



Bibliography of competency articles

American Association for Marriage & Family Therapy (2007). *Approved supervisors designation standards and responsibilities handbook*. Retrieved from

<http://www.aamft.org/iMIS15/AAMFT/Content/supervision/Responsibilities.aspx>

This handbook is a thorough resource that outline the following: supervisor training requirements and process, supervisor responsibilities and guidelines, application forms, requirements for supervision course pre-approval, and tools for supervisor candidates and supervisor mentors. Supervisors are required to complete a 30hr supervision fundamentals course. Upon completion, the Approved Supervisors must:

1. Be familiar with the major models of MFT and supervision, in terms of their philosophical assumptions and pragmatic implications.
2. Articulate a personal model of supervision, drawn from existing models of supervision and from preferred styles of therapy.
3. Facilitate the co-evolving therapist-client and supervisor-therapist-client relationships.
4. Evaluate and identify problems in therapist-client and supervisor-therapist-client relationships.
5. Structure supervision, solve problems, and implement supervisory interventions within a range of supervisory modalities (for example, live and videotaped supervision).
6. Address distinctive issues that arise in supervision mentoring.
7. Be sensitive to contextual variables such as culture, gender, ethnicity, and economics.
8. Be knowledgeable of ethical and legal issues of supervision.
9. Be aware of the requirements and procedures for supervising trainees for AAMFT Clinical.

American Board of Examiners in Clinical Social Work. (2002). *Professional development and practice competencies in clinical social work: A position statement of the American Board of Examiners in Clinical Social Work*. Retrieved from <https://www.abecsw.org/images/Competen.PDF>



This paper's purpose is to describe standards for the competent practice of clinical social work. It addresses large issues such as the nature of clinical social work and the ways in which clinical social workers improve their skills; and it has the following main objectives:

- to identify the practice components of clinical social work
- to relate professional development to practice competency
- to identify the indicators by which clinical social workers may be recognized as having achieved certain levels of proficiency.

"Three Progressive Levels of Professional Competence in Clinical Social Work Practice"

- (1) Postgraduate Practice Level (MSW Level)
- (2) (2) Autonomous Practice Level (Licensure Level)
- (3) (3) Advanced Practice Level (Diplomate Level)

Supervisors need to be at a Diplomate level to be able to supervise.

- Advanced Practice Level (Diplomate level):

The advanced practice level requires a five-year minimum of practice experience beyond graduation as an MSW, plus the achievement of the autonomous practice level. Advanced clinical social workers are expected to have reached the full integration of a professional self and have affirmed their professional role and identity; to recognize that the relationship between theory and practice is often problematic and that theories of development and practice skills require constant emendation (Fook, Ryan and Hawkins, 1997). Advanced clinical social workers are expected to have mastered the skills required for autonomous practice with diverse populations, and may have also developed mastery of specialized areas of clinical practice. Additionally, advanced clinical social workers may have acquired the skills to supervise, consult, teach and otherwise contribute to the professional development of colleagues.

Evidence of the full integration of a professional identity and responsible professional role modeling is demonstrated by:

1. Increased depth and breadth of practice skills
2. Independent competence with diverse diagnostic groups
3. Ability to adapt core knowledge to unique needs of client and milieu
4. Clear definition of limitations in level of expertise and scope of practice
5. Continued participation in direct practice activities
6. Ongoing motivation for learning from practice experience
7. Commitment to and implementation of continuing professional education and development
8. Maintenance of highest level of ethical standards for the profession.



Additional skills appropriate to advanced practitioners may include:

1. Specialization in one or more areas of expertise
2. Expertise in participating in the professional development of colleagues (through mentorship, supervision and other modes of teaching)
3. Leadership in developing and expanding intervention strategies
4. Leadership in defining and attending to professional issues

American Psychological Association, Board of Educational Affairs Task Force on Supervision

Guidelines. (2014). *Guidelines for Clinical Supervision in Health Service Psychology*. Retrieved from

<http://www.apa.org/about/policy/guidelines-supervision.pdf>

These Guidelines focus on supervision for health service psychologists. The overarching goal of the Guidelines on Supervision is to promote the provision of quality supervision in health service psychology using a competency framework to enhance the development of supervisee competence ensuring the protection of clients/patients and the public. The report includes scope of applicability, definitions, process of development, purpose of the guidelines and implementation steps. The Guidelines on Supervision are organized around seven domains/competencies:

Domain A: Supervisor Competence

1. Supervisors strive to be competent in the psychological services provided to clients/patients by supervisees under their supervision and when supervising in areas in which they are less familiar they take reasonable steps to ensure the competence of their work and to protect others from harm.
2. Supervisors seek to attain and maintain competence in the practice of supervision through formal education and training.
3. Supervisors endeavor to coordinate with other professionals responsible for the supervisee's education and training to ensure communication and coordination of goals and expectations.
4. Supervisors strive for diversity competence across populations and settings
5. Supervisors using technology in supervision (including distance supervision), or when supervising care that incorporates technology, strive to be competent regarding its use.

Domain B: Diversity



1. Supervisors strive to develop and maintain self-awareness regarding their diversity competence, which includes attitudes, knowledge, and skills.
2. Supervisors planfully strive to enhance their diversity competence to establish a respectful supervisory relationship and to facilitate the diversity competence of their supervisees.
3. Supervisors recognize the value of and pursue ongoing training in diversity competence as part of their professional development and life-long learning.
4. Supervisors aim to be knowledgeable about the effects of bias, prejudice, and stereotyping. When possible, supervisors model client/patient advocacy and model promoting change in organizations and communities in the best interest of their clients/patients.
5. Supervisors aspire to be familiar with the scholarly literature concerning diversity competence in supervision and training. Supervisors strive to be familiar with promising practices for navigating conflicts among personal and professional values in the interest of protecting the public.

Domain C: Supervisory Relationship

1. Supervisors value and seek to create and maintain a collaborative relationship that promotes the supervisee's competence.
2. Supervisors seek to specify the responsibilities and expectations of both parties in the supervisory relationship. Supervisors identify expected program competencies and performance standards, and assist the supervisee to formulate individual learning goals.
3. Supervisors aspire to review regularly the progress of the supervisee and the effectiveness of the supervisory relationship and address issues that arise.

Domain D: Professionalism

1. Supervisors strive to model professionalism in their own comportment and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism.
2. Supervisor's are encouraged to provide ongoing formative and summative evaluations of supervisee's progress towards meeting expectations for professionalism appropriate for each level of education and training.

Domain E: Assessment/ Evaluation/ Feedback

1. Ideally, assessment, evaluation, and feedback occur within a collaborative supervisory relationship. Supervisors promote openness and transparency in feedback and assessment, by anchoring such in the competency development of the supervisee.
2. A major supervisory responsibility is monitoring and providing feedback on supervisee performance. Live observation or review of recorded sessions is the preferred procedures
3. Supervisors aspire to provide feedback that is direct, clear, and timely, behaviorally anchored,



responsive to supervisee's reactions, and mindful of the impact on the supervisory relationship.

4. Supervisors recognize the value of and support supervisee skill in self-assessment of competence and incorporate supervisee self-assessment into the evaluation process.

5. Supervisors seek feedback from their supervisees and others about the quality of the supervision they offer, and incorporate that feedback to improve their supervisory competence.

Domain F: Problems of Professional Competence

1. Supervisors understand and adhere both to the supervisory contract and to program, institutional, and legal policies and procedures related to performance evaluations. Supervisors strive to address performance problems directly.

2. Supervisors strive to identify potential performance problems promptly, communicate these to the supervisee, and take steps to address these in a timely manner allowing for opportunities to effect change.

3. Supervisors are competent in developing and implementing plans to remediate performance problems.

4. Supervisors are mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems.

Domain G: Ethical, Legal, and Regulatory Considerations

1. Supervisors model ethical practice and decision making and conduct themselves in accord with the APA ethical guidelines, guidelines of any other applicable professional organizations, and relevant federal, state, provincial, and other jurisdictional laws and regulations.

