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# Establishing an Evidence-based Evaluation for Supervisor Competency

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## Collaborators

- Supervision, Training, & Administration Rotation:
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- Statistical consultation:
  - Steven Miller, Ph.D. (Rosalind Franklin University of Medicine & Science)
- Psychology trainees in our department during AY 2015-16



## Learning Objectives

1. Identify the evidence-based competencies relevant to supervision.
2. Recognize and describe barriers to evidence-based evaluation of supervision.
3. Discuss implementation of an evidence-based assessment tool for measuring supervisor competency.



## Objective 1

Identify the evidence-based competencies relevant to supervision.



## Guidelines for Clinical Supervision in Health Service Psychology*

Health service psychologists are trained and experienced in the delivery of preventive, assessment, diagnostic, and therapeutic intervention services relative to the psychological and physical health of consumers based on:

1. Having completed scientific and professional training resulting in a doctoral degree in psychology;
2. Having completed an internship and supervised experience in health care settings; and
3. Having been licensed as psychologists at the "independent practice level."

*http://apa.org/about/policy/guidelines-supervision.pdf



APA, 2014

## Multiple Choice Questions: 1

- In order to become a clinical supervisor, I:
  - A. Completed coursework in grad school
  - B. Took some courses, supervised junior students and received supervision on this experience during grad school and internship
  - C. Was assigned a trainee the day after I got my license
  - D. Considered my best/worst supervision experiences and proceeded accordingly.

## Multiple Choice Questions: 2

- When one of my trainees is having trouble close to the end of the training year, I:
  - A. Pretend it isn't happening
  - B. Ruminate about how I have failed him/her and what I can do differently in the future
  - C. Inform him/her that they are unlikely to get passing grades for this experience
  - D. Continue with open discussion about difficulties, revise remediation plans as necessary, and revisit consequences of not meeting expectations.



## Multiple Choice Questions: 3

- Providing trainees with "negative" feedback:
  - A. Should be handled very gently
  - B. May create an angry and defensive reaction
  - C. Should only occur verbally and not make it into the "official" record
  - D. Is an important part of clinical supervision and should always be incorporated.



## Definitions

- **Supervision** is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession.
- **Competency-based supervision** is a metatheoretical approach that explicitly identifies the knowledge, skills and attitudes that comprise clinical competencies, informs learning strategies and evaluation procedures, and meets criterion-referenced competence standards consistent with evidence-based practices (regulations), and the local/cultural clinical setting (adapted from Falender & Shafranske, 2007).


APA, 2014

## Guidelines for Supervision (APA, 2014)

- Domain A: Supervisor Competence
- Domain B: Diversity
- Domain C: Supervisory Relationship
- Domain D: Professionalism
- Domain E: Assessment/ Evaluation/ Feedback
- Domain F: Problems of Professional Competence
- Domain G: Ethical, Legal, and Regulatory Considerations



## Domain A: Supervisor Competence

1. Knowledge and Skills (about supervision and areas being supervised)
   - Provides competent supervision to ensure welfare of patients
2. Competence in Practice of Supervision
   - Has training and continuing education in providing supervision
3. Coordination & Consultation of Goals, Expectations, and Performance
   - Collaborates with graduate program as necessary
4. Diversity Competence
   - Infuses diversity into all elements of clinical practice and research and supervision
5. Technology and Supervision
   - Demonstrates awareness of the policies and procedures in place for ethical practice of telepsychology, social media, and electronic communication


Bullets = Sample Items

## Domain B: Diversity

1. Self Awareness
   - Maintains awareness re: own diversity competence
2. Facilitating Diversity Competence
   - Models willingness to pursue education or consultation as necessary
3. Lifelong Learning
   - Seeks ongoing training in diversity competence
4. Modeling Advocacy
   - Promote the supervisee's competence by modeling advocacy for human rights and intervention within institutions and systems
5. Familiarity with Diversity Literature
   - Strives to be familiar with the literature concerning diversity competence in supervision


Bullets = Sample Items

## Domain C: Supervisory Relationship

1. Collaborative Relationship
   - Values, creates and maintains a collaborative relationship
   - Demonstrates respect for trainees, patients, and colleagues
   - Creates environment to promote self-assessment and growth in trainee
2. Formulation of Goals and Expectations
   - Develops individualized goals in the form of a clearly articulated supervisory contracts
   - Identifies programmatic and individualized goals and expectations
3. Ongoing Evaluation
   - Regularly reviews progress of the supervisee and effectiveness of the relationship
   - Encourages evaluation from trainee on a regular basis



