THE UNIVERSITY OF HONG KONG

M.Soc.Sc. in Clin. Psy.

Clinical Supervisor's Corner

Self-Learning Modules on Core Competencies for Clinical Supervision

Module 2: Models of Supervision

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2.1 Psychotherapy-based Approaches

- Supervision is delivered in analogy of a psychotherapeutic approach.
  - Theoretical orientation, the focus of observation and interpretation, the way feedback is delivered, as well as the skills of using specific intervention shape the focus of training in the supervision.
  - For example, a cognitive-behavioural approach to supervision would make use of CBT techniques such as agenda setting and homework to facilitate a learning process that focuses on observable cognitions and behaviours.

2.1 Psychotherapy-based Approaches

Advantages

Demonstration and modeling can occur because of the consistency in conceptualization between the therapy and supervision.

Limitations

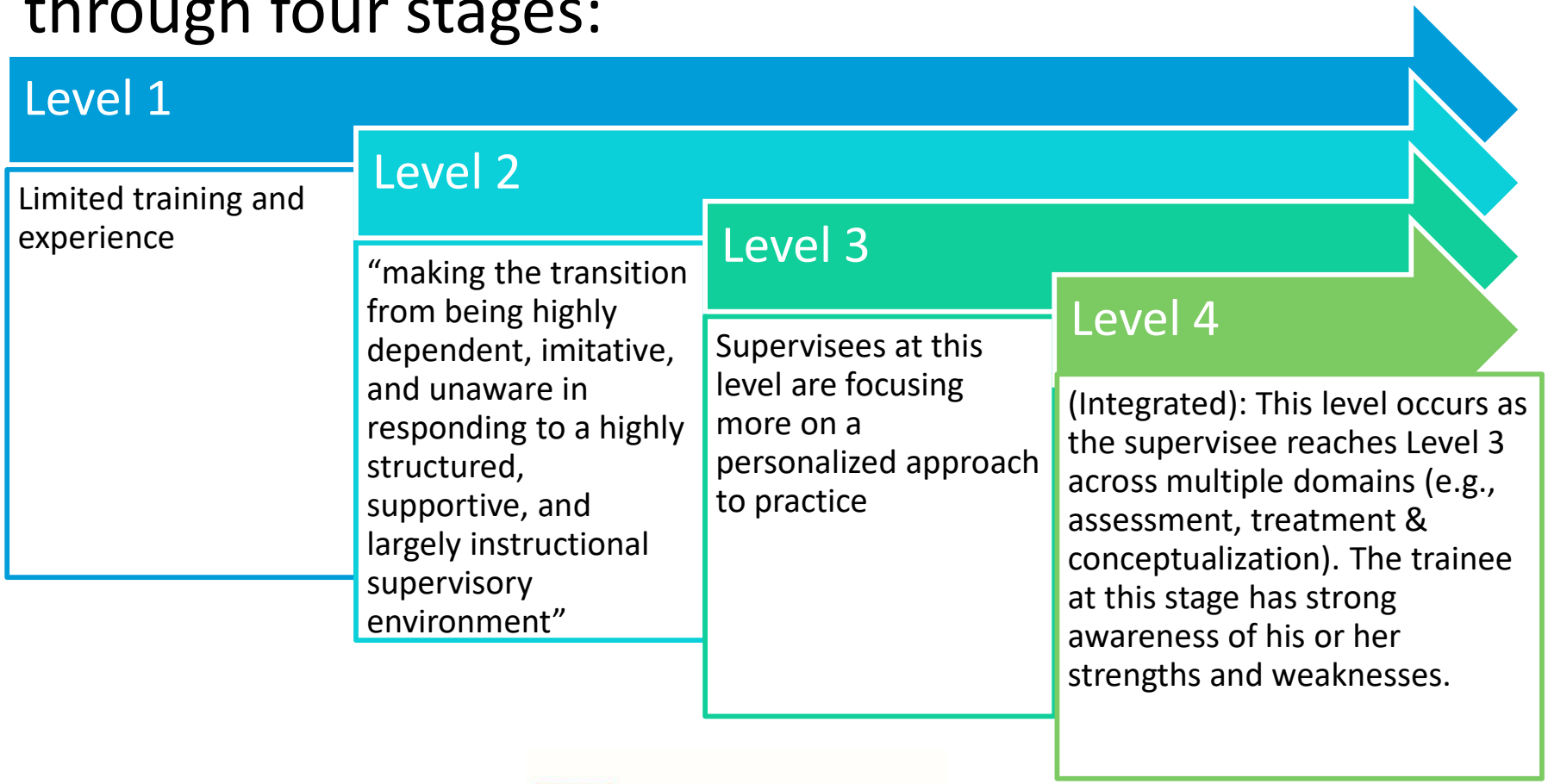
The aims of supervision are not equivalent to those of psychotherapy. The multiple responsibilities involved in supervision are not addressed.

