Foundations of Clinical Supervision

with

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Foundations of Clinical Supervision:
Topical Outline

Segment 1:
- What is Mental Health Supervision
- Modes of Instruction
- Behaviors of Supervision

Segment 2:
- Response/Skills Model of Supervision

Segment 3:
- Traditional Model of Supervision (case report)
  - Target of Intervention
  - Applying Theory to Supervision
- Developmental Stages of Supervision:
  - Stages of Supervisee Learning
  - Stages of Supervisor Interventions

Segment 4:
- Video Demonstration

Segment 5:
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  - Case notes, Role Play, Audio-tape review
  - Video-tape review, Direct observation, Transcription

Segment 6 (California Version):
- California Rules and Regulations
- OR

Segment 6 (National Version):
- Risk Management
  - Tips for Risk Management in Supervision
  - Supervisee/Client Boundary Issues
  - A Paranoid’s Guide to Risk Management
  - Danger Signs of Increased Risk

Topical Outline
Segment 1

1. What is Mental Health Supervision
2. Modes of Instruction
3. Behaviors of Supervision
4. Model of Skill Learning
Definition of Supervision

According to Loganbill, Hardy, and Delworth (1982, p. 14), clinical supervision is "an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person."

Common Characteristics of Supervision

1. The supervisor is generally a senior member of the same profession as the supervisee.
2. The supervisor usually holds some administrative responsibility for the relationship.
3. The supervisor is a representative of the agency in which both supervisor and supervisee are employed.
4. Supervision is generally a continuous process requiring weekly contact between supervisor and supervisee.

Common Characteristics of Supervision (cont’d)

5. The supervisor holds power over the supervisee and is responsible for the performance of the supervisee. This responsibility includes administrative, legal, ethical, clinical, and professional issues as they relate to the supervisory relationship.
6. Supervision is a hierarchical relationship.
7. Supervision is a contractual relationship which involves a contractual agreement between supervisor and supervisee and may involve contracts with an agency and/or a university.

Responsibilities of the Supervisor

1. Monitor client welfare.
2. Promote supervisee growth and development.
3. Facilitate supervisee transition through developmental stages.
4. Evaluate supervisee progress.
The Supervision Relationship is Not . . .

1. . . . An equal relationship.

2. . . . Consultation.  
(Although the act of supervision and consultation may appear the same.)

The Supervision Relationship is Not . . .

3. . . . Psychotherapy.

However, it is appropriate and encouraged for supervisors to address the emotional reactions of their supervisees. Supervisors must manage supervisee emotional issues that influence client care while respecting supervisee’s privacy. Unlike most employment, where the mental health of the employee is not addressed within the working environment, when providing psychotherapy the skills of the supervisee include his/her ability to manage his/her emotions. Personal difficulties which interfere with the supervisee’s clinical practice may be addressed in supervision and may be referred to an appropriate alternate relationship (e.g., psychotherapy).

What is Mental Health Supervision?

1. A colleague asks to discuss a case with you.

2. Because you are skilled in testing, a supervisee in the clinic where you work asks you to review her testing of a client because her supervisor does not supervise testing.

3. You are teaching a university practicum class. One of the students calls you after class to discuss a case at his placement.

4. A student in your supervision group calls you at home to discuss a case.

What is Mental Health Supervision? (cont’d)

5. Your client, who is an intern at a local mental health facility, discusses one of her cases during her therapy with you.

6. A friend’s daughter, who is an intern with a local therapist, asks you to discuss problems that she is experiencing with her supervisor.

7. An intern of one of your colleagues in your work setting asks to meet with you for an hour to discuss a difficult case.

8. You agree to review cases with a colleague’s supervisee while the colleague is on vacation.
**Modes of Instruction**

- Didactic
- Role Modeling
- Experiential

**List 5 of Your Supervision Behaviors**
(Things I would see you doing or hear you saying if I were watching you interacting with your supervisee.)

**The Behaviors of Supervision: What do you do during supervision?**

- Ask questions
  - Catalytic
  - Informational
- Reflect what you have heard from the supervisee
- Make suggestions, e.g., for interventions
- Educate, explain
- Role play

**The Behaviors of Supervision: What do you do during supervision?**

- Disclose own experiences in therapy and supervision
- Observe (e.g., via audio/video-tape or one-way mirror)
- Structure (e.g., the supervision process)
- Refer (e.g., to other resources)
Model of Skill Learning
Integrating Cognitive and Experiential Learning

Unconscious Ineffectiveness

Conscious Ineffectiveness

Conscious Effectiveness

Unconscious Effectiveness

Topical Outline
Segment 2
1. Counter-Productive Ingrained Responses
2. Fundamental Responses/Skills of Therapy
3. Response/Skills Model of Supervision
4. Therapeutic Conditions
5. Advantages and Disadvantages of the Response Model
6. Development of Skills
7. Blocks to Skill Development
8. Supervisee Pitfalls

Skills/Response Approach to Supervision
Overcoming Counterproductive Ingrained Responses

✓ What are the skills/responses/behaviors that we use to develop “normal” interpersonal relationships?
   - Ask questions
   - Self disclose
   - Offer advice

Overcoming Counterproductive Ingrained Responses

✓ How do most theoretical perspectives view these responses/skills?

