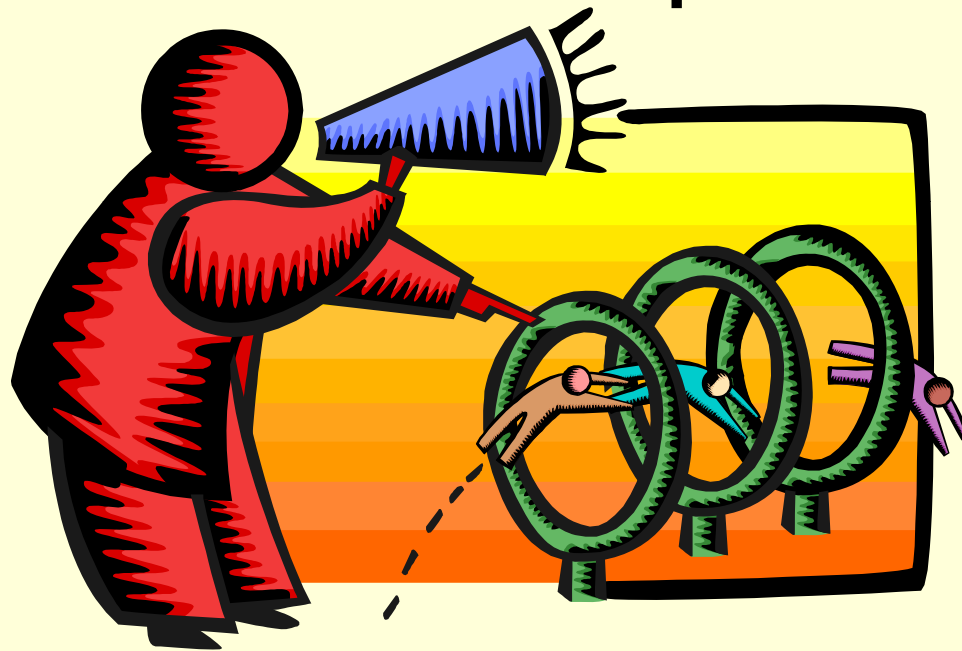


Confronting Challenges and Impasses in Clinical Supervision



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**Southern Alameda County Sexual Abuse Consortium
Marina Community Center, San Leandro, CA**

WORKSHOP AGENDA

8:30 - 9:00	Registration
9:00 – 9:45	Introduction and overview Examples of supervision impasses and challenges Supervision legal, ethical updates and review
9:45 – 10:30	Evidence based practice in training and supervision Supervisory agreement and informed consent for supervision
10:30 – 10:45	Break
10:45 – 11:45	Contextualizing supervision: Organizational Dynamics
11:45 – 12:15	Competency-based developmental model for training and supervision
12:15 – 12:40	Breakout groups: Supervision vignettes
12:40 – 1:00	Large group discussion of vignettes
1:00 – 2:00	Lunch
2:00 – 2:50	Implications of EPSDT funding on clinical supervision
2:50 – 3:40	Breakout groups – The Supervision consultation group experience
3:40 – 3:55	Breakout group's feedback to large group
3:55 – 4:00	Course evaluation

Legal, Ethical Issues

- Decision making in ethics involves a process of thinking about values
- Best way to minimize risk is to “be a good psychologist”
- Gate Keeping - Evaluate Honestly
- Respondeat superior - Vicarious Liability - You are responsible for the failures of your subordinates (Shoener, 2004)
- Direct Liability - Your negligence as a form of malpractice

Important Documents

- APA Ethical Principles of Psychologists and Code of Conduct - “Not a Document of Terror”
- AAMFT Code of Ethics
- California Laws and Regulations
- Accreditation - Guidelines and Principles
- APA Multicultural Guidelines

A few guiding principles

- Supervisors have trouble with evaluation
- Recognize the need to balance support and direct feedback
- Organizational issues are often impacting the treatment and supervision
- Multicultural sensitivities of students are generally more sophisticated than many supervisors'

Areas of Failure or Deficiency

- Unavailable to supervisee during a crisis
- Inadequate review and oversight of case
- Advice is inconsistent with current practice standards
- Failure to utilize a qualified expert in a high risk situation
- Poor advice for a supervisee with poor boundaries
- Inadequate response to impairment in supervisee
- Failure to address client complaints about supervisee

Five Ethical Principles of Supervision (Sacuzzo, D. 2003)