2. Supervisors uphold their primary ethical and legal obligation to protect the welfare of the client/patient.

3. Supervisors serve as gatekeepers to the profession. Gatekeeping entails assessing supervisees' suitability to enter and remain in the field

4. Supervisors provide clear information about the expectations for and parameters of supervision to supervisees preferably in the form of a written supervisory contract.

5. Supervisors maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development.

ASPPB Supervision Guidelines Revised 2003. (2003). *Final report of the ASPPB Task Force on Supervision Guidelines.* Montgomery, AL: Association of State and Provincial Psychology Boards.

ASPPB Supervision Guidelines include the following: definitions, ethics of supervision, supervisor competencies, guidelines for qualifications and responsibilities of supervisor, supervisions at different



levels of training, supervision contract, and telepsychology supervision.

The Ethics of Supervision

Multiple ethical principles 119 and practices inform and govern the practice of supervision in psychology and provide a basis 120 for the guidelines and regulations that follow. Particularly relevant to the development of 121 regulations in supervision are ethical principles (e.g., respect, beneficence, integrity), 122 competence in both psychological practice and supervision (ASPPB, 2005, III. A.), informed 123 consent, confidentiality (ASPPB, 2005, III. F.), multiple relationships (ASPPB, 2005, III. B.), and 124 ethical issues around the use of technology. Further, special attention to the ethical code 125 sections relating to education and training is important (APA, Section 7, 2010; CPA, 2000). As 126 the supervisor's highest duty is protection of the public, ethical dilemmas may arise in which 127 the supervisor is required to balance this duty with supervisee development, supervisory 128 alliance, evaluative processes, and gatekeeping for the profession (Falender & Shafranske, 129 2004, 2007; Bernard & Goodyear, 2014).

Supervisor Competencies

Supervision knowledge includes:

- _An understanding of the professional practice being supervised (models, theories, and modalities of supervision);
- _Research, scientific, and evidence-base of the supervision literature;
- _Professional/supervisee development;
- _Ethics and legal issues specific to supervision;
- _Evaluation and process outcome; and
- _Diversity in all its forms.

Skills include:

- _Providing supervision in multiple modalities (e.g., group, individual);
- _Forming a supervisory alliance;
- _Providing formative and summative feedback;
- _Promoting the supervisee's self-assessment and growth;
- _Self-assessing by the supervisor;
- _Assessing the supervisee's learning needs and developmental level;
- _Eliciting and integrating evaluative feedback from supervisees;
- _Teaching and didactics;
- _Setting boundaries;
- _Knowing when to seek consultation;



- _Flexibility; and
- _Engaging in scientific thinking and translating theory and research to practice.

Attitudes and values include:

- _Appreciation of responsibility for both clients and supervisees;
- _Respect;
- _Sensitivity to diversity;
- _A balancing between being supportive and challenging;
- _Empowering;
- _A commitment to lifelong learning and professional growth;
- _Balancing obligations to client, agency, and service with training needs;
- _Valuing ethical principles;
- _Knowing and utilizing psychological science related to supervision;
- _A commitment to the use of empirically-based supervision; and
- _Commitment to knowing one's own limitations.

Training to achieve competence specific to supervision should include not only coursework in 180 the designated skills, knowledge sets, attitudes, and values listed above, but also supervised 181 experience in providing supervision, including some form of live or video observation of the 182 (Falender et al., 2004).

Association for Counselor Education and Supervision. (1990). Standards for counseling

supervisors. *Journal of Counseling & Development, 69*, 30-32.

The standards include a description of 11 core areas of personal traits, knowledge and competencies that are characteristic of effective supervisors. These core areas and their related competencies have been consistently identified in supervision research and, in addition, have been judged to have face validity as determined by supervisor practitioners, based on both select and widespread peer review.

The article concludes with educational requirements necessary for supervisors-in-training.

Standards:

1. Professional counseling supervisors are effective counselors whose knowledge and competencies have been acquired through training, education, and supervised employment experience.



2. Professional counseling supervisors demonstrate personal traits and characteristics that are consistent with the role.
3. Professional counseling supervisors are knowledgeable regarding ethical, legal and regulatory aspects of the profession, and are skilled in applying this knowledge.
4. Professional counseling supervisors demonstrate conceptual knowledge of the personal and professional nature of the supervisory relationship and are skilled in applying this knowledge.
5. Professional counseling supervisors demonstrate conceptual knowledge of supervision methods and techniques, and are skilled in using this knowledge to promote counselor development
6. Professional counseling supervisors demonstrate conceptual knowledge of the counselor developmental process and are skilled in applying this knowledge.
7. Professional counseling supervisors demonstrate knowledge and competency in case conceptualization and management.
8. Professional counseling supervisors demonstrate knowledge and competency in client assessment and evaluation.
9. Professional counseling supervisors demonstrate knowledge and competency in oral and written reporting and recording.
10. Professional counseling supervisors demonstrate knowledge and competency in the evaluation of counseling performance
11. Professional counseling supervisors are knowledgeable regarding research in counseling and counselor supervision and consistently incorporate this knowledge into the supervision process.

Association for Counselor Education and Supervision, ACES Task Force Report. (2011). *Best practices in clinical supervision*. Retrieved from

http://www.saces.org/Resources/Documents/aces_best_practices.doc

The main purpose of the Task Force was to formulate a relevant and useful set of best practice guidelines for clinical supervisors, regardless of work setting. The following practices are outlined: initiating supervision, goal setting, giving feedback, conducting supervision, the supervisory relationship, diversity and advocacy considerations, ethical considerations, documentation, evaluation, supervision format, the supervisor, and finally, supervisor preparation.

Association of Social Work Boards. (2009). *An analysis of supervision for social work licensure*:



Guidelines on supervision for regulators and educators. Retrieved from

<https://www.aswb.org/wp-content/uploads/2013/10/supervisionjobanalysis.pdf>

This report summarizes the results of a study conducted to identify the competencies and technical knowledge, skills, and abilities (KSAs) required of individuals who provide supervision to social workers preparing for licensure. Further, the required competencies to provide appropriate and meaningful supervision to those seeking licensure were linked to the relevant KSAs in order to document best practices in social work supervision. The analysis produced: the competencies needed to supervise, the competencies and their ratings of importance, the competencies and their ratings of acquisition, the KSA's required by the competencies, the association between the competencies and KSA's, and the narrative description of the characteristics embodied by the model supervisor who oversees others for licensure.

Supervisory Competencies Grouped by Domain (5)

A. Supervisory Relationship and Process

1. Conduct self assessment (supervisor)

2. Establish the supervisory relationship

B. Supervision of Supervisee's Practice

1. Integrate into ongoing practice the supervisee's experience using reflection, analysis, and contextual attributes of the case situation

2. Facilitate the acquisition of advanced social work knowledge in assessment, case planning, intervention, and evaluation

3. Follow up on case planning – investigate/reflect on what happened, and revise plans

4. Guide/direct supervisee to ensure ethical practices within regulations and laws affecting social work practice

5. Resolve professional ethical dilemmas in providing service to clients

6. Assist supervisee in the appropriate use of advocacy with different systems

7. Develop learning plans with supervisee using (elements such as):

- a. Formal case assessments and/or presentations

- b. Writing assignments



- c. Conference attendance
- d. Current research (articles, books)
- e. Involvement in professional organizations
- f. Creative arts (movies, plays, novels, art therapy, music, museum visits)
- 8. Follow up on and modify learning plans
- 9. Address issues of personal safety and risk

C. Professional Relationships (e.g., external providers, managing teams, other professionals, colleagues, supervisors)

- 1. Supervisees and their colleagues
 - a. Work with supervisee to create collaborative relationships
 - b. Assist supervisees to develop teamwork skills
- 2. Recognize and respect socio-cultural differences
- 3. Relationship with other systems (inside/outside the work setting)

D. Work Context

- 1. Determine whether practice setting policies, procedures, and materials are consistent with social work ethics
- 2. Educate supervisee in financial practices (on issues such as):
 - a. Insurance reimbursement
 - b. Fee setting and collection
 - c. Financial record keeping
- 3. Identify impaired professionals and take appropriate action
- 4. Monitor use of technology with supervisee (online or telephone supervision; fax; email)
- 5. Educate supervisees regarding socio-cultural sensitivity
- 6. Assess cultural environment of the practice setting
- 7. Help supervisees develop strategies to increase wellness, including managing stress

E. Evaluation

- 1. Assess supervisee's:
 - a. learning goals
 - b. level of professional development and experience
 - c. level of social work knowledge
 - d. job context (the agency mission, the job description, job history, role within the agency)
 - e. strengths and challenges
 - f. learning style
- 2. Monitor supervisee's documentation (case plans, treatment plans) for quality, clarity, completeness, content.
- 3. Perform formative and summative evaluation.
- 4. Address inappropriate behaviors and take corrective actions.
- 5. Evaluate supervisee and provide recommendations

Life-long Learning and Professional Responsibility

- 1. Promote continuing education specific to the practice setting
- 2. Encourage and model:



- a. self-awareness
 - b. professional development
 - c. professional contributions
 - d. professional engagement
 - e. professional consultation
3. Remain current in knowledge base of changing professional practice, laws, and regulations

Bagnall, G., Sloan, G., Platz, S., & Murphy, S. (2011). Generic supervision competencies for psychological therapies: Gellisse Bagnall and colleagues describe a pilot study of a training course for clinical supervisors to improve their knowledge and skills. *Mental Health Practice*, 14(6), 18-23.

