
- What has it cost you?
- Realize that attempts to control/avoid unpleasant internal experiences often make them worse

Willingness

“Since what you’ve been doing hasn’t been working for you, are you willing to do something different?”

Link to their values

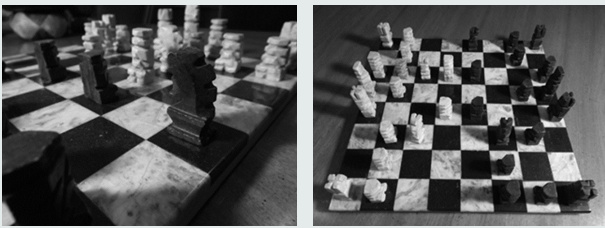
And vs. but – “I want to do it, *and* I feel anxious”

Self as Context

- "You are not who you think you are."
- Self as Content
 - "I am my thoughts, feelings, experiences"
- Self as Context
 - "I have thoughts, feelings, experiences, but who I am is much bigger. I can make room for them."

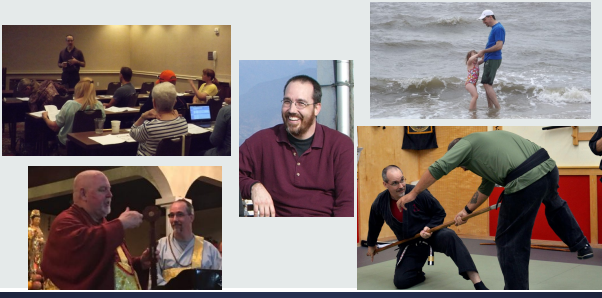
Self as Context

Conceptualized Self versus Observing Self
Chessboard Metaphor



Observing Self Exercise

- The many roles I play
- You are more than just a therapist



Cognitive Defusion

- Problem of Language & Fusion
 - The word water is not wet
 - Thoughts as mental events
- Lemon or Milk Exercise



Cognitive Defusion

- Defusion/Decentering/Distancing involves noticing thoughts vs. getting caught up in them
- Fighting thoughts can make them worse
- Supervisees want to fight client's thoughts with more thoughts



Defusion Techniques

- Repeating thoughts (exposure)
- Talking about & writing down thoughts
- Talking about clients helps supervisees defuse from their thoughts about them
- Parallel process
- Clipboard metaphor
- Content vs Process



Defusion Techniques

- Labeling thinking:
 - "Radio Doom & Gloom"
 - "A Reason-Giving Machine"
 - "A Judgment Factory"



- Therapist/supervisor models defusion

Stepping Back from Thoughts

➤ Using Metaphors:

- Movie Theatre
- Waterfall
- Leaves
- Clouds
- Train



Acceptance

- Acceptance of reality as it is in this moment
- Acceptance of our own emotions/self-compassion
- Don't have to like it
- Clients & supervisees often try to "fix" emotions
- Therapist/supervisor models acceptance
- Normalize supervisees' anxieties, fears, attraction to clients, etc



Acceptance

- Acceptance undermines control agenda
- Watch out for accepting to avoid
- Exercises: acceptance/compassion
 - Self
 - Loved ones
 - Neutral
 - Difficult clients/supervisees



Mindfulness/ Contact with Present Moment

- Mindfulness is simply paying attention
- Teaching supervisees to be present
- Living in the past and living for the future
- Mindfulness of present moment sensory experiences
- Busyness versus productivity
- 3-minute breathing space



Mindfulness for Therapists in Training

- Significant declines in stress, negative affect, rumination, state and trait anxiety
- Significant increases in positive affect and self-compassion.

(Shapiro, Brown, & Biegel, 2007)

Mindfulness for Providers

- Training in mindfulness increases provider effectiveness and patient mental health, even if providers do not explicitly use it with patients



(Grepmaier et al. 2007)

Values

- Values are compass headings – never arrive there
- What makes life meaningful and fulfilling
- Values pull us, versus feeling pushed to do them
- Set concrete goals toward values



Values Exercises

- What did you want to be when you grew up?
- Funeral exercise
- Magic wand exercise
- Valued Living Questionnaire



Value Domains

1. Family relations.
2. Marriage/couples/intimate relations.
3. Parenting.
4. Friendships/social life.



Value Domains

5. Career/employment.
6. Education/personal growth and development.
7. Recreation/fun/leisure.
8. Spirituality.
9. Citizenship/ environment/ community life.
10. Health/physical well-being.