Bullets = Sample Items

## Domain D: Professionalism

1. Modeling
   - Models professionalism through his/her own behavior and interactions with others
   - Teaches knowledge, skills, and attitudes associated with professionalism
2. Evaluation of Professionalism
   - Provides clear criteria for identifying and working towards professionalism benchmarks.
   - Provides ongoing feedback and evaluation of trainee progress towards meeting professional expectations appropriate for level of education and training



## Domain E: Assessment, Evaluation, and Feedback

1. Collaborative Relationship
   - Promotes openness and transparency in feedback and assessment
2. Monitoring & Providing Feedback
   - Utilize live or recorded observation to monitor performance
3. Type of Feedback
   - Provides direct, clear, and timely feedback to trainees
   - Balances being supportive with challenging
4. Self Assessment
   - Supports supervisee in developing self-assessment skills
5. Feedback on Supervision
   - Seeks feedback from trainee and incorporates information appropriately



Bullets = Sample Items

## Domain F: Problems of Professional Competence

1. Policies and Procedures
   - Articulates expectations using supervision contract and/or evaluation form
   - Addresses performance problems directly
2. Prompt Attention to Problems
   - Communicates impressions to trainee
   - Acts quickly!
3. Remediation Plans
   - Develops written documentation for problems and behavioral plans to address them
4. Taking Appropriate Action
   - Considers role as a gatekeeper in making decisions about competence



Bullets = Sample Items

## Domain G: Ethical, Legal, and Regulatory Considerations

1. Modeling Ethical Practice
   - Serves as a role model for ethical and legal responsibility
   - Discusses values and implications of ethical and legal issues
2. Upholding Ethical Practice
   - Maintains primary responsibility to protect the welfare of the patient
3. Supervisors as Gatekeepers
   - Consider trainee's suitability to enter and remain in the field
4. Setting Expectations
   - Provides clear expectations for parameters of supervision preferably in the form of a contract
5. Documentation
   - Maintains accurate and timely documentation of supervisee performance related to expectations for competency and professional development



Bullets = Sample Items

## Steps in Implementation of Competency-Based Supervision

1. Orientation to the competency-based approach
2. Collaborative identification of competencies which will be training focus
3. Collaborative identification of requisite knowledge, skills, and values to define focus of supervision
4. Collaborative identification of individual areas of strength and areas for enhancing knowledge and skills
5. Development of supervision contract



Falender, 2011

## Developmental Models of Supervision

- **Guidelines suggest that competency-based supervision should operate from a developmental model, but do not indicate which model.**
- Basic premise:
  - As one develops skills as a clinician, one will move through a series of stages.
  - Each stage requires different supervision skills and techniques to promote supervisee movement across stages.
- Developmental levels should not be assumed (Self-assessment, self-report, and observation should be used)



## Integrated Developmental Model (IDM): 3 stages

Most researched and utilized developmental model of supervision

- Level 1: Supervisees are entry-level students who are **high in motivation**, yet **high in anxiety** and **fearful of evaluation**
- Level 2: Supervisees are mid-level and experience **fluctuations in confidence and motivation**, often linking their own mood to successes with patients
- Level 3: Supervisees are essentially **secure, stable in motivation,** have accurate empathy tempered by objectivity, and are **self-reflective and can adjust responses based on metacompetence**


Stoltenberg, McNeill, and Delworth, 1998

## IDM: 3 Structures

- Characterized by 3 structures:
  - Self-other awareness (level of self-awareness)
  - Motivation (interest and desire for training and development)
  - Autonomy (degree of independence supervisee exhibits)


Stoltenberg, McNeill, and Delworth, 1998

## IDM: 8 Domains

- **Intervention skills** - confidence to engage in therapeutic interventions
- **Assessment techniques** - administering psychological assessments
- **Interpersonal assessment** - using personal skills in conceptualizing presenting issues (i.e., clinical judgement)
- **Conceptualization** - understanding how the patient's environment, history, and personality influence functioning
- **Individual differences** - competence in dealing with racial, ethnic, cultural, or other differences
- **Theoretical orientation** - the depth of understanding related to theory
- **Treatment plans and goals** - the ability to determine appropriate intervention strategies based upon identified goals
- **Professional ethics** - the ability to integrate professional and personal ethics