After taking part in the UK-wide commissioning of a set of supervisory competencies for psychological therapies, NHS Education for Scotland has established a two-stage approach to the training of supervisors throughout NHS Scotland. The first stage, a course to develop generic supervision competencies for psychological therapies, is discussed in this article. Data from a pilot evaluation of the course suggest that most participants had achieved the intended learning outcomes and, as a result, perceived themselves to be more competent supervisors. They also valued the opportunities afforded them by the course to learn about clinical supervision alongside colleagues from different healthcare professions. The authors expect that the course will contribute to improvements in the provision of psychological therapies and to patient care in Scotland.

Competencies:

Generic

- Apply educational principles.
- Apply ethical principles.
- Foster competence in working with difference.
- Adapt supervision to different organisational or governance contexts.
- Form and maintain a supervisory alliance.
- Structure supervisory sessions.
- Help supervisees present their clinical work.
- Help supervisees reflect on their clinical work and on their supervision.
- Offer accurate and constructive feedback.



- Gauge the level of competence of supervisees.
- Reflect and act on limitations to their knowledge and experience.

Specific

- Help supervisees practice specific clinical skills.
- Incorporate direct observations into supervision.
- Supervise groups of people.
- Apply supervisory or clinical standards

Barnett, J. E., Cornish, J. A. E., Goodyear, R. K. & Lichtenberg, J. W. (2008) Commentaries on the ethical and effective practice of clinical supervision. *Professional Psychology: Research and Practice*, 38, 268-275.

Every psychologist participates in clinical supervision during various aspects of his or her training. Many psychologists also provide supervision to less experienced colleagues and to those in training. But what makes for an effective and competent supervisor? Psychologists need to know because substandard or ineffective clinical supervision may have far-reaching consequences for the developing professional and for those he or she treats. This contribution provides key information on clinical supervision and related competence issues. A number of questions are raised that must be addressed by individual psychologists and the profession alike. Then, 3 invited expert commentaries are offered to address these issues, further this important discussion, and attempt to answer the challenging questions raised. Attention to the issues raised and recommendations made will hopefully lead to enhanced clinical competence and effectiveness by clinical supervisors.

Ethical supervisor does the following:

Modeling ethical and professional behavior along with emphasizing a focus on ethical practice throughout the supervisory process are additional and essential qualities of effective supervisors.

Effective supervisors understand the importance of their position as role models and not only conduct



themselves ethically in the supervisory relationship but also regularly incorporate a focus on ethics in their feedback to supervisees.

Ethical supervisors only supervise in areas in which they are competent, and they delegate portions of supervision as needed to ensure that supervisees receive the highest quality of supervision possible. In addition, supervisors do not supervise so many supervisees that the quality of supervision provided suffers.

Attention to diversity issues in the supervisory relationship and in the supervision of services provided by supervisees is especially important. In addition to attending to diversity issues within the supervisory relationship, supervisors need to ensure their supervisees' sensitivity to diversity issues with all their clients. An essential practice for supervisees is to make a focus on diversity issues and associated self-awareness regarding diversity factors a major focus of supervision discussions.

The effective and ethical supervisor has the responsibility to address such issues in supervision, to recommend appropriate and needed remediation or interventions and provide reasonable opportunities for these to occur, and to take appropriate actions to prevent those not able to demonstrate the needed professional competence from entering the profession or remaining in it and practicing independently.

Behavior Analyst Certification Board. (2012). Supervisor training: Curriculum outline. Retrieved from
http://www.bacb.com/Downloadfiles/supervisor_curriculum.pdf

This curriculum outline is a task list of the knowledge and skills required for the effective supervision of those who deliver behavior-analytic services and those who are pursuing BACB certification. Six competencies are outlined.

The supervisor should be able to describe and/or demonstrate

1. The purpose of supervision
2. Important features of supervision
3. Behavioural skills training



4. Delivering performance feedback
5. Evaluating the effects of supervision
6. Ongoing professional development

Campbell, L., Fouad, N., Grus, C., Hatcher, R., Leahy, K., & McCutcheon, S. (2012). A practical guidebook for the Competency Benchmarks. Retrieved from
<http://www.apa.org/ed/graduate/benchmarks-guide.aspx>

This guidebook focuses on the Benchmarks Model and its application in professional psychology training programs. The first section of the Guidebook introduces the Benchmarks Model, and discusses how graduate or internship programs can move quickly to adapt the rating system to its current training goals. This section also discusses some of the issues that programs have encountered in implementing the rating forms, as well as offering some suggestions about sharing competence evaluations with students, and creating remediation plans for students who do not reach required levels of competence. A separate evaluation form dealing with the relationship competency is also described. The second section discusses how a more thorough implementation of the competency-based approach to education and training can be understood and implemented. The second section of the Guidebook discusses issues involved in the full realization of a culture of competence in graduate education and training.

Benchmark Clusters and Core Competencies:

1. Professionalism
 - Professional Values and Attitudes
 - Individual and Cultural Diversity
 - Ethical, Legal Standards and Policy
 - Reflective Practice/Self-Assessment/Self-Care



2. Relational
 - Relationships
3. Science
 - Scientific Knowledge and Methods
 - Research/Evaluation
4. Application
 - Evidence-based Practice
 - Assessment
 - Intervention
 - Consultation
5. Education Systems
 - Interdisciplinary Systems
 - Management/Administration
 - Advocacy

Canadian Psychological Association. (2012). Ethical guidelines for supervision in psychology:

Teaching, research, and Administration. Retrieved from

<http://www.cpa.ca/aboutcpa/committees/ethics/ethicalguidelinesforsupervisioninpsychology>

PRINCIPLE I: RESPECT FOR THE DIGNITY OF PERSONS

Supervisors and supervisees should:

1. Demonstrate respect, courtesy, and understanding for each other in their respective roles.
2. Be vigilant in all situations to prevent discrimination on the basis of personal characteristics, e.g., ethnicity, race, religion, gender, sex, sexual orientation, gender identity and expression, marital status, age, and socioeconomic status.
3. Share in defining the goals and role expectations for the supervisory relationship.
4. When establishing a supervisory relationship, disclose preferences for theories and practices, as well as strive to disclose personal biases, beliefs, and personal characteristics that may affect the supervisory process.
5. Address professional and interpersonal differences between supervisor and supervisee in as open, amicable, and constructive a way as possible. If appropriate, they should consider third party consultation or mediation.
6. Clearly define the parameters of supervisee and supervisor confidentiality of personal information shared during supervision, including stated limitations relevant to reasonable curricular and educational planning for the enhancement of learning, evaluations of competency for independent practice as required by regulatory bodies, and legal requirements to prevent serious and imminent harm.



7. Make reasonable accommodations for valid crises or unexpected events in the life of the supervisee or supervisor that may temporarily interfere with supervision.

