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 3: Roles and Responsibilities of Supervision

Department of Psychology
The University of Hong Kong
香港大學心理學系

3.1 Supervisor's Tasks at Different Developmental Levels of Supervisees

[Falender & Shafranske (2004) summarized from Stoltenberg, McNeill, & Delworth (1998)]

Level	Supervisee characteristics	Supervisor's tasks
1	• high anxiety • high motivation • dependent on supervisor • focuses on the self, especially • on performance of technique or following guidelines • fearful of evaluation	• be supportive and prescriptive • provide structure and positive feedback • use minimal direct confrontation • have the supervisee work with only mildly distressed clients • institute observation and roleplay • put theory on low priority to emphasize and encourage conceptualization, skill acquisition and development, self-monitoring of skill development, and attention to client response to therapeutic intervention

Methods to Foster Transition from Level 1 to 2

- encourage increased autonomy
- reduce structure
- encourage new techniques rather than familiar ones only
- foster focus on the client and his or her reactions and process

3.1 Supervisor's Tasks at Different Developmental Levels of Supervisees

[Falender & Shafranske (2004) summarized from Stoltenberg, McNeill, & Delworth (1998)]

Level	Supervisee characteristics	Supervisor's tasks
2	• going through 'trial and tribulation' period • experiences dependency-autonomy conflicts • has fluctuating confidence and motivation levels • shifts focus to the client with increased empathy • links mood to success with clients • has an increased understanding of own limitations • uses therapeutic self in interventions • demonstrates uneven theoretical and conceptual integration • sensitive and anxious about evaluation	• balances the fostering of autonomy with support and structure • desires to increase autonomy and confidence within realistic boundaries of competence • introduces and considers countertransference • deals with self, defensiveness, transference, affect, and the supervisory relationship • articulates theory and conceptual frames • challenges and uses catalytic interventions, stirring up and increasing awareness • helps the supervisee identify and understand his or her strengths and weaknesses • accepts de-idealization of him- or herself • monitors use of videotapes and direct observation • promotes multiple theoretical conceptualizations

Methods to Foster Transition from Level 2 to 3

- encourage movement towards stable motivation across domains
- foster flexibility to autonomously move conceptually and behaviourally across domains encourage creation of a solid professional identity
- encourage development of a personalized understanding across domains
- encourage assessment of the impact of personal events on professional life

3.1 Supervisor's Tasks at Different Developmental Levels of Supervisees

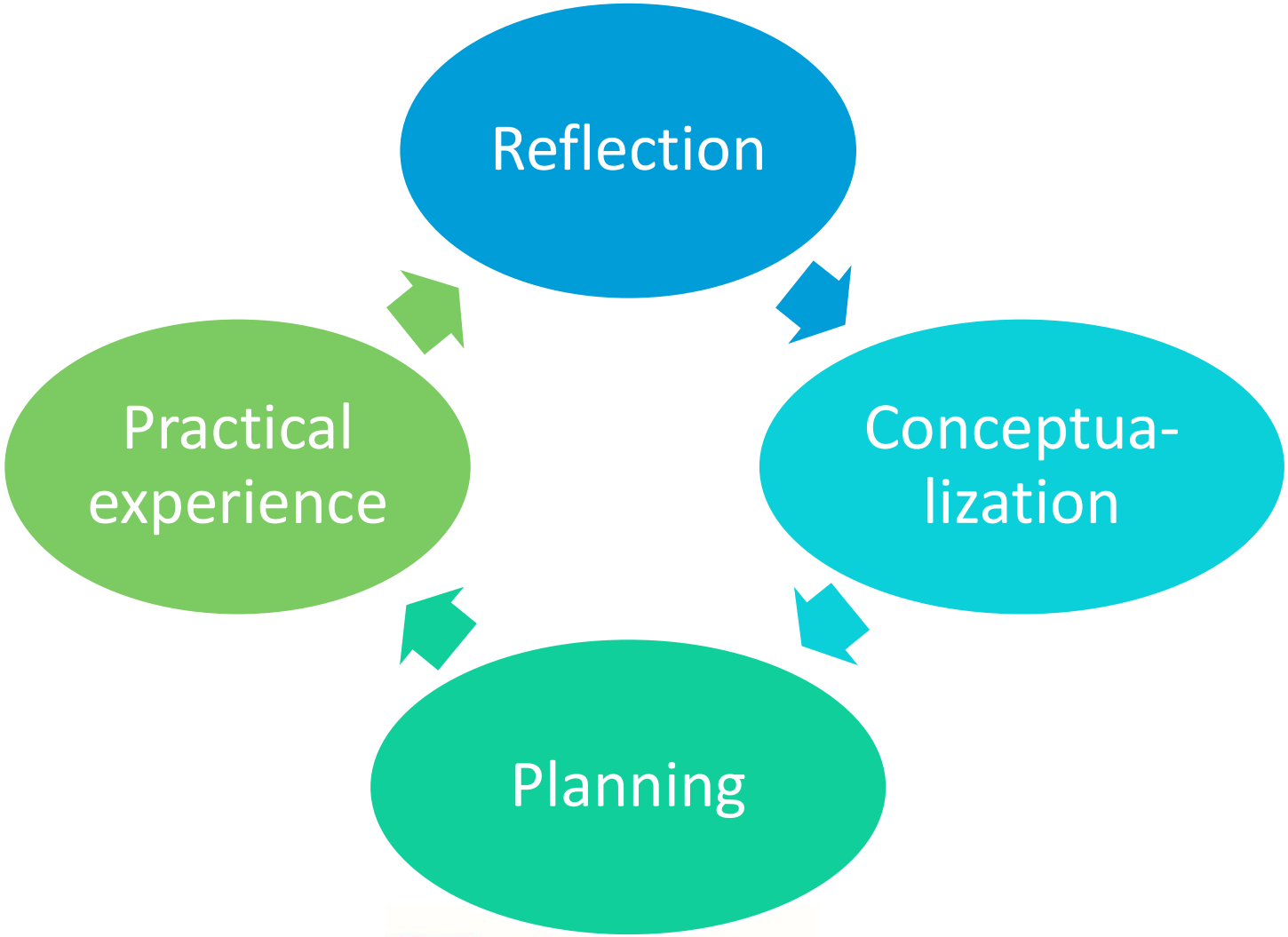
[Falender & Shafranske (2004) summarized from Stoltenberg, McNeill, & Delworth (1998)]