- Competence
 - a. Supervisor must be competent to supervise
 - b. Junior clinicians supervising should be supervised by more senior clinicians
 - c. Competent to supervise the patient being seen by the supervisee
- Confidentiality
- Avoidance of Dual Relationships
- Welfare of the Consumer
- informed Consent

Supervisor/Supervisee Relations

- Poor boundaries with supervisee
- Harassment
- Poor handling of personality conflicts or cultural differences with supervisee
- Supervisee work is unfairly or inadequately evaluated (Schoener, G. R., 2004)

Common Concerns of Supervisor (Rodolfa, 1999)

- Informed consent
- Identification of Trainees as Trainees
- Multiple Relationships and Poor Boundaries
- Tarasoff/Reporting Issues
- Lack of or Conflicting Goals
- Unclear Expectations
- Lack of or Too Much Self-disclosure
- Authoritarian Rather than Authoritative
- Theoretical Purism
- Organizational Dynamics

Minimizing Legal Risks with Problem Students

- Set clear standards of performance and goals which enable you to effectively measure progress and outcomes.
- Have evaluation methods that are consistent with the goals of the training.
- Know the legal and ethical standards of supervision and of practice.
- Provide a supervision agreement contract.
- Monitor the student's caseload carefully – assess high-risk patients and situations and be sure the student understands the procedures for managing patient crisis.

Minimizing Legal Risks with Problem Students Continued

- Develop supervisee grievance procedures and processes and training program warning and probation processes and procedures.
- Develop good written record keeping practices. A written record of student behavior and performance are essential. In particular, documentation of the student incompetence or problem behaviors and what steps you have taken to address the situation. Document facts about misbehaviors and clinical problems rather than opinions.
- Apply standards consistently and early.
- Seek consultation, including legal consultation, as needed. Follow written procedures for grievances that were created by the school or the training program.

Minimizing Legal Risks with Problem Students Continued

- Don't refer to the problem as an "impaired student". ADA protections must also be considered. You must determine the reasonableness of the student's request in remediation of a problem. Develop a clear plan and be reasonably firm in adhering to the plan.
- Document everything. Supreme Court cites a "careful and deliberate process" as the standard used. Be careful with email – casual statements can be used.
- Responsibility to other parties – you may be liable for a problem with a student at another internship or practicum.
- It is important to remember that interpersonal skills *are* considered essential in our profession. Clinical integrity should be upheld.

The following bill was signed into law and went into effect June 23, 2008:

SB 797 (Ridley-Thomas) Unprofessional Conduct; Statute of Limitations

This bill permits the board to discipline a licensee or deny a license for certain sexual acts with a minor that occurred prior to the person being licensed.

Currently, when a complaint is received

Collaborative Evaluation

- Teaching students how to talk about differences with respect, openness, nonattachment
- Allowing time for feedback before, during, and after the evaluation
- Awareness of the power differences in supervision--including gender, race, age, etc.
- Awareness of microaggressions, silencing, effects of oppression on students directly and indirectly

Evidence-Based Practice

Definitions:

The APA Task Force on EBP:

“Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.”