PRINCIPLE II: RESPONSIBLE CARING

Supervisors and supervisees should:

1. Share, under the leadership of the supervisor, a clarification and understanding of their respective roles and how to use them to enhance learning and performance in psychology. They should be well prepared, make efficient use of time, and be receptive to mutual learning.
2. Keep up to date with the standards, guidelines, codes, laws, and regulations that are specific to the work undertaken or to the workplace, and which support supervisor-supervisee learning. They should commit themselves to long term continuing-competence activities.
3. Establish their current levels of competence in the relevant areas as a basis for defining supervision goals, procedures, and conditions.
4. Aspire to the same standard of work by supervisees as would be required of competent psychologists not receiving supervision.
5. Keep up to date with current knowledge and competencies in supervision, as appropriate to your role expectations.
6. Be aware of professional and personal limitations that may affect working relationships, be open to and elicit feedback regarding issues, and manage limitations in ways that support a positive supervisory relationship.
7. Maintain records to a standard required by the nature of the psychological activity and setting, and to the extent needed to maintain an effective supervisory relationship.
8. Ensure availability for supervision at all regular times and ensure that there are special arrangements for communication in the event of unanticipated circumstances or emergencies.
9. Ensure that articulated plans are in place to address emergencies or other serious events.
10. Maintain supervision on site where appropriate and possible, and where inappropriate or not possible, maintain the quality of supervision through creative use of distance technology.
11. Seek clarification of the respective responsibilities of supervisees and supervisors when supervision is provided concurrently from more than one supervisor (e.g., university supervisor and field supervisors, supervisors in different specialty areas, cross-disciplinary supervision).

PRINCIPLE III: INTEGRITY IN RELATIONSHIPS

Supervisors and supervisees should:

1. Identify and address conflict in the supervisory relationship in open, honest, and beneficial ways.
2. Explore personal values as they are relevant to maintaining adequate objectivity to the work under supervision or to the supervisory process.
3. Respect each other's substantive contributions to research findings and to publications, give credit as earned, and avoid any distortion of results for personal, political, or other reasons.



4. Avoid all forms of exploitation, or actions that harm the supervisor or supervisee (e.g., financial, sexual, gossip, blackmail, false allegations, and coercion in the supervisory and the work relationships).
5. Strive for the highest level of competence consistent with the supervisee's developmental level, training and experience.
6. On an ongoing basis, be open in sharing information with each other about the supervisee's level of professional development.
7. Avoid dual or multiple relationships that may be harmful to themselves, to others, or that interfere with the learning objectives of the supervisory process.
8. Be aware of professional boundaries in the supervisory relationship, and manage additional roles (e.g., social relationships) in a manner that does not compromise the supervisory relationship. Intimate sexual relationships, however, are prohibited.
9. Ensure that relevant parties (e.g., clients, guardians, and research participants) are informed that the services/activities are being performed by an individual who is under supervision, are discussed with a supervisor, and that these parties if they wish may request a meeting with the supervisor.
10. Present accurate evaluations in providing direct feedback and in providing references.

PRINCIPLE IV: RESPONSIBILITY TO SOCIETY

Supervisors and supervisees should:

1. Be open to considering appropriate roles for psychologists in promoting social advocacy or social justice.
2. Take into account systemic issues that apply to the particular area of work that is being supervised and in the management of conflicting interests.
3. Ensure that issues of ethics and standards, and the legal and regulatory requirements that apply to the particular area of work are addressed.
4. Strive to achieve the highest quality of learning from the supervisory relationship in order to use their combined competence to serve the public interest.

Celano, M. P., Smith, C. O., & Kaslow, N. J. (2010). A competency-based approach to couple and family therapy supervision. *Psychotherapy: Theory, Research, Practice, Training*, 47(1), 35-44

The competency-based movement continues to guide professional psychology. This has been highlighted through the establishment of essential foundational and functional competencies. The current paper focuses on the intervention competency domain and delineates its relevance within the field of couple and family therapy (CFT). We begin by providing an overview of 8 essential components of CFT: developing a systemic formulation, forging a systemic therapeutic alliance, understanding family-of-origin issues, reframing, managing negative interactions, building



cohesion/intimacy/communication, restructuring/parenting, and understanding and applying evidence-based CFT models. We then provide a brief illustration of foundational and functional competencies essential to CFT. We conclude by addressing the CFT competency within an integrative approach to supervision and provide a case illustration that depicts these process. The relevance of establishing unique, evidence-based, theory-specific competency components is highlighted.

Foundational Competencies Informing Couple and Family Therapy (CFT) Competency:

The ability to demonstrate reflective practice, self-assessment, and self-care informs all essential components of CFT.

The application of ethical and legal standards to professional activities.

Individual and cultural diversity is a salient foundational competency that imbues all aspects of the systemic therapy process.

Functional Competencies Essential to CFT

Competency in assessment (Nutt & Stanton, 2008).

Consultation is another salient functional competency.

Centre for Addiction and Mental Health. (2008). *Clinical supervision handbook: A guide for*

***clinical supervisors for addiction and mental health.* Toronto, ON: CAMH.**

The contents of this handbook are the following: development of the handbook, perspectives on clinical supervision, literature review, and a framework for clinical supervision. The presenting framework for supervision represents current conceptualizations and can provide principles to guide the process of clinical supervision through its various stages. The goal is to enhance the knowledge of our clinical supervisory staff and delineate the standards of clinical supervision we provide at CAMH. Three interrelated functions of clinical supervision identified in both the nursing and social literature are discussed: administrative, educational and supportive. Methods and competencies for supervisors are presented along with a suggested evaluation method. Special issues in mental health and inter-



professional settings are also examined. The literature and research base informing this handbook is drawn primarily from the social work and nursing fields, with some references to psychology and organizational change.

COMPETENCY AREA + MICRO SKILLS

1. Knowledge

- Knowledge of area being supervised
- Knowledge of relevant models, theories, interventions and research
- Knowledge about clinicians'
- Learning and professional development
- Knowledge of ethical and legal issues relating to supervision
- Knowledge of clinical outcome and process evaluation
- Knowledge and awareness of diversity, marginalization and oppression issues and diversity competence

2. Skills

- Supervision methods
- Relationship skills (building a supervisory alliance)
- Sensitivity to multiple roles with supervisee and able to balance multiple roles
- Ability to provide constructive and effective feedback
- Ability to promote supervisee self-assessment and growth
- Ability to conduct own self-assessment process
- Ability to assess supervisee's learning needs and developmental level
- Ability to encourage and use evaluative feedback from supervisees
- Teaching skills
- Ability to set appropriate boundaries and seek consultation/ supervision (assess own competence)
- Flexibility
- Integrating and presenting evidence-based practice and best practice principles
- Documentation procedures
- Ability to impart evidence-based practice knowledge within the supervisory session

3. Values

- Supervisor is accountable for supervision provided—to supervisee and to client
- Respectful
- Responsible for diversity awareness and competence
- Balance between support and constructive feedback/ challenging
- Empowering
- Commitment to continuous learning and professional growth
- Balance between clinical and training needs
- Valuing ethical principles
- Knowing and using supervision research and best practices
- Committed to knowing own limitations

4. Social context



- Diversity overarching
- Ethical and legal issues issues
- Developmental process
- Knowledge of organization and expectations re. clinical supervision
- Awareness of socio-political context within which supervision is conducted
- Creation of climate in which authentic, honest feedback is the norm (both supportive and challenging feedback)

5. Training in:

- Continuing education in supervision knowledge and skills supervision
- Receives supervision of supervision, including observation competencies (videotape/audiotape/in vivo observation with critical feedback)

6. Assessment of:

- Successful completion of supervision course / workshop supervision
- Documented evidence of supervision of supervision, noting competencies readiness to supervise independently
- Evidence of direct observation
- Documented evidence of supervisory experience reflecting diversity competence
- Documented supervisee feedback
- Self-assessment and awareness of need for consultation / supervision when necessary
- Assessment of supervision outcomes
- Impact of client outcomes

(Adapted from Falender et al., 2004)

Clinical Supervision Working Group. (2008). *Helen & Douglas Clinical Supervision Toolkit:*

***For Professionals Working with Children who have Palliative Care Needs.* Oxford: Helen & Douglas House.**

The toolkit aims to teach the following: describe the scope and potential of clinical supervision, apply the principles of effective clinical supervision when supervising groups or individuals, apply the principles of effective clinical supervision whilst in the role of supervisee, and support the roll out of clinical supervision within the working area. In order to fulfill these goals, the toolkit outlines the following: models of clinical supervision, setting up clinical supervision, establishing rapport,



developing a clinical supervision contract, importance of confidentiality, models of reflection, learning styles, self care, and group supervision strategies.