Level	Supervisee characteristics	Supervisor's tasks
3	• exhibits an attitude of 'calm after the storm' • exhibits stable motivation is secure with autonomy • focuses on the client, process, and self • has professional identity • is not disabled by remaining doubts • accepts own strengths and weaknesses • exhibits high empathy and understanding • uses the therapeutic self in interventions • integrates client information, personal responses, theoretical information, and empirical information • may find it challenging to be flexible in approach • has accurate empathy that is tempered by objectivity and processing of reactions, feelings, and thoughts • has a high level of insight into personal strengths and weaknesses • addresses areas of weakness with increased confidence and non-defensiveness	• carefully assesses consistency in performance areas across domains • works towards integration across domains • continues careful monitoring • emphasizes autonomy and growth • avoids creating an intrusive and overly structured supervisory environment • engages in confrontation • devotes attention to parallel process between supervision and therapy • attend to countertransference, and the supervisor-supervisee relationship • focuses on leading the supervisee to make personal self-discoveries • interacts with empathy and in a nonjudgmental manner, with encouragement of experimentation and exploration • provides advice concerning professional development and job searches as needed

3.2 The Process Evaluation of Teaching and Supervision (PETS)

- According to the Process Evaluation of Teaching and Supervision (PETS), the supervisor's major tasks are to develop in the trainee skills and understanding through a cycle of reflection, conceptualization, planning and practical experience (Milnes & James, 2002).
- Supervisor behaviours are coded into categories of activities that reflect varying levels of direction and facilitation.
- The PETS was initially developed by Milnes, James, Keegan and Dudley (2002) as a procedure to evaluate the helpfulness of supervision in engaging the trainee to experiential learning, but it is also useful for informing supervisory tasks.

The PETS coding of supervisor behaviours (Falender & Shafranske, 2004)



The PETS coding of supervisor behaviours (Falender & Shafranske, 2004)

Task Code	The PETS coding of supervisor behaviours
1. Managing	Organizing and managing the flow of the session Examples: “I would like to cover X today.” “Let’s move on now.” “Anything you would like to talk about today?”
2. Listening	Engaging in active listening and observing, silently paying attention, and understanding that listening is neither verbal nor nonverbal feedback
3. Supporting	Using verbal and nonverbal nonspecific reassurance, agreeing, encouraging, nodding, smiling, laughing, and expressing empathy, warmth, and genuineness Examples: “That’s right.” “Fine.” “Well done.”

