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 6: Competence for Good Practice

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6. Competence for Good Practice

6.1 Definition

- Competency is “sufficiency relative to an external standard, and it is assumed that competency can always be enhanced” (Falender & Shafranske, 2004).

6.2 Research on Supervisory Competencies

- There are methodological limitations of research studies of best and worst supervision. Data of many of the studies were based on self report.
- However, effective supervision may not be the most satisfying or pleasurable (Ladany, Ellis, & Friedlander, 1999).
- Supervisees’ ‘liking’ towards the supervisor would influence the results.
- Moreover, most of the research had no link to treatment efficacy.
- Although there may be a lack of significant empirical data, certain characteristics appear to constitute the major components of good supervision across studies.

6.3 Supportive relationship

Supervisory relationship is crucial to successful supervision (Ellis and Ladany, 1997). Valued characteristics of the supervisory relationship are listed below (Falender and Shafranske, 2004):

- empathy with the trainee for the difficulties they encounter (e.g. Worthen & McNeil, 1996)
- creating an atmosphere of teamwork between supervisor and supervisee (e.g. Henderson, Cawyer, & Watkins, 1999)
- warmth and understanding (Martin, Goodyear & Newton, 1987)
- being affirming and reassuring (Wulf & Nelson, 2000)
- being accepting (Hutt, Scott, & King, 1983) and non-judgmental
- being approachable and attentive (Henderson, Cawyer, & Watkins, 1999)
- respecting trainee's personal integrity, autonomy (Henderson et al., 1999) and strengths (Heppner & Roehlke, 1984)
- being flexible, genuine, interested, experienced and currently conducting therapy regularly themselves
- having knowledge and experience relevant to the supervisee
- encouraging exploration and experimentation (Worthen & McNeill, 1996)
- encouraging supervisee disclosures of actions, feelings, attitudes and conflicts
- high-quality supervision is associated with duration and frequency of contact (Allen, Szollos, & Williams, 1986)

6.4 Conflict resolution

- Another key element to effective supervision involves the supervisor taking initiative to discuss supervisory conflict with their trainees (Falender & Shafranske, 2004).

- Moskowit and Rupert (1983) found that conflicts over the style of supervision were more readily resolved but conflict resolution over theoretical orientation and personality issues was less successful.

6.5 Supervisor's disclosure

- Self-disclosures relating to supervisors' emotional reactions to clients, their own counseling struggles and successes, personal feedback on the supervisory relationship, and general professional experiences appeared to be facilitative.

6.6 Supervisor's styles

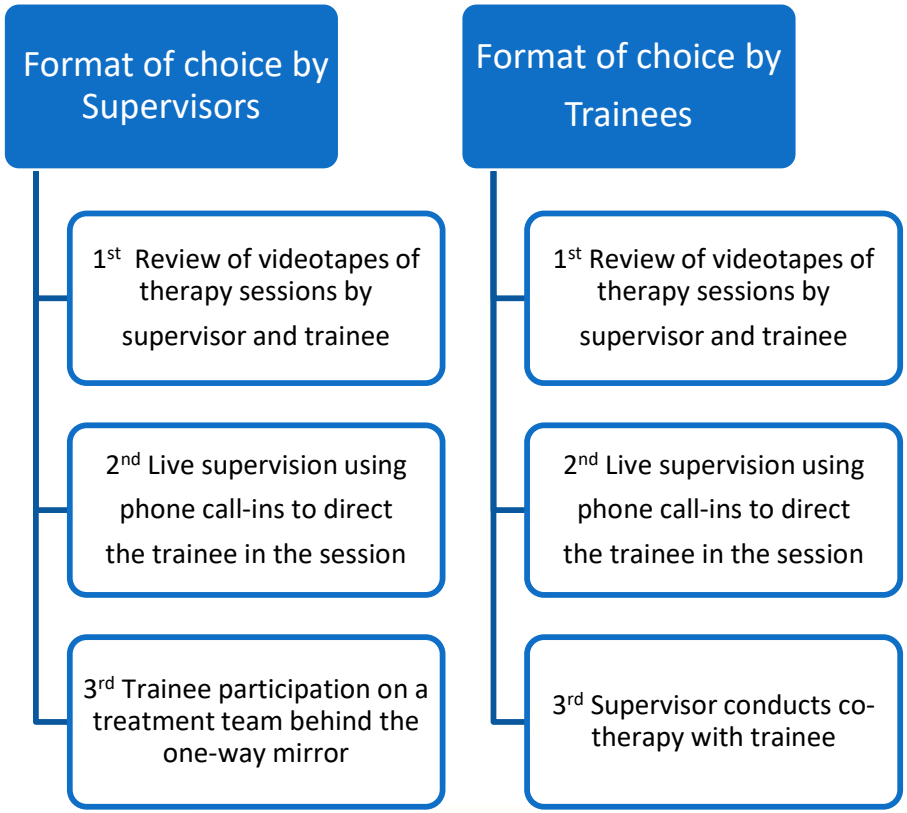
Cherniss and Equatios (1977) studied supervision styles and concluded that the ideal supervisor combines multiple styles, with much higher frequencies of:

- the insight-oriented style that motivates the supervisee to independent problem solving;
- the feelings-oriented style that encourages the supervisee to deal with emotional responses to the clinical process; and
- the didactic-consultative style that offers advice and interpretations for the supervisee.

The laissez-faire style was negatively associated with satisfaction, and the authoritative style was not correlated with satisfaction.

6.7 Supervisory formats

- In a review of literature, Goodyear and Nelson (1997) reported the ratings by supervisors and trainees of family therapy on different formats of supervision. The formats rated as top 3 are as follow:



6.7 Supervisory formats

- The two most highly rated formats of supervision are videotape reviews and live supervision with phone-in support.

- However, in practice the most frequently used form of supervision was individual case consultation (Goodyear & Nelson, 1997).

- The discrepancy suggests that the most effective modes of supervision as evaluated by trainees and supervisors may not have been fully utilized.

6.8 What makes the best supervision?

(Falender and Shafranske, 2004)

Competencies inferred from the literature on best supervision:

- capacity to enhance trainee self-confidence through support, appropriate autonomy, and encouragement
- capacity to model strong working alliances and develop strong supervisory alliances with the supervisee
- ability to dispense feedback, give constructive criticism, and provide evaluation
- knowledge of multiple formats of supervision and skill in each of these formats
- adaptability and flexibility
- excellent communication of case conceptualization, with strong theoretical underpinnings
- ability to maintain equilibrium and a sense of humor, even in the face of crisis
- ability to identify and bring up potential conflict situations or areas of discomfort with the supervisee
- openness to self-evaluation and to evaluation by supervisees and peers

6.9 Further references

University of Leeds http://www.leeds.ac.uk/medicine/psychiatry/courses/dclin/doc_a_section2.htm

The University of Leeds suggests the general virtues of clinical psychology supervisor as following:

- Having an interest in supervision.
- Making explicit and discussing each other's expectations of supervision (a supervisory contract).
- Providing opportunities for the trainee to see you at work and discuss afterwards.
- Observing the trainee at work (directly or via tape) and giving feedback.
- Giving a trainee his/her own 'caseload' (i.e., work he/she is responsible for) at the outset, or fairly soon after.
- Being readily available for regular and/or frequent discussion of the trainee's work.
- Being prepared to teach about techniques and theories and to provide links between academic input and practice.
- Avoiding being either very passive or authoritative.
- Balancing critical and encouraging feedback on the trainee's performance checking out if the balance is right from time to time.
- Being prepared to confront matters of professional conduct, such as missed appointments, repeated lateness, late or inadequate reports, inappropriate dress or behaviour etc.
- Openly discussing mutual expectations about the trainee's level of autonomy, methods of supervision, how the placement will be assessed, and the freedom to express personal feelings.