Falender, C. A. PPT. Retrieved from

<http://appic.mysharepointonline.com/Shared%20Training%20Resources/Supervision/Clinical%20Supervision%206%2016%20%2009%20without%20pics%20cf%203%20hour%20VA.ppt>

A comprehensive PPT that covers a multitude of topics related to supervision. Falender defined terms associated with professional competence and supervision. The following issues are discussed: competence assessment, supervisory contracts and alliance, interventions to remedy a supervisory rupture, supervisor/client countertransference, parallel process, diversity in supervision, effective/non-effective supervision, ethics and supervision, barriers to professional competence, feedback, and unique supervisor challenges.

Falender, C. A. (2014). Clinical supervision in a competency-based era. *South African Journal of Psychology*, 44(1), 16-17. doi: 10.1177/0081246313516260 sap.

Since clinical supervision has become recognized as a distinct professional practice, competency based supervision has gained considerable traction internationally. Competency-based supervision enhances accountability and is compatible with evidence-based approaches. Competency-based supervision is defined by supervisor and supervisee collaboratively and explicitly identifying the knowledge, skills and attitudes comprising each clinical competency, determining specific learning strategies, and monitoring



and evaluating the development of those. Recommendations for supervision practice are described based on the growing evidence base for practice and responsive to emerging ethical and legal issues.

Falender, C. A., Cornish, J. A. E., Goodyear, R., Hatcher, R., Kaslow, N. J., Leventhal, G., Shafranske, E., & Sigmon, S. T. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of Clinical Psychology, 60*(7), 771-785.

In this article, supervision is proposed as a core competency area in psychology for which a number of elements reflecting specific knowledge, skills, and values must be addressed to ensure adequate training and professional development of the trainee. Supra-ordinate factors of supervision viewed as permeating all aspects of professional development are proposed. These include the perspective that professional development is a lifelong, cumulative process requiring attention to diversity in all its forms, as well as legal and ethical issues, personal and professional factors, and self- and peer-assessment. A competencies framework is presented with particular elements representing knowledge (e.g., about psychotherapy, research, etc.), skills (including supervising modalities, relationship skills, etc.), values (e.g., responsibility for the clients and supervisee rests with supervisor, etc.), and meta-knowledge. Social contextual factors and issues of education and training, assessment, and future directions also are addressed, with specific elements listed. Suggestions for future work in this area are addressed, including the need to refine further and operationalize competences, develop clear expectations for accreditation and licensure regarding supervision competencies, and expand the description of developmental levels of supervisors from



minimal to optimal competence.

Competencies:

Knowledge

1. Knowledge of area being supervised (psychotherapy, research, assessment, etc.)
2. Knowledge of models, theories, modalities, and research on supervision
3. Knowledge of professional/supervisee development (how therapists develop, etc.)
4. Knowledge of ethics and legal issues specific to supervision
5. Knowledge of evaluation, process outcome
6. Awareness and knowledge of diversity in all of its forms

Skills

1. Supervision modalities
2. Relationship skills—ability to build supervisory relationship/alliance
3. Sensitivity to multiple roles with supervisee and ability to perform and balance multiple roles
4. Ability to provide effective formative and summative feedback
5. Ability to promote growth and self-assessment in the trainee
6. Ability to conduct own self-assessment process
7. Ability to assess the learning needs and developmental level of the supervisee
8. Ability to encourage and use evaluative feedback from the trainee
9. Teaching and didactic skills
10. Ability to set appropriate boundaries and seek consultation when supervisory issues are outside domain of supervisory competence
11. Flexibility
12. Scientific thinking and the translation of scientific findings to practice throughout professional development

Values

1. Responsibility for client and supervisee rests with the supervisor
2. Respectful
3. Responsible for sensitivity to diversity in all its forms
4. Balance between support and challenging
5. Empowering
6. Commitment to lifelong learning and professional growth
7. Balance between clinical and training needs
8. Value ethical principles
9. Commitment to knowing and utilizing available psychological science related to supervision
10. Commitment to knowing one's own limitations

Social Context Overarching issues:

1. Diversity
2. Ethical and legal issues
3. Developmental process
4. Knowledge of the immediate system and expectations within which the supervision is conducted
5. Awareness of the sociopolitical context within which the supervision is conducted
6. Creation of climate in which honest feedback is the norm (both supportive and challenging)



Training of Supervision Competencies

1. Coursework in supervision including knowledge and skill areas listed
2. Has received supervision of supervision including some form of observation (videotape or audiotape) with critical feedback

Assessment of Supervision Competencies

1. Successful completion of course on supervision
2. Verification of previous supervision of supervision documenting readiness to supervise independently
3. Evidence of direct observation (e.g., audiotape or videotape)
4. Documentation of supervisory experience reflecting diversity
5. Documented supervisee feedback
6. Self-assessment and awareness of need for consultation when necessary
7. Assessment of supervision outcomes—both individual and group

Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J. Hutchings, P. S., Madson, M., Collins, F. L., Jr. &

Crossman, R. E. (2009). Competency benchmarks: A developmental model for understanding and measuring competence in professional psychology. *Training and Education in Professional Psychology, 3(4)*, S5-S26. doi: 10.1037/a0015832.

The article outlines 15 competency benchmarks in detail: foundational competencies, reflective practice/self assessment/self care, scientific knowledge and methods, relationships, individual and cultural diversity, ethical legal standards and policy, interdisciplinary systems, functional competencies, intervention, consultation, research, supervision, teaching, management, and advocacy.

Each competency is further delineated into three subcategories: Readiness for practicum, readiness for internship, and readiness for entry to practice. Within these categories, essential components and



behavioural anchors are outlined.

Health Workforce Australia. (2013). *National clinical supervision competency resource – validation edition.* Retrieved from <https://www.hwa.gov.au/sites/uploads/HWA-National-Clinical-Supervision-Competency-Resource-VE-201305.pdf>

Health Workforce Australia (HWA) has developed the National Clinical Supervision Competency Resource to document the core competencies of a clinical supervisor and to:

- Identify and describe the professional expectations of current and future clinical supervisors.
- Provide both a baseline for uniform quality and the potential to further develop clinical supervision for the Australian health system.
- Contribute to interprofessional learning, teamwork and interprofessional understanding through the identification of core competencies for clinical supervision across all health disciplines.

The National Clinical Supervision Competency Resource has three sections, which represent overarching domains of activity common to the Australian clinical supervision workforce. The domains are an overarching area or organised cluster of knowledge, skills, attributes and values that can be broken down into specific elements of performance. The three domains and elements are as follows: clinical supervision, safety and quality in clinical supervisions, and organization.

1. Clinical supervision

- 1.1 Prepare and plan
- 1.2 Facilitating learning
- 1.3 Problem solve
- 1.4 Communication

2. Safety and quality in clinical supervision



2.1 Safety

2.2 Quality

3. Organization

3.1 Integration of supervision and learning activities in clinical practice

Organizational skills/time management

Health Workforce Australia, Human Capital Alliance. (2012). *Draft national clinical supervision competency framework*. Retrieved from

<http://www.hwa.gov.au/sites/uploads/Draft%20Competency%20Framework%20for%20Clinical%20Supervision%20Au%20g%202012.pdf>

The competency matrix of the Clinical Supervision Competencies Framework has been developed consistent with the structure of the National Common Health Competency Resource. This Resource has a matrix structure within which is embedded a hierarchy of competence 'levels'. The structure is comprised of the following features: competency domain, level descriptor, element grouping, competence element, and performance criteria. The competencies are grouped within four domains, which were synthesized from the evidence of 'core' clinical supervision competence gathered through the research –development of competence, summative assessment of competence, administration and management in clinical supervision, and facilitating safety. Within each domain there are four levels of competence, organized to range from competence associated with 'beginning' practitioner proficiency through to competence aligned with expert skills and knowledge in clinical supervision.