Stoltenberg, McNeill, and Delworth, 1998

## Developmental Values

- Beginning trainees value support and training in non-specific psychotherapy skills
- Mid-level trainees value learning conceptualization and technical procedures
- Advanced trainees value learning about flexible applications and relational process (e.g., transference/countertransference)
- All trainees benefit from praise for efforts made and supervisors sharing own casework


Stoltenberg, McNeill, and Delworth, 1998

| Level | Overview of Stage | Self-Other Awareness | Motivation | Autonomy |
|---|---|---|---|---|
| Level 1 | Limited training or experience in the specific domains of therapy (i.e. treatment planning, case conceptualization, etc.) | High levels of self-focus, with little self-evaluation, anxiety related to evaluation by supervisor, concerned with "doing it right" | Motivation and anxiety are focused on acquisition of skills. Want to know the "correct" approach to working with patients | Very dependent upon supervisor, requires high levels of structure, positive reinforcement. Unable to tolerate direct confrontation |
| Level 2 | Transitioning from high levels of dependence and more focused on imitative forms of therapy. Beginning to respond to the highly structured supervisory practices of Level 1. Usually occurs after 1-1.5 yrs of supervised work. | Increased ability to focus on patient and exhibit empathy. Still struggles with balancing focus on self and patient. Fluctuating levels of self-awareness | Fluctuates between high levels of confidence, feelings of incompetence, and confusion | Vacillates between autonomy and dependence. This may manifest in the form of resistance |
| Level 3 | Beginning to develop a personalized approach to therapy. Understands and utilizes "self" in therapy. | A different type of self awareness emerges. Demonstrates the ability to stay focused on patient while attending to personal reactions and responses to patient. This ability is utilized in decision-making about the patient | Consistent as confidence increases, may still exhibit some self-doubt, but the doubt has less impact on ability to proceed | Solid belief in own judgment, and skills. Supervisor becomes more of a consultant and increased collegiality is exhibited |
| Level 3i | The supervisee has reached Level 3 across multiple domains. A personal style of therapy has emerged and the supervisee demonstrates high levels of awareness regarding personal competency and limits of | | | |

## Supervision Contract

- Development of the supervision contract is an essential component of the supervisory process in competency-based supervision.
- It serves as the basis for the supervisory alliance, enhanced articulation of expectations, informed consent, and definition of parameters of the relationship and the process.
- **How many of us as supervisors have an explicit written supervision contract?**

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Falender, 2011

## Components of the Supervision Contract

- Content, method, and context of supervision
- Duties of the supervisor (protect the patient(s) and gatekeeping for the profession)
- Roles, expectations, goals, and tasks
- Criteria for successful completion and processes of evaluation
- Processes and procedures when performance criteria not met
- Expectations for supervision session preparation, and for informing supervisor of clinical work and risk situations
- Limits of confidentiality of supervisee disclosures, behavior necessary to meet ethical and legal requirements for client/patient protection, and methods of communicating with training programs regarding supervisee performance
- Expectations for supervisee disclosures
- Legal and ethical parameters and compliance
- Processes for ethical problem-solving in the case of ethical dilemmas

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APA, 2014

## Factors Associated with Successful Supervision

- Rapport building
- Supervisor fund of knowledge
- Encouraging supervisee active role
- Mutuality in process as developmentally appropriate
- Development of shared goals
- Involves the supervisee in identification of means to achieve the shared goals
- Use of a formal contract that articulates the goals, means, and the expectations and responsibilities - establishes the "ground rules"
- **Meta-communication on the process of supervision**

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Falender, 2011

## Most Effective Supervision Formats

- Joint review of videotapes of sessions; live supervision/feedback
- Supervisees participate on a treatment team behind one-way mirror
- Group supervision
- Supervisor demonstrates specific therapy skills
- Individual case consultation

