Overview

• Current literature update
• Best practice methods in supervision
• Practical application to assess competencies — Supervisor and Supervisee
• Identifying micro skills— ‘the best bits’
• Modelling and implementing reflective practice
• Identifying and managing professional impasses

Current literature

• Supervision is seen as
  ‘...perhaps the most important mechanism for enabling the acquisition of competencies’
  — Stoltenberg (2005 p. 858)
• Clinical supervision seen as a separate speciality
• Based on evidence based principles which is competency based and assessable
• Focus on the supervisee being able to translate didactic knowledge to science informed clinical skills (Page, Werner & McLean, 2008)
• Linked to benchmarking of skills
• Incorporates reflective practice principles
Why train as a supervisor?

- Therapeutic experience (or experience as a supervisee) does not translate to being an effective supervisor
- Need for consistent supervisory standards that use observational methods (Falender et al., 2004)
- May be considered ‘unethical’ to practice as a supervisor without sufficient training and standards
- Training is shown to produce better supervisors (González & Milne, 2010)
- Effective supervisor needs to switch between teacher counsellor and consultant (Bernard & Goodyear, 2015) and be adaptable to supervisee learning needs

Tendency for leniency and therefore inconsistency

- Overall awareness of subjectivity in evaluation
- Fear of diminished rapport
- S/or may identify with S/ee’s experience
- Fear of damaging supervisee’s career
- Legal and/or administrative issues
  — More paperwork, complaint, S/or inconsistency
- Switch is hard to be facilitative then evaluative

Need to ensure best practice supervision (AHPRA standards)

1. Initiating supervision
   - Pre-meeting
2. Goal setting
   - Targeted, collaborative, performance focused/competency based
3. Giving feedback
   - Meaningful and reflective
4. Conducting supervision
   - Enhances self awareness, process oriented
5. The supervisory relationship
   - Identifies and manages parallel process
6. Diversity and advocacy considerations
7. Ethical consideration
8. Documentation
9. Evaluation
   - Formative, evaluative
10. Varied format
    - Can employ different learning means
11. Supervisor qualities and supervision preparation
    - Committed, enthusiastic and up to date

Best practice methods in Supervision: A quick reminder of the core components

Borders et al. (2014) Best Practices in Clinical Supervision: Evolution of a Counseling Specialty
The Clinical Supervisor, 33, 26 – 34
Review of Supervisor Competencies

<table>
<thead>
<tr>
<th>Establishing and managing supervisory relationships</th>
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<tbody>
<tr>
<td>I negotiate a supervisory contract for all supervision</td>
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<td>I review the contract periodically and update according to assessed needs</td>
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<td>I use the contract to develop learning goals</td>
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<td>I develop an agenda for each session</td>
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<td>I am structured and organised in my approach to supervision</td>
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<th>Provision of formative and evaluative feedback and evaluation</th>
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<tr>
<td>I convey clear performance expectations to my supervisees</td>
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<td>I complete feedback performance evaluations with my supervisees</td>
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<td>I am not afraid to discuss performance concerns with my supervisees – even if it means a fail grade (e.g. on placement)</td>
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<td>I ensure that I cover AHPRA psychological competencies in supervision review sessions</td>
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<td>I use observational methods in my assessments of performance</td>
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<tr>
<td>I ensure I check compliance to administrative (note keeping) and ethical issues in supervision</td>
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<th>Overseeing Professional Development</th>
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<td>I use reflective practice as the foundation for supervision discussion</td>
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<td>I encourage supervisee’s to examine self-interests that might impact on their clinical performance (e.g. countertransference, stress)</td>
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<tr>
<td>I encourage supervisees to identify goals for professional development</td>
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<td>I would recommend a supervisee seek professional therapy if needed</td>
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Leeds alliance in supervision scale (LASS) (Wainwright, 2010)

Competency defined

- Explicitly identifies the skills, knowledge and values that form a clinical competency and develops learning strategies and evaluation procedures to meet criterion reference competency standards in keeping with evidence based practice