Four competency domains:

1. Development of competence
2. Summative assessment of competence
3. Administration and management in clinical supervision



4. Facilitate safety in clinical supervision

Four levels of competence exist:

1. Level One

Perform clinical supervision activities within a known and stable context, narrow parameters and under supervision. Assist with teaching and learning activities to facilitate the development of a trainee's competence in the clinical environment.

Level Two

Perform clinical supervision independently within a defined context, established parameters and defined levels of delegation. Apply the principles of adult learning and mentoring to facilitate the development of a trainee's competence in the clinical environment.

Level Three

Perform clinical supervision autonomously in a changing context with broad parameters. Support and guide others in performing clinical supervision within established protocols. Plan, coordinate and support others undertaking learning and development activities. Monitor the effectiveness of learning and development programs and participate in evaluation of learning and development processes and resources.

Level Four

Provide leadership in clinical supervision. Develop systems, processes, resources and individuals to enhance the practice of clinical supervision. Design, implement and evaluate learning and development programs and systems and processes.

Kaslow, N. J., Falender, C.A., & Grus, C. L. (2012). Valuing and practicing competency-based supervision: A transformational leadership perspective. *Training and Education in Professional Psychology, 6* (1), 47-54.

A significant culture change to a competency-based approach to supervision reflects the current zeitgeist in professional psychology education and training. Accreditation, credentialing, regulation, and training have all been transformed to competency-based approaches. However, the transition within a program to a competency-based approach is not always smooth. This article addresses specific leadership competencies that facilitate change, with attention paid to the supervisory process. Because most leaders in professional psychology have traditionally engaged in transactional leadership, a shift is required to transformational leadership, a style associated with effective change. As a backdrop to



the focus on a transformational leadership approach and competency-based supervision, this article first overviews the competencies movement, particularly competency-based clinical supervision. Then transformational leadership is applied to changing educational and training cultures and climates to ensure the consistent and comprehensive implementation of a competency-based approach to clinical supervision. Strategies are offered for implementing such an approach to competency-based clinical supervision, as well as for overcoming barriers to implementation.

Transformational leadership and competency-based supervision:

- First, there needs to be a committed leader/leadership team that has the energy, enthusiasm, and passion to engage other educators/trainers in the change process required to develop a competency based supervisory culture.
- Second, a transformational leader/leadership team strives to ensure that everyone is informed about competency-based supervision, as knowledge is power.
- Third, it behooves the transformational leader/leadership team to organize retreats or other intensive working meetings to create a shared vision that values a competency-based supervision culture. Prior to initiating change, it helps if the leader/leadership team considers the system's readiness to change in accord with a transtheoretical model (Prochaska & Norcross, 2009).
- Fourth, ongoing meetings will serve to integrate a competency based supervisory culture. In addition to faculty/staff supervisors, some meetings might include students and others might include administrators.
- Finally, ongoing feedback should occur with regard to implementing a competency-based supervisory culture and its efficacy. Ongoing and consistent feedback is solicited, thoughtfully considered, and responded to in a meaningful way.

McMahon, M., & Simons, R. (2004). Supervision training for professional counselors: An exploratory study. *Counselor Education and Supervision, 43(4)*, 301-309.

Enhanced interest in supervision training has corresponded with recognition of supervision as a profession in its own right. For many practicing professional counselors, supervision training has traditionally been unavailable. The present research used the Clinical Supervision Questionnaire to



evaluate the effect of a supervision training program on the supervision scores of 16 practicing professional counselors who participated in a supervision training program. Participants completed a pretraining and posttraining questionnaire. The findings revealed a significant difference between the pre- and posttraining results for the experimental group. This difference was maintained over a 6-month period. Practical and research implications are discussed. scope of research and not critical to the hypotheses. The findings of this study illustrate that supervision training significantly aided practicing professional counselors in their ability to achieve their learning objectives in the training program, specifically across the areas of confidence/self-awareness, skills and techniques, and theoretical/conceptual knowledge. This study shows that supervision training that is provided to practicing professional counselors can make a difference.

National Career Development Association. (2009, February). Career counseling competencies. *Career Convergence Web Magazine*. Retrieved from

http://www.ncda.org/aws/NCDA/pt/sd/news_article/37798/_self/layout_ccmsearch/true

Supervision Competencies:

- Knowledge of supervision models and theories.
- Ability to provide effective supervision to career development facilitators at different levels of experience by:
 - knowledge of their roles, competencies, and ethical standards
 - determining their competence in each of the areas included in their certification
 - further training them in competencies, including interpretation of assessment instruments
 - monitoring and mentoring their activities in support of the professional career counselor; and scheduling regular consultations for the purpose of reviewing their activities

Nelson, T. S., & Graves, T. (2011). Core competencies in advanced training: What supervisors say about graduate training. *Journal of Marital and Family Therapy, 37*(4), 429-451. doi: 10.1111/j.1752-0606.2010.00216.x

In an attempt to identify needed mental health skills, many professional organizations have or are in



the process of establishing core competency standards for their professions. The AAMFT identified 128 core competencies for the independent practice of MFT. The aim of this study was to learn the opinions of AAMFT Approved Supervisors as to how well prepared postgraduate trainees are when compared to the core competencies. One hundred thirty-five AAMFT Approved Supervisors provided their perspectives on (a) which competencies are most commonly learned in MFT graduate programs, (b) how well the graduates have mastered these competencies, and (c) the level to which the supervisors need the competencies to be mastered prior to entering advanced training. Results suggest that a gap exists between the level of mastery that the postgraduate trainees exhibit and the level desired by supervisors. Implications are suggested for closing this gap.

Most commonly mastered competencies in MFT grad programs:

- 5.3.3: Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
- 1.3.5: Obtain consent to treatment from all responsible persons.
- 5.2.4: Recognize when clinical supervision or consultation is necessary.
- 5.3.6: Report information to appropriate authorities as required by law.
- 5.1.2: Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
- 1.3.6: Establish and maintain appropriate and productive therapeutic alliances with the clients.
- 1.3.4: Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
- 5.5.1: Maintain client records with timely and accurate notes.
- 1.5.2: Complete case documentation in a timely manner and in accordance with relevant laws and policies.
- 5.3.4: Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
- 2.5.1: Utilize consultation and supervision effectively.
- 5.1.4: Understand the process of making an ethical decision.



Rings, J. A., Genuchi, M. C., Hall, M. D., Angelo, M., Cornish, J. A. E. (2009). Is there consensus among predoctoral internship training directors regarding supervision competencies? A descriptive analysis. *Training and Education in Professional Psychology, 3*, 140-147.

Although psychologists increasingly provide clinical supervision, the profession has only recently begun to establish standards for competently doing so. This study was aimed at conducting a broader exploration of predoctoral psychology internship training directors' views ($n = 184$) on the importance of the supervision competencies initially suggested by C. A. [Falender et al. \(2004\)](#). Respondents generally agreed with the importance of the competencies but showed less agreement with the importance of different types of clinical supervision training. It may be encouraging to note that the training directors were mostly in agreement, at least in principle, about what makes for competent supervision. With that said, there is undoubtedly a large difference between this and the actual implementation of these competency framework components from training site to training site. Results reflect the need for further discussion in defining what makes for competent clinical supervision before these competencies are adopted within the profession. Practical implications of these findings are addressed.

Scott, K. J., Ingram, K. M., Vitanza, S. A., & Smith, N. G. (2000). Training in supervision: A survey of current practices. *The Counseling Psychologist, 28(3)*, 403-422.

This study examined the current state of affairs of training in the practice of supervision in doctoral programs and predoctoral internship sites accredited by the American Psychological Association. Results indicated that although a majority of programs and sites offered some type of opportunity for training in supervision, there were differences in the methods and extent of the training. In particular, statistically significant differences were found between the training offered in counseling psychology programs when compared to clinical psychology programs, and in university counseling center



internship programs when compared to other types of internship sites. The more extensive training in supervision offered among counseling psychology programs and counseling center internship sites is discussed in terms of the identity of counseling psychology and the future of professional psychology in general. Recommendations for enhancing training in the conduct of supervision and directions for further research are also offered.