Most theoretical approaches recommend that questioning be limited.

Most theoretical approaches recommend that self-disclosure be very limited.

Most theoretical approaches recommend that advice be severely limited.
Primary Therapeutic Response Types

- What responses skills/behaviors do we utilize to develop clinical, therapeutic relationships?
  - Empathy
  - Solicitation
  - Confrontation
  - Immediacy
  - Structuring
  - Limited use of questions

Skills Model Responses

- Concreteness:
  - Questions
  - Solicitations
- Confrontation
- Empathy:
  - Reflection Feeling
  - Reflection of Content
- Structuring
- Immediacy
- Informational
- Self-Disclosure
- Advice
- Sympathy

Therapeutic Conditions

- Genuineness
- Respect
- Positive Regard

Skills/Responses/Behaviors as a Supervision Model

Advantages:
- Behavioral/Deals with doing
- Clear—Easily presented and described
- Specific—focused, exact, unambiguous
- Simple—concrete versus abstract
- Differentiates doing behaviors from outcomes or goals of behaviors
- Fundamental to all theoretical orientations
- Shifts perspective from outcome to process
Response/Skills as a Supervision Model (cont'd)

Disadvantages:

- Both Supervisee and Supervisor must share common definitions of terms
- Lacks direction
- Lacks a theoretical base from which to direct the therapy
- Lacks understanding of client dynamics and process
- Does not address abstract ideas and thought

Development of Skills of the Supervisee

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<th>Beginning Skills</th>
<th>Intermediate Skills</th>
<th>Advanced Skills</th>
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<td>Structuring (rules)</td>
<td>Empathy</td>
<td>Immediacy</td>
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<td>Questions</td>
<td>Personalizing</td>
<td>Confrontation</td>
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<td>Reflection</td>
<td>Solicitations</td>
<td>Multitracking</td>
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<td>Disclosure</td>
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- The beginning skills of the supervisee are self-centered.
- The intermediate skills are more client focused.
- The advanced skills are more intra and inter-personally focused.
- This development of skills for the supervisee is designed to help move the client from external problem focus to internal and interpersonal being focus.

Blocks to Individual Skill Development

- Knowledge
- Emotional state
- Experiential opportunities

Supervisee Common Pitfalls

- Asking too many questions
- Over explaining
- Giving advice
- Offering sympathy
- Expressing counter-transference
  - Feelings
  - Beliefs
  - Experiences
  - Overreaction
- Self-Disclosing
Topical Outline
Segment 3

1. Developmental Stages of Supervision:
   - Stages of Supervisee Learning
   - Stages of Supervisor Interventions

2. Integrative Model of Supervision:
   - Framing Theory for the Supervisee

3. Traditional Models of Supervision:
   - Case Report:
     - Target of Intervention
     - Applying Theory to Supervision
     - Cognitive Supervision

Supervisee Developmental Model:
Stages of Supervisee Learning

- Stagnation
- Confusion
- Integration

Supervisor Developmental Model:
Stages of Supervisor Interventions

- Prescriptive
- Catalytic
- Reflective

Prescriptive

The Assumption:
The supervisee has some basic knowledge but lacks sufficient knowledge and experience to be confident in making intervention choices.

The Supervisory Process:
The supervisor shares specific intervention strategies with the supervisee. This also serves the function of relieving anxiety of beginning level supervisees.

The Skill:
The supervisor offers didactic instruction focusing on a single option or a limited choice of options including clear, specific behaviors that the supervisee can integrate into the therapy process.
**Catalytic**

**The Assumption:**
The supervisee has knowledge from which to draw an assortment of interventions but may not have the experience (clinical) to feel confident about specific choices of interventions.

**The Supervisory Process:**
The supervisor serves to stimulate the supervisee’s own thinking process. The goal is to facilitate the supervisee to explore intervention possibilities and to evaluate interventions as to their potential usefulness to the therapeutic Process.

**The Skill:**
The supervisor uses concreteness to solicit from the supervisee.

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**Reflective**

**The Assumption:**
The reflective intervention assumes that the supervisee has sufficient knowledge and experiential base from which to make independent clinical decisions.

**The Supervisory Process:**
The supervisor “accepts” the interventions and presentation of the supervisee.

**The Skill:**
The primary supervisory skill of this type of intervention is reflection (empathic responding).

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**A Client’s Goals for Therapy**

- I want to feel better
- and/or
- I want to act/behave differently

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**To achieve clients’ goals, therapists create intervention strategies that influence…**

- Feelings/Emotions
- Behaviors
Environmental “Stressors”

- Feelings/Emotions
- Cognitions/Thoughts
- Behaviors
- Physiology/Biochemistry

Traditional Models of Supervision
1. Case Report
2. Process notes
3. Role Play
4. Audio taped presentation
5. Video taped presentation
6. Direct observation
7. Transcription

Supervision Modalities
1. Case Report (most common modality):
   - Advantages:
     Quick, organized, easy to address “missing” information, good for initial assessment.
   - Disadvantages:
     Accurate client data but inaccurate presentation of supervisee behavior, easy to miss client data, (missed cues—tone of voice, body posture, changing topics by client or supervisee, vague presentation, not “connecting”).