Falender et al, 2007

Quick review

- Think about how you could improve the way you currently offer supervision

- What three small (or BIG) changes could you make

1. ........................
2. ........................
3. ........................
Assessment of Supervisee knowledge and skills
Clinical Psychology Practicum Competencies Rating Scale
CYPRS http://www.uow.edu.au/vmp/submit

• Requires specialised body of knowledge and skills
  1. Stages (developmental stage)
  2. Skills and Knowledge of core competencies, including:
     • Counselling – empathy, techniques, collaborative goal formulation
     • Clinical assessment – socio-cultural sensitivity, assesses risk, prioritises
     • Case conceptualisation – uses multiple sources to inform case work
     • Intervention – implements appropriate & empirically supported interventions
     • Ethical attitudes and Behaviour – awareness of guidelines, boundaries
     • Scientist Practitioner – theory and research evidence to diagnosis, assessment
       and intervention
     • Professionalism – organised, time management
     • Psychological testing – correct administration, scoring and interpretation
     • Reflective Practice – self care, self awareness and reflectivity on work practice
     • Response to Supervision – prepared, responds to feedback
     • http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1267&context=sspapers

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Questions that encourage reflection

*If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than five minutes.*

Albert Einstein

Developing reflective practitioners

- To engage the psychologist to be reflective, the supervisor needs to model and ask thoughtful questions.
- Reflective skills need to develop simultaneously with core clinical skills.
- This in turn will resource the supervisee to know how to ask thoughtful questions.

To be critically reflective the supervisee must

Key components

- Have awareness of values and implications for practice
- Explore emotions
- Draw on knowledge and use this knowledge to further develop and practice with wisdom
- Be self aware
- Be prepared to work through uncertainty (Schon)

Reflective cycle

- Reflection in action
- Reflection on action
- Reflection for action – in the future

Reflective Supervision guidelines

1. What do you have for today’s session?
2. Which aspect/s are you most interested in focusing on?
3. What do I need to be aware of to help you?
4. What are you most pleased about the way you worked?
5. What weren’t you pleased about/concerned about?
6. What would you like to do (to have done) differently?
7. What do you think got in the way of you being able to do that?
8. I noticed that …..(positive or problematic behaviour).
9. What was helpful or not helpful to you/your clients? Why? How? In what ways?
10. What do you want to do about …...?
11. How might you apply (practical/behavioural) what we have discussed today? What do you need to do more/less of?
12. What might you take from today’s session (personal reflections/cognitions/new insights)?
13. How will you go about implementing ‘X’?
Self reflection

• Some example questions to self include:
  – What factors contributed to my experience?
  – What part should I focus on now?
  – How might that help?
  – What was I feeling? Why are these feelings important to me (e.g. past experience)?
  – Why did I act/say what I did?
  – What was my hypotheses? What was my role?
  – What would I have liked to done differently?
  – If I could change the way I handled the situation what would I do differently?
  – How has this reflection helped me to understand my reaction?
  – How will it inform my current and future behaviour?

The hazards of reflective practice

• Match reflective questioning with theoretical knowledge
• At developmental level
• Teach critical reflection and self assessment
• Know when to direct
• Know when to reflect

Identifying and managing professional impasses

• Transference and counter transference
• Parallel process – in therapy and supervision
• Resistance to act/take feedback (? Supervisee anxiety)
• (Observational methods help identify professional impasses)
  • Hill, H., Crow, T., & Gonzalvez (2015) Reflective dialogue in clinical supervision: A pilot study involving collaborative review of supervision videos, Psychotherapy Research
  • Senediak, 2015. Practical Guidelines for Integrating Reflective Practice in Clinical Supervision for Psychologists, Australian Clinical Psychologist (in press)
Self care

- Model
- Incorporate space in session for reflection
  - In action
  - On action
  - For action later
- Employ principles of mentalization
  - ‘giving meaning’/interpret client/
    consider context and facilitate exploration of alternative explanations

In the end you want.......

Ugh... its supervision time

Yeh... it supervision time

Concluding comments and questions