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Falender, 2011

## Supervision Needs Assessment

- WHY?
  - Increases intrinsic motivation for learning
  - Increases trainee responsibility for learning
  - Makes an explicit commitment to learning a new skill
  - Models self-practice and self-observation
- HOW?
  - Gather information about the supervisee that helps to define level of ability
  - Link past experiences to current learning issue(s)
  - Activate prior knowledge to formulate new learning goals
  - Use Socratic questions whenever possible

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Sudak, Codd, & Sokol, 2014

## Structuring Supervision: Sample Questions to Initiate Needs Assessment

- What are your goals for supervision this year?
- Are there particular learning issues you have identified that you wish to address?
- What have you learned about this type of patient that can help you here?
- What have you tried to do with this type of patient in the past?
- What is your level of comfort with "X"? What has worked less well for you about "Y"?

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Sudak, 2014

## Teach Trainees to Optimize Supervision!

- Be prepared
- Be honest
- Take notes or tape supervision sessions
- Prepare a supervision question
- Permit yourself to make errors
- Admit knowledge gaps

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Sudak, 2014

## Trainees should Prepare for Supervision!

- Review your caseload: What is my supervision question?
- Do I have clear conceptualizations?
- Is therapy progressing as expected?
- If not; how do I describe and understand the problem?
- What obstacles exist in the treatment?
- What is my contribution to the obstacles?

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Sudak, Codd, & Sokol, 2014

## Supervisor Log

- **How do you keep track of supervision issues?**
- Date and session number of supervision
- Number of cases discussed
- Progress and problems
- Concerns/issues raised by supervisee
- Concerns/issues raised by supervisor
- Suggestions for future supervision
- Action plans for supervisee
- Follow-up on previous supervisory input
- Quality of care (e.g., ethical & legal issues, cultural impact

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Falender, 2011

## METACOMPETENCE is Bi-directional!

- Ability to assess what one knows and what one doesn't know
- Introspection about one's personal cognitive processes and products
- Dependent on self-awareness, self-reflection, and self-assessment
- Supervision guides development of metacompetence through encouraging and reinforcing supervisee's development of skills in self-assessment
- **Supervisor metacompetence is an essential element in competency-based supervision!**

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Falender, 2011

## Effective Supervisory Relationships

- Build an alliance: It's measurable! (e.g., Supervisory Working Alliance Inventory- Trainee & Supervisor Forms)
- Be organized and keep records
- Engage fully
- Make the responsibilities to the relationship mutual
- Time
- Frequency
- Preparation
- Homework

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Falender, 2011

## Keys to Alliance

- Clarity
- Transparency and no surprises
- Definition of all power differentials including administrative
- Integrity
- Continuous constructive feedback given sensitively and welcomed as well

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Falender, 2011

## Enhancing Trainee Metacompetence: Self-Observation

- Sample questions:
  - "What was your goal for the particular encounter?"
  - "What were you hoping to accomplish?"
- Encourage self-assessment:
  - How do you think that went?
  - What interventions do you think went well?
  - If you had the chance to do it again, what would you do differently?



## Effective Supervisors Give Feedback!

- Base it on observations and focus on specifics
- Use quotes whenever possible
- Focus on specific behaviors
- Provide evidence for patterns you observe
- Frame the feedback in light of the trainee's goals



## What Not to Do!

- Supervisor behaviors that cause alliance strain:
  - Increasingly controlling, rigid, or critical when unable to effectively manage frustrations with supervision or supervisee
  - Mismatch in understanding of the training goals and/or tasks
  - Inadequacies in supervisor's technical competence
  - Boundary crossings and violations
  - Ineffective management of problematic supervisee behavior



## Alliance Strain

- Impact of negative supervisory events:
  - Erode supervisee professional self-confidence
  - Increase self-doubt
  - Invite negative countertransference reactions to patients
  - Increase performance anxiety
  - Exacerbate supervisee self-criticism
- Indicators of strain:
  - Withdrawal
  - Paucity of disclosure
  - Direct expression of criticism/hostility
  - Noncompliance/passive responding
  - Acting in/acting out



## Contributions of Supervisees to Ineffective Supervision

- Unwilling to grow and change
- Psychological limitations
- Unresolved issues
- Fearful of change
- Unwilling/unable to examine self
- Social limitations
- Lack of sensitivity/respect
- Distrustful/defensive
- Unwilling/unable to accept feedback
- Defiant/avoidant in supervision
- Limited skills and knowledge base
- Limited motivation for learning
- Inadequate understanding of therapy process



## Objective 2

Recognize and describe barriers to implementation and evaluation of competency-based supervision

## Reflective Practice

- Do we provide competency-based supervision?
- Why not? What gets in the way?
- How do we know that we are doing it?
- How can we assess supervisor competency?



