Supervisor Competency Self-Assessment

Domain A - Supervisory Competence

1. ----
2. ----
3. ----
4. ----
5. ---- Total---- Mean Score ----

Domain B – Diversity

1. ----
2. ----
3. ----
4. ----
5. ---- Total---- Mean Score ----

Domain C – Supervisory Relationship

1. ----
2. ----
3. ____ Total---- Mean Score ----

Domain D – Professionalism

1.----

2. ---- Total---- Mean Score ----

Domain E – Assessment, Evaluation, and Feedback

1. ----
2. ----
3. ----
4. ----
5. ----
6. ---- Total---- Mean Score ----

Domain F - Managing Professional Competence Problems

1. ----
2. ----
3. ---- Total---- Mean Score ----

Domain G - Ethics, Legal, and Regulatory Considerations

1. ----
2. ----
3. ----
4. ---- Total---- Mean Score ----

Clinical Supervision: Two Day Intensive

George B. Haarman, Psy.D., LMFT
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1

Clinical Supervision

To comply with professional boards/association's standards, I declare that I do not have any financial relationship in any amount, occurring in the last 12 months, with a commercial interest whose products or services are discussed.

If anyone has any visual/auditory issues, please let the speaker or registration staff know and we will attempt to accommodate

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 the law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

Presented by: George B. Haarman, Psy.D, LMFT
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2

Limits of the Research and 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.
- 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 higher client outcomes.

3

Day One: Pacific Standard Time

- 8:30 – 8:45 Introduction
- 8:45 – 9:45 Section I – Getting Started: How to Optimize the Initial Supervision Sessions
- 9:45 – 10:00 Break
- 10:00 – 11:50 Section II – The Supervisory Alliance: Building a Foundation for Everyone's Success
- 11:50 – 1:00 Lunch
- 1:00 – 2:30 Section III – Models of Clinical Supervision: Find the Right Fit for You and Your Setting
- 2:30 – 2:45 Break
- 2:45 – 3:45 Section IV – The Evaluation Process: The Key to Effective Supervision
- 3:45 – 4:00 Questions & Prep for Tomorrow

4

Day Two: Pacific Standard Time

- 8:30 – 8:45 Recap
- 8:45 – 9:45 Section I – Giving Effective Feedback: Having Hard Conversations
- 9:45 – 10:00 Break
- 10:00 – 11:45 Section II – When Problems Arise: Resolving Supervisor/Supervisee Tensions, Cultural Competence
- 11:45 – 12:55 Lunch
- 12:55 – 2:30 Section III – Ethical and Legal Issues in Supervision: Protect Yourself, Your License, Your Agency and Your Client
- 2:30 – 2:45 Break
- 2:45 – 3:45 Section IV – Ethical and Legal Issues in Supervision: Protecting Yourself, Your License, Your Agency and Your Client
- 3:45 – 4:00 Questions & Evaluation

5

Module One

The Supervisory Alliance: Building a Foundation for Everyone's Success

6

Ten Myths about Clinical Supervision Campbell (2006)

1. If I am an experienced counselor or psychotherapist, I can be successful and effective as a supervisor.
2. True clinical supervision is strictly for the review of cases. If you give handouts or teach, that's training, not supervision
3. If supervision is not going well, it's the supervisee's fault.
4. Supervision is only for the beginners or inexperienced. If you have to be supervised you must be deficient or incompetent.
5. Because supervisors are professionals, diversity issues do not have to be addressed.
6. The best feedback is direct. Tell it like you see it. There is no need to coddle supervisees.
7. A supervisee's thoughts and feeling are not relevant to learning.
8. Supervisors are experts, so it is important to make that clear and never admit to mistakes or that you don't know something.
9. Because supervisors are totally responsible for the actions of their supervisees, the supervisors directions should not be questioned.
10. In order to avoid a dual relationship and becoming your supervisee's therapist, you shouldn't use your therapy skills in supervision.

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Clinical Supervision

Definition: Clinical supervision is the process of reviewing and monitoring practitioner's work to increase their skills, to help them solve problems in order to provide clients the optimal quality of service possible, and prevent harm from occurring. Campbell (2006)

- What sets supervision apart from other relationships is the evaluative component.
- The non-voluntary component surfaces issues of power, trust, safety, and control.
- Originally Supervision was a socialization process to train new professionals
- Now supervision is not just for beginners, but an assurance of ethical practice, continued professional growth, an evaluative function, and a gate keeping process.
- Supervision and Consultation are fundamentally different.
  - Supervision occurs when you are ***overseeing those who cannot legally do what they are doing without your oversight***. When supervising others, you have a legal responsibility for their actions. Everything else is consultation and should be labeled as such. APA Trust (2016)

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Supervision vs. Consultation

Definition: A supervisee is any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services (ASPPB, 2003)

Definition: Clinical supervision is the process of reviewing and monitoring practitioner's work to increase their skills, to help them solve problems in order to provide clients the optimal quality of service possible, and prevent harm from occurring (Campbell, 2006).

Definition: Consultation occurs between peers or between senior and junior professionals, whereas supervision is provided by an individual who is the person responsible for the supervisees work (Canadian Psychological Assoc, 2000). Consultation is an arrangement between legal equals in which the consultant provides a service, such as an opinion on a particular case, but the professional receiving the consultation has the right to accept or reject the opinion of the consultant (Knapp & VandeCreek, 2006).

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Basic Components of the Competent Supervisor (Haynes et al, 2003)

- are trained in supervision and update skills.
- are trained and experienced in the areas of clinical expertise being supervised.
- have effective interpersonal skills (listening, feedback, challenging, setting boundaries, etc.)
- are aware that supervision is process and can adapt to individual needs.
- are able to assume a variety of roles and responsibilities
- stay focused on the fact that the primary goal of supervision is to monitor clinical services.
- are willing and relatively comfortable with serving the evaluative function and providing feedback
- have knowledge of law, ethics, and professional regulations
- document supervisory activities.
- empower supervisees through teaching, modeling, and problem solving.

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Effective Supervisors, Campbell (2000, 2013) and Haynes (2003)

- Clarifies expectations and roles
- Is accessible and available
- Creates a safe learning environment
- Communicates directly and effectively
- Models appropriate ethical behavior
- Personally and professionally mature
- Awareness of personal power and cultural issues
- Sense of humor and empathy
- Aware of clinical, legal, and ethical issues
- Possesses good clinical skills
- Demonstrates empathy, respect, and genuineness
- Develops clear professional boundaries
- Respects knowledge that supervisees bring to supervision
- Values supervision as a "protected time"
- Provides honest, fair, and constructive feedback

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Top Ten Factors Contributing to "Best" and "Worst" Supervisors (Martino, 2001)

Best Supervisors

1. Clinical knowledge and expertise
2. Flexibility and openness to new ideas and approaches
3. Warm and supportive
4. Provides useful feedback and constructive criticism
5. Dedicated to training (development)
6. Good clinical insight
7. Empathic
8. Considers countertransference
9. Adheres to ethical practices
10. Challenges supervisees

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Top Ten Factors Contributing to "Best" and "Worst" Supervisors (Martino, 2001)

Worst Supervisors

1. Lacks interest in supervision and professional development
2. Unavailable
3. Inflexible to new ideas or approaches to cases
4. Limited clinical knowledge and experience
5. Unreliable
6. Unhelpful/inconsistent feedback
7. Punitive or critical
8. Lacking empathy
9. Lack of structure
10. Lack of ethics

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Supervisee Bill of Rights (Munson, 1993) Giordano, et al (2000)

Every clinical supervisee has the right to:

- a supervisor who supervises consistently and at regular intervals
- growth oriented supervision that respects personal privacy
- supervision that is technically sound and theoretically grounded
- be evaluated on criteria that are made clear in advance and evaluations that are based on actual observation of performance
- a supervisor who is adequately skilled in clinical practice and trained in supervision practice

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PREVENTING PROBLEMS STRATEGY # 1

- MEET ON A REGULARLY SCHEDULED BASIS

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PREVENTING PROBLEMS STRATEGY #2

- PRESENT THE EVALUATION CRITERIA AT THE FIRST MEETING

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

Assumptions made by Guidelines on Supervision (paraphrased)

Clinical Supervision:

- Is a distinct professional competency requiring education and training
- Prioritizes patient care and protection of the public
- Focuses on acquisition of competence
- Occurs in a respectful and collaborative relationship
- Integrates dimensions of diversity
- Is conducted in adherence to ethical and legal standards
- Uses a developmental and strength-based approach
- Incorporates bi-directional feedback
- Includes evaluation of the acquisition of expected competency
- Serves a gatekeeping function for the profession

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The Seven Domains of Supervision (APA, 2015)

Module Two

Domain A: Competence

Domain B: Diversity

Domain C: Supervisory Relationship

Domain D: Professionalism

Domain E: Assessment/Evaluation/Feedback

Domain F: Professional Competence Problems

Domain G: Ethics, Legal, and Regulatory

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

The goal of the document was to capture optimal performance expectations for psychologists who supervise.

- The document was based on the premises that supervisors:
  a) Strive to achieve competence in supervision
  b) Employ a competency-based approach based on a meta-theoretical construct

The Guidelines are aspirational and advisory and expire August, 2024

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain A: Supervisor Competence
  - Guideline 1: Supervisors strive to be **competent** in the psychological services provided to clients….and when supervising in **areas in which they are less familiar** they take reasonable steps to ensure the **competence of the work and to protect others from harm.** KNOWLEDGE

1. Supervisors possess up-to-date knowledge in areas being supervised
2. Supervisors are aware of diversity issues
3. Supervisors have knowledge of clinical specialty issues and procedures for supervising when expertise has not been established
4. Supervisors are knowledgeable about emergent events that impact clients

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain A: Supervisor Competence
  - Guideline 2: Supervisors seek to **attain and maintain competence** in the practice of supervision through **formal education and training** TRAINING

1. Supervisors obtain requisite training
2. Supervisors are skilled in managing supervisory relationship
3. Formal training should produce competency in 12 areas: models of supervision; modalities; relationship formation, rupture and repair; diversity; evaluation; supervisee's emotional reactivity; reflective practice; ethical and legal standards; gatekeeping; asessessing developmental level of supervisee; evidence based competencies; and assessment skills.
4. Formal training should include outcome measures, formative and summative evaluation

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain A: Supervisor Competence
  - Guideline 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 COORDINATION
    - Coordination with educators is especially important when:
    1. The supervisee is exhibiting performance problems
    2. The supervisory relationship is under stress
    3. The supervisor needs another perspective

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain A: Supervisor Competence
  - Guideline 4: Supervisors **using technology** in supervision, or when **supervising care that incorporates technology,** strive to be competent TECHNOLOGICALLY COMPETENT
    1. Policies and procedures are in place for ethical practice of telepsychology and digital communications between any combination of client/supervisee/supervisor
    2. Supervisors are knowledgeable about laws and regulations regarding technology and practice.
    3. Supervisors discuss the use of social networking and internet searches of clients

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain B: Diversity
  - Guideline 1: Supervisors strive to develop and maintain **self-awareness regarding their diversity** competence, which includes attitudes, knowledge, and skills SELF-EXPLORATION
    1. Supervisors serve as role models via openness to self-exploration, understanding biases, and a willingness to seek education/consultation when indicated

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain B: Diversity
  - Guideline 2: Supervisors strive to enhance their diversity competence to **establish a respectful supervisory relationship** and to facilitate **the diversity competence of their supervisees** RESPECT

1. Infusion of diversity competence in supervision is an ethical imperative
2. All supervision is multicultural and adopting that framework strengthens the supervisory relationship
3. Viewing diversity as normative allows sensitivity to similarities and differences between supervisor and supervisee

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain B: Diversity
  - Guideline 3: Supervisors recognize the value of and pursue **ongoing training in diversity competence** as part of their professional development and lifelong learning TRAINING

1. Formal training through doctoral education
2. Familiarity with APA Guidelines addressing diversity
3. Updated diversity competence through continuing education

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain B: Diversity
  - Guideline 4: Supervisors aim to be knowledgeable about the effects **of bias, prejudice, and stereotyping**. When possible, supervisors model client advocacy and model promoting change…..in the best interest of their clients STEREOTYPING

1. Supervisors are attentive to the impact of bias, prejudice, and stereotyping on therapeutic and supervisory relationships.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain B: Diversity
  - Guideline 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 **KNOWLEDGE**

1. Competency-based training models put an emphasis on integrating diversity dispositions of supervisees and supervisors

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain C: Supervisory Relationship
  - Guideline 1: Supervisors value and seek to create and maintain a **collaborative relationship** that promotes the supervisee's competence **COLLABORATION**

1. Supervisors should initiate collaborative discussion of expectations, goals, and tasks of supervision
2. Supervisors should discuss inherent power differences and how those can be managed
3. Supervisors establish conditions that promote trust, reliability, predictability, competence, expertise, and appropriate professional challenges

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain C: Supervisory Relationship
  - Guideline 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** **RELATIONSHIP**

1. Supervisors explicitly discuss with supervisees the process of supervision, learning goals, the structure of supervision, evaluation, and limits of supervision confidentiality
2. Supervisors provide clarity about their duties, including that the primary duty of the supervisor is to the client

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain C: Supervisory Relationship
  - Guideline 3: Supervisors aspire to review regularly the progress of the supervisee and the **effectiveness of the supervisory relationship** and address issues that arise. PROCESS

1. As learning needs evolve over time, the supervisor should work collaboratively to revise goals and tasks.
2. When disruptions occur, the supervisor seeks to resolve impasses openly, honestly, in the best interests of clients, and the development of the supervisee.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain D: Professionalism
  - Guideline 1: Supervisors strive to **model professionalism** in their own comportment and interactions with others, and teach the knowledge, skills, and attitudes associated with professionalism PROFESSIONALISM

1. The supervisee's understanding of professionalism is still developing, and modeling professionalism is a powerful way of teaching professionalism
2. Supervisors socialize supervisees into a particular profession to help them "think like" those in that profession
3. Supervisors model professionalism in cooperative, collaborative, and respectful interactions with other professionals

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain D: Professionalism
  - Guideline 2: Supervisors are encourage to provide ongoing **formative and summative evaluation** of supervisees' progress toward meeting expectations for professionalism appropriate for each **level of education and training** EVALUATION

1. Modeling alone is not sufficient to teach professionalism and should be embedded in larger training curriculums
2. The knowledge, skills, and attitudes associated with professionalism include: altruism, accountability, self-awareness, benevolence, honesty, integrity, respect for others, social responsibility, teamwork, and truthfulness.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain E: Assessment/Evaluation/Feedback
  - Guideline 1: Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors **provide openness and transparency in feedback** and assessment, by anchoring such in competency development HONEST FEEDBACK
    1. Assessment/evaluation/feedback are essential components of ethical supervision, but studies indicate that they are provided relatively infrequently
    2. Failure to provide feedback leads to failures in gatekeeping
    3. Assessment/Evaluation/Feedback should be linked to specific competencies and observed and measureable behaviors