(Harris & Wilson, 2008)

Exercise – Moving Toward Values

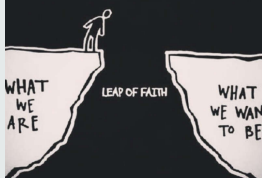
- Identify value
- Identify first goal along the way
- Identify thoughts that may come up
- Take action

VALUES!



Committed Action

- Are you willing to commit to moving toward your values?
- A step can be big or small, but must be taken
- Assigning homework/"Life Experiments"
- The problem of "trying"
 - Client who was "80% sure"



Role of Exposure

- Counters experiential avoidance
- Increases psychological flexibility
- Requires willingness to be uncomfortable in order to move toward what is important
- Help supervisees become willing to stretch comfort zone
- Swimming pool analogy



Role of Exposure

- Translate values into behavioral goals
- Watch out for "dead person's goals"
 - E.g., not using, not feeling anxiety, etc.
- E.g., if family is a value, set goals to do specific things with family, like go to a movie, take a vacation, etc.
- Help supervisees develop specific goals

Passengers on the Bus Metaphor



SHAPE Model of Clinical Supervision

- Developed by Morris & Bilich-Eric
- S = Supervision Values
- H = Hold Stories Lightly
- A = Analysis of Function
- P = Perspective Taking
- E = Experiential Methods

Supervision Values

- Clarify goals and big picture values for the supervision process
 - Licensing goals
 - University goals
 - Agency goals
 - Professional identity
 - Supervisee's goals
 - Strengths & areas of growth



Supervision Values

- Contract to create commitment
 - Specific expectations for supervisee
 - Specific expectations for supervisor
 - Timelines and goals
- Consequences if expectations are not met
- Make supervision sessions a priority
- Gatekeeping function/not confidential



Supervision Values

- Check in regularly on direction and goals of supervision
 - Check progress toward goals
 - Revise goals and timelines toward values
 - Evaluations should not be a surprise
- Attending to the supervisory relationship
 - Check in with supervisee
 - Balance support with gatekeeping
- Giving difficult feedback effectively

Effective Feedback

- Descriptive/non-evaluative
- Immediate
- Direct
- Owned
- Real
- Checked for clarity
- Answers relevant questions



Effective Feedback

- Specifies consequences
- Solicited
- Refers to modifiable behaviors
- Takes into account the needs of sender/receiver
- Allows receiver’s reaction
- Part of an ongoing process

(Sears, Rudisill, & Mason-Sears, 2005)

Conference Agenda for Dealing with a Difficult Employee Behavior

- I. Introduction
 - A. State the purpose of the meeting
 - B. State what you want to accomplish
- II. Report the Problem
 - A. Step 1: Identify and define the performance problem
 - B. Step 2: Explain the impact of the problem

(Sears, Rudisill, & Mason-Sears, 2005)

Conference Agenda for Dealing with a Difficult Employee Behavior

- III. Explore the causes of the problem
 - A. Listen to employee’s thoughts and reactions to what you have reported
 - B. Step 3: Analyze the reasons for the problem
 1. Discuss reasons with employee; test your own ideas, as appropriate
 2. Discuss your influence on the situation

(Sears, Rudisill, & Mason-Sears, 2005)

Conference Agenda for Dealing with a Difficult Employee Behavior

IV. Corrective Actions

- A. Step 4: Define the expected performance standard(s)
- B. Step 5: Explore ideas for a solution
- C. Step 6: Write the plan for improvement

V. Close

- A. Recap key points and review your plan to finalize it
- B. Make sure a follow-up meeting is set

(Sears, Rudisill, & Mason-Sears, 2005)

Case Example: The Paperwork-Challenged Therapist

Simian is the managing partner of a group psychological practice. One of his therapists, Peter, is an excellent clinician who is loved by clients but is chronically late on paperwork, including therapy notes and treatment plans, which is driving the staff crazy. Simian decides to try to deal with the problem, and prepares an agenda for a meeting with Peter.

"Peter, the reason that I want to meet with you is to discuss your tendency to be late with your paperwork. I'm hoping we'll be able to find a way to get that paperwork filed in a timelier manner.

"The latest computer printout shows that you have five clients that you have seen for three or more sessions that do not have treatment plans yet. This makes it very difficult for support staff to work with the insurance company to approve future sessions for the client. They end up scrambling to get this taken care of without interrupting the client's treatment.