The PETS coding of supervisor behaviours (Falender & Shafranske, 2004)

Task Code	The PETS coding of supervisor behaviours
4. Summarizing	Summarizing information to clarify links and understanding Examples: “Let me see if I got that right…” “So what you’ve done was…”
5. Giving feedback	Providing specific verbal or written feedback, positive or negative, that is intended to weaken or strengthen aspects of the learner’s behaviour, thoughts, or feelings Examples: “The way you set the agenda was very good.” “You let him go on a tangent there.” “That was an excellent behavioural experiment.” “You could have strengthened this with an experiment.”
6. Gathering information	Asking for information and facts, not testing knowledge, and defining the trainee’s problem Examples: “How old is she?” “Was that his first episode?” “What did you do then?”

The PETS coding of supervisor behaviours (Falender & Shafranske, 2004)

Task Code	The PETS coding of supervisor behaviours
7. Checking theoretical knowledge base	Explicitly monitoring, checking, or evaluating competence and asking for an opinion Examples: “What would you do here?” “What does Beck suggest about…?” “What kind of homework task would you set here?”
8. Challenging	Getting the learner to rethink or reason his or her view; similar to checking the knowledge base, but causes the learner to rethink his or her perspective Examples: “How else could you have done this?” “What would have been a better way to…?”
9. Informing or educating	Providing abstract (not personal) data to the learner, transmitting information (e.g. facts and figures, theories, formulations, ideas and methods), using a didactic approach (e.g. traditional teaching), issuing a directive that indicates what the learner should do to achieve goals, and using a convergent emphasis Examples: “Generally, what you do here is…” “There have been trials to treat panic in one session.” “The way to approach this situation is…”

The PETS coding of supervisor behaviours (Falender & Shafranske, 2004)

Task Code	The PETS coding of supervisor behaviours
10. Guiding experiential learning: modeling, roleplay and other	Leading practical learning activities in which one learner actively develops competence (e.g. modeling or demonstrating correct performance, using roleplay exercises, implementing learning tasks, and assigning behavioural exercises
11. Self-disclosing	Leader referral to self to reveal something new about self, such as experience, limitations, and goals Examples: “I have always found these cases difficult to handle.” “I would like to improve myself in…” “I myself find it very hard to…”
12. Disagreeing	Emitting verbal or nonverbal direct negative reaction that is nonspecific to the learner’s opinion or grasp of facts (e.g., shaking head or making verbal corrections)
13. Using video observation	Watching a video of a therapy session, generally a case example from trainees

3.3 Ideas from other Clinical Psychology training programmes

3.3.1 List of supervisor's tasks from the Clinical Psychology Unit of the University of Sheffield (http://www.shef.ac.uk/content/1/c6/04/05/03/2_05%20Supervising02.doc)

i. Facilitating the trainee's entry into the professional network: introductions, tours, maps, briefings, etc.

ii. Negotiating, and where necessary re-negotiating, the learning objectives with the trainee.

iii. Providing and monitoring the trainee's workload, taking into account his/her newness to clinical psychology, the client group and the type of work.

iv. Administration. Checking and signing the trainee's travel claims, ensuring he/she observes the correct procedures regarding absences, record keeping and professional conduct.

v. Teaching skills. Providing practical guidelines on interviewing, carrying out assessments and therapeutic techniques, and modelling their application by having the trainee observe you and/or undertaking joint work.

3.3.1 List of supervisor's tasks from the Clinical Psychology Unit of the University of Sheffield (continued)

vi. Linking practice and theory through discussion of cases, provision of reading material, enabling the trainee to attend relevant seminars, workshops, conferences and setting aside time to discuss theoretical/professional issues.

vii. Giving feedback on the trainee's own work. This requires observing the trainee with at least some clients, either directly or through taped sessions, and to develop the trainee's use of notes and records.

viii. Supporting and counselling. Being a trainee has many stresses. These include social and domestic upheavals, especially at the start of training; changing 'jobs' every few months; feeling de-skilled and incompetent while feeling expected to cope (by oneself, client, trainers); having one's work and behaviour continually assessed; repeatedly shifting between the 'roles' of clinician and student. The supervisor should be alert, but not intrusively so, to the personal impact on the trainee of the placement and to any other factors which may affect his/her performance at work. The trainee and supervisor will need to make explicit the extent to which they both feel it is appropriate to discuss these issues in supervision.

ix. Befriending. This is different from the above, as it implies a personal rather than professional relationship. While some social contact between supervisor and trainee may do no harm, difficulties can arise if the supervisor finds his/her role as assessor compromised by feelings of friendship.

x. Assessing the trainee. At the end of the placement a formal assessment of the trainee's performance is made, including both written comments and a series of ratings.