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

Domain E: Assessment/Evaluation/Feedback

- Guideline 2: A major supervisory responsibility is **monitoring and providing feedback** on supervisee performance. **Live observation or recorded sessions** is the **preferred procedure** for providing feedback FEEDBACK
  1. The accuracy of supervisee self-reports is constrained by memory, information processing, as well as self-protective distortion
  2. The more direct access, the more accurate feedback will be.
  3. Supervisors should not limit work samples to only those identified by the supervisee (hiding)
  4. Review of work samples should be planful, focusing on specific competencies and supervision goals.
  5. Live or video observation satisfies the monitoring standard of care in supervision.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain E: Assessment/Evaluation/Feedback
  - Guideline 3: Supervisors aspire to provide feedback that is **direct, clear, timely, behaviorally** anchored, responsive to supervisee's reactions, and mindful of the **impact on the supervisory relationship.** "The Bobble Head"
    1. In providing feedback supervisors must attend to a) power differential, b) culture and diversity, c) developmental level, d) demoralization, and e) timing and amount
    2. Formative feedback should occur in each supervisory session, both positive and corrective

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain E: Assessment/Evaluation/Feedback
  - Guideline 4: Supervisors recognize the value of and **support supervisee skill in self-assessment** of competence and incorporate **supervisee self-assessment** into the evaluation process SELF-ASSESSMENT

1. Use of self-assessment inculcates an attitude of self-assessment as a lifelong learning tool
2. Some studies question accuracy of self-assessment

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain E: Assessment/Evaluation/Feedback
  - Guideline 5: Supervisors **seek feedback** from their **supervisees and others** about the quality of supervision they offer, and **incorporate that feedback to improve their supervisory competence** SOLICITING FEEDBACK

1. Supervisors obtain regular feedback about their work in order not to overestimate their competence

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain F: Professional Competence Problems
  - Guideline 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** ADHERENCE TO PROCEDURES/REGULATIONS

1. Management of professional competence problems begins with a supervisory contract.
2. In the event that a supervisee is exhibiting performance problems, supervisors should seek consultation with other supervisors.
3. Supervisors must be prepared to protect the well-being of clients, while simultaneously supporting professional development of the supervisee
4. Supervisors give precedence to protecting the well-being of clients above the training of the supervisee.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain F: Professional Competence Problems
  - Guideline 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** TIMING

1. Supervisors evaluate on an ongoing basis the supervisee's functioning on a broad range of competencies.
2. Distinctions between normative developmental challenges and significant competence problems should be made.
3. When potential problems are identified supervisors increase direct observation and monitoring of the supervisee's work.
4. Supervisees' deficits should be documented in writing with dates and specific behaviors.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain F: Professional Competence Problems
  - Guideline 3: Supervisors are competent in developing and implementing plans to **remediate performance problems.** REMEDIATION

1. Performance plans should include, 1) a listing of competence deficits, 2) written performance expectations, 3) steps to be taken to address deficits, 4) responsibilities of each party, 5) monitoring and evaluation processes, and 6) specific timeline for remediation

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain F: Professional Competence Problems
  - Guideline 4: Supervisors are mindful of their role as **gatekeeper** and take appropriate and ethical action in response to supervisee performance problems. GATEKEEPING (COMPETENCE)

1. If the remediation plan is not successful, supervisors should consider recommending dismissal from the program or appropriate referral to available licensing boards.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain G: Ethics, Legal, and Regulatory Concerns
  - Guideline 1: Supervisors **model ethical practice** and decision-making and conduct themselves in accordance with the APA ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations. **MODELING ETHICS**

    1. Supervisors ensure that supervisees develop the knowledge, skills, and attitudes necessary for ethical and legal practice through the application of ethical guidelines to specific cases and the discussion of ethical decision-making models
    2. Supervisors are knowledgeable of legal standards and their applicability to both clinical practice and to supervision itself.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain G: Ethics, Legal, and Regulatory Concerns
  - Guideline 2: Supervisors uphold their primary ethical and legal obligation **to protect the welfare of the client/patient** **CLIENT WELFARE**

    1. "The highest duty of the supervisor is protection of the client (Bernard & Goodyear, 2014)."
    2. Supervisors understand that they are responsible for their supervisees clinical work

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain G: Ethics, Legal, and Regulatory Concerns
  - Guideline 3: Supervisors serve as **gatekeepers to the profession.** Gatekeeping entails assessing the supervisee's suitability to enter and/or remain in the field. **GATEKEEPING (ETHICS/LEGAL)**

    1. Supervisors help supervisees advance through successive stages of training.
    2. If a supervisee cannot or will not attain sufficient foundational or functional competencies the supervisor may have to block treatment to protect potential clients.

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain G: Ethics, Legal, and Regulatory Concerns
  - Guideline 4: Supervisors provide **clear information about the expectations** for and parameters of supervision to supervisees, preferably in the **form of a written supervisory contract.**
    EXPECTATIONS

    1. A supervision contracts serves as a foundation for establishing the supervisory relationship, roles, tasks, and responsibilities. KBEPP Supervisory Plans and Goals
    2. Thomas (2010) suggests 10 specific areas to be covered in the supervision contract, including: content and supervision, protection clients, expectations, criteria for successful completion, procedures if criteria are not met, expectations for informing supervisor of at-risk situations, confidentiality, supervisee disclosures, legal and ethical parameters, and processes for ethical problem solving

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Guidelines for Clinical Supervision in Health Service Psychology (APA, 2015)

- Domain G: Ethics, Legal, and Regulatory Concerns
  - Guideline 5: Supervisors maintain **accurate and timely documentation** of supervisee performance related to expectations for competency and professional development
    DOCUMENTATION

    1. DOCUMENT, DOCUMENT, DOCUMENT.....WITHOUT IT YOU ARE ON ETHICAL AND LEGAL THIN ICE

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Supervisor Competency Self-Assessment

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Supervisor Competency Self-Assessment

Domain A - Supervisory Competence
1. ----
2. ----
3. ----
4. ----
5. ---- Total---- Mean Score ----

Domain B – Diversity
1. ----
2. ----
3. ----
4. ----
5. ---- Total---- Mean Score ----

Domain C – Supervisory Relationship
1. ----
2. ----
3. ____Total---- Mean Score ----

Domain D – Professionalism
1.----
2. ---- Total---- Mean Score ----

Domain E – Assessment, Evaluation, and Feedback
1. ----
2. ----
3. ----
4. ----
5. ----
6. ---- Total---- Mean Score ----

Domain F - Managing Professional Competence Problems
1. ----
2. ----
3. ---- Total---- Mean Score ----

Domain G - Ethics, Legal, and Regulatory Considerations
1. ----
2. ----
3. ----
4. ---- Total---- Mean Score ----

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Supervisor Competency Self-Assessment

The Supervisor Competency Self-Assessment is intended to help you identify both your strengths as a supervisor as well as those areas in which you can develop greater supervisory competence. Please rate each item using the scale below:

0	1	2	3	4
Absent	Present At times	Consistently Present	Exceptional	Consistently Exceptional

Domain A – Supervisor Competence

I am competent in the areas of clinical practice that I supervise. When I supervise a case outside my area of expertise, I work to develop my own knowledge, skills, and attitudes in this new area. _____

I am committed to learning more and getting better at providing supervision _____

I communicate and coordinate with colleagues who are also involved in the training of my supervisees. _____

I learn about the diversity of populations and the settings that my supervisees encounter. _____

When (if) I employ technology in the supervision, I am competent in its use. _____

Mean Score (total÷5) _____

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Supervisor Competency Self-Assessment

Domain B – Diversity

I pay attention to my own diversity competence, keeping my knowledge, skills, and attitudes up-to-date in this area of practice, and serve as a good role model of a self-aware psychologist vis-à-vis diversity issues. _____

I make efforts to be sensitive to individual differences and diversity in the interest of establishing positive relationships with all of my supervisees, inclusive of their background or individual characteristics. _____

I pursue learning opportunities to increase my confidence in diversity. _____

I am knowledgeable about the effects of bias, prejudice, stereotyping, and other forms of institutional or structural discrimination that may impact my supervisees and/or their clients. _____

I am familiar with the literature regarding the impact of diversity in supervision, including the importance of navigating conflicts between personal values and the professional practice of supervision. _____

Mean Score (total÷5) _____

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Supervisor Competency Self-Assessment

Domain C – Supervisory Relationship

I create and maintain a collaborative relationship with my supervisees. _____

At the outset a new supervisory relationship, I discuss the responsibilities and expectations for each of us. _____

I regularly revisit the progress of supervision with my supervisee, the effectiveness of our relationship, and interpersonal styles that may affect the supervisory relationship and process. _____

Mean Score(total÷3) _____

Domain D – Professionalism

I am professional in my interactions with supervisees and teach them how to conduct themselves as professionals. _____

I provide my supervisees with formative as well as summative feedback about their progress in developing professional behaviors. _____

Mean Score(total÷2) _____

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Supervisor Competency Self-Assessment

Domain E - Providing Assessment, Evaluation, and Feedback

I am direct in providing feedback that is linked to the supervisee's learning goals. _____

I am careful to observe and monitor my supervisee's clinical performance in order to provide an evaluation that is based on accurate information. _____

My feedback is clear, direct, and timely. It is behaviorally anchored so that supervisees know what they do well and how they could improve. _____

I assist supervisees in doing an accurate self-assessment and incorporate their self-assessment in my evaluation of them. _____

I seek feedback from supervisees about supervision and use it to improve my competence as a supervisor. _____

When dealing with supervisee performance problems, I address them directly and in accordance with policies and procedures of my organization. _____

Mean Score(total÷6) _____

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Supervisor Competency Self-Assessment

Domain F - Managing Professional Competence Problems

If I see a performance problem, I identify and address it promptly, so that the supervisee has a reasonable time to improve. _____

I am able to develop and implement a formal remediation plan _____

I understand that supervisors have an obligation to protect public from harmful actions by supervisees, and take seriously my role as a gatekeeper. _____

Mean Score(total÷3) _____

Domain G - Ethics, Legal, and Regulatory at Considerations

I serve as a positive role model by conducting myself in accordance with professional standards, ethics, and the laws and regulations related to the practice of psychology. _____

My primary obligation as a supervisor is to protect the welfare of my supervisee's clients, and this is at the forefront of my supervision. _____

I provide clear information to my supervisees about what is expected of them in supervision. _____

I maintain timely and accurate documentation of my supervisees performance. _____

Mean Score (total÷4) _____

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In which Competency area did you score the highest and how did you attain this competence?

In which Competency area did you score the lowest and what do you need to attain this competence?

Which items is your lowest individual score. Why?

Which item is your highest individual score. How did this occur?

What does this self-assessment indicate about "holes" in your competence as a supervisor and how do you remediate this and fill the gaps?

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Module Three

Getting Started: How to Optimize the Initial Supervision Sessions

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Informed Consent

- "(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 or supervisee 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 (2017) 7.06
- Supervisors are responsible for incorporating into their supervision principles of informed consent. ACA (2014) F.4.a
- "Supervisors should incorporate the principles of informed consent and participation; clarity of requirements, expectations, roles, and rules, and due process and appeal into the establishment of policies and procedures for their institution, program, courses, and individual supervisory relationships." ACES (2014) 2.14
- "At the beginning of each supervisory relationship, the supervisor, in collaboration with the supervisee, should prepare written, measurable goals and specific guidelines to evaluate the supervisee's performance. (NASW 2017) p.6

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Informed Consent

Informed consent requires providing potential supervisees with information about the supervision that reasonably might influence their ability to make sound decisions about participation (Thomas, 2010).

Informed Consent allows for 1)elucidating expectations, 2)identifying mutually agreed goals, 3) anticipating likely difficulties, and 4) identifying problem solving processes in advance. (Guest & Dooley, 1999).

Bernard and Goodyear (1998 & 2009)) and Falvey (2002) suggest that informed consent takes place on multiple levels:

- Client's consent to treatment by supervisee under supervisors direction
- Supervisor and supervisee consent to the supervisory responsibility
- The institution or agency consents to comply with clinical, legal, and ethical requirements
- Client's consent to supervision of their case by a named individual
- Client consents that confidential information will be shared with the supervisor

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Informed Consent

Elements of Informed Consent for Supervision

1. Purposes of Supervision (professional growth, developing skills, protecting clients)
2. Information about the Supervisor (training, experience, credentials, theoretical orientation, supervisory style and model, professional disclosure, limits of competency)
3. Expectations, Roles, and Responsibilities (nature of supervisory relationship, boundary issues, evaluation process, conflict resolution, admin vs. clinical aspects)
4. Logistics of Supervision (methods, taping, frequency, duration, time, place, fees, documentation, make up sessions, emergency contacts)
5. Ethical and Legal Processes (due process, ethical awareness, deficits, dispute resolution)

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Possible Elements to be included in an Informed Consent Document for Supervision (Thomas, 2010)

1. Supervisory Methods
2. Confidentiality
3. Financial Issues
4. Documentation
5. Risks and Benefits
6. Evaluation Criteria/Procedures
7. Complaint Procedures
8.Duration/Termination Criteria
9. Supervisor's Responsibilities
10. Supervision Sessions Content
11. Supervisor Accessibility
12. Supervisee Responsibility
13. Informing Supervisor
14. Professional Development Goals

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Sample Informed Consent For Supervision

Purpose

The purpose of this form is to provide you with essential information about supervision and to ensure a common understanding about the supervision process. The process of supervision and these guidelines will be discussed in greater detail in our initial meeting.

Professional Disclosure

I earned my Doctorate in Clinical Psychology from Spalding University and am licensed as a Clinical Psychologist by the Commonwealth of Kentucky. I earned my undergraduate degree at Bellarmine University and my Master's Degree at Xavier University. I have received additional supervised training as a Marriage and Family Therapist and am licensed as a Marriage and Family Therapist by the Commonwealth of Kentucky. I am a member of the American Psychological Association, the Kentucky Psychological Association, The American Association of Marriage and Family Therapists, and the Kentucky Psychological Association. My theoretical orientation combines a Behaviorist and Cognitive approach that is augmented by Systemic thinking and intervention. I have had extensive training and experience working with and evaluating children. My training and experience has not included extensive work in substance abuse, EMDR, or neuropsychological evaluations. These approaches should be considered out of my range of competence and will not be supervised by me. I have been a clinical supervisor for over 15 years and am current on the requirements for providing supervision as established by the Kentucky Board of Psychology.

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Sample Informed Consent For Supervision

Practical Issues

In order to fulfill the requirements for supervision, we will meet on Tuesdays at 10:00 a.m. in my office on the second floor of Theiard Hall. Weekly supervision will involve case review and videotape review of sessions. The supervisee is responsible for having a new tape available for review each week after the first two weeks of the practicum. If a holiday or vacation falls on Tuesday, we will reschedule for another day during that week. If a circumstance arises that makes it impossible for you to attend, it is your responsibility to notify me as soon as possible and to also reschedule a time to make up the supervision. In addition to the one hour of face-to-face supervision, you are required to attend the trainee group supervision with Dr. Hall.

