A Practical Model for Teaching Supervision Through Vertically Integrated Teams

Rodger K. Bufford
*George Fox University, rbufford@georgefox.edu*

Clark D. Campbell
*George Fox University*

Brandy Liebscher
*George Fox University*

Follow this and additional works at: [http://digitalcommons.georgefox.edu/gscp_fac](http://digitalcommons.georgefox.edu/gscp_fac)

Part of the [Clinical Psychology Commons](http://digitalcommons.georgefox.edu/gscp_fac)

**Recommended Citation**


[http://digitalcommons.georgefox.edu/gscp_fac/46](http://digitalcommons.georgefox.edu/gscp_fac/46)

This Conference Proceeding is brought to you for free and open access by the Graduate School of Clinical Psychology at Digital Commons @ George Fox University. It has been accepted for inclusion in Faculty Publications - Grad School of Clinical Psychology by an authorized administrator of Digital Commons @ George Fox University.
A Practical Model for Teaching Supervision
Through Vertically Integrated Teams

Clark D. Campbell
Rodger K. Bufford
&
Brandy Liebscher

Graduate Department of Clinical Psychology at George Fox University

Presented at the annual winter meeting of the National Council of Schools and Programs in Professional Psychology, Clearwater Beach, FL.
Abstract

Teaching supervision is a relatively new practice and training area (Schindler and Talen, 1996). This paper describes a method of teaching clinical supervision to graduate students in clinical psychology. The method involves an intensive seminar, assigned readings, and a year long supervised practicum in providing supervision. Students in the first through fourth years of a doctoral program are assigned to a team with a faculty leader. The faculty member oversees the professional development of all students on the team. Additionally, the fourth year students oversee the first and second year students under the supervision of the faculty member. This method facilitates the initial development of supervisory skills in students prior to their internship. Training in supervision is thought to be important because many psychologists function as supervisors and the demand for supervision by clinical psychologists may be rising with current changes in the health care delivery system. (147 words)
A Practical Model for Teaching Supervision Through Vertically Integrated Teams

Supervision is becoming an increasingly important area of expertise for psychologists. The National Council of Schools and Programs in Professional Psychology (NCSPP) included 'supervision and management' as one of seven core curriculum domains in training psychologists (Bourg, Bent, McHolland, and Stricker, 1989). Describing the need for more training in supervision, McHolland (1991) wrote, “Because the majority of graduates of professional psychology programs are employed in positions requiring management and supervisory skills, these competencies should occupy a more developed status in the core curriculum” (p. 166). However, training in supervision has been neglected. For example, Bent, Schindler, and Dobbins (1991) wrote, “Perhaps the most neglected area of psychologist’s education and training is learning how to be supervised and how to supervise others” (p. 124). Similarly, Schindler and Talen (1996) indicated that teaching new supervisors how to supervise rarely happens and that new supervisors are often assigned a supervisee with no prior training on how to supervise.

Aside from the professional development reasons noted in the NCSPP's core curriculum and McHolland's (1991) comments, doctoral students trained in supervision probably enhance their marketability as psychologists. The health care delivery system has changed dramatically in the past 15 years with the rise of managed care. Master's level therapists are increasingly providing direct psychological services; as a result, the need for clinical supervision of these therapists has grown. Psychologists trained in supervision will be better prepared to respond to this rising need by providing clinical supervision to master's level therapists.

Although there is an increasing body of literature on models of supervision, stages of supervision, supervisor development, and mechanisms of supervision, there is limited literature on how to train students to be good supervisors. According to Bernard and Goodyear (1992) providing supervision of supervision is “an area of research that begs attention” (p. 67). Teaching supervision is a relatively new practice and training area (Schindler and Talen, 1996). Training typically consists of offering a course, seminar, or workshop on supervision to enhance
knowledge, but does not include the opportunity for trainees to gain direct supervision experience and develop supervisory skills prior to internship. Additionally, supervising the trainee's provision of supervision is thought to be a vital training component (Gordan, 1996).

The Graduate School of Clinical Psychology (GSCP) at George Fox University (GFU) offers an APA approved Psy.D. Program. In order to provide students with experiential training in the provision of clinical supervision, the GSCP has developed a model of multiple methods for teaching supervision through vertically integrated teams of students under the direction of GSCP faculty members. The model provides didactic training in supervision, as well as supervised experience in carrying out this professional activity. Student supervisors also learn how to evaluate supervisee competencies and are socialized into the role of professional supervisor through faculty mentoring and modeling. Training on evaluating students’ skills and maintaining professional boundaries is an important aspect of this model. The material which follows describes the supervision training model and procedures.

