

SUPERVISION GUIDELINES FOR INTERNSHIP SUPERVISORS

Definition:

Supervision is “an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of the professional services offered to the clients he, she, or they see(s), and serving as a gatekeeper for those who are entering the profession” (Bernard & Goodyear, 1998).

Legal Issues:

- *Vicarious Liability* – As a supervisor you are liable for any negligent acts the supervisee may engage in
- *Direct Liability* – e.g., you haven’t kept informed adequately by the supervisee and you suggest an intervention that leads to harm of the patient

Ethical Issues:

- Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees... (3.08, APA)
- Psychologists do not require students or supervisees to disclose personal information...except if...the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing...in a competent manner or posing a threat to the students or others. (7.04, APA)
- Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom the psychologists have or are likely to have evaluative authority. (7.07, APA)
- When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor. (10.01, APA)
- When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (6.03, APA)

Functions of Supervision:

- Monitoring, evaluating
- Instructing, advising
- Modeling (and being a good role model of a Professional Psychologist)
- Consulting
- Supporting/Sharing (Respect for Dignity, Responsible Caring)
- Allowing appropriate autonomy
- Responsibility to patient, profession, system, society

Supervision is Not:

- Therapy
- Socialization or “getting on the supervisee’s good side”
- Knowing it all

The Central Tasks of a Good Supervisor:

- Providing a non-judgmental, open, participatory and supportive atmosphere
- Providing insights into the handling of clinical matters
- Providing guidance around ethical/legal dilemmas
- Providing support and also confronting problems of personal impairment in the supervisee
- Providing support and confronting practice deficits in the supervisee
- Rewarding hard work and success
- Assessing and learning from errors
- Providing clear learning/performance goals and objectives
- Providing balanced and fair assessments or evaluations of the supervisees
- Being sensitive to issues of power, culture, sex, and ethnic issues
- Handling challenge and confrontation by the supervisee
- Protecting the supervisee against unreasonable challenge by patients or staff
- When dealing with impaired supervisees, the ability to balance support with confrontation and to handle common counter-transference dilemmas in this role.

The Ideal Supervisor (Carifio & Hess, 1987):

“...possesses appropriate levels of empathy, respect, genuineness, concreteness, and self-disclosure. He or she is knowledgeable and experienced in both therapy and supervision. He or she sets clear and explicit goals and uses these goals to guide him or her in using various teaching techniques and modes of data collection. The informed supervisor avoids combining supervision with therapy. The ideal supervisor is generally supportive and non-critical. He or she uses a variety of social influence processes, including direct and systematic feedback. The supervisor is not overly direct, yet not particularly passive, either.”

Supervisors who think like supervisors rather than like therapists will ask themselves “How can I intervene so that this therapist will be more effective with current and future clients?” whereas supervisors who don’t make the shift in thinking will be more likely to use supervision sessions to tell the therapist what to do with the client, resulting in what Borders (1992) calls “supervisees who become surrogate [therapists] who merely carry out the supervisor’s plans.”

Negative Supervisory Experiences:

- Interpersonal relationship and style: Differing attitudes, personality conflicts, and communication difficulties including the supervisor’s being critical, judgmental, disrespectful and unsupportive.
- Supervision tasks and responsibilities: Issues pertaining to the activities, roles, goals, expectations, and time spent in supervision, including viewing tapes, lack of supervision, and inadequate and outdated knowledge and skills of the supervisor.

- Conceptualization and theoretical orientation: Conflicts involving client conceptualization, diagnosis, treatment decisions, and interventions, such as disagreements related to opposing theoretical orientations.
- Ethics, legal and multicultural issues: Ethical and legal considerations pertaining to the professional practice of psychology, including multicultural competence, clinical issues, case management, and professional development (e.g., offensive statements about particular groups; misrepresenting program content and services to others in the community).

Profile of Lousy Supervision (Magnuson, et al, 2002):

- Unbalanced – too much or too little of various elements of supervision experiences
- Developmentally inappropriate – non-responsive to changing developmental needs of supervisees
- Intolerant of differences – failing or unwilling to be flexible
- Poor model of professional/personal attributes – models what not to do as a supervisor, fails to provide professional mentoring, models unethical behavior
- Untrained – unprepared to manage boundaries, difficult issues, or other inter-professional exchanges
- Professionally apathetic – lack of commitment or initiative for the profession, supervisee and client

Problems for Inexperienced Supervisors (Page & Wosket, 2001):

- Resistance
- Pressure to come up with answers (as in therapy)
- Supervisor feels he/she could do a better job, leading to:
 - Supervisor may try to take over
 - Tell supervisee exactly what to do
 - Lead to demoralizing of the therapist
 - Competition with the supervisee: “stand aside and I’ll show you the right way”
 - “Ethical inquisitor” position: main point of supervision is finding mistakes
- “Passive optimist” who ignores issues that need to be confronted and simply affirms and encourages supervisee

What Kind of Supervisor Do Supervisees Want?

- Helpful
- Give some freedom, but don’t expect more than supervisee is capable of doing
- Supportive
- Understanding
- Encouraging
- Flexible
- Open

You Should Recognize the Fears of Supervisees:

- I am too inadequate to be a therapist/psychologist
- My supervisor will find out how inadequate I am
- My patient will “go crazy” and I won’t know what to do
- I’m not doing enough to help my patient
- My supervisor will exploit my weaknesses if I reveal them
- My supervisor will punish me with a bad evaluation if I reveal my weaknesses
- If I complain about my supervision/supervisor, I’ll be punished