I will provide you with both formal and informal evaluation and feedback throughout your training during the course of supervisory meetings. I will also solicit information from Dr. Hall about your performance in the trainee group and will incorporate that as a part of the ongoing evaluation process. A formal summative evaluation will be completed at the end of each academic semester utilizing the format prescribed by the University. Evaluation will be based on the responsibilities, goals, and objectives established in the supervisory contract.

During the course of supervision, there may be disagreements about the strategies, interventions, procedures, processes, or other issues. The supervisee should surface these issues with the supervisor and an attempt will be made to resolve any conflict or disagreement. In the event that a satisfactory resolution cannot be achieved, the supervisee has the right to request a meeting with the Department Director, Dr. Barbara Williams, to attempt to resolve and mediate the dispute.

Legal and Ethical Issues

It is important that you agree to act in an ethical manner as outlined in the APA Code of Ethics, not knowingly engage in dual relationships with clients, follow laws and regulations related to confidentiality, reporting abuse, and Duty to Warn. The supervisee agrees to always act in a fashion that will not jeopardize, harm, or be injurious or potentially damaging to clients. The supervisor will follow ethical codes and standards as it relates to treating supervisees with respect and dignity.

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Sample Informed Consent For Supervision

Supervision is not intended to provide you with counseling or therapy, although personal issues may be surfaced and discussed as they relate to client treatment. If personal issues or psychological/emotional concerns arise that interfere with or negatively impact client care, the supervisee agrees to seek outside counseling or other means to immediately resolve these issues.

The content of our sessions will be considered confidential, except for the following: 1) the completion of the summative evaluation in the format prescribed by the University; 2) any situation where the treatment of a client violates legal or ethical standards; 3) any situation when problems or disagreements between us do not seem resolvable and outside consultation is required; and 4) situations where disciplinary action or termination of the supervisee is being considered.

Statement of Agreement

I have read and understand the information contained in this document, I have been provided a copy of the document, and agree to participate in supervision according to these guidelines.

_____ _____
Supervisee Signature Date

_____ _____
Supervisor Signature Date

_____ _____
Department Director Date

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PREVENTING PROBLEMS STRATEGY # 3

- OBTAIN INFORMED CONSENT FOR SUPERVISION

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Supervision Goals and Objectives

- The first building block of successful supervision is identifying goals for supervision.
  - Increase opportunity for success and **a satisfying experience**
  - Minimize opportunity for **misunderstandings and conflict**
  - Provide structure for feedback and evaluation and a **measure of progress**
- **"What"** questions allow you to establish Goals (i.e. What skills do you need to improve on? What would allow you to provide better services? What additional knowledge or experience is required? etc.)
- **"How"** questions allow you to establish Objectives for achieving Goals (i.e. How can joining skills be enhanced? How will you develop a larger repertoire of interventions with dual diagnosis individuals? etc)

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Supervision Goals and Objectives

- Sample questions for goal setting
  - *What would you like to get out of supervision?*
  - *What areas of practice would you like to learn more or improve your skills?*
  - *What needs to happen in supervision to make it worth your time?*
  - *What is the one thing you would like to take away from this supervisory experience?*
  - *What would you like to be different about you skill set one year from now?*
  - *What would you like to be different about yourself that would help you most with clients?*
- Sample questions for establishing objectives
  - *How will the supervisee's range of interventions be expanded?*
  - *How will the supervisee become more comfortable with anger in sessions?*
  - *How will the supervisee incorporate birth order into therapy?*
  - *How will the supervisee gain experience in working with couples?*
  - *How will the supervisee improve documentation skills?*
  - *How will the supervisee obtain expertise in learning disabilities?*

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Developing a Supervision Contract

- Include supervisees in establishing goals – get buy in.
- Consider developmental level of supervisee
- Establish goals by deciding what competencies will be focused on in supervision
- Commit goals to writing
- Make goals realistic and attainable
- Prioritize goals
- Divide goals into components: knowledge, skills, self-awareness
- Select a variety of methods to achieve each goal
- Operationalize goals through indicators of success – prep for evaluation

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Key Elements of a Supervisory Contract (Thomas, 2014)

- **Purpose, Goals and Objectives**
- **Context of Services**
- **Methods of Evaluation**
- **Duties and Responsibilities**
- **Procedures**
- **Supervisor's Scope of Competence**
- **Sample Supervision Contract**

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Sample Supervision Contract

- **Supervisor**_____
- **Phone**_____
- **Emergency Phone Numbers**_____
- **E-mail**_____
- **Supervisee**_____
- **Phone**_____
- **Emergency Phone Numbers**_____
- **E-mail**_____

Purpose: The purpose of this supervision is to review and monitor services being provided by the supervisee, to increase the supervisee's skills, to provide the supervisee with guidance and a format for problem solving related to service provision, to provide high quality services to our clients, and to insure the safety of clients, and to satisfy the clinical supervision requirement of the _____University and _____.

Supervisor Responsibility

- The supervisor agrees to provide clinical supervision to the supervisee for _____ hours per week of individual face-to-face supervision and _____hours per month of group supervision for the Fall and Spring semesters as required by _____University.
- The supervisor agrees to complete evaluation forms, time sheets, verification of supervision and other forms required by the University. A formal mid-year and final evaluation will be completed by the supervisor and a copy will be provided to the supervisee and the University.
- The supervisor agrees to conduct an on-site, formal case record review of 25 percent of all cases each quarter and provide the supervisee with the results of the review.
- The supervisor will make appropriate contact with University Supervisors at the specified intervals to provide them information as to the supervisee's progress.
- As supervisor I will make a recommendation as to the supervisee's grade, but responsibility for the final grade rests with the University.
- As your supervisor, I am obligated to serve as a gatekeeper for the profession. Should you fail to demonstrate competency at a level consistent with your professional developmental level, I will inform the University, and a joint meeting will be held to discuss the specific issues and a plan for remediation will be developed. Should the supervisee fail to remediate these issues they may be removed from the site.

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Sample Supervision Contract

Supervisee Responsibilities

- The supervisee agrees to take supervision seriously and professionally, come prepared to discuss specific cases, bring copies of the case file to be discussed, and have available a sample of videotape to be reviewed.
- The supervisee will complete client documentation in a timely fashion and keep a supervision log of issues discussed in supervision and any directives given by the supervisor regarding the specific case.
- The supervisee will act, dress, and conduct themselves in a professional manner, and to adhere to the ethical code for psychologists as outlined in the American Psychological Association's Ethical Code.
- The supervisee acknowledges that they have been provided a copy of the *Ethical Principles of Psychologists and Code of Conduct (2016)*, the Informed Consent Agreement, and Goals and Objectives for Supervision for the first semester. Goals and Objectives for Supervision will be revised at the beginning of the second semester.
- The supervisee agree to immediately bring to the supervisor's attention any issues or behaviors that may have an ethical component or legal implications.
- The supervisee understands that **Sexual contact and significant interpersonal relationships with clients of any kind is absolutely forbidden;** however sexual feelings toward clients is not uncommon and should be discussed with the supervisor.
- Any problems or disagreements in client care that develop between the supervisor and the supervisee will be discussed fully in supervision. In the event that those issues cannot be resolved satisfactorily, the supervisee understands that he/she has the availability of requesting a conference with _____to help resolve the dispute or difficulty.
- The supervisee agrees to act professionally at the site and to take responsibility to address any performance issues that may impact providing the clients with high quality professional services.
- The content of our sessions will be considered confidential, except for the following: 1) the completion of the summative evaluation in the format prescribed by the University; 2) any situation where the treatment of a client violates legal or ethical standards; 3) any situation when problems or disagreements between us do not seem resolvable and outside consultation is required, and 4) situations where disciplinary action or termination of the supervisee is being considered.

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Sample Supervision Contract

On-Site Supervisor Responsibilities

- The supervisor is not responsible for the supervisee's administrative performance or the number or types of cases being assigned by the on-site supervisor _____. The on-site supervisor will be responsible for directing the day-to-day activities and job requirements of the site. It is understood that the supervisor will consult with the on-site supervisor regarding specific job behavior and that performance issues may be a component of ongoing supervision as it relates to client care and the evaluation.

Supervisory Goals and Objectives

- ***Goal I: The supervisee will increase knowledge, skills, and ability to conduct an initial interview.***
  - Objective 1: Supervisee will be provided opportunity to attend a workshop on interviewing techniques by January, 2017.
  - Objective 2: Supervisor and Supervisee will review at least two tapes per month of initial intakes and the supervisee will be provided appropriate feedback
  - Objective 3: Supervisee will read *Initial Intake Interview* by Jay Haley by March, 2018 and discuss it with the supervisor.

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Sample Supervision Contract

- ***Goal II: The supervisee will increase his knowledge regarding substance abuse***
  - Objective 1: The supervisee will meet every other week on Tuesday at 10:00 a.m with Dr. Quentin Tarentino to discuss current substance abuse treatment theory.
  - Objective 2: The supervisee will attend the substance abuse treatment team meetings as an observer on Friday mornings at the designated time.
- ***Goal III: The supervisee will improve case documentation***
  - Objective 1: The supervisee will review agency policy and procedures regarding proper documentation and discuss this with the supervisor at regularly scheduled meeting on October 5, 2017.
  - Objective 2: The supervisor will randomly select 10% of the supervisee's case files for documentation review each quarter and provide the supervisee a written report of the review.
  - Objective 3: The supervisee will attend the agency risk management orientation within the first quarter of employment.
- **Supervisor_____Date_____**
- **Supervisee_____Date_____**

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Case Study 1

Ned Newbie has just been hired by your community mental health agency and has been assigned to you for both administrative and clinical supervision working in a child abuse treatment program. He recently received his MA but has had very limited experience other than a practicum at a nursing home for senior citizens. Ned has always been a very good student and attained one of the highest scores on the State Personnel test.

Ned stated that he took the job because he wanted to "make a real difference and not just sit on the sideline." He talked about his childhood as being an unhappy one where his parents were "not physically abusive, but were emotionally distant and so committed to their careers that they were often absent and uninvolved in his life." He sees himself as wanting to "rescue these poor children from bad parents who were neglectful and abusive." He states that it really makes him "personally angry at seeing a child who is abused."

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Case Study 1 (continued)

Ned's concept of supervision is very limited and the supervision he received on his practicum was very primitive and not clinically focused. When asked what he wanted to get out of supervision, Ned was not very clear except that he hoped supervision would make him better at his job and enhance his ability to "keep kids from being abused." He had no idea what set of skills he needed to improve to function optimally on the job. He was willing to do "whatever you tell me that I need to do."

He identified that his strengths are his energy and enthusiasm, and he had a more troublesome time identifying weaknesses other than he didn't really know what the job would require. He also said that he was somewhat of a perfectionist and it was difficult for him to hear and accept that he might have made a mistake. He stated that he had seen the APA *Code of Ethics* in graduate school, but was not sure how that would play out in terms of "the main focus of keeping kids from being abused." He was willing to "go through supervision to meet the requirements of the licensing board."

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Supervisory Contract

Supervisor Responsibilities

1. _____
2. _____
3. _____
4. _____

Supervisee Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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Supervision Goals and Objectives

Goal I:_____
- Objective I:_____
- Objective II:_____
- Objective III:_____

Goal II:_____
- Objective I:_____
- Objective II:_____
- Objective III:_____

Goal III:_____
- Objective I:_____
- Objective II:_____
- Objective III:_____

Goal IV:_____
- Objective I:_____
- Objective II:_____
- Objective III:_____

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Supervision Goals and Objectives

Goal I:To increase knowledge base regarding children's emotional development and functioning
- Objective I:Supervisor will provide an article each week in supervision regarding developmental psychology for the supervisee to read and discuss at next supervision meeting
- Objective II: Supervisor and supervisee will identify a continuing education conference for understanding the impact of trauma in children to be attended by supervisee.
- Objective III: Supervisor will identify two books and five articles for Supervisee to read and discuss with supervisor regarding the provision of Child Protective Services by June 30, 2023

Goal II: To increase knowledge regarding services to children and families in abusive situations
- Objective I: Supervisee will sit in on 20 sessions provided by Sr. Clinician by March 31, 2023.
- Objective II: Supervisee will review and summarize 50 case files and discuss them with supervisee by May 1, 2023
- Objective III: Supervisee will accompany the Sr. Clinician on 20 home visits by May 1, 2023

Goal III: To identify any possible transference and countertransference issues that may impact service provision.
- Objective I: Through review of recordings of case work, supervisor and supervisee will identify possible transference/countertransference issues
- Objective II: Supervisee will complete a genogram of his own family by June 30, 2023 and identify possible transference and countertransference issues with supervisor.
- Objective III: Supervisor and supervisee will explore the possible benefit of individual therapy to be provided through the EAP program and reach a decision about individual therapy by September 1, 2023.

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Module Four

Models of Clinical Supervision: Find the Right Fit for You and Your Setting

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Administrative Supervision vs. Clinical Supervision

- Inherent Dual Relationship
  - Different Purposes
  - Different Models
  - Different Goals
  - Different Rules
- Four-Tiered Relationship
  - Needs of supervisee, Needs of their clients, Needs of the Supervisor, and Needs of the organization Bernard and Goodyear, (2013)

" The **clinical supervisor** has a dual investment in the quality of services and professional development….**administrative supervisor** focuses on communication, protocol, personnel policy, and fiscal issues." Bernard & Goodyear (2009)

Canadian Psychological Association (2009) conceptualizes supervision as occurring on two levels: Developmental (Clinical) and Administrative. Developmental supervision has as its "primary objective facilitating skill development through education/training/mentoring. The administrative function is described as management that emphasizes quality control."

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Administrative Supervision

- Fiduciary Responsibility
- Operate on a Business Management Model
- Keep the organizational system functioning
- Hiring, firing, promotions, raises, productivity, workload, etc.
- Decisions are based on good of the system, not individuals
- Federal, State, Local labor laws, EEOC, regulations, contracts
- Evaluation is retrospective and performance appraisal

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Clinical Supervision

- Develop skills, increase competency, and practice ethically
- Training, mentoring, monitoring model
- Corrective feedback for improvement
- Interpret Laws and Ethics
- Evaluation is ongoing and formative

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PREVENTING PROBLEMS STRATEGY #4

- WHENEVER POSSIBLE SEPARATE ADMINISTRATIVE SUPERVISION FROM CLINICAL SUPERVISION

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"The Chair"

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Models of Supervision

Models of Supervision

Two Basic Approaches

Generic – not based on psychotherapy models but acquiring skills

- aids and techniques for learning and training of supervision in its own right
- overriding importance of the supervisory relationship

Psychotherapy Based – extensions of psychotherapy theories

- psychodynamic, humanistic, behavioral, cognitive-behavioral, systemic, etc.
- Bernard and Goodyear (1998) argue that while there is significant overlap between supervision and therapy, there are substantial drawbacks as therapeutic models are too narrow to structure and conceptualize supervision
- draws on theory and research on psychotherapy and practitioner experience

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Models of Supervision

The No-model Model

- Do with supervisees what my supervisors did with me.
- Depends on supervisee's ability to identify problems
- Limited attempts to monitor, no planning, goals or objectives, and no teaching or instruction, reactive – putting out fires/problems

Apprentice-Master

- Trainees learned through observing skilled practitioners and then practicing under tutelage. It was a socialization process where the apprentice learned cultural norms and unwritten rules for profession.