(Sears, Rudisill, & Mason-Sears, 2005)

Case Example: The Paperwork-Challenged Therapist

"The staff has also told me that you have a tendency to turn in your therapy notes one to two weeks late. As you know, one of the values of the therapy notes is to give you a quick reminder of what you covered in the last session before you meet again with the client. Also, if one of your clients calls or walks in with a crisis situation, the on-call therapist won't know what has been happening with your client for the last week or two.

"What are your thoughts about all of this, Peter?"

Peter doesn't take much responsibility at first. "I just feel like I've got too much work to do, and the paperwork tends to fall by the wayside when I'm so busy taking care of clients. I'm really concerned about our waiting list, and I hate the thought of a client in need not getting therapy because I blocked off time to do paperwork. And with a new baby at home, I really don't want to stay late every day, or take work home with me."

Case Example: The Paperwork-Challenged Therapist

Simian expresses understanding, and admits to the organization's contributions to the problem, but also reminds Peter of the expected performance standards. "We do have a bit of a waiting list right now, and I appreciate your concern about getting clients the help they need. But if we can't get the paperwork done on time, it affects the quality of the service we give to the clients we are seeing. The management team is working on some ideas for dealing with the wait list, so please don't feel pressure that it's your responsibility. I also do think it's important to keep good boundaries between your work life and your home life, so let's try to figure out a plan for how we can help you get that paperwork done."

"Let's start with the treatment plans. The policy is to have them on file by the third session. What can be changed to make that happen?"

Peter makes an honest effort to think about it. "I'm not sure. I don't have enough time between sessions, and I hate to take a whole lot of time out of somebody's therapy session to do it. It just seems like there's always some new problem that develops, which ends up taking the whole therapy session, and I just feel like it's not as important to take care of that administrative requirement."

Case Example: The Paperwork-Challenged Therapist

"You should discuss this more with your clinical supervisor, but my thought is that your clients will always come up with a number of problems to talk about. Unless a crisis situation has developed, it is up to you to structure the session, and to express the importance of coming up with a treatment plan so that both of you are clear on the goals you want to achieve, and so that you don't get as easily pulled off track by the inevitable minor problems that continually develop. Working on the plan with the client in session helps them to focus on what they really want from therapy and serves as a foundation to work from when they feel pulled in many directions."

"Even though I know you hate to block off paperwork time, I think it would be helpful, especially as you are working to get caught up. Again, you should discuss this with your clinical supervisor, but rather than depriving a client of therapy time, perhaps you may have a current weekly client that is ready to be transitioned to be seen every other week. You could then use that time to catch up on paperwork, but let the client know that he or she could take that slot for therapy if something develops and they feel they can't wait for two weeks."

Case Example: The Paperwork-Challenged Therapist

Peter nods in agreement. "I can think of a couple clients that I believe would be ready for that."

"Good. Now what about treatment notes? Our policy is to have them in the system by the end of the day, or by the next workday at the latest."

"Well, as I said, I don't want to have to stay late every day, and my clients always seem to bring up important things at the end of session. Even when I end on time, I just don't have enough time to write down all the things I want to say about the session. Unfortunately, I admit, by the time I get around to writing the treatment notes, it is harder for me to remember everything that happened in the session."

"Again, you should talk your clinical supervisor about this, but you need to take charge of the structure of the therapy session and make sure you are on time. You should process with clients why they choose to mention such important things at the end of the session, and model setting boundaries with them. In the ten to fifteen minutes between sessions, you should have enough time to write a brief note, review last week's note for the next session, and even take a quick bathroom break. Talk to your supervisor more about your note taking - you may be including far more information than you really need to."

Case Example: The Paperwork-Challenged Therapist

"Okay, I'll give it a try."

Simian jots down some notes as he summarizes the meeting.

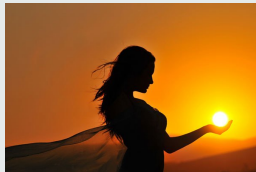
"Okay, so you'll talk with your clinical supervisor about discussing treatment plans in session, shifting some clients to every other week to create time to work on paperwork, and on ending sessions on time in order to get notes done. Anything else you'd like to add?"

"No, that sounds reasonable."

"Great. Let's meet again in one month to see how things are going. You know you are one of our best clinicians. I agree that the paperwork is not much fun, but we have to get it in on time."