2.2 Developmental Approaches

- There is a developmental sequence in which the supervisor and supervisee progress.
- Specific characteristics and needs are identified at various developmental stages of the supervisee, and the supervisor thus has different tasks and responsibilities in accordance to the supervisee's stage.
- The supervisor also develops along dimensions such as competency, autonomy, identity and self-awareness throughout his supervision career (Wakins, 1993).

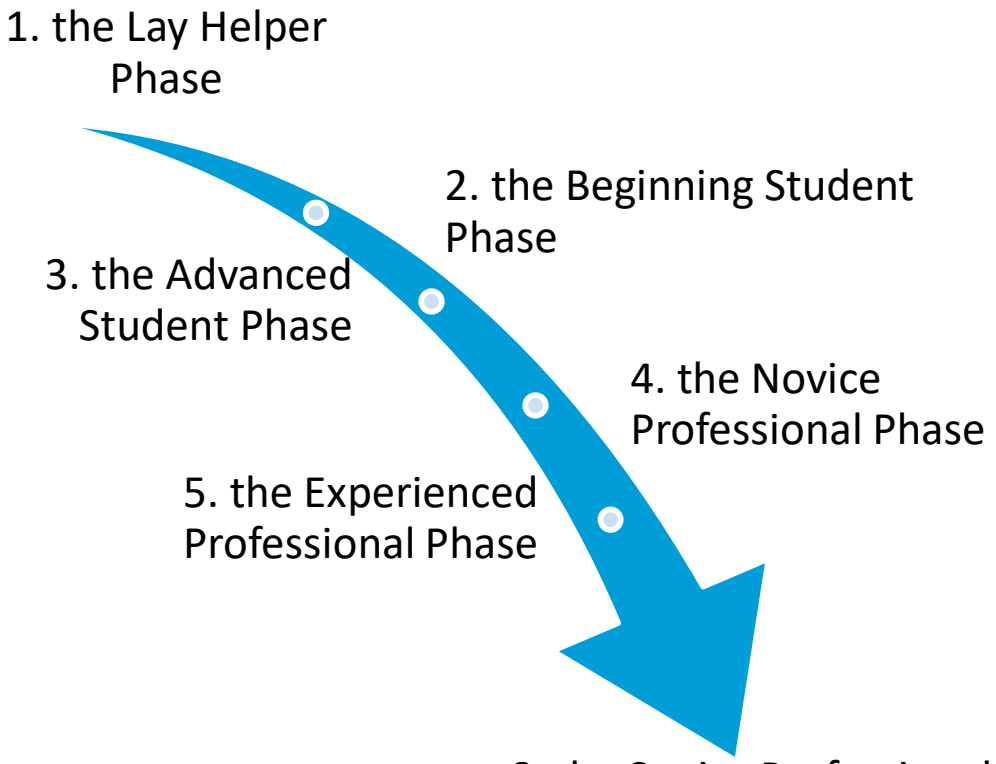
A) The Integrated Development Model (IDM) (Stoltenberg et al., 1998)

- IDM describes SUPERVISEE development as occurring through four stages:



B) Ronnestad & Skovholt Model (2003)

- Ronnestad & Skovholt (2003) describe six phases of SUPERVISOR development:



C) Falender and Shafranske (2004)

- Falender and Shafranske (2004) summarized the major theories of SUPERVISOR development:

Stage	Hess (1986)	Stoltenberg, McNeil, & Delworth (1998)	Watkins (1993)	Littrell, Lee-Borden, & Lorenz (1979)
1	Beginning: - Move from supervisee to supervisor; - Lack awareness of issues; - Sensitive to feedback - Self-conscious - Focus on teaching	- Strong expert roles - Rely on recent supervisors as models - High anxiety - Prefer a structured feedback format	Role shock: - Aware of weaknesses - Lack identity as a supervisor - Feel being overwhelmed - Sensitive to feedback - May withdraw or be hostile to supervisee	- Establish and define supervisory relationship - Role as to goal setting