The Expert Model

- Medical model – follow the expert around
- Report and critique has a "right-wrong" flavor to it, selective to avoid critique
- Supervision is for beginners – additional supervision is punishment
- May be welcomed by beginners, but not experienced clinicians
- Top down model of supervision

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Models of Supervision

The One-Size-Fits- All Model

- Direct the activities of supervisees regardless of experience or talent
- Top down model that treats everyone the same
- Ignores individual or developmental needs of supervisees

The Therapist-as-Patient Model

- Continue in a role (therapist) that we are comfortable with
- When mistakes occur, we look for pathology in supervisee (axis II)
- A model for treatment of deficits and not learning or development
- The focus should be on assisting the supervisee serve the client not on assisting the supervisee.

Parallel Process Model (Isomorphism)

- Supervisee's experience with clients will be reflected in relationship with supervisor and vice versa (Storm and Todd, 1997, Frawley-O'Dea & Sarnat, 2001; and Yorke, 2005).
- Relationships on any give level influence those on another level.
- Whatever is going on between the client and the supervisee will be reflected in the relationship between the supervisee and supervisor

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Models of Supervision

Interactional Model

- Supervision is a reciprocal relationship based on mutuality of needs and having needs met in the supervisory relationship will result in needs being met in the client relationship (Shulman, 1993).
- Works well in situations where there is administrative supervision as well as clinical supervision.
- When supervisory relationship is going well and meeting supervisee's needs clients will receive excellent service.
- *Supervisory Working Alliance* (Bordin 1983) involves a collaborative relationship with agreed goals and objectives with strong emotional bond of caring, trust, and respect.

Relationship Model

- Supervisory relationship is the medium by which supervision occurs
- Supervision is a relationship impacted by issues of trust, safety, power, duality, culture, and contextual issues.
- Experienced supervisees view the supervisory relationship as the most important aspect of high quality supervision
- Kaiser (1997) identified four key elements to a supervisory relationship: accountability, personal awareness, trust and power, and use of authority

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Models of Supervision

Developmental Models

- *Supervisor Complexity Model* Watkins (1997), Inman and Ladany (2008), *Integrated Developmental Model (IDM) (Awareness, Motivation, Autonomy)* Stoltenberg and McNeil (1998 & 2009) and McNeil and Stoltenberg (2016) and *Discrimination Model (Therapist, Teacher, Consultant)* Bernard (1997)
- Stage-Based model of development for supervisor and supervisee
- Based on the premise that the supervisor, supervisee, and supervisory relationship change and grow over time
- Tailor supervision to the developmental needs of the supervisee
- Individualize the supervision plans, structure, autonomy, and personal/professional integration

Holistic Model (Campbell, 2000, 2013)

- Focus is on the relationship with supervisees. Establishing trust and safety
- Positive regard, congruence, acceptance, trust, and authenticity
- Systems approach emphasizing parallel processes
- Strength based approach and utilizes a developmental perspective
- Includes the supervisee as a colleague and does not solely focus on problems

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Models of Supervision

Other Models of Supervision Currently in Use

- Psychodynamic Supervision (Sarnat, 2016)
- Competency-Based Supervision (Falendar & Shafranske, 2017)
- Feminist Psychotherapy Model of Supervision (Brown, 2016)
- Systems Approach to Supervision (Holloway, 2017)
- Critical Events in Psychotherapy Supervision Model (Ladany, Friedlander, & Nelson, 2016)
- Existential-Humanistic Therapy Supervision Model (Krug & Schneider, 2017)
- Cognitive-Behavioral Therapy Supervision Model (Newman & Kaplan, 2016)

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PREVENTING PROBLEMS STRATEGY #5

- BE ABLE TO IDENTIFY AND DEMONSTRATE TRAINING IN A PARTICULAR MODEL OF SUPERVISION

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Module Five

Individual versus Group Supervision: Adapting to Your Setting and Your Style

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Individual Supervision

- Traditionally dating back to Freud
- Review of Specific Cases and problems related to caseload
- Structured versus Non-Structured
- Most typically one hour of individual face-to-face per week for licensure boards
- Supervisor provides the structure and format in consultation with supervisee – *How do you want to use your supervision time today? How can I be most helpful today?*
- Provide topical learning on specific issues (instructional)
- Overly problem focused – *What went right this week? What did you do well with that client?*
- Advantages: individualized, safer, more willing to risk
- Disadvantages: inaccurate view of supervisee, supervisor bias, supervisee deception, repetitive/boring, over-reliance on self-report, may not satisfy the monitoring requirement of supervision

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Group Supervision

- Common issues no matter what format: managing group dynamics, building group cohesion, establishing a structure, rules/boundaries, and **confidentiality**
- Valuable as adjunct to individual supervision
- Practical use of time and resources
- Keep administrative supervision and clinical supervision separate
- Emphasize the purpose of the supervision group as way to help clients
- Same advantages, disadvantages, problems, and opportunities that apply to group therapy generally are issues for Group Supervision
- Group Size – rule of thumb, 4 to 8, 15 minutes per supervisee
- Composition – Similarity of experience and background, similarity of client populations, advantages/disadvantages
- Allocation of Time – rotating case presentation, dividing time, open-ended
- Confidentiality – Complete confidentiality cannot be guaranteed to members or clients, Administrative Evaluation, procedures for handling confidential information
- Leadership Style – Most effective leader may not be supervisor, duality of supervisor participation

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Team Supervision

- Can diffuse the dual relationship and prevent abuse of power or conflict
- Treatment team can watch tape or use mirror and provide feedback and direction
- Rotations through various settings
- Homogeneity of members from one discipline can lessen friction and conflict, but limit creativity
- Advantages: feedback from different supervisors expands supervisee's repertoire, minimize conflict or dual relationships, promote staff unity and cooperation, and generativity/revitalization
- Disadvantages: time commitment, planning intensive, transference/countertransference can impact supervision team

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Peer Supervision

- Provides opportunity for supervisees to work together
- Requires clear learning objectives and tight boundaries
- Cannot be used as a substitute for clinical supervision, but as an adjunct
- Leaderless, rotating leadership, assigned leadership, emerging leadership
- Requires some degree of equality, similarity of caseloads, level of experience and expertise
- Advantages: defuse problems of power, encourage independence and self-monitoring, teamwork and group cohesion, and buffer a conflicted situation with a supervisor.
- Disadvantages: loss of control, potential for misuse/scapegoating, and intensive planning/organizational effort (someone has to drive the bus)

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Case Consultation

- Typically based on verbal self-report of supervisee
- Supervisors role is primarily to ask questions, make suggestions, and discuss options and plan interventions
- This is often an opportunity to ask thought-provoking, reframing questions to push for growth
- Case Consultation occurs among legal equals, **IS NOT SUPERVISION**
- Advantages: forces supervisee to organize information, conceptualize problems, make assessments, decide on interventions, consider larger context and ethics, develop a theoretical framework and integrate that into practice, process relationship issues, and promote self-awareness
- Disadvantages: self-report is subject to deception or distortion, depends on conceptualization and observational abilities of supervisee, expects supervisees to identify potential problems and share mistakes, vulnerabilities, and difficulties
- To avoid potential liability, must always be supplemented with some form of direct observation

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Module Six

Observation Methods: Pros and Cons

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Live Supervision

- Observational: sitting in room, one-way mirror
- Interactional: co-therapy, phone-in, earbuds, "bug-in-the-ear," demonstrating/modeling
- Tips for Live Supervision
  - Explain to supervisee and client the purpose of the observation
  - Gain permission from the client
  - Ask supervisee and client what will limit intrusion (where to sit)
  - Don't take over the session
  - Plan time to process the session immediately
  - Limit criticism and focus on strengths
  - Consider supervisee and client anxiety

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Recording Sessions

- People may be excessively worried about real life issues of recording (court, privacy, access, etc.)
- Reviewing recorded sessions promotes self-awareness and self-correction
- Discuss thoroughly the issue of recording with client and obtain informed consent
- Informed consent should include how the recording will be used, who will see it or hear it, if it will be available in staffings or seminars, how the recording will be physically safeguarded, and a timetable for destruction of the media.
- When reviewing recordings of supervisees, have goals and structure for reviewing, respect confidentiality, and have supervisee provide a context for the session.

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On-Line Supervision

Supervision 2.0

- Computer technology presents a whole new set of confidentiality issues as well as supervisory innovation.
- Computer security of on-line data, storage, etc.
- Supervision via e-mail increases the possibility of miscommunication and missing non-verbal cues may not be acceptable
- May not satisfy licensing and regulation requirements. Clear in advance. Jurisdictional Issues if not Licensed in State of Supervisee
- Infinite number of possibilities in terms of additional perspectives and feedback
- With infinite possibilities comes the potential for additional issues and problems

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On-Line Supervision

Advantages

- Eliminates some logistical problems or hardships
- Access to national experts
- No longer limited to text or telephone, virtual reality
- Competencies of supervision are adaptable to an internet world
- Recorded conversations can substitute for documentation
- Confidentiality and security may actually be enhanced, encryption, passwords, eye scans

Disadvantages

- Digital immigrants miss the "personal touch"; digital natives do not identify the impermeable border between virtual and real
- Need for an alternative when technology fails - wireless, facetime, alternate computers, cell phones, etc

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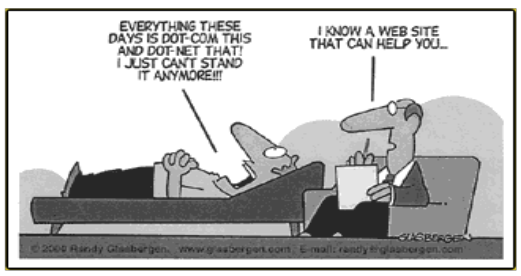

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Telesupervision

Martin et al. (2017) stated that while telesupervision offers an opportunity to overcome distance, access, and time, the improved access to technology and conductivity does not necessarily equate to high-quality supervision. The Ten Commandments for telesupervision.

1. Expectations and goals for telesupervision
2. There is no one size fits all to telesupervision.
3. Embed telesupervision into a sound supervisory model.
4. Focus on the supervisory relationship and meet face-to-face before beginning telesupervision
5. Formulate a plan to manage technical problems.
6. Pay attention to communication, use of silence, speaking etiquette
7. Rethink continuity and availability and ensure supervisor availability
8. Security, safety, and confidentiality – strong passwords, back-ups, and phishing attacks
9. Allow for additional time before supervision and after supervision to deal with technical issues
10. Review telesupervision arrangement regularly and adapt as appropriate

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Didactic Supervision

- The primary focus of supervision is not teaching, but teaching new skills and improving service delivery
- Spending some part of supervision discussing "hot topics," particularly ethical dilemmas is appropriate
- Maintaining a list of discussion topics as a "filler" for supervision time can be a way of passing on skills and insights

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Module Seven

Dealing with Problems and/or Problematic Supervisees: Resolving Supervisor/Supervisee Tensions

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Problem Solving in Supervision: The 8000 Pound Elephant in the Room

- **Anxiety on part of Supervisee** – feedback, competence, evaluation, interaction
- **Duality of Relationship** – role conflict, role ambiguity, administrative control, attraction
- **Cultural, Age, and Gender Issues** – disciplines, theoretical perspectives, values
- **Lack of clarity about supervision process** – goals, methods, techniques
- **Personal Issues** – transference/countertransference, lifestyle and habits, professionalism
- **Systems and Organizational Issues** – organizational climate, norms, regulations, religious
- **Burnout** – stress, unresponsiveness to clients, empathy fatigue

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Common Problems to Address in Supervision

Dress and Appearance – focus on impact on client
Sexual Attraction – supervisees may be reluctant to discuss
Documentation – the Achilles Heel
Relational Difficulties between Supervisee and Supervisor
- Anxiety – power differential, safety, organizational change
- Transference and Countertransference – authority issues

Differences in theoretical perspectives
Differences in needs and goals - paperwork
Differences in personality and style– structure and monitoring
Multicultural Differences
- Supervisor's attitudes, beliefs, values, biases
- Knowledge of diverse groups and sociopolitical influences
- Skills, techniques, and strategies for supervising diverse populations

Environmental Factors and Organizational Climate – tough world, putting out fires and not focusing on growth.
Stress, Burnout, Compassion Fatigue – secondary trauma, disengagement, reframing *help*

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Dealing with Problems or Problematic Supervisees

- Depersonalize the issue by connecting it to client care
- Reiterate the purpose of goals and supervision
- Ask for supervisee's perception of the problem or issue
- Make the problem situational, not characterological
- Brainstorm actual solutions with supervisee
- Develop an action plan with specific steps to change
- Compartmentalize the problem – focusing on specific problems, not broad issues
- Ask the supervisee to brainstorm solutions to the problem
- Process anger, anxiety, resistance, apathy, and externalization in context of impact on services and on getting the most out of supervision

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Supervisee Limitations

Developing Self-Awareness

- One important aspect of clinical supervision is the development of self-awareness on the part of supervisees: how personal issues, beliefs, assumptions, and attitudes – particularly gender, culture, and race might affect client care. Griffith and Frieden (2000) used the term reflective thinking to describe a process of self-examination whereby therapists explore theories, beliefs, and assumptions to better respond to their clients.

Three Steps for Ethical Self-Exploration with Supervisees

- Promote self-exploration through utilizing a variety of "non-therapy looking" techniques such as journaling, genograms, videotaping, experiential exercises, etc.
- Connect any self-awareness to specific clients and issues with specific clients. Look for both positive and negative impact on clients.
- Prompt supervisees to explore options for change as a result of self-awareness outside supervisory context.

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Professional Development Plan

Name_____ Position_____ Date_____

Skill Requiring Improvement

_____

_____

Present Level of Competence: Circle One

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

Present a rationale for this rating

_____

_____

_____

Expected Level of Competency to be achieved by_____, 2019

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

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List the knowledge, skills, and attitudes to achieve target competency

Knowledge_____

_____

Skills_____

_____

Attitudes_____

_____

Behaviors necessary to achieve practice skills

_____

_____

Activities counselor will complete to achieve stated goals

_____

_____

How will progress be evaluated? How will proficiency be demonstrated?