Hold Stories Lightly

- Help supervisees learn from experience to loosen strict rule-governed behaviors
 - Convert book learning into practical experience
 - Watch for exceptions to the rules
 - Real world is more complicated than theory
- Attend to workability
 - Regardless of theory, how is it working?

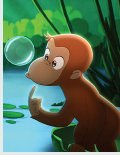


Hold Stories Lightly

- Why direct observation of supervisees is important
 - Legal responsibility
 - Supervisees don't know what they don't know
 - Tendency to want to impress
 - Confirmation bias, selective forgetting
- Monitor stories and encourage flexible responding
 - Notice what you are telling yourself
 - What's another way to interpret things?

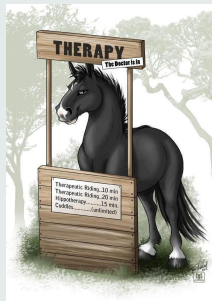
Analysis of Function

- Foster curiosity about the context and function of client behaviors
 - Why do you think the client is acting this way? What might they get from that behavior?
 - When might that be an appropriate behavior?
 - Are there any cultural reasons for this behavior?



Analysis of Function

- Functional analysis of how the supervisee affects client behaviors
 - What were you hoping would happen when you did or said what you did?
 - Why do you think they responded the way they did?
 - What difficult thing were you reluctant to do or say?
 - What could you do differently?



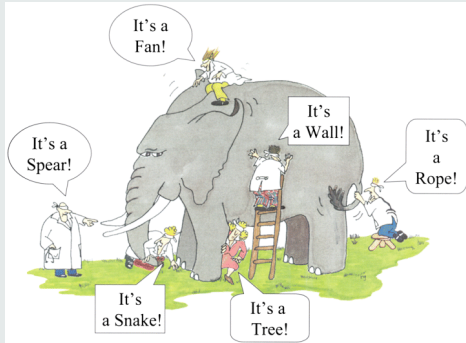
Analysis of Function

Attending to the context and workability of what happens in the supervision sessions

- How did you anticipate things going today?
- What do you need?
- What is your reaction to my feedback?
- How we make these sessions more helpful?



Perspective Taking



Perspective Taking

- Why it's important to promote flexible perspective taking
- Help supervisees notice variations of experience and perspectives across contexts
- Take different perspectives of the same experience
- Build reflective ability by seeing things from clients' and supervisor's perspectives, and assessing workability

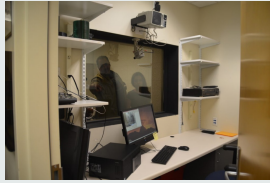
Seeing from Client's Eyes

- Kelly Wilson
- Feel what it would be like to be in client's skin
- Role play-supervisee as client, supervisor models



Experiential Methods

- Use experiential methods to increase sensitivity to client-therapist context
- Show rather than tell – use of role play, modeling, video, direct observation, “bug in the ear”
- Co-therapy
- Noticing the effects of describing versus evaluating



Experiential Methods

- When the supervisee is stuck or when things are not working
 - Expand sense of self
 - Step back from fixed ideas
 - Acceptance of own emotions
 - Contact with present moment, noticing own reactions
 - Touching base with bigger values
 - Taking small action steps toward bigger goals



Role Play

- working with a challenging client



Diversity & Social Justice Issues

- Important competency areas
- Cultural competence vs cultural humility
- Clinician self-awareness
- Microaggressions
- Awareness of power and resources
- More research needed

Mindfulness- and acceptance-based therapies appear to be helpful for diverse populations, though it is important for the clinician to be sensitive to diversity issues in the delivery of these interventions (Fuchs, Lee, Roemer, & Orsillo, 2013).

Ethics

- Role of values
- Importance of psychological flexibility
- Paying attention to context and function of behaviors
- Professional standards



APA Ethics Code

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently.

APA Ethics Code

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

APA Ethics Code

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

APA Ethics Code

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.



"Make sure everything's done ethically. Within reason, of course."