The Basic Model

Before addressing the basic model, some clarification of terminology is likely to be helpful. In our work with training in supervision we have encountered difficulty in delineating different aspects of the process. In particular, we have been unable to find in the literature any consistent language which describes the training aspects of this process. Caplan (1970) distinguished client-centered case consultation, in which the focus was on the client, from consultee-centered case consultation, in which the professional role of the consultee was the focus of consultation. In our initial efforts to develop consistent terminology Caplan’s model was rejected primarily because the focus is on supervision rather than consultation. The GSCP initially adopted the term “supervision” to describe the process in the practicum setting for insuring that the client received good enough service from the trainee. “Oversight” was used to describe the work of the faculty team leaders, which was primarily concerned with the professional development of student trainees. However, “oversight” seemed awkward and is not commonly used. Two additional alternatives were proposed for describing these tasks. First, we
considered respectively “client-centered case supervision” and “trainee-centered case supervision. These still seemed awkward, and have been shortened to case supervision and trainee supervision (Table 1 summarizes this information).

Thus in the material which follows we will refer to supervision of direct service provision in the practicum setting as case supervision, and the training functions in the GSCP as trainee supervision. In our judgment, these terms most clearly articulate the focus of supervision.

Fourth year graduate students are provided an intensive seminar in supervision at the beginning of the fall semester and assigned related readings. Ongoing training in supervision continues throughout the year as fourth year trainees are given the responsibility of providing training supervision for first and second year students. The fourth year students are closely monitored and provided training supervision by faculty members. First year students also observe second year students receive training supervision from fourth year students and continue learning to be supervisees. Additionally, first and second year students both receive faculty training supervision and observe training supervision of fourth year students by faculty members. Before they are approved to advance to internship, fourth year students are required to demonstrate basic competency in supervision. The GSCP model is consistent with the developmental approach of teaching the knowledge, skills, and attitudes involved in supervision suggested by Bent et al. (1992) and Schindler and Talen's (1996) three tiered approach to teaching beginning supervisors. Tables 2 and 3 provide an overview of the Training Schedule and Objectives.
The heart of the clinical training format is a four year educational sequence that begins with Prepracticum (first year), proceeds to Practicum I and II (second and third years), and culminates in Preinternship (fourth year). A primary emphasis of the fourth year (Preinternship) is the development of supervisory skills. The goal of this sequence is to move students from having little professional knowledge, skills, and attitudes to being competent enough in these areas to begin the predoctoral internship year.

Once per week all students receive didactic training. Didactics are typically provided by various faculty members and are related to the specific training components of each year. One exception is in the fourth year when Preintern students are required to prepare a lecture on a clinical topic for one didactic session. After the didactic hour, a team of one faculty member and one or two students from each of the four years meet; the faculty/student ratio of the team meetings is approximately 1:5-6. During the team meeting all students from each of the four years have their work reviewed and are provided training supervision by faculty members. The goals of this meeting are to promote and monitor professional development, including the clinical skills of all students on the team. The team meeting is followed by small group meeting in which a Preintern student on the team provides training supervision for first (Prepracticum) and second year (Practicum I) students from the same team. The final hour consists of the faculty member meeting with the Preintern student(s) from his or her team to provide training supervision of the trainee work with Prepracticum and Practicum I students. The faculty member assumes final responsibility and authority for all training supervisory endeavors by Preinterns. This training model includes various clinical training objectives for each year. The specific aspects of each year are described below.

Prepracticum (First Year)

Prepracticum involves the first two semesters of clinical training. The purpose of Prepracticum is to prepare students for face to face client contact by introducing basic assessment and counseling skills. The training components of the Prepracticum year include a relationship skills lab, simulated psychotherapy, didactic, team meeting, and small group training
supervision. During the fall semester of Prepracticum, students begin to develop their clinical skills with each other in a weekly three hour relationship skills lab. During the spring semester student's meet weekly with volunteer undergraduates on campus. The undergraduates participating in a brief psychotherapeutic relationship as one of several options for receive course credit. Faculty members and Preinterns provide evaluative feedback to Prepracticum students regularly during the relationship skills lab and formally evaluate Prepracticum students at least once each semester. Various competencies are completed by the Prepracticum students and evaluated by their Preintern training supervisor under the direction of faculty members. Upon completion of the Prepracticum sequence the following objectives should be met by the student: development of relationship skills; development of a working knowledge of ethical issues; development of history taking and mental status examination skills; and development of treatment planning skills.