Queensland Government, Queensland Health. (2008). *Queensland Health practice supervision program for mental health practitioners: Practice supervision workbook*. Brisbane: The State of Queensland.

This workbook has the following objectives:

1. To develop working knowledge of Q.H. Policy for Practice Supervision
2. To define what is meant by supervision and develop a greater understanding and knowledge of the theoretical and practice components of supervision.
3. To emphasize the importance of ethical practice in supervision and provide information and practice opportunities regarding ethics.
4. To develop and enhance supervisors model of supervision and style of supervision.
5. To outline and practice the seven focus points of supervision (Hawkins & Shohet, 2001).
6. To develop awareness of the stages through which supervision progresses and the various types and points of intervention.
7. To consider the roles of evaluation and feedback within the supervisory relationship and help supervisors develop supervision agreements.



8. To practice supervision interventions.

The competencies required for effective supervision can be described as follows:

Unit 1: Objectives and structures of supervision

- Establish agreement
- Monitor and update agreement
- Set and keep agendas
- Availability and workload management
- Prepare for supervision sessions
- Maintain client focus
- Increase supervisee awareness of organizational structures and policies in line with practice
- Advocacy
- Ensure ethical emphasis in line professional codes of conduct
- Maintain skill development focus
- Review and evaluate supervision practice

Unit 2: Establish supervision relationship/process

- Maintain role awareness
- Develop a supervision environment that is conducive to professional development
- Ensure an appropriate use of power within the relationship
- Recognise, respect and accommodate the supervision to differences between supervisor and supervisee
- Facilitate career progression and development
- Monitor and enhance supervisee coping
- Awareness of complex situations that may pose a risk to the supervision process

Unit 3: Skill development

- Model/demonstrate effective clinical skills
- Progressively develop skills in a logical sequence
- Teaching complex clinical skills
- Flexibly use a range of supervision approaches based on supervisee learning styles

University College London. (2015). *Supervision competence framework*. Retrieved from

http://www.ucl.ac.uk/clinical-psychology/CORE/supervision_framework.htm



This website gives open access to: background documents that explain how to use the framework, the framework itself, the "map" of competences, and the full list of competences. The framework locates supervision competences into a 'map', with four domains. The first domain outlines a set of **Generic Supervision** competences, which supervisors of all orientations will usually employ. Though still pan theoretical, the domain of **Specific Supervision** competences outlines some particular supervisory tasks. The third domain focuses on **model-specific** supervision, and the fourth identifies the **Metacompetences** supervisors need to apply across all the other domains of the framework; these are usually examples of higher-order decision-making.

1. Generic supervision competencies

- 1.1 Ability to employ educational principles which enhance learning
- 1.2 Ability to enable ethical practice
- 1.3 Ability to foster competence in working with difference
- 1.4 Ability to adapt supervision to the organizational and governance context
- 1.5 Ability to form and maintain a supervisory alliance
- 1.6 Ability to structure supervision sessions
- 1.7 Ability to help the supervisee present information about clinical work
- 1.8 Ability to help the supervisee's ability to reflect on their work and on the usefulness of supervision.
- 1.9 Ability to use a range of methods to give accurate and constructive feedback
- 1.10 Ability to gauge supervisee's level of competence
- 1.11 Ability for supervisor to reflect (and act on) on limitations in own knowledge and experience

2. Specific supervision competencies

- 2.1 Ability to help the supervisee practice clinical skills
- 2.2 Ability to incorporate direct observations into supervision
- 2.3 Ability to apply standards

3. Applications of supervision to specific models/contexts

- 3.1 Supervision of clinical case management
- 3.2 Supervision of low intensity interventions
- 3.3 Supervision of CBT
- 3.4 Supervision of psychodynamic therapy
- 3.5 Supervision of systemic therapy



- 3.6 Supervision of humanistic therapy
- 3.7 Supervision of IPT
- 4. Metacompetencies**
- 4.1 Adapting process and content to supervision
- 4.2 Giving Feedback
- 4.3 Managing concerns about the supervisee's ability to use supervision
- 4.4 Managing serious concerns about practice
- 4.5 Low intensity supervision

U.S Department of Health and Human Services, Substance Abuse and Mental Health Services

Administration. (2007). *Competencies for substance abuse treatment clinical supervisors* (Technical Assistance Publication Series 21-A). Retrieved from https://www.unodc.org/ddt-training/treatment/VOLUME%20D/Topic%202/7.Competencies_for_SA_Treatment.pdf

Effective clinical supervisors are skilled, experienced clinicians. They are knowledgeable about substance use disorders and generally accepted, research-based assessment, intervention, treatment, and recovery strategies. The specific tasks, responsibilities, and roles of supervisors vary; however, some basic competencies are common to a variety of settings and professional disciplines. These basic concepts are reflected in the foundation area competencies in this document. They are common across the variety of disciplines and interest groups that provide care for clients with substance use disorders. The competencies identified as *foundation areas* complement those found in the trans disciplinary foundations section of TAP 21. Clinical supervisors in substance use disorder treatment settings are expected to be familiar with the knowledge described in the trans disciplinary foundations. The framework used here identifies five foundation areas in clinical supervision:

FA1: Theories, Roles, and Modalities of Clinical Supervision;



FA2: Leadership;

FA3: Supervisory Alliance;

FA4: Critical Thinking; and

FA5: Organizational Management and Administration.

Each contains several competencies that, taken together, define the work of the clinical supervisor.

1. Theories, roles, and modalities of clinical supervision

- Understand the role of clinical supervision as the principal method for monitoring and ensuring the quality of clinical services.
- Appreciate the systemic role of the clinical supervisor as a primary link between management and direct services.
- Understand the multiple roles of the clinical supervisor, including consultant, mentor, teacher, team member, evaluator, and administrator.
- Be able to define the purpose of clinical supervision specific to the organization's clinical and administrative contexts, including supervisory goals and methods.
- Be familiar with a variety of theoretical models of clinical supervision, including (but not limited to) psychotherapy-based, developmental, multicultural, integrative, and blended models.
- Be able to articulate one's model of supervision.
- Be familiar with modalities of clinical supervision, including individual, group, direct observation, and consultation.
- Be familiar with the current research literature related to recommended practices in both substance use disorder treatment and clinical supervision.
- Be familiar with the literature regarding multiple learning strategies (e.g., instructions, demonstrations, role plays, critiques).
- Recognize the importance of establishing with the supervisee a productive, healthy learning alliance focused on improving client services and job performance.
- Understand and reinforce the complementary roles of members on a multidisciplinary team.
- Understand the importance of assessing needs and carefully planning and systematically implementing individual and group supervisory activities that promote clinical and program service improvement.

2. Leadership

- Use a leadership style that creates and maintains an environment based on mutual respect, trust, and teamwork.
- Be a role model by taking full responsibility for one's decisions, supervisory practices, and personal wellness.
- Seek job performance feedback from supervisees, peers, and managers to improve supervisory practices.



- Create, regularly assess, and revise a personal leadership plan to provide direction for one's continuing professional development.
- Seek out and use leadership mentors to assist with one's personal development, knowledge acquisition, and skill development.
- Understand the historical context of treatment for substance use disorders and use that understanding to participate in developing the agency's guiding vision and its related mission, principles, and sense of purpose.
- Clarify agency vision, mission, and service goals and objectives for the supervisee.
- Interpret agency mission, policies, procedures, and critical events. Effectively communicate those interpretations to supervisees and foster an organizational climate that promotes continuous improvement and excellence in client care.
- Understand, monitor, and ensure compliance with State and Federal regulations and accrediting body (e.g., Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Healthcare Organizations, Council on Accreditation) standards for the delivery of substance use disorder treatment.
- Recognize the safety and security issues facing the organization and participate in enforcing and enhancing organizational policies that ensure the safety and security of clients, personnel, and facilities.
- Understand and acknowledge the power differential inherent in the supervisor-supervisee relationship, using power fairly and purposefully avoiding the abuse of power.
- Proactively structure and schedule clinical supervision activities.
- Teach, mentor, and coach in the context of the organization's core values.
- Provide honest feedback—positive, constructive, and corrective.
- Guide through motivational empowerment rather than control. Facilitate work through team building, training, coaching, and support.
- Plan and organize for orderly workflow, controlling details without being overbearing.
- Empower and delegate key duties to others while maintaining goal clarity and commitment.
- Delegate mindfully, considering both the supervisee's professional development and the agency's needs.
- Encourage supervisee participation in communicating observations, ideas, and suggestions to agency management.