## Vignette for Discussion

Please take a moment to review the vignette provided.



## Issues to Consider

- From the trainee's perspective, what is not going well in this supervision experience?
- From the supervisor's perspective, what is not going well in this supervision experience?
- From the DOT's perspective, what impact does this situation have on the intern, the supervisor, and the program?
- What supervision competencies can be improved?
- What recommendations might you make if you were providing consultation to the supervisor?



## Domains for Competency-Based Supervision

A. Supervisor Competence
   - A1: In Provision of Services
   - A2: In Provision of Supervision

B. Diversity

C. Supervisory Relationship

D. Professionalism

E. Assessment/ Evaluation/ Feedback

F. Problems of Professional Competence

G. Ethical, Legal, and Regulatory Considerations



## Objective 3

Present implementation of an evidence-based assessment tool for measuring supervisor competency.



## Implementation of the Psychology Trainee Evaluation of Supervision Competencies (PTESC)

- Clinical Psychology Training Program at the University of Chicago
  - Psychology Interns
  - Psychology Externs
  - Postdoctoral Fellows
- Training Faculty
  - Adult
  - Child
  - Neuropsychology
- Experiences
  - Assessment
  - Intervention
  - Consultation

## Implementation: Creating Common Ground

- Trainee self-assessment using standardized evaluation form updated to reflect the 9 Profession-Wide Competencies of the Standards of Accreditation (APA, 2015)
  1. Science, Research, & Evaluation
  2. Ethical & Legal Standards
  3. Cultural & Individual Diversity
  4. Professional Values, Attitudes, & Behaviors
  5. Communication & Interpersonal Skills
  6. Psychological Assessment & Diagnosis
  7. Psychotherapeutic Intervention
  8. Supervision, Education, & Training
  9. Consultation & Inter-professional Collaboration
- Frequency of evaluation
  - Informal/verbal: 3 and 9 months
  - Formal/written: 6 and 12 months

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## Evaluation Scale & Criteria

- Each competency included behavioral elements (Goals and Objectives):

| Competency Rating Descriptions | | |
|---|---|---|
| 1 | **R** | Needs **R**emediation |
| 2 | **E** | **E**ntry Level |
| 3 | **I** | **I**ntermediate Level |
| 4 | **HI** | **H**igh **I**ntermediate Level |
| 5 | **A** | **A**dvanced Level |
| NA/O | NA/O | Not Applicable/Not Observed |

- Review of criteria for successful completion of training experience, depending on trainees' position/level
  - Externs: 80% of ratings at I across all supervisors at end of training year
  - Interns: 80% at ratings at HI across all supervisors at end of training year
  - Postdocs: 80% at ratings at A across all supervisors at end of training year
  - Note: No ratings of R for anyone!

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## Setting the Stage: Supervisor Competency

- Creation of a supervision contract
  - Identification of at least 3 specific training goals
  - Beginning of training year
  - Option to revise at mid-year or more frequently as necessary
- Reviewing Supervisor Evaluation Form (PTESC) to clarify appropriate expectations of supervision
- Electronic evaluation (via Survey Monkey) of all supervisors at the end of each quarter
  - Identifiable evaluations
  - Downloadable in PDF
  - Accessed only by Director of Clinical Psychology Training
  - Not shared directly with supervisors
  - Trainees encouraged to discuss evaluations with supervisors
- Data to be presented
  - First 3 quarters of 2015-2016

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## Psychology Trainee Evaluation of Supervisor Competency (PTESC)

- Developed in concordance with recommendations by Falender and colleagues (2004)
- 7 domains per APA supervision guidelines (2014)

| Domains | # of items |
|---|---|
| Supervisor Competence | 29 |
| Diversity | 14 |
| Supervisory Relationship | 11 |
| Professionalism | 7 |
| Assessment, Evaluation, & Feedback | 14 |
| Problems of Professional Competence | 6 |
| Ethical, Legal & Regulatory Issues | 7 |
| Total | 88 items |