Supervision Case Report Example
Situation: At the very end of a session, a client asks the supervisee for ways to relieve stress.

Supervisee Response: Supervisee suggests muscle relaxation exercises.

Client Response: Yes, but...that has not worked.

Supervisee Response: Try deep breathing.

Client Response: Yes, but...I tried that and it did not help.

Supervisee Response: We are out of time so let’s talk about it next session.
Supervision Case Report Example

Intervention Style: Instructional/prescriptive
The supervisor prescribes specific examples of concreteness (solicitations) so that the supervisee can learn to solicit from the client. Here are some options you might say to your client:
✓ What do you (the client) do to relieve stress?
✓ How well does that work?
✓ What’s worked in the past?
✓ What else might work?

Supervision Case Report Example

Intervention Style: Experiential/catalytic-Type I
(Focus on client interventions)
The supervisor offers catalytic responses to experientially teach the supervisee to be catalytic with the client—parallel process. (The skill being used is concreteness.)
✓ What other responses might you have made?
✓ How well might they have worked?
✓ What responses have worked in the past?
✓ What other ways might you have been helpful to the client?

Supervision Case Report Example

Intervention Style: Experiential/catalytic-Type II
Focus on supervisee process/reactions
In the following example, the supervisor is being catalytic and solicits the supervisee’s reactions to the client. This supervisory process is designed to experientially teach the supervisee to understand his/her reactions to the client’s presentation.

Supervisor Catalytic/Experience Focused Response:
How did you feel (react) when the client asked for suggestions?
Supervisee Response:
Pressured, like I should give her something.
Supervisor Response:
How did you feel when the client said “Yes, but...”
Supervisee Response:
Inadequate.
Supervisor Response: What about the client’s “Yes, but…” made you feel inadequate?

Supervisee Response: I wasn’t being helpful.

Supervisor Response: And what if you are not being helpful?

Supervisee Response: Then I am not a good therapist.

Cognitive Supervision

Challenge the supervisee’s belief that the client’s “Yes, but…” means that the supervisee is not a good therapist.

- Assess the validity of the belief
  - What evidence do you have that you are not a good therapist?
- Assess the fantasy of the belief
  - What would it mean if you were not a good therapist?

As an alternate Type II supervision response the supervisor can focus on the impact the supervisee’s reactions may have on the therapy. The following response addresses the impact of supervisee’s reactions without probing beyond the bounds of supervision.

Supervisor Alternate Response: How is your concern about being a good therapist affecting your work with this client?

The goal of this response is to help the supervisee learn that personal issues:

- Influence the therapeutic relationship
- Are a normal part of therapy
- Can be explored in supervision and/or further examined in the supervisee’s own therapy.
Video Introduction
Supervisor: Licensed Psychologist—over 25 years supervision experience
Supervisee: MFT Intern in Private Practice with another licensed therapist/supervisor
Experience: About 2 years of accumulated licensing hours
Session: 3rd Meeting; All 3 clips are from this session
Video: Supervisee has agreed to be video recorded and to allow the video to be used for training purposes
Segments: Segment 1 approx. 10 minutes
Segment 2 approx. 3 minutes
Segment 3 approx. 1 minute

What to Watch for in Video 1 (10 minutes)
1. Target of Supervision. Is it client focused, intervention focused, or supervisee reaction focused
2. Supervisee's emotional charge and resulting loss of empathy
3. Supervisee's capacity for self awareness and insight
4. Supervisee's openness and receptivity

What to Watch for in Video 1 (10 minutes)
5. Cognitive supervision (begins about 2 minutes into the interaction)
   Goal—assist the supervisee to manage emotional reactions by reframing her view of the situation.
   Beliefs:
   - I should know
   - I'm failing
   - If I fail, I'm bad
   Core Belief= I'm bad
6. Interventions that address the supervisee's emotional reactions
7. Exploration of what happened to make the change/shift from angry to less angry
8. Catalytic supervision process
After Video 1: Learning Points

1. Nature of the supervision processes
   - Legally—Consultation
   - Clinically—Supervision from a cognitive therapeutic perspective

2. Client’s challenge triggers her core belief—“I’m bad”

3. Loss of empathy—supervisor attempts to refocus emotional energy from the supervisee (anger/counter-transference) to the client (empathy)

Video 2: Intervention Strategy (3 Minutes)

1. Having addressed (and to some extent resolved) the emotional issues of the supervisee, this segment focuses on a general intervention strategy for processing “options” and responding to direct questions—The Curious Observer

2. Note: the skill of soliciting is being prescribed by the supervisor so that the supervisee can be soliciting (catalytic with clients)