Evidence-Based Practice as a Clinical Decision Making Process

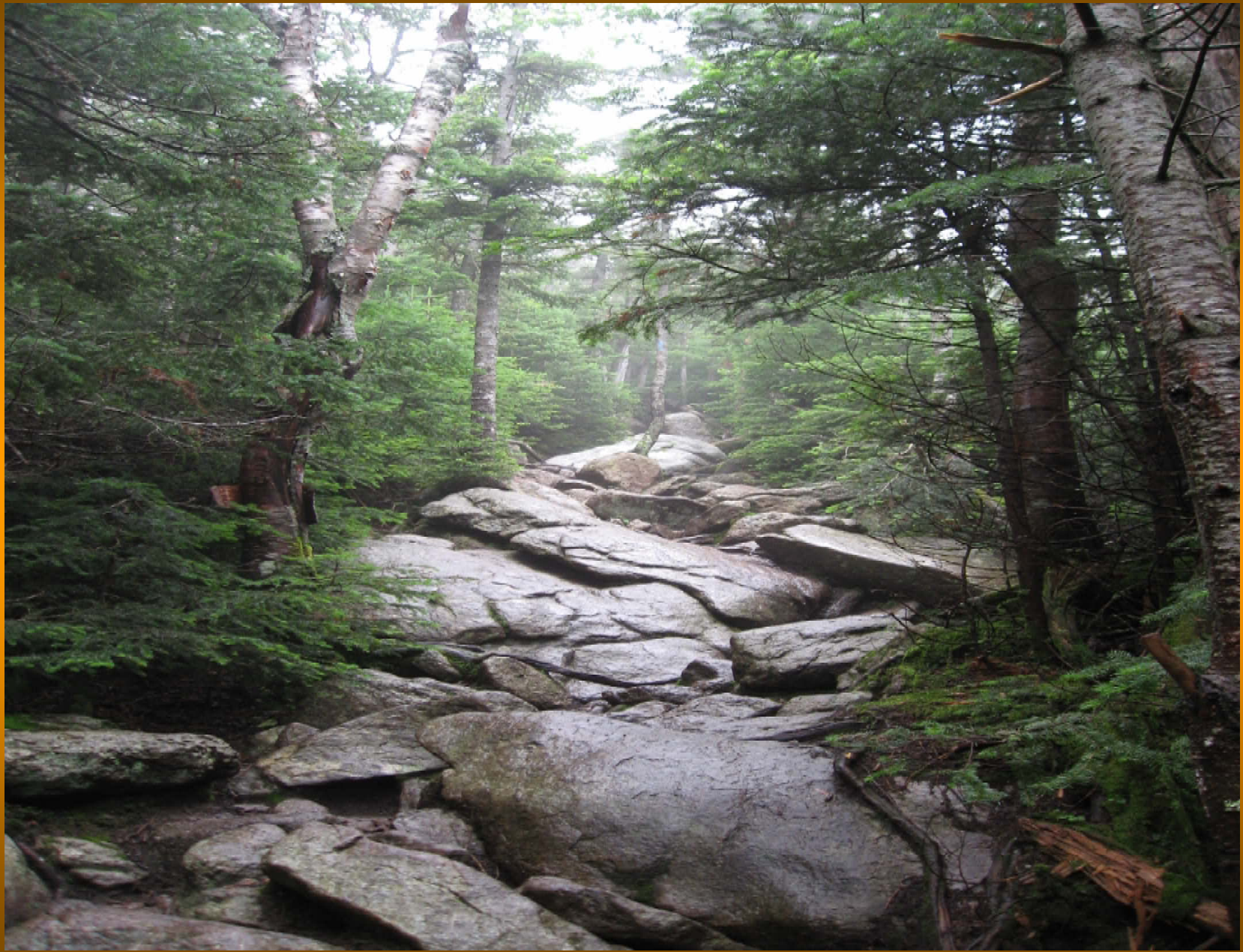
- Convert information needs into well-structured, answerable questions.
- Track down the best evidence (literature) to answer questions.
- Critically appraise that evidence for its validity, impact (size of effect) and applicability (usefulness in practice).

Evidence-Based Practice, Continued

- Apply the results of this appraisal to practice/policy decisions. Is the practice reasonable for the clients at hand? Would it be reasonable to expect that such services could be delivered?
- Evaluate your effectiveness in carrying out the steps above and improve them in the future.