3.3.2 Trainees' views on specific helpful and unhelpful supervisor behaviours, the University of Leeds

(http://www.leeds.ac.uk/medicine/psychiatry/courses/dclin/doc_a_section2.htm)

Helpful

- Giving detailed positive and negative feedback, with opportunity to discuss it generate confidence in the trainee
- Not checking too much, but allowing the trainee to organise things on his/her own
- Being available and approachable
- Being able to observe supervisors and able to discuss it in detail
- Sensitive to the trainee's feeling of competence, and the timing of the transition from observing to being 'in the driving seat'
- Respect for the trainee's view and knowledge of the client
- Problem solving approach in giving negative feedback
- Appreciating personal stresses related to training
- Supervisors being able to acknowledge their own weaknesses and problems
- Being interested in trainee's life as well as work
- Grading independent work
- Help with references
- Understanding trainee limitations eg previous experience, time available
- Giving trainee a forum to verbalise their own ideas
- Offering a wide variety of clients and treatment approaches
- A very structured contract re goals

3.3.2 Trainees' views on specific helpful and unhelpful supervisor behaviours, the University of Leeds

(http://www.leeds.ac.uk/medicine/psychiatry/courses/dclin/doc_a_section2.htm)

Unhelpful

- Supervisor never available
- Not having a regular meeting time
- Bad time keeping
- Not asking the trainee's feelings about therapy sessions and how it affects them personally
- Not being introduced to other staff
- Inadequate/unstructured induction
- Lack of feedback (positive and negative)
- Supervisor being too rigid in theoretical orientation
- Lack of pre-placement meeting
- Supervisor imposing their approach to clients on trainees
- Not taking trainee's views seriously
- Vague about the theoretical underpinnings of their own work
- Not helping clear formulation of the situation
- Assuming that all trainees are the same
- Downgrading your skills because you are a trainee
- Supervisor's lack of enthusiasm for their work is infectious
- Using trainee to dump all their difficulties
- Supervisor too rigid - not allowing trainee to organise their time, work load, etc.
- Supervisor not providing the opportunity for trainee to discuss their feelings, and issues about themselves in relation to the client

3.4 Professional Guidelines

- Some professional bodies delineate the roles and responsibilities of supervisors in their codes of conduct. Some relevant sections or materials are highlighted here.
- Supervisors are encouraged to consult the complete documents.

3.4.1 HKPS Code of Professional Conduct (HKPS, 2012)

Chapter 7: Teaching, Training, Supervision, and Consultation
https://www.hkps.org.hk/padmin/upload/wpage11_1download2_Code%20of%20Professional%20Conduct%20HKPS%20-%2015Oct2015.pdf

Members should:

7.1.1 have a responsibility to promote awareness of professional ethics and the existence of this Code when they consult, teach, train, and supervise.

7.1.2 instruct consultees, students, trainees, and supervisees who witness case demonstrations that they are required to preserve the anonymity of the subject to safeguard the subject's privacy in every way.

7.1.3 avoid dual relationships, so that any potential abuse of power is minimized and the consultant/ teacher/ trainer/ supervisor role is not compromised.

3.4.1 HKPS Code of Professional Conduct (HKPS, 2012)

7.1.4 encourage active participation. Effective consultation/ teaching/ training/ supervision and learning is the responsibility of both parties.

7.3.1 not require or otherwise coerce a trainee or supervisee to participate as a subject in a training or supervision demonstration, when there is reason to suppose that a trainee or supervisee is likely to suffer distress from the experience.

7.3.2 ensure freedom of their trainees/ supervisees and themselves to pursue professional and academic activities without any kind of overt or covert sexual or other forms of harassment. Members should endeavor to ensure that satisfactory procedures for complaint are available to the trainees.

3.4.1 HKPS Code of Professional Conduct (HKPS, 2012)

7.3.3 assume responsibility for providing adequate training/ supervision of their trainees/ supervisees. This requires the training/ supervising member to be accessible when the trainee/ supervisee might reasonably require assistance, and to maintain sufficient knowledge, familiarity and control of the trainee/ supervisees' work to guard against deficiencies in the service to the client.

7.3.4 ensure that trainees/ supervisees inform clients of their training/ supervision status, and that information about the client shared with the trainer/ supervisor is done so in confidence, and anonymously when case reports are used for examination/ evaluation/ training purposes.

3.4.1 HKPS Code of Professional Conduct (HKPS, 2012)

7.3.5 ensure that the trainees'/ supervisees' work does not exceed their competence, whilst enabling new learning to take place at an appropriate pace. If the clinical needs of a client exceed the competence of a trainee/ supervisee, the member must take over the client him or herself or refer elsewhere.