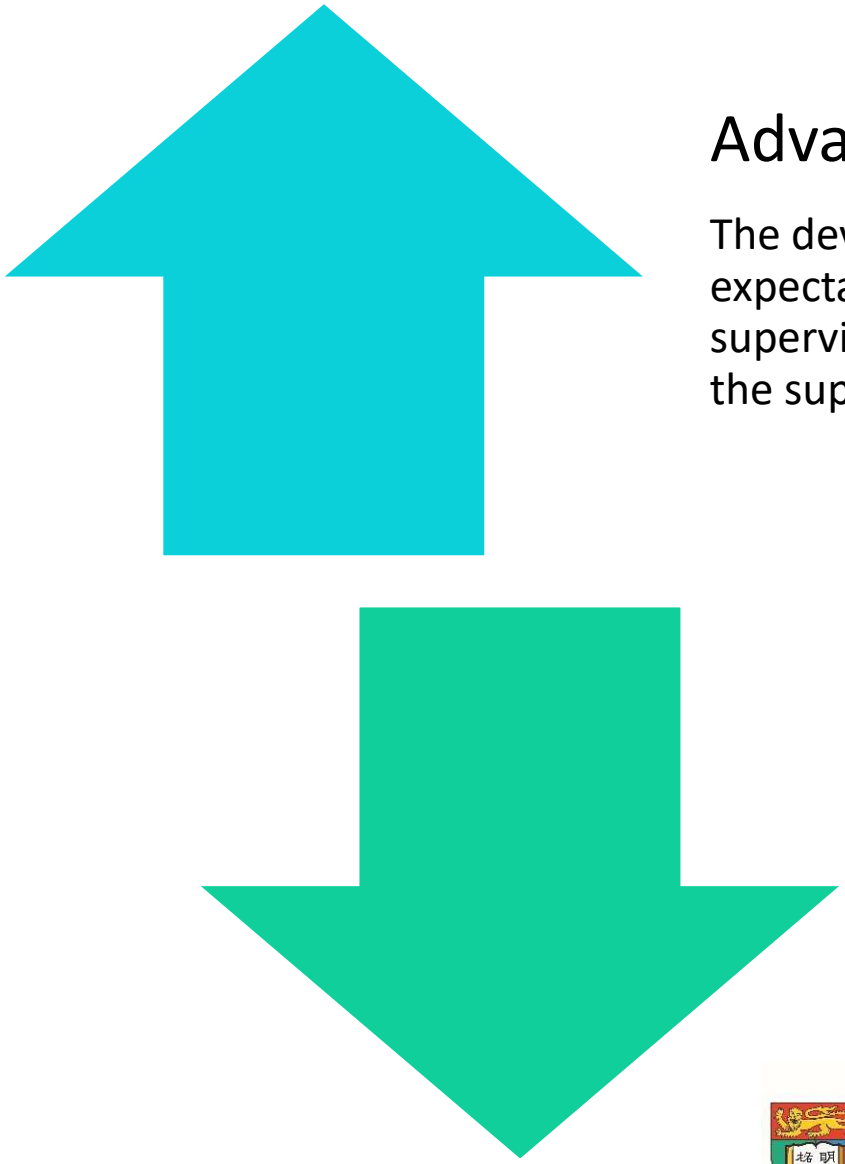
C) Falender and Shafranske (2004)

Stage	Hess (1986)	Stoltenberg, McNeil, & Delworth (1998)	Watkins (1993)	Littrell, Lee-Borden, & Lorenz (1979)
2	Exploration: - Feeling more confident - More effective - More capable of evaluating work - Intrusive or restrictive in roles	- Still high levels of confusion and conflict - Fluctuating motivation - Over focus on supervisee or loss of focus - Tempted to provide therapy to trainees - Continue search for comfort areas	Recovery and Transition: - Start to form supervisory identity - Recognize strengths - More confident - More realistic appraisal of self	- Structure and manage the supervision sessions - Role as teacher and Counselor
3	- Confirm supervisory identity - Excite about involvement - Less work and more relationship - More focus on learning agenda	- Stable and consistent motivation	Role Consolidation: - More confidence - More realistic Appraisals - More developed sense of identity - Identify transference and countertransference	- Trainee to structure supervision - Encourage trainee to self-evaluate - Role as consultant

C) Falender and Shafranske (2004)

Stage	Hess (1986)	Stoltenberg, McNeil, & Delworth (1998)	Watkins (1993)	Littrell, Lee-Borden, & Lorenz (1979)
4		- Assume an integrated master supervisor role	Role Mastery: - Consistent, coherent, well integrated identity - Sense of reality and calmness about work - Comfortable with mistakes	- Trainee works independently

C) Falender and Shafranske (2004)



Advantages

The developmental approaches inform the expectations and roles in supervision and encourage supervisory behaviour appropriate to the needs of the supervisee.