Competency Cube**

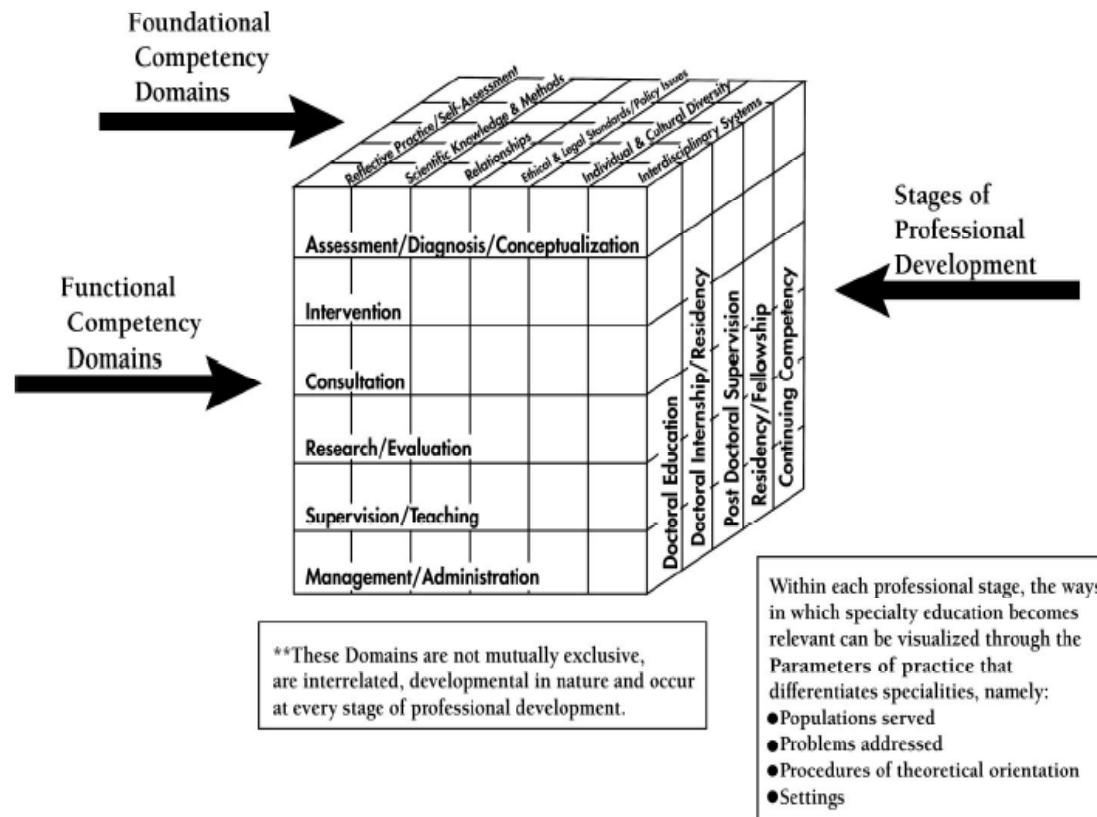


Figure 1. Cube model describing competency development in professional psychology.

Rodolfa, et al, (2005). A cube model for competency development: Implications for psychology educators and regulators. Professional psychology: Research and practice, 36, 4, 347-354.

Foundational Competencies:

- Reflective practice/self-assessment
- Scientific knowledge/methods
- Relationships
- Ethical-legal/Standards-policy
- Individual-cultural diversity
- Interdisciplinary systems
- Added: Professionalism

Functional Competencies:

- Assessment/Diagnosis/
Case conceptualization
- Intervention
- Consultation
- Research/Evaluation
- Supervision/Teaching
- Management/Administration
- Added: Advocacy

AAMFT core competencies are organized around 6 primary domains and 5 secondary domains.

The primary domains are:

- 1) Admission to Treatment – All interactions between clients and therapist up to the point when a therapeutic contract is established.
- 2) Clinical Assessment and Diagnosis – Activities focused on the identification of the issues to be addressed in therapy.
- 3) Treatment Planning and Case Management – All activities focused on directing the course of therapy and extra-therapeutic activities.
- 4) Therapeutic Interventions – All activities designed to ameliorate the clinical issues identified.
- 5) Legal Issues, Ethics, and Standards – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
- 6) Research and Program Evaluation – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional.

The following characteristics are not acceptable as marriage & family therapy supervision:

- Peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience.
- Supervision by current or former family members or any other person where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship.
- Administrative supervision by an institutional director or executive, for example, conducted to evaluate job performance or for case management, not the quality of therapy given to a client.
- A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop or seminar.
- Consultation, staff development or orientation to a field program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