3. Supervisory alliance

- Be familiar with the literature about supervisory alliance, including key factors that strengthen or compromise the supervisory alliance, supervisory contracting, and relational issues (e.g., transference and countertransference).
- Understand the complex, multilevel, and bidirectional nature of the supervisory triad of client, counselor, and supervisor. Maintain an awareness of potential dual relationships and boundary violations within the triad.
- Recognize that the supervisor-supervisee relationship develops over time and that the stage of relationship development influences the rules, roles, and expectations of the alliance.
- Conceptualize the supervisor-supervisee relationship as a learning alliance that provides for role induction, includes agreement on goals and tasks, and recognizes the bond that develops between the supervisor and the supervisee.



- Understand the value of mentoring as a dynamic way of forming an alliance, teaching counseling skills through encouragement, and giving suggestions for accomplishing goals.
- Create an explicit supervisory contract that clarifies expectations and goals, the relationship's structure and evaluative criteria, and the limits of supervisor-supervisee confidentiality.
- Present as a credible professional who possesses knowledge and expertise relevant to the setting and the population being served.
- Model ethical behavior vis-à-vis the supervisee and reinforce ethical standards in the relationship between the supervisee and the supervisee's clients.
- Be continually alert to the effects of one's interpersonal style on the supervisee.
- Maintain appropriate boundaries in forming and maintaining a safe and trusting professional relationship.
- Attend to cultural, racial, gender, age, and other diversity variables essential to a productive supervisor-supervisee relationship.
- Understand, recognize, and know how to ameliorate the effects of personal countertransference triggered by the supervisee's interpersonal style, the supervisee's developmental issues, or the supervisee's unresolved personal issues.
- Recognize interpersonal conflict and supervisory impasses, accept appropriate responsibility, and actively participate in resolving difficulties.

4. Critical thinking

- Understand the various contexts (e.g., organizational, political, societal, cultural) in which supervision is conducted.
- Analyze and evaluate agency issues and policies to better understand, clarify, and participate in the continuous improvement of agency and staff performance and service outcomes.
- Evaluate and select written and oral communication strategies appropriate to the audience and purpose.
- Select, adapt, implement, and evaluate appropriate problem solving, decision making, and conflict resolution techniques.
- Apply experience, insight, and lessons learned to new situations.
- Apply critical thinking to information gathering by evaluating the content of the information and the credibility of its source.
- Ask supervisees relevant and clarifying questions and listen critically for content and underlying issues in their self-disclosure.
- Help supervisees develop skills in case conceptualization and analysis of client– counselor interactions.
- Negotiate, communicate, and document the resolution of conflicts or disagreements and strategies for resolving performance problems. Document outcomes.
- Develop sound criteria for self-evaluation and clarify personal beliefs, values, and biases.
- Help supervisees develop sound criteria for self-evaluation and clarify their beliefs, values, and biases.

5. Organizational management and administration

- Recognize that organizational and managerial skills and tasks enhance clinical supervision.
- Understand and consistently apply agency policies, procedures, organizational structure, and communication protocols.
- Understand the legal demands and liabilities inherent in supervisory and clinical services, including the vicarious liabilities incurred in supervising interns and students.



- Be familiar with and abide by current principles, laws, ethical guidelines, and agency policies regarding personnel management.
- Learn to implement effective disciplinary and administrative management techniques that enhance clinical supervision and accomplishment of the organization's mission.
- Understand and ensure supervisee compliance with State program licensing requirements and with other State and Federal laws and statutes.
- Understand and ensure supervisee compliance with the substance use disorder treatment standards of the organization's healthcare accrediting body (e.g., Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Healthcare Organizations).
- Monitor and maintain the human and technical resources needed to meet organizational and program objectives.
- Evaluate and contribute to improving the organization's cultural proficiency.
- Possess and continually improve organizational and time management skills.
- Understand and work within the organization's budgetary constraints.
- Effectively apply technology, within agency and regulatory limits, for communication, program monitoring, report writing, problem solving, recordkeeping, case management, and other activities.
- Ensure the maintenance, storage, and security of employee records and protected health information consistent with the organization's policies and procedures, government regulations, and ethical principles.

Zorga, S. (2006). Competences of a supervisor. *Ljetopis Socijalnog Rada*, 14(2), 433-441.

This paper gives a brief overview of a number of ideas of various authors (Hawkins and Shohet, Carroll, Kugler etc.) about professional competences for supervisors. Supervision researchers have also established different stages through which supervisors pass in the process of their professional development. The paper describes some common characteristics, which make up four typical developmental stages that supervisors go through.

Four developmental stages of supervisors:

In the first stage, which is marked by the transition from the role of the supervisee as practitioner into the role of the supervisor. The supervisor oscillates between the role of a professional worker and that of a person who is only just learning the role of supervisor. The second stage of the supervisor's development is characterised by a deeper knowledge and understanding of supervision and his/her own role in it. The third stage is characterised by longer-lasting motivation for supervision. Both the



supervisor and the supervisee are internally motivated for supervision. As the process of development continues, the supervisor reaches the stage of “mastery”, which is considered to be the independent, fourth stage of development by certain authors (Stoltenberg and Delworth, 1987.; Watkins, 1990.)

Qualities and competencies necessary for supervisors:

→ According to Holloway and Carroll (1999.), these are:

- professional experience (the amount of experiences in counselling and supervision),
- theoretical orientation (supervisors rely on their own knowledge base to determine what to teach and how to teach the supervisee),
- roles (the most frequently recognized roles are those of teacher, counsellor and consultant, but the roles of evaluator, lecturer and model of professional practice are also important),
- cultural characteristics (gender, ethnicity, race, sexual orientation, religious beliefs and personal values strongly influence an individual’s social and moral judgments),
- self-presentation (refers to the interpersonal presentation of self or the personal style of relating, which is sometimes the primary factor in the course of communication).

→ Hawkins and Shohet (2000.:42-44) also stress some other professional competences necessary for qualified supervisory work. They mention good counselling skills as a prerequisite for a competent supervisor. In addition to this, they list the following:

- the ability to help supervisees feel received, valued, understood (on the assumption that only then will they feel safe and open enough to review and challenge themselves),
- experiences as a practitioner,
- understanding the boundaries of supervision and being able to make clear and mutually negotiated contracts,
- focusing some of the supervisor’s attention on the dynamics of the supervisee;



but this must always arise from work-related issues and in the service of understanding and being able to manage work better,

- developing one's own framework for supervising, which is appropriate to the setting in which one is working; it should be clear enough to be explainable to the supervisees, but also flexible enough to be adapted to meet the changing needs and demands of different types of supervisees,
- the so-called "helicopter ability" - the ability to switch perspectives. In order to be able to do this, it is important to be aware of all the possible levels and perspectives (the focus on the client, on the supervisees and their process, on one's own process and the here-and-now relationship with the supervisees, on the supervisees' client within their wider context and on the work of the supervisees within the wider context of the organization and inter-organizational issues) and then gradually to expand one's focus within the session.

→ The characteristics of good or "ideal" supervisors, which are in part defined by the roles which they perform, are the following (Pettes, 1979.:4-7, in Milorđević Arnold, 1999.):

- knowledge and experiences in guidance
- experiences in directing towards learning
- ability to qualify someone for practical work
- ability to offer the support desired
- communication experiences
- ability to use at once all knowledge and experiences of the profession.

→ Kugler (1995.) points out some characteristics which are important for future supervisors:

- personal and professional maturity
- ability to analyse their work in depth
- ability to reflect their work



- ability to tolerate uncertainty in their work without replacing it with “quasi certainty”
- ability to reflect and work with interpersonal dynamics in the relationship with their clients and in the relationship with the supervisor
- ability to integrate their knowledge into the practice
- ability to learn
- permanent additional education.