_____

_____

Supervisor Signature_____ Date_____

Supervisee Signature _____Date_____

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Professional Development Plan

Name Josephine Doe Position Therapist I Date 3/1/ 2012

Skill Requiring Improvement

Assessment of potential for violence and suicide in substance abusing clients

Present Level of Competence: Circle One

Understands Developing Competent Skilled Master

1* 2 3 4 5

Present a rationale for this rating

Worker has failed to complete the CHR-21A (Assessment of Risk Form) on at least five recent cases. Form 21-A has been completed without appropriate rationale or justification in at least seven instances. Two case in which clients have acted in assaultive fashion were not documented at the time of resident review staffing.

Expected Level of Competency to be achieved by July 1, 2013

Understands Developing Competent Skilled Master

1 2 3* 4 5

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Professional Development Plan

Knowledge review the proper utilization of the 21-A and be able to identify risk factors

Skills Conduct a structured interview that addresses issues of risk for violence or suicide

Attitudes Sensitivity to issues of violence and suicide

Behaviors necessary to achieve practice skills Conduct an effective interview with clients that will allow satisfactory completion of Risk Assessment

Activities counselor will complete to achieve stated goals Review policy and procedure manual regarding procedures of risk assessment. Ongoing discussions with supervisor about risk assessment.

How will progress be evaluated? How will proficiency be demonstrated? Be capable of explaining the use of risk assessment form and procedures. Accurately complete the Risk assessment in 95% of all cases. Review of interview tapes will result in satisfactory approval by supervisor. Conversations with supervisor will demonstrate an appreciation of the importance of completing Risk Assessment.

Supervisor Signature_____ Date_____

Supervisee Signature _____ Date_____

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Case Study II

Peter Problematica has been assigned to you for supervision after he filed sexual harassment charges against his past supervisor. He refused to sign his annual evaluation from his prior supervisor "because it doesn't reflect his true value to the organization." He claims that the evaluation is biased because he "has a reputation as being a rebel and that his supervisor was trying to seduce him, so he would be more compliant on the job." He has been a therapist for 15 years and has gone through a number of theoretical shifts and changes, including Cognitive, Behavioral, EMDR, Systematic Desensitization, Rebirthing, Primal Therapy, Contextualism, and Structural therapy. He currently believes that Dialectical Therapy should be used on all clients.

Peter has a long history of "boundary issues" with staff, including walking into other people's offices while they were on the phone, chronically "borrowing" lunch money from other staff members, leaving work areas and the break room a mess, asking other therapists to cover his cases or take group for him, disclosing inappropriate personal information, and talking about other staff members to "keep things stirred up."

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Case Study II (continued)

There have been some instances of contact with clients socially outside of the work setting, and he started an on-line business with a former client. Case documentation and getting to work on time have been issues. He chronically runs over on therapy sessions and several clients have complained about having to wait up to 30 before he starts the sessions. Client feedback has been extreme with clients either being extremely dissatisfied or clients providing overwhelming accolades regarding his skills and techniques.

Case documentation has been a chronic problem with Peter, and he has had several administrative actions taken against him in the past for failure to provide precise and timely documentation. Even though the agency funding source requires strict eligibility for services, Peter has been disciplined for failure to gather factual information from clients about eligibility and there have been unsubstantiated claims that he "coached" clients to lie in order to make themselves eligible for services.

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Professional Development Plan

Name____Peter Problematica_____ Position_____ Date_____

Skill Requiring Improvement

_____

_____

Present Level of Competence: Circle One

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

Present a rationale for this rating

_____

_____

_____

Expected Level of Competency to be achieved by_____, 2019

Understands	Developing	Competent	Skilled	Master
1	2	3	4	5

116

List the knowledge, skills, and attitudes to achieve target competency

Knowledge_____

_____

Skills_____

_____

Attitudes_____

_____

Behaviors necessary to achieve practice skills

_____

_____

Activities counselor will complete to achieve stated goals

_____

_____

How will progress be evaluated? How will proficiency be demonstrated?

_____

_____

Supervisor Signature_____ Date_____

Supervisee Signature _____ Date_____

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Issues Left From Yesterday

Therapist Evaluation Checklist

Falendar & Shafranske (2007) *Clinical Supervision*

Supervisee Developmental Questionnaire

Bernard & Goodyear (2014) *Fundamentals of Clinical Supervision*

Stoltenberg, C.D, Unpublished version of Supervisee Levels Questionnaire

30 question Likert Scale

Aggregate measures of

- Self and Other Awareness
- Motivation
- Dependency vs Autonomy

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Incompetence and Gatekeeping: Handling an Incompetent Supervisee

119

Incompetence

"Should a supervisor develop a significant concern about the abilities, philosophical beliefs, or practices of a trainee, the concerns must be shared with the trainee and documented in writing as early as possible." (AAMFT, 2015)

"The supervisor has the authority to enforce and can use sanctions such as a personnel evaluation, reporting to the regulatory body, refusal to recommend for credentials, and others….The supervisory may need to take actions necessary within his or her scope of authority to lead a social worker out of the profession." (NASW, 1994) ……*"should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations."* (NASW, 2017)

"Supervisors are encouraged to serve as gatekeepers by monitoring for personal or professional limitations…..likely to impede future professional performance." (ACES, 1993)

"Regardless of qualifications, supervisors do not endorse supervisees who may be believed to be impaired in any way that would interfere with the performance of the duties associated with the endorsement." (ACA, 2014).

120

Incompetence

- A Supervisor's task is to distinguish what is a problem in learning versus incompetence. Personal circumstances, academic deficits, mental health issues, or characterological issues can present obstacles to professional functioning (Ladany, Friedlander, & Nelson, 2005)
- Gatekeeping and dealing with the impaired supervisee is a critical, albeit challenging, aspect of a supervisor's responsibility (Johnson et al., 2008)
- Overholser and Fine (1990) distinguished four types of professional incompetence: lack of knowledge, inadequate clinical skills or technical skills, poor judgment, and disturbing interpersonal attributes.

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Incompetence

Distinguishing Incompetence vs Impairment

- Do not use the word *impairment* to refer to supervisee competence problems
- The term *impairment* has become synonymous with the Americans with Disabilities Act (ADA)
- Using the word *impairment* indicates that you are perceiving the supervisee as having disabilities and invokes the Act
- Instead of *impairment*, state the specific competencies and behaviors that are not up to performance standards.

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Incompetence

- Lamb et al. (1991) defined impairment as "an interference in professional functioning" that is reflected in one or more of the following ways:
  - (a) an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
  - (b) an inability to acquire professional skills to reach an acceptable level of competence;
  - (c) an inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that may affect professional functioning."

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Incompetence

Lamb et al. (1986) further differentiated incompetent supervisees:

(a) the problematic intern (supervisee) does not acknowledge, understand, or address the problem when it is identified,

(b) the problem is not merely a reflection of a skill deficit,

(c) the quality of the services delivered by the intern (supervisee) is consistently negatively affected,

(d) the problem is not restricted to one area of professional functioning,

(e) a disproportionate amount of time by training personnel is required, and

(f) the intern's (supervisee's) behavior does not change as a result feedback, remediation, and/or time.

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Incompetence

Strategies for Dealing with an incompetent Supervisee

- -remediation
- -leave of absence
- -written remediation plan
- -due process rights
- -consultation with other colleagues

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Issues Left From Yesterday

Therapist Evaluation Checklist

Falendar & Shafranske (2007) *Clinical Supervision*

Supervisee Developmental Questionnaire

Bernard & Goodyear (2014) *Fundamentals of Clinical Supervision*

https://www.apa.org/pubs/books/4317419

Stoltenberg, C.D, Unpublished version of Supervisee Levels Questionnaire

30 question Likert Scale

Aggregate measures of

- Self and Other Awareness
- Motivation
- Dependency vs Autonomy

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Day Two: Pacific Standard Time

- 8:30 – 8:45 Recap
- 8:45 – 9:45 Section I – Giving Effective Feedback: Having Hard Conversations
- 9:45 – 10:00 Break
- 10:00 – 11:45 Section II – When Problems Arise: Resolving Supervisor/Supervisee Tensions, Cultural Competence
- 11:45 – 12:55 Lunch
- 12:55 – 2:30 Section III – Ethical and Legal Issues in Supervision: Protect Yourself, Your License, Your Agency and Your Client
- 2:30 – 2:45 Break
- 2:45 – 3:45 Section IV – Ethical and Legal Issues in Supervision: Protecting Yourself, Your License, Your Agency and Your Client
- 3:45 – 4:00 Questions & Evaluation

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Module Eight

Give Effective Feedback: Having Hard Conversations

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Constructive Feedback

Constructive feedback is more than just simple praise or criticism

It should be based on factual observations, data sets, not personal feelings or preferences, and addresses specific issues or concerns.

Constructive feedback should strengthen working relationships because its intent is positive

The purpose of constructive feedback is to raise awareness of an individual's behavior in a way that will lead to improvement

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Constructive Feedback

The Supervisor From Hell
Provides Constructive Feedback
To
The Problematic Supervisee

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The supervisor has received a formal client complaint from an African American mother of four about the services received from a worker. The complaint alleges that the workers is always 15-20 minutes late for formal appointments, favors the daughter's opinions and undermines the mother, refers to the two male children as "boys," and did not turn in the paperwork for one of the young men to obtain accommodations at school.

The client alleges that the worker appears to be racist and did not really seem interested in working with the family from the beginning. She came to this conclusion when the worker made a comment about "you people" just need to work harder. The client wants to have the worker disciplined, her case reassigned, and all her co-pays refunded.

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Role Play

Supervisor Giving Non-Constructive Feedback

1. Attack the supervisee's personality or attitude
2. Don't make any specific recommendation
3. Be as negative as possible (no positives)
4. Compare them to other supervisees
5. Drag up the past
6. Don't ask for their input (monologue)
7. Use lots of tone and attitude
8. Use the "I am in charge" and "I have more experience argument"

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Role Play

Supervisee Receiving Feedback

1. Don't make eye contact, look uninterested and bored
2. Be as defensive as possible
3. Blame it on client, the supervisor, the weather, or others
4. Be self-righteous and express no desire to change or learn
5. Become emotional and attack supervisor's ethics, professionalism, taste in clothes, and body odor

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Role Play

Thanks to the Actors

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Constructive Feedback

More Tips for Providing Constructive Feedback

- Constructive Feedback is honest, but not delivered in a harsh or bitter way
- Constructive Feedback is positive without being "fluffy" or pulling punches - *
- Constructive Feedback makes the work better without destroying morale
- Constructive Feedback redirects work to client service, not selfish interests
- Constructive Feedback offers genuine advice and feedback on all ideas
- Constructive Feedback provides a defined direction and expectations

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Constructive Feedback

More Tips for Constructive Feedback

- Speak as if you are addressing someone that you deeply admire and respect
- It's not about character, it's about behavior. "you are not detailed oriented" is an attack vs. " an important detail was overlooked" **avoid the word you**
- Be focused. No hinting or generalizing. Be specific
- Don't ask for too much change. The next proximal stage of development in comparison to experience
- Be a guide. Supply feedback and suggest a course of action. Allow for conversation, dialogue and ownership
- Don't make comparisons to other people. Compare past performance to present performance

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Constructive Feedback

Structuring

- Define the objective you are trying to achieve
- Have a plan and follow it
- Practice or rehearse with a mentor or colleague
- The most positive feedback is corrective suggestion. People want to be evaluated
- The most negative feedback is "atta boying or atta girling" which is perceived as disingenuous
- Redirecting feedback is presenting ideas to someone else about something they are not doing well, something they need to start doing, or something they are not handling optimally.

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Constructive Feedback

Structuring

Set the tone through regular meetings, not just crisis meetings.

If the vast majority of those meetings are positive, generating constructive ideas and solutions, and provide positive feedback, when corrective feedback is necessary it is not a big deal.

Bring up the issue; have them describe it; have them analyze the situation; and ask them what they think they ought to do about it. They'll usually come up with a plan for resolution.

The military utilizes "After Action Reviews" to generate refinement of existing approaches and brainstorm other alternatives

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Constructive Feedback

The Ten Commandments For Constructive Feedback

1. Keep your personal feelings under control. Any frustration or anger will come across in tone and body language and undermine your message. Video yourself - Bill
2. Focus on tasks or behaviors, not personality
3. Avoid personal comments that can turn constructive feedback into a negative experience.
4. Only comment on behavior that the supervisee can do something about (appearance, decisions made by managers or board). Resentment and frustration. Whiny Voice. Ancient History
5. Be specific about examples of what was done right and what can be improved.

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Constructive Feedback

The Ten Commandments For Constructive Feedback

6. Give feedback in a timely fashion. 48 hour rule. Don't put off or avoid dealing with an issue. If you are too hot to deal with it effectively take some time to cool off. Sleep on it.
7. Be direct. Lots of "ifs," and "buts" can confuse the message. Be clear, straightforward, and sincere. Don't blow smoke
8. Ask for the other person's view and then listen, don't debate. "Do not interpret my silence as agreement."
9. Agree on desired outcomes. Timelines, measurements, methods
10. Catch people doing something right and provide feedback as often as you catch the negatives or mistakes

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Constructive Feedback

- It's not about character, it's about behavior. Don't attack the person, suggest how behavior can be changed
- No hinting or generalizations. Be specific and use concrete examples
- Don't ask for too much change. Set realistic goals. No more than three things to improve.
- Be a guide, not a dictator. Offer concrete suggestions but allow for collaborative solution
- Don't make comparisons to other staff members. Make them their own norm.