Competency Benchmarks Document

Foundational Competencies

<p>Professionalism: Professional values and ethics as evidenced in behavior and comportment that reflect the values and ethics of psychology, integrity, and responsibility.</p>		
<p>Developmental Level</p>		
<p>A. Integrity - Honesty, personal responsibility and adherence to professional values</p>		
<p>Readiness for Practice</p>	<p>Readiness for Internship</p>	<p>Readiness for Entry to Practice</p>
<p>Essential Component: Understanding of professional values; honesty, personal responsibility</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> Demonstrates honesty, even in difficult situations Takes responsibility for own actions Displays basic understanding of core professional values Demonstrates ethical behavior & basic knowledge of APA Ethical Principles & Code of Conduct; see below: Foundational Competency: Ethical -legal standards-policy </p>	<p>Essential Component: Works as psychologist-in-training infused with adherence to professional values. Recognizes situations that challenge adherence to professional values</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> Demonstrates knowledge of professional values Demonstrates adherence to professional values Identifies situations that challenge professional values, and seeks faculty/supervisor guidance as needed. Demonstrates ability to share, discuss and address failures and lapses in adherence to professional values with supervisors/faculty as appropriate </p>	<p>Essential Component: Continually monitors and independently resolves situations that challenge professional values and integrity</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> Articulates professional values Takes independent action to correct situations that are in conflict with professional values </p>
<p>B. Deportment</p>		
<p>Readiness for Practice</p>	<p>Readiness for Internship</p>	<p>Readiness for Entry to Practice</p>
<p>Essential Component: Understand how to conduct oneself in a professional manner</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> Demonstrates appropriate personal hygiene and attire Distinguishes between appropriate and inappropriate language and demeanor in professional contexts </p>	<p>Essential Component: Professionally appropriate communication and physical conduct, including attire, across different settings</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> Demonstrates awareness of the impact behavior has on client, public and profession Utilizes appropriate language and demeanor in professional communications Demonstrates appropriate physical conduct, including attire, consistent with context </p>	<p>Essential Component: Consistently conducts self in a professional manner across and settings and situations</p> <p>Behavioral Anchor: <ul style="list-style-type: none"> Verbal and nonverbal communication are appropriate to the professional context including in challenging interactions </p>

C.Accountability

Readiness for Practicum	Readiness for Internship	Readiness for Entry to Practice
<p>Essential Component Accountable and reliable</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Turns assignments in accordance with established deadlines • Demonstrates personal organization skills • Plans and organizes own workload • Aware of and follows policies and procedures of institution 	<p>Essential Component Consistently reliable consistently accepts responsibility for own actions</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Completes required case documentation promptly and accurately • Accepts responsibility for meeting deadlines • Available when needed • Acknowledges errors • Utilizes supervisor to strengthen effectiveness of practice 	<p>Essential Component Independently accepts personal responsibility across settings and contexts</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Works to fulfill client/provider contract • Enhances productivity • Holds self accountable for and submits to external review of quality service provision

D. Concern for the welfare of others		
Read iness for Practicum	Read iness for Internship	Read iness for Entry to Practice
<p>Essential Component: Awareness of the need to uphold and protect the welfare of others</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Displays initiative to help others • Articulates importance of concepts of confidentiality, privacy, informed consent • Demonstrates compassion 	<p>Essential Component: Consistently acts to understand and safeguard the welfare of others</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Regularly demonstrates compassion • Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds • Determines when response to client needs takes precedence over personal needs 	<p>Essential Component: Independently acts to safeguard the welfare of others</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment • Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values • Acts to benefit the welfare of others, especially those in need
E. Professional Identity		
Read iness for Practicum	Read iness for Internship	Read iness for Entry to Practice
<p>Essential Component: Beginning understanding of self as professional, thinking like a psychologist</p> <p>Behavioral Anchor:</p> <p>Has membership in professional organizations</p> <p>Demonstrates knowledge of the program and profession (training model, core competencies)</p> <p>Demonstrates knowledge about practicing within one's competence</p> <p>Understands that knowledge goes beyond formal training</p>	<p>Essential Component: Emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Attends colloquia, workshops, conferences • Consults literature relevant to client care 	<p>Essential Component: Consolidation of professional identity as a psychologist; knowledgeable about issues central to the field; evidence of integration of science and practice</p> <p>Behavioral Anchor:</p> <ul style="list-style-type: none"> • Keeps up with advances in profession • Contributes to the development & advancement of the profession and colleagues • Demonstrates integration of science in professional practice

Falender, et al (2004). Defining competencies in psychology supervision:
A consensus statement. Journal of Clinical Psychology, 60, (7), 771-785.

Table 1

Supervision Competencies Framework

Knowledge

1. Knowledge of area being supervised (psychotherapy, research, assessment, etc.)
2. Knowledge of models, theories, modalities, and research on supervision
3. Knowledge of professional/supervisee development (how therapists develop, etc.)
4. Knowledge of ethics and legal issues specific to supervision
5. Knowledge of evaluation, process outcome
6. Awareness and knowledge of diversity in all of its forms

Skills

1. Supervision modalities
2. Relationship skills – ability to build supervisory relationship/alliance
3. Sensitivity to multiple roles with supervisee and ability to perform and balance multiple roles
4. Ability to provide effective formative and summative feedback
5. Ability to promote growth and self-assessment in the trainee
6. Ability to conduct own self-assessment process
7. Ability to assess the learning needs and developmental level of the supervisee
8. Ability to encourage and use evaluative feedback from the trainee
9. Teaching and didactic skills
10. Ability to set appropriate boundaries and seek consultation when supervisory issues are outside domain of supervisory competence
11. Flexibility
12. Scientific thinking and the translation of scientific findings to practice throughout professional development