Practicum I (Second Year)

Practicum I students develop their clinical skills by working under careful supervision with clients in various clinical settings. The goal is to develop and practice basic skills in assessment and therapy. Students are placed in various approved community settings such as community mental health agencies, private agencies, drug and alcohol facilities, and psychiatric hospitals. Training components include 1) Case supervision provided at the training site and 2) didactic, team meeting, and small group training supervision provided by the GSCP. Practicum I students are evaluated at least once each semester by their Case Supervisor, Preintern Training Supervisor and faculty Training Supervisor. Additionally, Practicum I students complete various clinical competencies. The objectives upon completion of Practicum I include the following: refinement of relationship skills; development of assessment and diagnostic skills (e.g., interviewing, testing, report writing, DSM-IV diagnosis); development of therapeutic intervention skills; refinement of treatment planning skills; development of case presentation skills; and development of awareness of how to function effectively within a community agency.

Practicum II (Third Year)
Practicum II students continue to develop their clinical skills through working in various clinical settings in the community as described above. The goal is the continued development of skills in assessment and therapy. Training components include 1) Case supervision at the training site and 2) didactic, and team Training Supervision provided at the GSCP. Practicum II students are evaluated at least once each semester by their Case Supervisor and faculty team leader, who functions as Training Supervisor. Additionally, Practicum II students complete various clinical competencies. The objectives upon completion of Practicum II are a continuation of the objectives for Practicum I students. Students increase their breadth of clientele and presenting problems, level of skill and judgement and experience.

Preinternship (Fourth Year)

Preinternship is an advanced practicum. The purpose of the Preinternship year is to help students refine their assessment, therapy and clinical presentation skills, and foster the preliminary development of supervision skills. Students continue their training in various approved community settings. Training components include 1) Case supervision at the training site and 2) didactic, team Training Supervision, and small group Training Supervision provided by the Preintern student at the GSCP. Preinternship students are evaluated at least once each semester by their Case Supervisor and faculty team leader, who functions as Training Supervisor. Various clinical competencies are completed, including the following: refinement of existing diagnostic skills (e.g., interviewing, testing, report writing, DSM-IV diagnosis); development of additional assessment and diagnostic skills (projective testing, neuropsychological assessment, and comprehensive evaluations); refinement of therapeutic intervention skills; use of various therapy modalities with diverse clients; ability to articulate a therapy orientation; refinement of case presentation skills; and development of supervision skills.

Components of Supervision Training

Training clinical psychology graduate students to be effective supervisors involves a multi-method approach including didactic training, professional reading, and supervisory experience. The first component is a seminar on supervision. As noted by Schindler and Talen...
(1996), "The first objective is to prepare first time supervisors with a robust supervision model that defines the generic concepts of supervision" (p. 111). This one day seminar, presented by faculty members, includes the following topics: history of clinical supervision in therapy; supervision models, roles, format, and process; ethics in supervision; evaluating supervisees; and handling supervision problems.

The second component is assigned reading related to supervision. Bernard and Goodyear's (1992) Fundamentals of Clinical Supervision is assigned, as well as several articles: (Carifio and Hess, 1987; Hess, 1987; Hess, 1990; Hoffman, 1990; Holloway, 1987; Holloway, 1997; Skovholt and Ronnestad, 1992; Stoltenberg and Delworth, 1987; Vasquez, 1992; and Worthington, 1987). Some areas addressed in these readings include the fundamentals of supervision, traits of the "ideal" supervisor (e.g. Carifio & Hess, 1987), stages of supervisor and supervisee development, developmental models of supervision, and relevant ethical issues.

The final component is participation in a practicum experience in providing supervision. Preinterns provide training supervision at GFU to first year (Prepracticum) and second year (Practicum I) students. Preintern students meet weekly with a clinical faculty member who monitor and oversee the Preintern's provision of supervision. Preinterns present audiotapes, videotapes, and notes on their supervision work for the faculty member's review. Videotaping of training supervision is encouraged and one way mirror observation is available. These various methods provide for diverse learning experiences and create the opportunity for students to define their knowledge, skills and attitudes in supervision (Schindler and Talen, 1996).

Evaluation of Supervision Skills

During the Preinternship year students receive ongoing training and evaluation of their supervisory skills through informal and formal methods. Informally, Preintern students are evaluated and given feedback on their supervision skills in weekly meetings with their faculty team leader. Formal evaluation is provided by the student's Case Supervisor and faculty team leader, who functions as Training Supervisor. A rating form is completed by the student's Case Supervisor and Training Supervisor in order to evaluate the student’s knowledge, skills, and
attitudes related to supervision. To evaluate supervisory competency, students are asked to articulate a theory of supervision, describe implementation of this theory, and describe the goals of supervision. Students must also write a paper describing how they intervened with a supervisee to address a particular therapy issue. Finally, students submit a self-reflective paper that describes their supervisory style, strengths, and weaknesses.