7.3.6 respect the trainees'/ supervisees' right to develop their own individual orientation and perspective in their work, also to refuse to undertake certain actions on ethical or other legitimate grounds. In the case of disagreement, a third party may be consulted.

3.4.1 HKPS Code of Professional Conduct (HKPS, 2012)

7.3.7 respect the right of a trainee/ supervisee to retain reasonable personal privacy and not require or coerce him or her to disclose personal information either directly or in the context of a training/ supervision procedure and to develop his or her individual orientation within the confines of the training programme.

7.3.9 actively encourage a trainee/ supervisee to take positive steps to rectify the matter or guide the trainee/ supervisee to a more appropriate career when they observe personal qualities in the trainee/ supervisee that are likely to become a serious liability in later professional work. Generally, advice to leave the profession should be given only where additional senior members of the profession have agreed that it is appropriate on the basis of an informed judgment of the trainee/ supervisee.

3.4.1 HKPS Code of Professional Conduct (HKPS, 2012)

7.3.10 not engage their trainees/ supervisees in psychotherapy or any similar procedure except with voluntary informed consent of the trainee/ supervisee and when such consent is given for the specific purpose of training/ supervision in that procedure.

7.3.11 recognize the importance of personal development and its relation to professional development for the trainees/ supervisees.

3.4.2 DCP Policy on Supervision (BPS, 2014)

- Clinical supervision has the specific purpose to maintain, update and develop clinical skills in assessment, formulation and interventions.
- This may address clinical work from various orientations – complex cases, based on diagnoses/conditions, interventions or model specific.

http://www.bps.org.uk/downloadfile.cfm?file_uuid=1B293F48-7E96-C67F-D0E319AF377BD527&ext=pdf

3.4.3 Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision (BPS, 2010)

Setting up of Placement

- Both trainee(s) and supervisor(s) must have an opportunity to meet either before, or at the very beginning of the placement to discuss the range of experience, which is to be provided, and the expectations (hours, days of work, etc) of the trainee(s). The general aims of the placement should normally be agreed within the first two weeks of the placement and a clinical contract should be written.
- In cases where there is more than one supervisor involved in a trainee's placement (team supervision) a primary supervisor must be identified for each trainee
- The supervisor must plan an induction for the trainee, arrange for cover in the event of annual or other leave and should plan casework well in advance.

3.4.3 Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision (BPS, 2010)

Placement Content

- Supervisors should ensure that trainees undertake an appropriate quantity of clinical work. There are dangers in both extremes: too little work reduces the opportunity for learning and too much may reduce trainees' capacity for planning or reflecting upon the work. Supervisors should monitor the balance of time spent by the trainee on work at different levels (direct client work, indirect and organisational work).
- A log must be kept of the work a trainee has done in a clinical placement

3.4.3 Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision (BPS, 2010)

Clinical Supervision

- There must be a formal, scheduled supervision meeting each week that must be of at least an hour's duration. Longer supervision will sometimes be needed, especially where team or group supervision is used. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions.
- In cases of team or group supervision, trainees must always receive, in addition, an appropriate amount of individual supervision. Individual supervision must provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going casework.
- Adequate time for clinically relevant reading must be made available to the trainee on placement.
- In addition to discussing clinical work, it is essential that the trainees and supervisors have opportunities to observe each other at work: the trainee can learn much more from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback.

3.4.3 Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision (BPS, 2010)

Quality of Clinical Supervision

- Supervisors should be prepared to adapt their style of supervision to the stage of the programme a trainee has reached. It is necessary to be prepared to describe basic clinical procedures in detail and to ensure that trainees have an adequate grasp of techniques they are asked to use.
- Supervisors should be prepared to discuss seriously and sympathetically any general issues of relationships with patients or staff that arise in the programme of clinical work. They should be sensitive to any personal issues that arise for the trainees in relation to clients and be prepared to discuss these in a supportive way when they are considered to affect the trainee's work. The range of personal issues that can be raised by clinical work is wide and includes, for example, over-involvement, dealing with anger and despair, workload and time management problems.

3.4.3 Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision (BPS, 2010)

Clinical Reports and Communication

- Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion are often more important than formal written reports in terms of their effects on clinical decisions and action.
- Training in effective communication will involve both observation of the supervisor's behaviour, and practice by the trainee with ample opportunity for feedback.
- There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information provided. Trainees need to be acquainted with a variety of report and letter writing styles.