Values

1. Responsibility for client and supervisee rests with the supervisor
2. Respectful
3. Responsible for sensitivity to diversity in all its forms
4. Balance between support and challenging
5. Empowering
6. Commitment to lifelong learning and professional growth
7. Balance between clinical and training needs
8. Value ethical principles
9. Commitment to knowing and utilizing available psychological science related to supervision
10. Commitment to knowing one's own limitations

Social Context Overarching issues:

1. Diversity
2. Ethical and legal issues
3. Developmental process
4. Knowledge of the immediate system and expectations within which the supervision is conducted
5. Awareness of the sociopolitical context within which the supervision is conducted
6. Creation of climate in which honest feedback is the norm (both supportive and challenging)

Training of Supervision Competencies

1. Coursework in supervision including knowledge and skill areas listed
2. Has received supervision of supervision including some form of observation (videotape or audiotape) with critical feedback

Assessment of Supervision Competencies

1. Successful completion of course on supervision
2. Verification of previous supervision of supervision documenting readiness to supervise independently
3. Evidence of direct observation (e.g., audiotape or videotape)
4. Documentation of supervisory experience reflecting diversity
5. Documented supervisee feedback
6. Self-assessment and awareness of need for consultation when necessary
7. Assessment of supervision outcomes – both individual and group

From the AAMFT Approved Supervisor Designation Standards and Responsibilities Handbook

Supervision of marital and family therapy is expected to have the following characteristics:

- Face-to-face conversation between the MFT/MFT trainee and the supervisor, usually in periods of approximately one hour each.
- The learning process should be sustained and intense.
- Appointments are customarily scheduled once a week, three times weekly is ordinarily the maximum and once every other week the minimum.
- Supervision focuses on raw data from a MFT's/trainee's continuing clinical practice, which is available to the supervisor through a combination of direct live observation, co-therapy, written clinical notes, audio and video recordings, and live supervision.
- It is a process clearly distinguishable from personal psychotherapy and is contracted in order to serve professional goals.
- It is normally completed over a period of one to three years.

Basically,...

...our students are working with very complex populations who are stressed by poverty, racism, violence, addiction, and ill health.

Jail Outreach Program

What We See As the Goals and Objectives:

- The Wright Institute prepares psychologists to function effectively in a diverse society and to understand the influences of the social and cultural context of their work.

- This is a unique training opportunity developed by the WI in cooperation with the Jail Outreach Program of Youth and Family Services of Solano County. The Jail Outreach program trainees provide individual and group therapy for male and female inmates of the County Jail.
- The program objective is to work collaboratively with the affected population to develop a useful and culturally competent service/training program. Assess the social causes and psychological effects of incarceration.

Training Topics

A multidisciplinary team provides a variety of trainings including:

- Substance abuse treatment
- Effects of various substances
- Issues concerning incarcerated populations
- Interpersonal therapy approaches
- Existential therapy approaches
- Control Mastery approaches

- Mental Status Exams and Clinical Interviewing
- Individual and Group Therapy approaches
- Working with cultural, social and ethnic differences
- Confidentiality, Informed Consent and Other Ethical Considerations
- Organizational Challenges
- Brief therapy
- Longer-term (beyond 20 weeks) therapy
- Participation in training and staffing meetings
- Supervision
- Case presentations

What Students Said They Learned/Needed

- Give us the dummy's guide to 12 steps.
- They learned a lot from their own research – i.e., on methamphetamines
- They learned to talk to the inmate about why they were depressed - not just why the inmate is an alcoholic or drug addict
- Learned to supervise themselves – self regulating and self monitoring.
- Learned a lot about their own counter-transference and parallel process (inmates felt deprived – students felt deprived)

- How to work with supervisors who are not attentive, indifferent –students learned to find the help they needed.
- The students had to create what was needed
- The students learned to bring an agenda to their supervision – how to use their supervision more efficiently
- They learned to establish frame and boundary issues – staff helped – came to understand the need for clear rules (i.e., don't write letters for inmates)
- They learned to give purpose to the inmates time.