Video 3: Challenging Beliefs Using Exaggeration Humor (1 Minute)

1. The Supervisor uses a bit of exaggeration humor to challenge the belief that she should know [everything]

2. The Supervisor continues to challenge the belief that she “should”...

Summary of the Videos

1. Supervisor focused on supervisee’s reactions to her client

2. Supervisee displayed:
   - self awareness
   - insight
   - openness to learning
   - receptivity to feedback
   - emotional management—managed distress and reestablished empathy

3. Supervisor applied cognitive interventions to the supervision process.

4. Supervisor solidifying the learning by asking what happened to create shifts for the supervisee
Summary of the Videos--Issues

1. What is your reaction to this type of supervision?
   - Supervisee focused versus client intervention focused
2. Supervision versus Psychotherapy
3. Time consuming
4. What about interventions?

Traditional Models of Supervision

1. Case Report
2. Process notes
3. Role Play
4. Audio taped presentation
5. Video taped presentation
6. Direct observation
7. Transcription

Perspectives of Case Consultation

- Clinical
- Ethical
- Legal
- Professional

Perspectives of Case Consultation

Case Example

- Your supervisee has been treating an unmarried, heterosexual couple for approximately 6 months. Their presenting problems included that both felt commitment phobic, and yet both wanted to work toward a permanent commitment.

- Your supervisee tells you during supervision that the couple has decided to get married, and they have invited her to the wedding. Your supervisee is concerned about the request and is seeking assistance on how to proceed.

Note: While you might have a policy or position on supervisees engaging in events with clients, I am recommending that you explore the clinical, ethical, legal and professional issues with your supervisee.
Supervision Modalities

2. Process notes:
   Advantages:
   Encourages the supervisee to recall sessions (and therefore build *multi-tracking* skills), encourages supervisee to focus during therapy and during supervision.
   Disadvantages:
   Similar problems as case report. Filtered, what is presented is not what was done, easy to miss client data, missed cues (tone of voice, body posture, changing topics by client or supervisee, vague presentation, not "connecting").

3. Role Play:
   Advantages:
   See the supervisee in action. Supervisee responses are likely to parallel actual therapy sessions. Helps supervisee to get "unstuck."
   Disadvantages:
   Difficult to be both in role and focus on learning needs of supervisee. Client’s “issue” or supervisee’s stuck point may not be well represented.

4. Audio taped presentation:
   Advantages:
   Supervisor hears both the *client* and the *supervisee*, hears "actual" interaction, picks up interactive process between client and supervisee.
   Disadvantages:
   Time consuming, no visual cues, requires focus and concentration, and requires quality-recording capability.

5. Videotaped presentation:
   Advantages:
   Supervisor hears and sees interactions, visual cues are available, accurate presentation of the process, ability to review and replay.
   Disadvantages:
   Time consuming, often not practical, requires equipment and setup time.
Supervision Modalities

6. Direct observation:
   In session or through one-way mirror:

   Advantages:
   Supervisor sees it as it happens, greater observational ability

   Disadvantages:
   Supervisor's presence influences the process, restricts or eliminates supervisor feedback, requires extreme concentration.

7. Transcription:
   From audio-tape of actual session

   Advantages:
   Helps supervisees focus on behaviors of therapy.
   Provides a generic framework for therapeutic responses.
   Helps supervisee "slow session" to observe client responses and supervisee behaviors.

   Disadvantages:
   Time consuming. Labeling of terms requires mutual understanding of the definitions.

Supervision Modalities

   Transcription Model of Supervision

   Goals:
   1. Assess supervisee skills
   2. Increase supervisee awareness of behaviors
   3. Increase supervisee understanding of therapeutic value of skills
   4. Increase supervisee's awareness of self and impact on clients

   Format:
   1. Supervisee audiotapes a session
   2. Supervisee "predicts" response percentages
   3. Supervisee transcribes from the audio (focusing on supervisee responses rather than client statements)
   4. Supervisee calculates "actual" response percentages and compares to the predicted percentages
   5. Supervisor reviews transcript to be sure response labels are correct
   6. Supervisor and supervisee discuss the differences between predicted and actual responses
**Response Usage Assessment**

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**Rules and Regulations Governing Supervision for Psychotherapist Licensing Hours in California**

The regulations can be tedious and complex. They vary depending on the license you hold and the license being sought by your supervisee. There are two licensing boards (The Board of Psychology regulates psychology Trainees and the Board of Behavioral Sciences governs Marriage and Family Therapist Trainees and Interns and Social Work Associates.) Each board has its own distinct regulations. However, both Boards are moving in the direction of “reasonable” application of the regulations and understand that strict adherence to the regulations is sometimes unrealistic. In applying the regulations be “reasonable” and follow professional standards of care.