APA Supervision Guidelines

Assumptions about clinical supervision:

- is a distinct professional competency that requires formal education and training
- prioritizes the care of the client/patient and the protection of the public
- focuses on the acquisition of competence by and the professional development of the supervisee
- requires supervisor competence in the foundational and functional competency domains being supervised

APA Supervision Guidelines

- is anchored in the current evidence base related to supervision and the competencies being supervised
- occurs within a respectful and collaborative supervisory relationship, that includes facilitative and evaluative components and which is established, maintained, and repaired as necessary
- entails responsibilities on the part of the supervisor and supervisee
- intentionally infuses and integrates the dimensions of diversity in all aspects of professional practice

APA Supervision Guidelines

- is influenced by both professional and personal factors including values, attitudes, beliefs, and interpersonal biases
- is conducted in adherence to ethical and legal standards
- uses a developmental and strength-based approach
- requires reflective practice and self-assessment by the supervisor and supervisee
- incorporates bi-directional feedback between the supervisor and supervisee

APA Supervision Guidelines

- includes evaluation of the acquisition of expected competencies by the supervisee
- serves a gatekeeping function for the profession
- is distinct from consultation, personal psychotherapy, and mentoring



APA Supervision Guidelines

Domain A: Supervisor Competence

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.

APA Supervision Guidelines

Domain A: Supervisor Competence

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 (as defined in APA,2003).
5. Supervisors using technology in supervision (including distance supervision), or when supervising care that incorporates technology, strive to be competent regarding its use.

APA Supervision Guidelines

Domain B: Diversity

1. Supervisors strive to develop and maintain self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills.
2. Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees.
3. Supervisors recognize the value of and pursue ongoing training in diversity competence as part of their professional development and life-long learning.

APA Supervision Guidelines

Domain B: Diversity

4. 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.
5. 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.

APA Supervision Guidelines

Domain C: Supervisory Relationship

1. Supervisors value and seek to create and maintain a collaborative relationship that promotes the supervisees' competence.
2. Supervisors seek to specify the responsibilities and expectations of both parties in the supervisory relationship. Supervisors identify expected program competencies and performance standards, and assist the supervisee to formulate individual learning goals.
3. Supervisors aspire to review regularly the progress of the supervisee and the effectiveness of the supervisory relationship and address issues that arise.

APA Supervision Guidelines

Domain D: Professionalism

1. Supervisors strive to model professionalism in their own comportment and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism.
2. Supervisors are encouraged to provide ongoing formative and summative evaluation of supervisees' progress toward meeting expectations for professionalism appropriate for each level of education and training.

APA Supervision Guidelines

Domain E: Assessment/ Evaluation/ Feedback

1. Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors promote openness and transparency in feedback and assessment, by anchoring such in the competency development of the supervisee.
2. A major supervisory responsibility is monitoring and providing feedback on supervisee performance. Live observation or review of recorded sessions is the preferred procedure.

APA Supervision Guidelines

Domain E: Assessment/ Evaluation/ Feedback

3. Supervisors aspire to provide feedback that is direct, clear, and timely, behaviorally anchored, responsive to supervisees' reactions, and mindful of the impact on the supervisory relationship.
4. Supervisors recognize the value of and support supervisee skill in self-assessment of competence and incorporate supervisee self-assessment into the evaluation process.
5. Supervisors seek feedback from their supervisees and others about the quality of the supervision they offer, and incorporate that feedback to improve their supervisory competence.

APA Supervision Guidelines

Domain F: Problems of Professional Competence

1. Supervisors understand and adhere both to the supervisory contract and to program, institutional, and legal policies and procedures related to performance evaluations. Supervisors strive to address performance problems directly.
2. Supervisors strive to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner allowing for opportunities to effect change.

APA Supervision Guidelines

Domain F: Problems of Professional Competence

3. Supervisors are competent in developing and implementing plans to remediate performance problems.
4. Supervisors are mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems.



APA Supervision Guidelines

Domain G: Ethical, Legal, and Regulatory Considerations

1. Supervisors model ethical practice and decision making and conduct themselves in accord with the APA ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.
2. Supervisors uphold their primary ethical and legal obligation to protect the welfare of the client/patient.

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- 3. Supervisors serve as gatekeepers to the profession. Gatekeeping entails assessing supervisees' suitability to enter and remain in the field.
- 4. Supervisors provide clear information about the expectations for and parameters of supervision to supervisees preferably in the form of a written supervisory contract.
- 5. Supervisors maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development.

Ethics Case Examples

- Supervisee boundaries with clients
 - attending the same class or church
 - texting
 - "friends" on social media
 - having breakfast
 - picking up a client from inpatient unit



Ethics Case Examples

- Discuss some of your own or "hypothetical" ethical situations with supervisees
 - How did you handle it?
 - How do you wished you'd have handled it?
 - Seek feedback from peers

Questions/Discussion



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