- They learned to work with diversity and to manage the pervasive homophobia and sexism rampant in the jail.
- Learned to deal with the impermanence of treatment – they learned to get to a structured focus on symptoms that can be addressed within the given time.
- They learned to trust their instincts more and became more confident and to trust their judgment more.
- They came to read the inmates better – how to understand a burst of affect, pensiveness, etc.

- They learned to take risks and how to judge the risks that could be taken by the strength of their relationship with the inmate.
- Termination helped clarify the relationship.
- They learned to be suicide assessors
- They discussed reporting laws and procedures for reporting.
- Learned to work with and assert themselves with staff.
- Learned to write progress notes.
- Learned to keep boundaries around one's own time and schedule.

- Learned how to stay neutral even when they were actually scared.
- Learned to keep a formulation in their head when working with a client (i.e., control mastery – proving or disproving a pathogenic belief)
- Recognized that one session is a part of a longer process. Helped to slow them down (in the positive sense).
- Learned to take what they were told with healthy doubt – also to recognize that staff may misinform them.

- The students learned how to provide information about an inmate to facilitate better care for the inmate. Thus, they were better consultants by years end.
- They learned to let the inmate do more of the work – let them come to their own realizations. Learned that they don't need to explain everything.
- They learned to tailor their own work to the individual client (i.e., swearing in the therapy language versus less colorful language.
- Speaking in a voice the client can hear.
- They became more self-reflective

- They learned a lot about how shame and humiliation activate a good deal of inmate self-hate and poor behavior.
- They learned the Mental Status Exam, Dual Dx., psychopathology, medication issues
- Would like more help with treatment planning

Systems Perspective (Schoener, G., 2004)

A Systems Perspective Examines:

- The “goodness of fit” between supervisor & supervisee;
- The structure and format of the supervisory relationship such as the frequency of contacts, expectations, etc;
- Whether there is adequate support administratively for the work being done;
- Organizational context in terms of stress, work load, etc.;
- The case load and responsibilities shouldered by each party;
- The specifics of the client cases which have led to difficulty.

Why is a Supervision Agreement Form Necessary?

- California regulations require an agreement form
- Clarifies the roles of the supervisor/supervisee
- Demands allegiance to laws and regulations
- Promotes appropriate oversight of student work
- Explains process for grievances
- Models a standard of professionalism
- Defines critical responsibilities of the student and supervisor
- Creates good supervisor/supervisee boundaries
- Outlines the evaluation process
- Draws attention to the protocol for clinical emergencies and crisis situations

Clarifies the roles of the supervisor/supervisee

- Beginning clinicians have concerns and fears about their developing abilities, and licensed professionals are responsible not only for training, but also for their supervisee's conduct with clients and other professionals.
- Setting goals for learning in supervision guides the process and promotes positive outcomes. Open communication is paramount in satisfying these goals.
- An agreement form can outline the way in which these goals may be addressed.

“Guidelines and standards are lacking for interdisciplinary and postdoctoral supervision, as well as for ongoing supervision of... those with subdoctoral training” (Sacuzzo 2003 [Robner & Schofield 1990]).

Examples of Differences Between Experts and Novices (Gambrill, E., 2004)

- They know more (e.g., more strategies)
- They demonstrate superior performance mainly in their areas of expertise.
- They know better how to use what they know; they are faster at solving problems.
- What they know is better organized; knowledge is arranged hierarchically, enabling recognition of large patterns.

Examples of Differences, Continued

- They represent problems at a deeper level compared to novices.
- What they know is more accessible.
- They have better learning skills.
- They are more likely to carry out an “executive review” of their reasoning process- to assume simultaneously the roles of doer and critic.
- They devote more time to analyzing a problem qualitatively.

Problem-Based Learning for Teaching Clinical Reasoning Skills (See Sackett, et al., 2001)

- Student centered and problem focused
- Small groups guided by trained instructor
- Educational prescriptions
- Active learning - repeated practice opportunities with corrective feedback
- Integrate content from diverse areas

Breakout Groups

In this exercise we are asking you to form a supervisory team group. We would like you to take turns considering a supervisory problem, challenge, or impasse that you are currently facing. Ordinarily, a supervisor might discuss the supervisee or the case at great length. We suggest that the primary emphasis of your discussion should focus on the supervisor's own experience of supervising.

What is the challenge for the supervisor in this situation?

Can you identify some ways in which the dilemma in the supervision might reflect parallel process issues in the life of the client?

What organizational dynamic might be constellated in this particular supervision?