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Constructive Feedback

Six Helpful Tips

1. Use the Feedback Sandwich -PIP
   a) Start by finding something positive in situation
   b) Provide the critique or need for improvement
   c) Positive results to be obtained if acted on
2. Focus on the Situation
   a) Detach the situation from the person
   b) Comment on the issue not the person
   c) No personal attacks
   d) Don't use active voice, use passive voice could have been handled differently

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Constructive Feedback

Six Helpful Tips

3. Be Specific with Feedback
   a) Focus on objective points rather than subjective opinions. Provide specifics, who, what , when, etc
   b) Don't do global feedback, break it down into key points
   c) Make the specific "ask" in what actions you need
4. Only Comment on Things that Can Be Actionable
   a) Only criticize things they can do something about
   b) Actionable items are about improvement
   c) Non-Actionable items are just about making the person feel bad

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Constructive Feedback

Six Helpful Tips

5. Give Recommendations on How to Improve
   a) Giving a specific recommendation adds specificity to what you want
   b) Your recommendations provide a direction and call to action

6. Don't Make Assumptions
   a) Provide an opportunity to clarify the situation
   b) Ask them to summarize what is needed for success

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Constructive Feedback

Four Types of Feedback and Their Impact on Self-Esteem

1. Motivating (Positive + Specific) improves self-esteem

"I appreciate the extra hours you put in on the project"

2. Corrective (Negative + Specific) sustains self-esteem

" I can see by your time sheet, you were late three time this week"

3. Flattering (Positive + Vague) creates suspicion and mistrust. Negatively impacts self-esteem

"You are the best worker in this unit"

4. Provocation (Negative + Vague) reduces self-esteem

" I knew from the first day that you would have problems and we would have issues"

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Constructive Feedback

Improving Your Constructive Feedback Skills

1. Refine your feedback skills through seminars, books, critique, and coaching
2. Ask your staff for feedback on how you give feedback
3. When you give feedback, make sure you have thought it through clearly
4. Give concrete examples rather than abstract generalizations
5. Don't exaggerate to make a point "always, never, most, worst"
6. When giving feedback, stop in the middle to ask for their take on what you are saying

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Constructive Feedback

Improving Your Constructive Feedback Skills

- Supervisors need to be careful when providing negative feedback
- It needs to be done constructively, so as not to demoralize
- Acknowledge positives first to prevent them from shutting down and not listening
- Dish out negative feedback in small, comprehensible doses
- Don't throw the kitchen sink or a grocery list at them, small manageable chunks
- Schedule regular "check-ins" that focus on strengths and weaknesses and becomes a non-event

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Constructive Feedback

Improving Your Constructive Feedback Skills

- When giving constructive feedback, get to the point, avoid beating around the bush. A rambling boss is a turn-off
- Avoid giving constructive feedback through phone or e-mail, speak face to face
- Constructive feedback occurs in private, doing it in public or with other team members is an opportunity to "shame."
- Try to get to the "WHY" performance is deficient by asking for their perception of the problem
- Avoid jumping to conclusions, have the facts
- Use a tone of voice that communicates concern for them and services, not anger, frustration, or disappointment
- Provide feedback as close to the event as possible, not weeks or months later

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Establishing A Frame to **Receive** Feedback

- Supervisee maintains openness and a listening attitude
- Supervisee restates what they are hearing, even if they don't agree
- Supervisee takes notes about what is being said for self-assessment and later review
- Supervisee is non-defensive, avoids attack mode
- Supervisee asks for details and specific directives
- Supervisee identifies both the positive and negative aspects of the feedback

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Unhelpful or Non-Constructive Feedback

When "Constructive Feedback" Is Not Helpful

- Vague, lacking in specifics
- Inconsistent with earlier feedback
- Lacking support for judgment
- Unfairly critical or belittling
- Does not provide specific tasks or skills to be improved
- Forcing a defense or justification - cross-examination questions

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Unhelpful or Non-Constructive Feedback

When "Constructive Feedback" Is Not Helpful

- Unclear feedback fosters a sense of helplessness and hopelessness because it offers no clues as to how to improve
- You can't improve if you don't know what was deficient or wrong
- You can't improve if you don't know what the "new and improved version" looks and sounds like
- If all you know from the feedback is that you failed, that results in helplessness and demoralization

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Unhelpful or Non-Constructive Feedback

When "Constructive Feedback" Is Not Helpful

- Poorly thought through feedback diminishes a supervisor's credibility.
  - "Winging it" when giving feedback runs the risk of losing the supervisee's respect and trust
  - Not having the facts or thinking it through calls your judgment into question
  - As we are critiquing them, they are critiquing us. Do we know what we are doing

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Unhelpful or Non-Constructive Feedback

When "Constructive Feedback" Is Not Helpful

- Inaccurate or ungrounded feedback leads to resentment
  - When feedback is poorly given, supervisees feel unfairly criticized and resentful
  - Resentment can lead to conscious or unconscious sabotage, less commitment to the utilize supervision, less willingness to expend extra effort or work
  - Consider those times you felt unfairly treated and how that impacted your motivation

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The Constructive and Effective Supervisor
Meets the
Open and Eager to Learn Supervisee with an Issue

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The supervisor has received a formal client complaint from an African American mother of four about the services received from a worker. The complaint alleges that the workers is always 15-20 minutes late for formal appointments, favors the daughter's opinions and undermines the mother, refers to the two male children as "boys," and did not turn in the paperwork for one of the young men to obtain accommodations at school.

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Role Play

Supervisor Giving Constructive Feedback

1. Structure the Feedback Intro, setup, their perception, listening, response
2. PIP – Positive, Improvement, Positive
3. Client focus/ not power or control
4. Incremental Change
5. After Action Review and Not Reprimand
6. Clear expectations for the future

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Role Play

Supervisee Receiving Feedback

1. Be open and maintain listening attitude
2. Summarize or restate what you hear
3. Take specific notes
4. Be non-defensive
5. Ask for specific details and/or directives
6. Reflect on past both positive/negative

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Role Play

Thanks to the Actors

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Module Nine

Cultural Competence: Proactive Treatment of Cultural Differences

159

Appreciation of Diversity

- " Cultural competence refers to the ability to honor and respect the language, interpersonal styles, and behaviors of individuals in those who are receiving services and those who are providing services. Cultural competence is a dynamic, ongoing, developmental process that requires a commitment and is achieved over time." (U.S. Department of Health and Human services, 2003)
- Incorporation of self-awareness both supervisor and supervise in an interactive process utilizing both of their diversity identities
- It entails awareness, knowledge, and appreciation of the intersection between the supervisor and supervisee's values, biases, expectations, and worldviews (Falendar & Shafranske, 2014)
- Were bad at this, but we think were good at it
- we overestimate our multicultural competence (Hansen et al., 2006)
- when we have competence, we don't always use it (Sehgal et al., 2011)
- we report that we discuss multicultural issues with our supervisees, but our supervisees say that we don't, and that they usually have to initiate these conversations (Duan & Roehlke, 2001)

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Cultural Competence

- **There are two crucial questions for the supervisor to consider regarding multicultural differences. First, how do multicultural differences affect the supervisory relationship and how should the supervisor respond to those differences. Second, do the same multicultural issues affect client care, and if they do, how, and how should the supervisor respond." (Campbell, 2000)**
- **The majority of attention to diversity has been devoted to culture - just one particular aspect - rather than the broader construct. Diversity includes culture in all its aspects, as well as social economic status, race, religion, disabilities, age, gender, and sexual orientation.**
- **Supervising in the Age of #MeToo (Thomas, 2018)**
  - **Supervising must be sensitive and intentional**
  - **Role Playing Discomfort**
  - **Humor Limitations**
  - **Informality**
  - **Self-Disclosure**

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Cultural Competence

"*Where scientific or professional knowledge and the discipline of psychology establishes that an understanding of the factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or social economic status is an essential or effective implementation of their services or research, psychologist obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals" (APA, 2017).*

"*Social workers who provide supervision and consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries." (NASW, 2017).*

"*Supervisors and educators are aware of and addressed the role that culture and diversity issues play in the supervisory relationship, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students." (AAMFT, 2011).*

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Cultural Competence

- It is a given that the culturally competent supervisor is cognizant of his or her own cultural background, it's strengths, and the unique perspectives it casts on his or her own worldview.

A Continuum of Cultural Competence

- Cultural DestructIncapacityiveness - superiority of the dominant culture and inferiority of other cultures
- Cultural - separate but equal treatment, passive discrimination
- Cultural Blindness - seeing all cultures and people as alike, discrimination by ignoring culture
- Cultural Openness (Sensitivity) - basic understanding and appreciation the importance of socio-cultural factors
- Cultural Competence - the capacity to work with more complex issues and cultural nuances
- Cultural Efficiency - the highest capacity to work with minority populations or differences, a proactive effort
- The supervisory relationship includes an inherent power differential and it is important to pay attention to this disparity, particularly when the supervisee and the supervisor are from different cultural groups

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Cultural Competence

- Falendar and Shafranske (2004) stated cultural competencies required for supervisors are:
  - Possesses a working knowledge of the factors that affect worldview
  - Possesses self identity, awareness, and competence with respect to diversity in the context of self, supervisee, and client stimulus value
  - Exhibits competence in multimodal assessment of the multicultural competency of trainees
  - Models diversity and multicultural conceptualizations throughout the supervision process
  - Models respect, openness, and curiosity towards all aspects of diversity and its impact on the supervision process
  - Initiates discussion of diversity factors in supervision
- Multicultural Competencies in Supervision (Haynes et al 2003)
  - I. Being Aware of Your own Cultural Values and Biases
  - II. Understanding the Worldview of Clients and Supervisee's
  - III. Developing Culturally Appropriate Intervention Strategies and Techniques

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Dressel et al. (2007), identified successful multicultural supervision behavior as:

1. Creating a safe environment for the discussion of multicultural issues, values, and ideas.
2. Developing self-awareness about cultural and ethnic identities, biases, and limitations
3. Communicating acceptance of and respect for supervisees' culture and perspectives.
4. Validating integration of supervisees' professional and racial/ethnic identities and helping to explore potential blocks
5. Discussing and supporting multicultural perspectives as they relate to the supervisees' clinical work.
6. Providing supervisees a multiculturally diverse caseload covering a breadth of clinical experience
7. Attending to racial/ethnic cultural differences reflected in parallel process issues.
8. Discussing realities of racism/oppression and acknowledging that race is always an issue.
9. Acknowledging, assessing, and respecting racial/ethnic multicultural similarities and differences between supervisor and supervisees, and exploring feelings concerning these issues.

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Introducing the Topic

Introducing the Topic of Multicultural Differences in Individual Supervision

- "I'm thinking about the fact that you are Black and I am White (or male and female, or straight and gay, etc.) What impact do you think this will have on our relationship? Do you have any concerns about that?
- "At what point did you notice the client's race, gender, sexual orientation, ethnicity, etc.?" What thoughts or feelings did you have and what did you do as a result? How do you imagine the client is thinking or feeling about you? As a result of your race, gender, ethnicity, etc?
  TFB
- "It might be as big a mistake to counsel someone according to the group classification as it is to counsel someone without regard to their group identity. How do we address that in supervision."
- "How do you want to handle communication when you feel that I don't understand you as a result of our differences in race, gender, ethnicity, or sexual orientation?"

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Introducing the Topic

- Introducing the Topic of Multicultural Differences in Group Supervision

- Bring up the issue of multicultural differences at the start of the group
- Ask about cultural differences in case presentations
- Normalize the existence of differences in the group and encourage supervisees to explore the differences
- Use self-disclosure to highlight the effect of differences
- Playing the devil's advocate to disclose bias towards certain clients will provoke awareness Dog/Cat people

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Cultural Humility it is actually a shift away from "competence." Instead of "ways of doing." (Competence), it focuses on "ways of being." (Owen et al., 2014)

	Cultural Competence	Cultural Humility
Goals	understanding other cultures	encourage personal reflection and growth around culture
Shortcomings	The idea that we can be "competence" in a culture other than our own Based on academic learning, rather than the experience Can reduce cultures to stereotypes	Can be challenging and uncomfortable for those used to having power No end result. You cannot excel cultural humility. You can only keep learning never achieve
Values	Knowledge, training	Introspection, co-learning
Strengths	Promotes skill building Allows striving for goals Owen, et.al 2014	Encourages lifelong learning and growth Encourages a mutually beneficial relationship and diminishes power dynamics

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Cultural Humility

- Cultural humility is a **way of being** rather than a cognitive acquisition
- An interpersonal stance that is other oriented rather than self oriented.
- Maintaining awareness of the limitations of understanding another's culture
- Curiosity, interests, and openness to exploring the person's culture and experience
- Recognition that there are multiple valid ways of viewing the world
- Attending to and eliciting cultural opportunities in the work
  - There are decision points where we choose to engage in a discussion of cultural identities
  - when we choose not to engage in discussions around culture, we may be communicating that the supervisee's identity, culture, or experience is invalid or unimportant
- Becoming more comfortable with discussing culture

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Cultural Humility

1. Be nonjudgmental	8. Assume complexity
2. Be flexible	9. Tolerate the stress of uncertainty
3. Be resourceful and look for alternatives	10. Have patience
4. Personalize observations	11. Manage personal biases, stereotypes
5. Pay attention to your thoughts and feelings	12. Keep a sense of humor
6. Listen carefully	13. Show respect
7. Observe attentively	14. Show empathy

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Module Eleven

The Evaluation Process: The Key to Effective Supervision

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Evaluation

- Supervisors are ethically bound to provide a fair, objective, and accurate evaluation of supervisees.
- Supervisees are entitled to receive a fair evaluation.
- Avoiding dealing with uncomfortable evaluation issues could have legal implications as it relates to employment or licensure. The lack of timely feedback has become the most common basis for a formal ethics complaint regarding supervision (Koocher and Keith-Speigel, 1998)
- Evaluation is an ongoing process not an event. Performance Appraisal is an event.
- Evaluation provides opportunities for remediation, specific criteria for successful completion, methods of assessment, and a time frame for improvement or completion.
- How the evaluation/feedback is handled is core to a positive supervisory experience (Lehrman and Ladany, 2001)

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Evaluation

Evaluation Process Four-Steps

- Establish Goals and Objectives for Supervision
- Provide ongoing feedback in supervision
- Provide more formal feedback at set intervals
- Final evaluation formalizes performance for a specified time period

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Evaluation

- Examine your own experiences of evaluation and identify blocks to a constructive experience
- Be clear from orientation about the process and methods of evaluation
- Utilize multiple formats, methods, and techniques
- Supervisee is informed about who will be involved in the evaluation and who will receive information from the evaluation
- Supervisee receives periodic and ongoing informal feedback about progress to achieving criteria
- Supervisee is provided with opportunities to fail, opportunities to be successful, and constructive feedback and suggestions toward meeting criteria (a developmental perspective)
- Describe in behavioral terms what supervisee is being evaluated on. Focus on behavior, not personality
- Include information from other sources, particularly if there is any duality of relationship
- Focus on *mastery, obstacles, options, improvements, growth opportunities*

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Evaluation

Formative Feedback versus Summative Assessment (Falendar 2004)

Formative Evaluation

- Assist in skill refinement
- Identification of issues that impede clinical practice
- Corrective feedback

Summative Evaluation

- Objective assessment of competence
- Rating of performance on specific goals

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Evaluation

Formative Feedback (Freeman, 1985)

- Ongoing: occurs throughout the period of supervision
- Informal: not formally documented
- Systematic: consistent, objective, reliable
- Timely: provided in close proximity to event
- Clear: explicit and objective criteria
- Descriptive: behaviors and actions
- Tentative: offered for consideration rather than mandated
- Constructive: suggestions or alternatives
- Selective: developmentally appropriate for experience level

Summative Feedback increases liability issues as they are often the basis for employment, promotion, tenure or credentialing. Formal evaluations incur ethical and legal liability for supervisors.

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Evaluation

Steps for Handling a Negative Evaluation

- Make sure criteria for success has been clearly defined
- Give and document frequent formative feedback and assistance
- Utilize multiple methods - more than self-report and case consultation
- Consult with another supervisor – supervision of supervision
- Advise them in advance of a probable negative outcome
- Be prepared for a negative reaction by the supervisee, particularly in terminations – gauge your reaction and limit comments – how would this appear in court

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Module Twelve

Legal Issues in Supervision: Protect Yourself, Protect Your License

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Legal Primer for Mental Health Practitioners (Falvey, 2001)

Standard of Care **-** The normative or expected practice performed in a given situation by a given group of professionals.