Conclusion and Summary

It is important to note that students supervising other students may pose ethical dilemmas involving dual relationships as cited in the Ethical Principles of Psychologists and Code of Conduct 1.17 (APA, 1992). In order to address this possibility, fourth year students (Preintern) do not oversee students in the third year (Practicum II). By supervising students in the first and second years only, more experiential distance is achieved between that of the student supervisor and student supervisees. These students are also less likely to interact outside of the training supervision relationship (e.g., by having classes together), thus decreasing the likelihood of a dual relationship. Any dual relationships that do exist are addressed in the Preintern's one-on-one training supervision with their faculty team leader. Students are also given the option to decline to work with any students that may result in a compromising situation.

One other conceptual problem with the model we have articulated needs to be addressed. By developing language to distinguish Case Supervision and Training Supervision we have exposed a limitation in the process. Essentially the GSCP provides experiential training in the provision of Training Supervision with the hope and expectation that it will facilitate trainees subsequent skills in providing Case Supervision. One exception to this general principle is the training provided to Prepracticum students in providing analogue therapy to undergraduate volunteers. While we are concerned about the generalization problem, we nonetheless believe that the model described significantly advances our training objectives, and thus anticipate continuing the model. At the same time, we plan to devote constructive thought to ways by which we can increase the GSCP trainees’ experience in providing Case Supervision as well.
Through the use of vertically integrated supervisory teams, students are trained with multiple methods to gain skills in clinical supervision. Psychology students who learn supervision skills prior to graduation expand the range of clinical skills they are able to offer the broader mental health community. These students are probably more competitive in the internship selection process and are more marketable in the age of managed health care. In addition, they are trained to provide a valuable professional skill to the mental health community.
References


Table 1
Supervision Process and Terminology

1. **Case/Client Focused**: Providing clinical services (e.g., assessment and supervision) with emphasis on ensuring the quality of care provided by a trainee.

<table>
<thead>
<tr>
<th>Source</th>
<th>Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caplan (1970)</td>
<td>Client-centered Case Consultation</td>
</tr>
<tr>
<td>GSCP Handbook</td>
<td>Supervision</td>
</tr>
<tr>
<td>Alternative 1</td>
<td>Consultee centered case consultation</td>
</tr>
<tr>
<td>Alternative 2</td>
<td>Case Supervision</td>
</tr>
</tbody>
</table>

2. **Trainee Focused**: Fostering the professional development of the trainee as a clinical psychologist in training.

<table>
<thead>
<tr>
<th>Source</th>
<th>Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caplan (1970)</td>
<td>Consultee centered case consultation</td>
</tr>
<tr>
<td>GSCP Handbook</td>
<td>Oversight</td>
</tr>
<tr>
<td>Alternative 1</td>
<td>Trainee-centered Case Supervision</td>
</tr>
<tr>
<td>Alternative 2</td>
<td>Trainee Supervision</td>
</tr>
</tbody>
</table>
### Table 2

**Training Schedule**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Training Personnel</th>
<th>Trainee Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactics</td>
<td>GSCP Clinical Faculty</td>
<td>Preinterns, Practicum II, Practicum I, and Prepracticum Students, stratified by level</td>
</tr>
<tr>
<td>Team Meetings</td>
<td>GSCP Clinical Faculty</td>
<td>Preinterns, Practicum II, Practicum I, and Prepracticum Students, vertically integrated</td>
</tr>
<tr>
<td>Trainee Mentoring</td>
<td>Preinterns</td>
<td>Practicum and Prepracticum Students (Preinterns as mentors)</td>
</tr>
<tr>
<td>Preintern Mentoring</td>
<td>GSCP Clinical Faculty</td>
<td>Preinterns</td>
</tr>
</tbody>
</table>
Table 3  
Supervisor Relationships and Objectives

<table>
<thead>
<tr>
<th>Supervisory Personnel</th>
<th>Setting</th>
<th>Objectives/Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Clinical Team Leader</td>
<td>Graduate School of Clinical Psychology</td>
<td>Trainee-centered mentoring of Preintern supervisory development</td>
</tr>
<tr>
<td>Faculty Clinical Team Leader</td>
<td>Graduate School of Clinical Psychology</td>
<td>Trainee-centered mentoring of Preintern, Practicum II, Practicum I and Prepracticum Group clinical development</td>
</tr>
<tr>
<td>Preintern</td>
<td>Graduate School of Clinical Psychology</td>
<td>Trainee-centered mentoring of Practicum I and Prepracticum and Student clinical development</td>
</tr>
<tr>
<td>Field Supervisor</td>
<td>Practicum Agency</td>
<td>Client-centered case supervision</td>
</tr>
</tbody>
</table>