**Types of Supervisees (Accruing Hours) Regulated by The BOP or the BBS**

- Psychology (Trainees)
  - Intern
  - Psychological Assistant
  - Registered Psychologist
  - Supervisee in Exempt Setting
  - Department of Mental Health Waiver
- Social Work
  - Social Work Associate
- Marriage and Family
  - MFT Trainee
  - MFT Intern

**Supervisees Not Accruing Hours but Regulated by the Boards**

- MFT interns and ASWs who are in the licensing process.
- Supervisees working in private practice—whether accruing or not accruing hours—are regulated by their respective Boards.
Supervisees Not Regulated by the Boards

- Practicum Students (psychology and social work)
- Licensed Therapists required supervision by their respective employers
- Supervisees (not accruing hours) in settings not restricted by regulations (e.g., government agencies, universities, non-profits)
- Note: Except for private practice settings, BOP regulated supervisees who have completed their hours are not required supervision. However, the BOP expects that supervisors will, from an ethical and standard of care perspective, continue to provide appropriate supervision.

Rules and Regulations

- A minimum of one (1) unit of Supervision is required in every week in which a supervisee accrues hours.
  - Psychology: 1-hour individual, with the Primary Supervisor
  - MFT: 1-hour* individual or 2-hour group
  - LCSW: 1-hour* individual or 2-hour group. At least 50% of the total units of supervision must be individual.

*an MFT trainee/intern and an ASW must receive 1 hour of individual supervision in each of 52 weeks during his/her supervised experience

Rules and Regulations (cont'd)

- Psychology and MFT supervisees are required to keep weekly logs. Supervisors are required to sign logs weekly.
- Supervisees may not count hours in any week in which they do not receive Supervision from their Supervisor.
- In private practice, supervisees are not permitted to see clients in any week in which the Supervisor does not provide face-to-face supervision.

(Note: The BBS regulations now allow for an alternate supervisor for MFT interns in private practice, if that supervisor meets specific criteria.)

Rules and Regulations (cont'd)

- It is the current position of the BBS that, Supervisors of BBS regulated supervisees in agency settings may go on vacation and provide an alternate supervisor for up to 3 weeks if the alternate supervisor meets all the requirements of being a supervisor. For MFT supervisors the Board is requesting that the replacement supervisor sign a "Responsibilities Statement Form."
A somewhat unknown BBS regulation (2005) states that an alternate supervisor for an MFT Intern in a private practice setting “… shall either be employed by and practice at the same site as the intern’s employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor’s vacation or sick leave if the supervision meets the requirements of this section.” (4980.43)

Note: This regulation does not stipulate or limit the amount of vacation time permitted. Therefore, vacation time should be “reasonable.” Six weeks for maternity leave, for example, would not seem reasonable “vacation.” My interpretation is that reasonable is something like 1-3 weeks.

It is the current position of the Board of Psychology that if the supervisor of a trainee in an agency setting goes on vacation for a brief period (about two weeks), the trainee can continue to provide psychological services and accrue hours under the supervision of a qualifying supervisor who meets all requirements of a primary supervisor (including being employed in the same setting as the trainee).

It is the current position of the Board of Psychology that if the supervisor of a psychological assistant goes on vacation for a period of up to two weeks, the psychological assistant can continue to provide psychological services under the supervision of a qualifying supervisor who meets all requirements of a primary supervisor of a psychological assistant (including being employed in the same setting as the assistant). If the vacation exceeds two weeks, then a new application would have to be submitted and approved before the psychological assistant can provide psychological services under the new supervisor.

If two psychologists work in the same private practice setting, then one can provide the supervision coverage during the other’s vacation. If a psychologist is alone in private practice, then his or her psychological assistant cannot provide psychological services while the psychologist is on vacation since there is not another psychologist or board-certified psychiatrist who would meet the “employed in the same work setting in which the psychological assistant is employed” requirement of section 1391.5 of the California Code of Regulations.
In general, a supervisee is not permitted to engage in any activity that his/her Supervisor is not competent to supervise ("area of expertise" limitations). Note: Delegated Supervisor exception

The Primary Supervisor of a Psychology trainee must be available to the supervisee 100% of the time the supervisee is accruing hours.

Psychology supervisees shall be provided with Supervision for 10% of the total time worked each week.

MFT Trainees must receive 1 unit of supervision for every 5 client contact hours in a given week. (For 6+ client contact hours, the 5:1 ratio may be averaged.)

MFT Interns must receive 1 unit of supervision for every 10 client contact hours in a given week. (For 11+ client contact hours, the 10:1 ratio may be averaged.)

Social Work Associates must receive 1 unit of supervision for every 10 client contact hours in a given week. (For 11+ client contact hours, the 10:1 ratio may be averaged.)

A supervision group for MFT supervisees or ASWs may have no more than 8 supervisees. Group supervision must be 2 hours in a given week. A supervision group for psychology trainees must be a minimum of 1 hour. There is nothing in the regulations that restricts the size of group supervision. Of course, the group shouldn’t be so large that it renders the supervision ineffective. Ideally group size should be 3-5 participants.