Limitations

To date, such approaches lack conclusive empirical support (Falender & Shafranske, 2004) and have limited utility in the clinical setting such as the development of assessment strategies, microskills, frameworks for conceptualization, and treatment planning (Brown & Landrum-Brown, 1995; Wisnia & Falender, 1999).

2.3 The Discrimination Model (Bernard, 1997)

- This model is rooted in technical eclecticism.
- It is called the Discrimination Model because the supervisor's approach is determined by the individual training needs of different trainees.

The model identifies 3 focuses of supervision:

i. process, i.e. behaviours and intervention skills that cater towards a therapeutic purpose;

ii. conceptualization skills, i.e. the ability to make sense of client data and to respond to such data; and

iii. personalization skills, i.e. the supervisee's personal or feeling elements that contribute to the therapeutic process.

2.3 The Discrimination Model (Bernard, 1997)

The model also proposes 3 roles of the supervisor:

i. the teacher role, i.e. the supervisor determines what the trainee should learn in order to become competent;
ii. the counselor role, i.e. the supervisor facilitates the trainee's self-exploration; and
iii. the consultant role, i.e. the supervisor as a resource person and one that promotes the trainee's self-efficacy.

- Using this model, a matrix of 9 role-function combinations is formed to inform supervisor intervention.

2.3 The Discrimination Model (Bernard, 1997)

Advantages

The model is simple and straightforward to help identifying supervisor roles in relation to supervisee needs. Studies support the differentiation and identification of the 3 roles (Stenack & Dye, 1983) and the 9 role-function combinations (Ellis et al., 1988).

Limitations

The model fails to address evaluation and the supervisory relationship. It has not been adequately tested by empirical research.

2.4 The Systems Approach

(Holloway, 1995)

- The Systems Approach is a dynamic model that helps supervisors assess supervisee learning needs and teaching interventions.
- The approach proposes that there are 7 factors contributing to the process and outcome of supervision:
    i. The supervisory relationship which involves power, involvement, and developmental phases
    ii. The supervisory contract which refers to the expectations regarding the supervision
    iii. The client
    iv. The supervisor
    v. The trainee
    vi. The institution
    vii. The functions and tasks of supervision

- These 7 factors interact with each other and influence the overall supervisory relationship. As such, supervision is understood as a 'shared interactional phenomenon' (Holloway, 1995).

2.4 The Systems Approach

(Holloway, 1995)

Advantages

The model addresses the complexity of the supervisory process. The unique needs of the supervisee

are acknowledged and negotiated between the supervisor and supervisee.

Limitations

Although each element of the model is based on existing research, studies that test the whole model

have been lacking (Beinart, 2004).

2.5 Competence-based approach

(Falender & Shafranske, 2004)

- In this approach, the aims of supervision are to
  - assist supervisees to develop the competencies, attitudes and values that support science-informed practice
  - safeguard client welfare
  - instill a commitment to professional ethics and service

- Competencies are enhanced through the development of knowledge, skills and values.
- These attributes are seen to be founded upon the trainee's personal traits, values and interpersonal competencies, and knowledge acquired through the professional education.
- They are integrated into competencies through the clinical training.
- The competencies are evaluated against external standards that are set to develop appropriate learning activities and performance objectives.

2.5 Competence-based approach

(Falender & Shafranske, 2004)

- The competence-based approach encourages the identification of the focus of the training experience in the form of specific competencies (knowledge, skills and values) that are definable and potentially measurable, directly related to real-world job requirements, and that takes into account of the trainee's individual readiness for such requirements.
  - For example, the competencies for conducting intake interview may involve listening skills, knowledge of making diagnoses, and interpersonal skills and sensitivity.
  - When competencies are broken down into components, precise evaluation criteria, feedback, learning strategies and further training objectives can be identified.
  - Therefore the approach targets at individual competencies and allows supervision to be tailored to the trainee's individual needs.

- The competence-based approach believes that the acquisition of skills and understanding is proposed to be achieved through a learning cycle of experiencing, reflecting, conceptualizing, planning and experimenting.
- The supervisor has the tasks to give trainee the assistance, feedback and guidance to progress through the cycle and to the next cycle.