Statutory Liability **-** Specific written standards with penalties imposed, written directly into the law.

Negligence **-** When one fails to observe the proper standard of care.

Direct Liability **-** Being responsible for your own actions or authority and control over others.

Vicarious Liability **-** Being responsible for the actions of others based on a position of authority and control.

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Standard of Care

Standard of care is emerging from case law, but there is no clear definition within professions or between professions. Saccuzzo (1997) identified five major principles that were repeatedly found in statutes, case law, ethical codes, and professional literature:

- Competence
- Confidentiality
- Dual Relationship
- Welfare of Consumer
- Informed Consent

Standards of Care for Supervision that can be extracted from case law, ethics, statutes, and clinical practice include:

- Supervising only within your area of competence
- Providing appropriate feedback and evaluation
- Consistently monitoring and controlling supervisee's activities
- Accurately documenting supervisory activities
- Providing consistent and timely supervision.

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Professional Standards for Clinical Supervision

- AAMFT
  http://www.aamft.org/imis15/Documents/Approved/Approved_Supervisor_handbook.pdf
- APA
  American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology. *American Psychologist, 70*,33-46.
- NASW
  National Association of Social Workers and Association of Social Work Boards. (2013). Best practice in social work supervision.
  http://www.socialworkers.org/practice/naswstandards/supervisionstandards2013.pdf
- ACA
- The Association for Counselor Education and Supervision (ACES) Best Practices in Clinical Supervision Task Force (Borders et al., 2011) http://www.acesonline.net/wp-content/uploads/2011/10/ACESBest-Practices-in-clinical-supervision-document-FINAL.pdf

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PREVENTING PROBLEMS STRATEGY # 6

- ONLY SUPERVISE ACTIVITY WITHIN YOUR PROFESSIONAL COMPETENCE

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Negligence/Malpractice

Malpractice is professional negligence and is therefore a *tort*. To establish that a supervisor has acted negligently, there are four legal criteria:

- **Duty** – established by nature of relationship or statute
- **Breach –** violation of a duty or standard of care that was foreseeable and unreasonable
- **Causation –** breach of duty or care was direct or proximate cause of the injury
- **Damage –** physical, financial, or emotional injury as a result of foregoing three criteria
- A preponderance of evidence is essential for a successful malpractice suit and must demonstrate the "four D's" ***Dereliction*** *of a* ***Duty Directly*** *causing* ***Damages***.

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Negligence/Malpractice

Supervisory malpractice involves lawsuits filed for allegedly violating professional practice standards by a supervisee or a client against a supervisor. Failure to adequately supervise students or assistants is one of the ten most common causes of malpractice. (Stromberg and Dellinger, 1993).

Disciplinary actions by state boards reported that inadequate or improper supervision ranked fifth in frequency among violations (Reaves, (1998), Harris (2003)).

Bennett et al. (1990) described four criteria of malpractice Guest and Dooley (1999) expanded these concepts in the context of supervision:

- A professional relationship was formed between the supervisor and supervisee
- There is a demonstrable standard of care, and the supervisor breached that standard
- The supervisee or client suffered demonstrable harm or injury
- The supervisor's breach of duty to practice within the standard of care was the *proximate cause* (reasonably foreseeable) of the supervisee's or client's injury

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Direct versus Vicarious Liability

Legal Liability (Johnson, 1995; Saccuzo,2002) permeates all three areas of supervisory responsibility client welfare, professional development, and gatekeeping.

"The supervisee is legally an agent of the supervising psychologist." (Knapp & Vandecreek, 2006).

Direct Liability is based on erroneous actions or omissions on the part of the supervisor. Harrar, VandeCreek, and Knapp (1990) summarized direct liability as:

- dereliction in carrying out supervisory responsibility of a supervisee's work
- giving a supervisee inappropriate treatment recommendations that the supervisee implements to the client's detriment
- failure to listen carefully to a supervisee's comments, therefore failing to comprehend the clients needs
- assigning tasks to supervisee's whom the supervisor knew, or should have known, was inadequately trained.

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PREVENTING PROBLEMS STRATEGY # 7

- LISTEN CAREFULLY TO SUPERVISEES AND DOCUMENT SUPERVISION

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PREVENTING PROBLEMS STRATEGY # 8

- ONLY ASSIGN SUPERVISEES TASKS THAT THEY ARE COMPETENT TO PERFORM

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Direct versus Vicarious Liability

Supervisors are held **directly responsible** for negligent supervisory practices, which may include the following:

- Allowing a supervisee to practice outside your and his/her scope of practice
- Not providing consistent time for supervision
- Lack of emergency coverage and procedures
- Not providing clear expectations or a supervisory contract
- Lack of appropriate assessment of the supervisee and/or clients
- Lack of monitoring of the supervisee's practice and/or documentation
- Lack of consistent feedback prior to evaluation
- Violation of professional boundaries

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Vicarious Liability

Vicarious Liability is based on the concepts of *respondeat superior, borrowed servant rule, or enterprise liability.*

Respondeat Superior – liability for a supervisees actions attaches because the supervisor has authority and control even if they lack specific knowledge about the case. Liability attaches whether or not the supervisor breaches a duty. "One who occupies a position of authority or direct control over another (such as a master and servant, employer and employee, or supervisor and supervisee) can be held legally liable for the damages of another suffered as a result of the negligence of the subordinate." (Disney and Stephens, 1994).

Borrowed Servant - liability attaches to the person who had control of the supervisee at the time of the negligent act. There is debate regarding the amount of control (indirect or clinical supervisor versus direct or administrative supervisor).

Enterprise Liability – liability attaches to the extent that the supervisor or organization benefits or profits from the work of the supervisee.

(California Board of Psychology, 2008) prohibition of supervision for pay of prospective licensees). ASPPB (2003) "payment for supervision by the pre-doctoral supervisee is not acceptable.

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Vicarious Liability

Vicarious liability holds that supervisors are liable for their supervisee's actions because a) they are in a position of responsibility and authority, b) the supervisee was under the direct control of the supervisee, and c) the extent to which a supervisor may profit from the actions of their supervisees. Three conditions must be met for vicarious liability:

1. supervisees agree to work under the direction and control of the supervisor
2. supervisees must be acting within the defined scope of the tasks being supervised
3. supervisor must have the power to control and direct the work

Disney and Stephens (1994) clarified factors that aid in the determination of whether the supervisee's negligence implicated the supervisor included:

- The time, place, and purpose of the act
- The motivation of the supervisee for the act
- Whether the supervisor could have reasonably expected that the supervisee would commit the act

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Vicarious Liability

- *Simmons v. United States* held that supervisors assume direct responsibility for their response to supervisee sexual transgressions with clients. Supervisors have responsibility for overseeing the counseling relationship between the supervisee and client and *should know* what is taking place. As a supervisor you may be legally vulnerable if you fail to take appropriate actions. *Andrews v. United States.*
- *Pope and Tabachnick (1993) found that 11.6 % of respondents reported that at least one malpractice lawsuit or board complaint.*
- *Miller (2002) stated that the possibility of an adverse disciplinary event is 10 to 15% during a 15 year career*
- *Licensing boards can discipline professionals for improper conduct without harm having been inflicted and have a much broader range of admissible evidence (hearsay and prior acts) than do courts*

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Module Thirteen

Ethical Issues in Supervision: Protect Yourself, Protect Your License

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Ten Activities Required for Ethical Supervision (Campbell, 2006)

- Be trained; be competent
- Orient supervisees
- Informed Consent Agreement
- Know current ethical codes
- Have goals for supervision
- Create plans and structure for supervision
- Plan for evaluation criteria and methods
- Dialogue about dual relationships and multicultural issues (Lowe, 2010)
- Document, document, document, document……
- Regular supervision of supervision, not crisis consultation

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Core Ethical Principles

APA (2017)	NASW (2017)
Beneficence/Nonmaleficence	Service
Fidelity/Responsibility	Social Justice
Integrity	Integrity
Justice	Dignity/Worth of Person
Respect for Human Rights	Importance of Human Relations
Dignity	Competence

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Disciplinary Actions by State Boards of Psychology (Pope and Vasquez, 1998)

- Sexual or Dual Relationships (35%)
- Unprofessional, Unethical, Negligent Practice (28.6%)
- Fraud (9.5%)
- Convictions of Crimes (8.6%)
- Inadequate or Improper Supervision (4.9%)
- Impairment (4.9%)
- Breach of Confidentiality (3.9%)
- Improper/Inadequate Records (3.9%)

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Supervisory Ethical Violations

Ladany et al, 1999 report that 51% of all supervisees reported at least one perceived, potential ethical violation by their supervisors. The most frequently violated ethical principles related to:

- Guidelines regarding performance appraisal
- Monitoring of supervisee activities
- Confidentiality violations
- Sexual/dual relationships
- The line between psychotherapy and supervision
- Termination/follow-up issues

- 35% discussed violations with their supervisor
- 84% discussed them with a peer or friend in the field
- 33% discussed them with a significant other
- 14% of the time, someone in a position of power knew about the situation, but took no action.

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PREVENTING PROBLEMS STRATEGY # 9

- INSURE THAT YOUR ETHICS ARE IMPECCABLE

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Major Ethical Issues Related to Supervision

The Big Five

- Competence
- Due Process
- Informed Consent
- Confidentiality
- Multiple/Dual Relationships

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Competence

- "Psychologists provide services, teach and conduct research….within the boundaries of their competence based on their education, training, supervised experience, consultation, study, or professional experience." APA (2017), 2.01
- "Marriage and Family Therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies." AAMFT (2015) 3.10
- "Psychologists who delegate work to supervisees….take reasonable steps to ….(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 (2017), 2.05
- "Supervisors should teach courses and supervise clinical work only in areas where they are fully competent and experienced." ACES (2014) 3.02

Prior to offering supervision services, counselors are trained in supervision methods and techniques. ACA (2014) F2.a

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Competence

Competence for Supervising

- Supervising was grounded in assumptions that a) a trained therapist was a good supervisor and b) having been supervised qualifies one to supervise.
- Definition of competency to supervise varies from discipline to discipline, but most have three common components 1) formal education, 2) professional training, and 3) carefully supervised experience. The legal standard of competent practice within a discipline is matching the performance of an average fellow professional in good standing under similar circumstances.
- AAMFT, NBCC, and AAPC have specific criteria that must be attained to be an approved supervisor. NASW guidelines spell out 13 specific qualifications that must be attained by someone providing supervision including: three years post masters experience, not under sanctions of any kind, demonstrating ongoing professional development, clinical expertise, and understanding of issues related to diversity.

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Competence

Competence in Supervision contains at least four elements

- Training and experience in supervision
- Appropriate credentials
- Clinical experience in area being supervised (practicing within the boundaries of their competence)
- Multicultural competence

- Pope & Vasquez (1998) distinguish between ***intellectual competence***, i.e., education, knowledge, critical thinking, and conceptualization versus ***emotional competence*****,** i.e., knowledge of self, self-monitoring, areas relevant to self-care

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PREVENTING PROBLEMS STRATEGY #10

- HAVE THE APPROPRIATE EDUCATION, TRAINING, AND EXPERIENCE TO SUPERVISE

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Due Process

- Ensuring that supervisee's rights are not violated
- Providing clear understanding of requirements and expectations
- Knowledge of evaluation tools and criteria
- Definition of what signifies successful completion
- Proper notice and opportunity for a hearing, defense, and appeal

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PREVENTING PROBLEMS STRATEGY # 11

- EXERCISE SELF-CARE IN ORDER TO BE EMOTIONALLY CAPABLE OF SUPERVISING

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Informed Consent

- "(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 or supervisee 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 (2017) 7.06
- Supervisors are responsible for incorporating into their supervision principles of informed consent. ACA (2014) F.4.a
- "Supervisors should incorporate the principles of informed consent and participation; clarity of requirements, expectations, roles, and rules, and due process and appeal into the establishment of policies and procedures for their institution, program, courses, and individual supervisory relationships." ACES (2014) 2.14
- "A written understanding should be signed by both the supervisor and supervisee (and the agency administrator when appropriate) at the beginning of supervision and amended or renegotiated to reflect changes." NASW (2008)

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Informed Consent

Informed consent requires providing potential supervisees with information about the supervision that reasonably might influence their ability to make sound decisions about participation (Thomas, 2010).

Informed Consent allows for 1)elucidating expectations, 2)identifying mutually agreed goals, 3) anticipating likely difficulties, and 4) identifying problem solving processes in advance. (Guest & Dooley, 1999).

Bernard and Goodyear (1998 & 2009)) and Falvey (2002) suggest that informed consent takes place on multiple levels:

- Client's consent to treatment by supervisee under supervisors direction
- Supervisor and supervisee consent to the supervisory responsibility
- The institution or agency consents to comply with clinical, legal, and ethical requirements
- Client's consent to supervision of their case by a named individual
- Client consents that confidential information will be shared with the supervisor

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Multiple/Dual Relationships

"A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist objectivity, competence, or effectiveness…. Or harm to the person with whom a professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk of exploitation or harm are not unethical." APA (2017) 3.05

"When psychologist are required by law, institutional policy, or extraordinary circumstances to serve in more than one role…… they clarify role expectations and the extent of confidentiality as changes occur." APA (2017) 3.06

"Supervisors who have multiple roles with supervisees should minimize potential conflicts.. Where possible the roles should be divided among several supervisors." ACES (2014). 2.09

"Counseling supervisors avoid nonprofessional relationships with current supervisees….. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship." (2014) F-3.d.

"Members must not accept as supervisees those individuals with whom a prior or existing relationship could compromise the supervisor's objectivity…… Examples of such relationships include, but are not limited to, those individuals with whom the supervisor has a current or prior sexual, close personal, immediate family, or therapeutic relationship." AAMFT, 2015) 4.3

"Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor-supervisee relationship." ACES (2014) 2.10

"Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student, including dual relationships that may arise while using social networking sites, or other electronic media…. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries." NASW, 2017)3.02

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Multiple/Dual Relationships

- *"Psychologists who delegate work to …supervisees…take reasonable steps to….avoid delegating work to such persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity." APA (2017) 2.05*
- *"The supervisor is obliged to extend to supervisees the utmost respect and regard. The relationship should be entered into in an orderly manner. The supervisor's position of authority should not be used to exploit the supervisee in any way, including sexual harassment or exploitation." NASW (2014).*
- *Supervisors make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase risk of exploitation …..examples of such relationships include, but are not limited to business or close personal relationships with supervisees or the supervisee's immediate family……. Supervisors do not engage in sexual intimacies during the evaluative period or training relationship. AAMFT (2015) 4.2, 4.3, & 4.6*
- *"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." APA (2010) 7.07*

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Multiple/Dual Relationships

"A multiple/dual relationship exists when a supervisor has a concurrent or consecutive personal, social, business, or professional relationship with a supervisee in addition to the supervisor – supervisee relationship, and these roles conflict or compete." (Kitchner, 1988)

"A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person…. or (3) promises to enter into another relationship in the future a person closely associated with or related to the person." APA (2017) 3.05

AAPC (1997) acknowledges (and therefore allows) that supervision may occur between individuals who have social and collegial relationships, "but supervisors are directed to structure the interactions so as not to interfere with successful fulfillment of the supervisory contract."