Board of Behavioral Sciences
http://www.bbs.ca.gov/

Board Of Psychology
http://www.psychboard.ca.gov/

Steven Sultanoff’s Explanations and interpretations of the regulations
http://humormatters.com/laws.htm
Clinical Supervision: 
Topical Issues

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Topical Issues
The Supervisory Relationship
- Parallel process—bi-directional
- Art and Technique of Supervision
- Case Evaluation Perspectives—Vignettes
- Diversity
- Unconscious bias—Blink Moments
- Case Evaluation Perspectives—Revisited
- Making supervision sticky
- Generations of supervision
- Gems of supervision

Preparing Supervisees for the Supervision Experience
- The supervision process is highly ambiguous.
- Ambiguity is likely to result in discomfort.
- Discomfort is likely to result in lowered supervisee performance and development.
- Each supervisor’s process is unique. Expectations and rules vary greatly from supervisor to supervisor.
- There is no consistent formula for supervision, what may have been experienced in a previous supervision may be dramatically different from what is experienced in a new supervision.

Topical Issues
The Supervisory Relationship
- Preparing the supervisee
- Greeting the relationship
- Supervisor disclosure
- Art and Technique of Supervision
- Parallel process—bi-directional
Preparing Supervisees for the Supervision Experience

- Supervisees are more likely to respond positively and receive greater benefit from supervision when they know what is expected (the "rules").
- Structure reduces ambiguity and anxiety.
- It is both your professional responsibility and your clinical obligation to create a learning environment in which your supervisee has the opportunity to thrive.

Greeting the Supervisory Relationship

What do you want to know about your Supervisee?

1. Educational background
2. Experience
3. Clinical and professional goals and expectations
4. Clinical interests
5. History of Supervisee in Supervision—what's worked and what hasn't?
6. Self-perceived strengths and weaknesses
7. Time commitment, desired client base
8. Expectations and desires for the Supervision Process
9. Personal data—Personal interests: music, sports, arts, crafts

Johari Window (Supervision)

<table>
<thead>
<tr>
<th>Known to Self</th>
<th>Unknown to Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your educational background</td>
<td>6. Personal Activities</td>
</tr>
<tr>
<td>2. Your clinical experience</td>
<td>7. Hobbies</td>
</tr>
<tr>
<td>3. Your goals and expectations for supervision</td>
<td>8. Relationship status</td>
</tr>
<tr>
<td>5. Your history as a supervisor</td>
<td>Arena</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Known to Self</th>
<th>Unknown to Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Personal Activities</td>
<td>1. Income</td>
</tr>
<tr>
<td>7. Hobbies</td>
<td>2. Family history</td>
</tr>
</tbody>
</table>

Johari Window (Supervision)

<table>
<thead>
<tr>
<th>Known to Supervisee</th>
<th>Unknown to Supervisee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Others view of you</td>
<td>1. Unconscious reactions</td>
</tr>
<tr>
<td>2. Mannerisms</td>
<td>2. Bias</td>
</tr>
<tr>
<td>3. Reputation</td>
<td>3. Future</td>
</tr>
<tr>
<td>4. Some bias</td>
<td>4. Some supervisee/supervisor interactions</td>
</tr>
</tbody>
</table>

Blind Spot | Unknown
Establishing the Supervisory Relationship

What do you want to share with your Supervisee?

1. Your educational background
2. Your experience
3. Your goals and expectations for supervision
4. Your clinical interests
5. Your history as a supervisor
6. Your strengths and weaknesses
7. The structure of the supervisory relationship (e.g., your availability, contact options, back-up, etc.)
8. The structure of supervision (e.g., case report, role play, listening to audio tapes, watching video tapes, discussing professional issues such as laws, ethics, office management)
9. Your personal data

The Art and Technique of Supervision

Emotional Focus-Maintenance Function

✓ Apply your clinical, interpersonal relationship, and process knowledge to supervision

- Connect with the supervisee—develop the relationship (empathy, structuring, soliciting)
- Encourage the supervisee (acceptance)
- Address resistance—emotional and cognitive blocks
- Attend to the supervisee’s mood: excitement, frustration, boredom, etc.

Supervisory Relationship Focus

✓ Be the vehicle of growth—instrument of change (experiential learning)
✓ Stimulate self monitoring, self correction, self feedback (What might you do differently?-catalytic)
✓ Identify and challenge negative thinking (What makes you believe you cannot, you are not good at...)
✓ Stimulate self-awareness—cognitive, emotional, behavioral, and physiological (What are you thinking, feeling, doing?-catalytic)
Acceptance—Empathic Responding/reflection
✓ Soliciting/Catalytic—Open-ended questions
✓ Establishing limits and boundaries—structuring
✓ Addressing the supervisory relationship—immediacy
✓ Being non-judgmental—Reflection, self-disclosure, unbiased reactions, non-verbals

Monitor progress and offer feedback at the learner’s level.