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## Rating Scale

- For each item, trainees are asked to consider their supervisor's behavior using this scale:

| Competency Rating Descriptions | | |
|---|---|---|
| 1 | Poor | Behavior Never Displayed/Observed |
| 2 | Fair | Behavior Rarely Displayed |
| 3 | Good | Behavior Frequently Displayed |
| 4 | Very Good | Behavior Typically Displayed |
| 5 | Excellent | Behavior Almost Always Displayed |
| NA | N/A | Not Applicable |

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## Validation Study Results

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## Study Sample

- Total trainees: *N* = 41
- Total supervisors: *N* = 16
- 3 waves of data collection to date during this academic year
  - 3 months
  - 6 months
  - 9 months

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## Competency Domains

| Domain | Quarter 1 (Mean ± SD) | | Quarter 2 (Mean ± SD) | | Quarter 3 (Mean ± SD) | |
|---|---|---|---|---|---|---|
| | Overall | Item Composite | Overall | Item Composite | Overall | Item Composite |
| Supervisor Competence: Services | 4.93 ± 0.26 | 4.79 ± 0.29 | 4.90 ± 0.31 | 4.80 ± 0.26 | 4.90 ± 0.31 | 4.84 ± 0.22 |
| Supervisor Competence: Supervision | 4.87 ± 0.50 | 4.73 ± 0.67 | 4.85 ± 0.54 | 4.74 ± 0.47 | 4.87 ± 0.35 | 4.83 ± 0.32 |
| Diversity | 4.80 ± 0.41 | 4.80 ± 0.34 | 4.84 ± 0.37 | 4.77 ± 0.30 | 4.87 ± 0.35 | 4.85 ± 0.23 |
| Supervisory Relationship | 4.89 ± 0.39 | 4.66 ± 0.47 | 4.79 ± 0.57 | 4.71 ± 0.39 | 4.80 ± 0.41 | 4.80 ± 0.25 |
| Professionalism | 4.89 ± 0.38 | 4.78 ± 0.43 | 4.97 ± 0.16 | 4.87 ± 0.21 | 4.97 ± 0.18 | 4.90 ± 0.18 |
| Assessment, Evaluation, & Feedback | 4.82 ± 0.54 | 4.68 ± 0.47 | 4.74 ± 0.50 | 4.66 ± 0.44 | 4.90 ± 0.31 | 4.78 ± 0.22 |
| Remediation & Managing Competence Problems | 4.83 ± 0.56 | 4.78 ± 0.42 | 4.94 ± 0.24 | 4.80 ± 0.37 | 5.00 ± 0.00 | 4.94 ± 0.15 |
| Ethics, Legal, & Regulatory | 5.00 ± 0.00 | 4.88 ± 0.40 | 4.97 ± 0.16 | 4.88 ± 0.24 | 4.97 ± 0.18 | 4.96 ± 0.13 |

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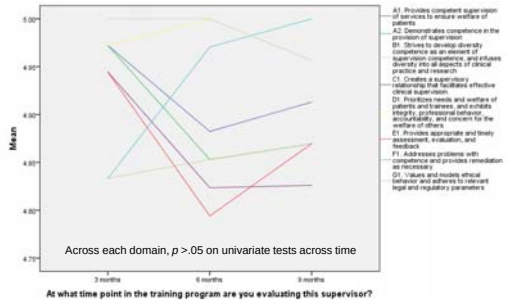
## Competency Domains Over Time




Across each domain, $p > .05$ on univariate tests across time

**At what time point in the training program are you evaluating this supervisor?**

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## Future Directions

- Additional data collection for factor analysis of the PTESC
- Examine associations between supervisor competency ratings and trainee outcomes
  - Evaluations of trainees for profession-wide competencies
  - Trainee perceptions of supervisors' contributions to acquisition of competencies
- Consider use of data from supervisor evaluations for program development:
  - Feedback to supervisors
  - Implications for supervisor/rotation selection
- Limitations
  - Restricted range
  - Confidentiality/anonymity
- Generalization to other programs/settings

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## Thank you! Questions?

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- Vas, S. N., Dave, P., & Kass, A. (2015). *Psychology Trainee Evaluation of Supervision Competencies,* APPIC. http://appic.org/Training-Resources/For-Training-Directors
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