APA Ethics Committee (2008) reported that over 60% of all ethics cases opened included multiple relationships as one factor

"Application of these principles to small communities, rural settings, religious groups, gay, feminist, and ethnic minorities may be more complex and problematic." Campbell, 2006)

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Attitudes about Dual Relationships with Supervisees (Barbara Herlihy)

Is it Ethical	Never	Rarely	Unsure	Usually	Always
1. Barter with supervisees for services					
2. Provide therapy to a supervisee					
3. Accept a gift of <$10					
4. Accept a gift of >$200					
5. Invite a supervisee to a party or social event					
6. Accept a supervisee's invite to party or event					
7. Become friends with a supervisee after termination					
8. Engage in sexual behavior with a supervisee after termination					

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Discussion Questions

1. Which categories of dual relationships do you feel strongly about?
2. Which categories of dual relationships are unclear?
3. How do your ratings affect your approach to supervision?
4. Can you think of an example in your experience where a dual relationship with a supervisee became problematic? How did you handle the situation?
5. Can you think of an example where either you or a supervisee violated a boundary that was not unethical?

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Multiple/Dual Relationships

"A boundary is the defined "edge" of appropriate or professional behavior, transgression of which involves the therapist stepping out of the clinical role." ….." a 'slippery slope' refers to seemingly insignificant erosions in boundaries that may transform into significant violations….the erosion or benign boundary crossings may be either a precipitant or a predictor of a sexual relationship that ensues." (Lamb and Catanzaro, 1998)

A **boundary crossing** is a non-pejorative term that describes departures from commonly accepted clinical practice that may or may not benefit the supervisee. Boundary crossings may be harmless, nonexploitative, or supportive.

Boundary crossings should be viewed as potentially high-risk behaviors and may include money, place and space, gifts, services, clothing, language, self-disclosure, and physical contact.

A **boundary violation** is a clear departure from acceptable practice that places the supervisee or the supervisory process at serious risk.

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PREVENTING PROBLEMS STRATEGY #12

- AVOID BOUNDARY CROSSINGS WITH SUPERVISEES, AS THEY CAN LEAD TO BOUNDARY VIOLATIONS

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Multiple/Dual Relationships

Boundary Issues in Supervision

To what extent if any is the supervisor's judgment impaired by the dual relationship. AAMFT (2015)specifically prohibits supervising family members.

- Supervisory role is inevitably a dual relationship due to power differential
- To what extent if any is the supervisors judgment impaired by the dual relationship
- What is the risk that supervisee will be exploited based on power differential
- Duality cannot be avoided completely, but can be managed
- Therapy vs. personal and professional growth (how does this impact relationship with client? Is the supervisee impaired?)
- Sexual boundaries (supervisors may need to examine their own needs and life situation)
- "Once a client, always a client" may not apply as rigorously in supervisory relationship and power differential shifts as supervisee becomes more of a colleague
- Be proactive in raising dual relationship issues with supervisees both up and down (supervisor and clients)

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Supervisor – Supervisee Sexual Relationships

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Multiple/Dual Relationships

Supervisor – Supervisee Sexual Relationships

The Simple Answer is – What Part of "No" Don't You Understand!

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PREVENTING PROBLEMS STRATEGY #13

- UNDERSTAND THE ARTIFICIAL INTIMACY CREATED IN SUPERVISION –ADDRESS SEXUAL ATTRACTION

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Multiple/Dual Relationships

Ethics codes have specific prohibitions regarding sexual contact with supervisees and students (AAPC, ACA, APA, ASPPB, CPA, AAMFT, NASW) and do not allow for exceptions. Some codes extend this to electronic interactions.

American Psychiatric Association (2009) states that sexual contact between a supervisor and a trainee or student "may be unethical."

Prevalence of Sexual Misconduct

- 17% of female members of APA Division 12, Clinical Psychology, had sexual contact with psychology educators/supervisors as graduate students (Glaser and Thorpe, 1986)
- 31% reported having experienced seductive behavior with educators/supervisors while they were graduate students
- By 1996 (Hammel, Olkin, and Taube, 1996) reported rates had dropped to 10 % and this seems to be sustained (Lamb and Catanzaro, 2003).
- Rates of client-therapist sex have also declined from about 12% in the 70's (Pope et al., 1979) to about 4 to 6 % (Lamb et al., 2003 and Pope & Vasquez, 1999)
- Rates of supervisor-supervisee sex have been found to be consistent between 1.5 to 4 %. Lamb and Catanzaro (1998) place the rate of supervisor – supervisee sexual contact between 3% and 8%.
- Zakrewski (2006) reported rates of 2%, but sample included male and female students. Women were 2.5 times more likely to have had sexual contact with a supervisor than men.

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Multiple/Dual Relationships

Impact of a Dual Relationship on the Supervisory Process

"Because of the power differential and the supervisee vulnerability implicit in supervisee/supervisor sexual relationships, ***completely voluntary consent is impossible*** in supervisee/supervisor sexual relationships. Thus, to argue that such a relationship is consensual may be fallacious." (Koocher & Keith-Spiegel, 1998).

The power differential in a supervisory dyad can "create unique vulnerabilities for supervisees." (Gottlieb, Robinson, & Younggren, 2007)

- Supervisee is no longer as comfortable confronting or disagreeing with the supervisor.
- Supervisors ability to objectively evaluate the supervisee is severely compromised
- What started as "consensual" often evolves into what feels like coercion and harm (Glaser and Thorpe, 1986)
- Legal jeopardy attaches because of inadequate supervision or the accusation of unfairness of evaluation after the dual relationship ends.
- Isolation from the work group, perceived preferential treatment, and questioning of professional judgment may occur
- Poor modeling for other professionals and doubt about the profession as a whole
- Supervisees who were sexually involved with supervisors are more likely to be offenders themselves (Bartell and Rubin, 1990 and Pope et al., 1979)

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Multiple/Dual Relationships

Risk Factors and Boundary Issues

- Self Disclosure, money, and touch are described as the primary slippery slopes to boundary violations and dual relationships
  - Generally Unacceptable Self Disclosure
    - Details of current life stressors
    - Dreams and Fantasies
    - Relational Circumstances
    - Sexual Circumstances
    - Financial Circumstances
  - The Seven Deadly Boundary Crossings : Guthell & Gabbard (1993)
    1. Time
    2. Place
    3. Money
    4. Gifts, Favors
    5. Clothing
    6. Language
    7. Physical Contact

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PREVENTING PROBLEMS STRATEGY #14

- BE DILLIGENT ABOUT MAINTAINING BOUNDARIES AROUND SELF-DISCLOSURE, MONEY, AND TOUCH

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PREVENTING PROBLEMS STRATEGY #15

- AVOID THE SEVEN DEADLY BOUNDARY CROSSINGS

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Multiple/Dual Relationships

Requiring inappropriate self disclosure from supervisees may be unethical unless understood and agreed upon in advance.

"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 peers, parents, spouses, or significant others except if (1) the program or training facility has clearly identified this requirement in its admission and program materials or the information is necessary to obtain professional assistance" APA (2010) 7.04

Another Dual Relationship issue is the boundary between supervision and therapy. Blurring of boundaries between supervision and therapy may create unwarranted personal disclosure or unrealistic expectations about confidentiality, loyalty, or future interactions.

- "Supervisors do not provide therapy to current students or supervisees. AAMFT (2015) 4.2
- "(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy." APA (2010) 7.05

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Multiple/Dual Relationships

Although sexual boundaries are the most egregious, they certainly aren't the only ones. Navin et al. (1995) reported that 25 percent of field based supervisors were aware of social interactions between supervisors and supervisees that may be incompatible with supervisors duties. Collegial nature of supervision may cause supervisors to lose sight of their evaluation responsibilities.

- **Mentoring** is a dynamic way of teaching, but can involve many activities or meetings outside of the normal supervisory process.
- **Socializing** may appear to be benign or even beneficial, yet pose some ethical risks. The core ethical question is: How does the socialization enhance or inhibit the professional relationship?

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Multiple/Dual Relationships

Haynes et al (2003) pose questions to consider before making decisions about socialization.

- Could the socializing impact my ability to give a negative evaluation or terminate a supervisee?
- Can I explain and justify my decisions around socializing to an ethics board?
- What advice would I give a colleague in a similar situation?
- In my setting, how appropriate is socializing and what is the professional maturity of my supervisees?
- How might other supervisees react knowing that I am socializing with some supervisees, but not all of them?
- How comfortable am I with my actions being known publicly or by my boss?
- What is the worst possible scenario that could emerge from my decision to socialize with a supervisee?

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Model for Ethical Decision Making (Keith-Speigel and Koocher, 1998)

- Model covers both principle and value ethics
  - Step 1: Describe the Parameters and Circumstances
  - Step 2: Define Potential Ethical Issues
  - Step 3: Consult Legal and Ethical Guideline
  - Step 4: Evaluate the Rights and Responsibilities of all
  - Step 5: Generate Alternatives
  - Step 6: Consider the Consequences of each decision
  - Step 7: Make the Decision

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Ethics Case Study

Tristan has provided clinical supervision for Eloise for two years. He's watched her grow professionally in her skills and in her professional identity. One of Eloise's job responsibilities is to lead a substance abuse education unit discussion as a part of the IOP program. Lately, Tristan has been concerned about Eloise relationship with a younger client, Alicia. Alicia completed the 10 week, IOP program two months ago and participates weekly in a continuing care group. Alicia comes to the agency weekly to visit with her continuing care counselor, Maria. She also stops by Eloise's office to chat.

Tristan became aware of her visits. after noticing her in the waiting room on numerous occasions. Earlier in the day, Tristan saw Eloise greet Alicia with a hug in the hall and commented that she will see Alicia "at the barbecue." Tristan is aware that Alisha and Eloise see each other at AA meetings, as both are in recovery.

Eloise feels she is offering a role model to Alisha who never had a mother figure in her life. Eloise expresses no reservations about the relationship. Tristan sees the relationship between Eloise and Alisha as a boundary violation and potentially a dual relationship.

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Step 1: Parameters and Circumstances

Step 2: Ethical Issues

Step 3: Legal and Ethical Guidelines

Step 4: Rights and Responsibilities of parties

Step 5: Alternatives

Step 6: Consequences of each decision

Step 7: Optimal Decision

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Ethics Case Study

Dr. D has been supervising Mark, a doctoral intern for approximately six months. While working with clients, Mark's own family issues have emerged, and at times, have impacted his ability to respond to clients objectively. After identifying this as an obstacle, Dr. D suggests that Mark should consider individual therapy. Both Dr. D and Mark identify that Dialectical-Behavior Therapy is their primary mode of therapy, and it would seem important that Mark work with someone who shares this theoretical orientation. Unfortunately, there are no such individuals other than Dr. D who work from this theoretical perspective in their very rural community. The closest therapist with a Dialectical-Behavior orientation is 3-4 hours away.

Mark requests that Dr. D provide individual therapy since they share a common orientation and that Dr. D knows the struggles that Mark has with certain clients. Dr. D feels that he could be helpful to Mark and considers himself as having a great expertise with working with other professionals. Dr. D decides to provide psychotherapy, but to ensure clear boundaries, he will do so with specified conditions. Therapy will take place only on Mark's day off, discussions of Mark's work will be limited to supervision sessions and discussions of his personal issues will be limited to therapy sessions. Due to Mark's limited income, Dr. D will see him at a reduced fee. In exchange Mark will review Dr. D's professional articles and occasionally housesit when Dr. D is out of town. Dr. D does not want all of his interns seeking therapy at a reduced rate, so they agree to conceal the arrangement between themselves and to keep it confidential.

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Step 1: Parameters and Circumstances

Step 2: Ethical Issues

Step 3: Legal and Ethical Guidelines

Step 4: Rights and Responsibilities of parties

Step 5: Alternatives

Step 6: Consequences of each decision

Step 7: Optimal Decision

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PREVENTING PROBLEMS STRATEGY # 16

Carefully look at how social interactions might impact the supervisor-supervisee relationship

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PREVENTING PROBLEMS STRATEGY # 17

WHEN CONSIDERING SOCIAL INTERACTIONS WITH SUPERVISEES – CONSULT WITH

ANOTHER SUPERVISOR

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Module Fourteen

Risk Management Strategies

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Top 10 Risk Management Strategies for Supervision (Falvey, 2002)

1. Maintain Written Policies
2. Monitor Supervisees Competence through Work Samples
3. Supervision Contract
4. Be Accessible, Dependable, and Available
5. Informed Consent for Supervision
6. DOCUMENT, DOCUMENT, DOCUMENT
7. Consult with Others Appropriately
8. Know the Law and Administrative Regulations
9. Discuss Ethical Codes
10. Liability Insurance

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Risk Management Strategies

Serving as a supervisor elevates your legal risks. You are responsible for the work product of supervisees who legally become the "hands and legs" (agent) of the supervisor. You should take supervision seriously because of the risks that it creates for you. Supervisors can reduce their legal risks by client screening and assessment

- The supervisor should conduct an initial assessment of supervisee and clients prior to assigning cases to supervisees – competence
- Evaluate whether supervisee's skills are adequate to handle the case
- Monitor supervisee's caseload and changes in complexity of the case
- Only accept cases for your supervisee that you are competent to supervise
- Insure that clients can have direct access to the supervisor
- Review treatment plans regularly to insure that supervisee can provide appropriate standard of care
- Develop a sound supervisory contract

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Risk Management Strategies
Systemic and Personal

Supervisors can reduce their legal risks by prudent "hiring," planning, and monitoring.

- Require a formal application process with documentation
- Ask about employment gaps or discontinuity in training
- Conduct a background check
- Check their ability to get along with others and accommodate to rules – avoid "loose cannons" and "walking lawsuits."
- Clarify their expectations and yours.
- Develop a formal Supervision Contract and Informed Consent

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Risk Management Strategies

- Meet on a regular basis
- Correct ongoing problems
- Respond to requests for help or concerns
- Keep supervisory notes
- Participate in formal training on supervision
- Do not harm, exploit, disrespect, manipulate, or have sexual contact with supervisees
- Obtain regular consultation on your supervision
- Use multiple methods of supervision.

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Risk Management Strategies

- Meet on a regular basis
- Correct ongoing problems
- Respond to requests for help or concerns
- Keep supervisory notes
- Participate in formal training on supervision
- Do not harm, exploit, disrespect, manipulate, or have sexual contact with supervisees
- Obtain regular consultation on your supervision
- Use multiple methods of supervision.

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Module Fifteen

Questions and Discussion: Evaluation and Feedback

You will receive an email with the evaluation and once completed you can print your own certificate for CEU's

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