Blend didactic, modeling, & experiential modalities

Identify modalities facilitating:
  Task functions—teach skills/interventions
  Maintenance functions—address experience/reactions: e.g. resistance/counter-transference
  Relationship functions—immediacy

Match the level of the supervision instruction to the learning level of the supervisee

Match the level of the supervision instruction to the learning level of the supervisee

Topical Issues—Segment 2
Case Evaluation Perspectives-Vignettes

Traditional Parallel Process—
Client >>> Supervisee >>> Supervisor

Bi-Directional Parallel Process—
Supervisor >>> Supervisee >>> Client

Bi-Directional Parallel Process in the Supervisory Relationship
You are an individual supervisor and your supervisee is also in another supervisor’s group. Consider clinical, legal, ethical, professional, and diversity issues that might surface in this situation.

**Clinical Issues:**
- Conflicting input on how to handle cases
- Interventions from multiple theoretical perspectives
- Confusion on how to proceed
- Distraction with clients based on differing input

**Legal Issues:**
- Client Care
- Confidentiality
- Scope of practice

**Ethical Issues:**
- Essentially the same issues as legal
Professional Issues:
- The supervisee’s "allegiance" to each supervisor
- The relationship of the supervisors to each other and how that affects the supervisee
- Each supervisor's opinion of the other's interventions
- Supervisee's relationship to each supervisor
- Triangulating
- Addressing differences
- Accepting differences

Diversity Issues:
- Does the supervisee "favor" or "disfavor" one supervisor based on cultural differences
- Does the Supervisee:
  - Perceive a supervisor as too reactive or not reactive enough based on the ethnic culture
  - Treat a man's input differently from a woman's
  - Question supervisor interventions as biased based on the supervisor's conservative or liberal religious views

Vignette: Exposing the Affair
You receive a call from one of your supervisee's clients, and she shared the following with you.

The client, a 35-year old, married, female, has been seeing your supervisee for about 6 months. The client reported that she has been having an affair which was secret from her husband. In therapy your supervisee encouraged her to stop the affair. Because the client felt pressured, she told your supervisee that she stopped the affair, but she did not.

Several weeks ago the client requested that your supervisee meet with her and her husband. Your supervisee agreed, and they met two weeks ago.

During the session the husband continued to pressure the client asking her if she was having, or had an affair. The client adamantly denied to her husband that she was having an affair.

At the end of the session the client refused to meet again for couples therapy.
Case Evaluation Perspectives

Vignette: Exposing the Affair
A couple of days later the husband called your supervisee and asked to be seen alone. He told your supervisee that he did not want his wife to know that he was coming to see her.

Your supervisee met with the husband, and during the session he “tricked” her into revealing that the wife had been having an affair.

The client tells you that, as a result of her husband discovering the affair, they were now in the process of a divorce, and she does not want to return to your supervisee for any more therapy.

Clinical Issues:
- Who is the client? The wife, the husband, both, the couple, everyone??
- Impact on the wife—abandonment—seeing husband behind her back
- Impact on the husband—being deceived

Legal Issues:
- Is it legal to see a couple after establishing a relationship with an individual? Is it legal to see individuals who know each other and have a relationship with each other?
- How was the issue of privileged information addressed?
- Breech of Confidentiality
- Holding secrets/Deception and collusion
- Behavior related to knowing secrets

Ethical Issues:
- Is it ethical to see a couple after establishing a relationship with an individual? Is it ethical to see individuals who know each other and have a relationship with each other?
- How is confidentiality protected?
- Do no harm
- Protect the welfare of the client
- Exploitation
Case Evaluation Perspectives

✓ Professional Issues:

How does the client and how will the public (people with whom the wife and the husband share their story) view the therapist’s behavior? It will likely create a breach of trust in the profession.

Colluding:
- With wife to hide the affair
- With the husband to see him behind the wife’s back

✓ Diversity Issues:

What is the meaning of affairs in the husband’s and wife’s culture
What is the meaning of divorce
What is the meaning of trust or breach of trust

✓ Topical Issues—Segment 3

Diversity
Blink Moments—Unconscious bias
Case Evaluation Perspectives—Revisited
Record Keeping in Supervision

Multicultural Sensitivity and Diversity in Health Services

✓ Diversity in health services addresses the importance of multicultural sensitivity, as well as sensitivity to differences in religious orientation, gender, age, sexual orientation, socioeconomic status, and physical ability and sensitizes providers as to how these differences impact health services.

✓ Diversity sensitivity involves both recognizing the common characteristics that may be exhibited based on identification with a particular group, as well as the personal characteristics that make each individual unique.
Challenges When Working with Diverse Populations

✓ Self-Awareness: Understanding the differences between ourselves and others begins with self understanding.
✓ Awareness of Others: By understanding others we better understand what motivates their behavior and their emotional reactions.
✓ Self-Management: In order to help diverse populations one must be able to cope with ambiguity, confusion, lack of clarity, alternative points of view, and uncertainty and discomfort that differences trigger.
✓ Relationship Management: Addressing the differences between oneself and others requires the capacity to understand others and to communicate that understanding in ways that the other person can receive.

Blink Moments in Supervision

✓ Blink moments, as presented by Malcolm Gladwell in the book "Blink," are instant (blink) reactions to the world around us. They are our instant and mostly unconscious reactions.
✓ Supervisors, supervisees, and clients all experience blink moments with each other.
✓ If a blink moment in a relationship activates a bias, prejudice, or preconceived notion, it can impede or harm the relationship.
✓ One role of the supervisor is to strive to develop awareness of his/her blink moments as well as helping supervisees gain insight into their blink moments.

Blink Moments Activity

1) Please take a sheet of paper and pen or pencil and number from 1-10.
2) I am going to read a vignette to you.
3) After the vignette I will ask you a series of questions related to the vignette. Please respond with your "blink moment" responses. That means respond with whatever comes instantly to mind. If you have no reaction, skip the item. If you have to think about the response for more than a second or two, then the blink moment has passed, and it is best to skip the item.
4) Once I have read the vignette, I will read the items relatively rapidly in order to trigger your blink reactions.

✓ Ethnicity: Black—Afro American? Caribbean?
✓ Ethnicity of the supervisee—Unknown
✓ Supervisee—Female
✓ Age bracket—Unknown
✓ Psychiatrist as male or female—Unknown
✓ Age bracket of the psychiatrist—Unknown
✓ Ethnicity of the psychiatrist—Unknown
✓ Income bracket—Unknown
✓ Employment Status—Employed
✓ Type of work—Unknown
Your supervisee has been seeing a 45 year-old, black woman regularly for the past 6 months. The client is experiencing anxiety associated with being a single, working mom. Her husband died 3 years prior to her entering therapy. She has explored emotional issues of loss, issues of decreased financial resources, issues of relationship with her 14 year old son and 12 year old daughter, and issues of dating.

The client's 14 year old son is having an 8th grade graduation pool party at a local hotel. The client has invited her significant others including the professionals in her life (her psychiatrist, attorney, medical doctor, accountant etc.) to the party. She has also invited your supervisee. Your supervisee does not want to attend the event but is concerned that her refusal to do so would be experienced as insensitive and rejecting of the client. The client has indicated to your supervisee that she expects the significant professionals in her life to participate in life events such as a graduation. The client has indicated during the sessions that having professionals participate in her life is just the way it is in her community.
As we explore the Supervision Process it is very important to determine who is ultimately responsible for the Supervisee’s Clinical work. To find the answer complete the following activity:

Record Keeping in Supervision
Who is requesting records be kept?

- Supervisor
- Agency
- Government—State or Federal
- University

Record Keeping in Supervision
Required documentation

- Little or no state mandated documentation
- Generally the responsibility of the supervisee (to track supervision and experience) and not the supervisor
- State verification of experience forms

Record Keeping in Supervision
Recommended Documentation

- Supervisee files—Kept by the supervisor
- What to keep in the file
  - Client data (excluding identifying information)
  - Supervisee data
  - Supervision directives
  - Supervision logs
  - Supervision issues/supervisee issues
  - Employment data
  - Training records
Record Keeping in Supervision

- **Supervisee files**
  
  How long to keep in the file
  
  Since there is generally no requirement to keep files, there is no length of time to keep files. I recommend supervisee files be kept until 2 years after the supervisee is licensed. While this is an arbitrary and not required amount, it allows for most issues that might possibly occur.

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Record Keeping in Supervision

> Recommended/Required documentation

- Inform the client that supervisee is unlicensed and in supervision. While legal requirements and documentation vary from state to state, I recommend that the process of a client being informed that the supervisee is unlicensed be documented in writing, as well as verbally in the first session and in the case notes.

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**Topical Issues—Segment 4**

- Making Supervision Sticky
- Generations of supervision
- Gems of supervision

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**Making Supervision Sticky**

- Recall a supervision memory when you were a supervisee. What 3 qualities/aspects of that supervision made it memorable.

- Consider your supervision. What 3 ways can you make your supervision memorable/sticky?
What Makes Supervision Sticky
1. Emotional Charge—Intensity
2. Cognitive Meaning/Importance
3. Aha Insight Awareness
4. Repetition
5. Doing it: Physical memory
6. Great success or failure
7. Stimulation—loud/soft, bright/dim, hot/cold
8. Humor/funny
9. Different, new unusual
10. Structure/anchor

Supervision Generations
✓ Learning through experiencing
  Move to the level of functioning of significant relationships
✓ What did you experience as a gems from your supervisors
✓ What do you want to pass on to future generations
✓ What is special/unique about your essence (clinical or personal) that you wish supervisees to integrate into their being/essence.

The Gems of Supervision—Activity
✓ List 3 gems you received from your supervisors
✓ List 3 gems you would like pass on to your supervisees

The Gems of Generations—Examples
✓ Example:
  • Arthur:
    I learned to move a client from present to past via emotion rather than situation.
  • Steve:
    I learned to be a curious observer.
  • Tony:
    I learned to match my level of intervention to the level of the client.
  • Art:
    I learned the irrational beliefs and how to challenge them with a client.
My Gems

- Focus on process/her and now/interaction
- Catalytic interaction
- Behavioral skills—fundamental responses
- Clinical, ethical, legal, professional
- Empathy/Empathic perspective—client doing best he/she can
- Philosophy of responsibility and empowerment