

## **Developing and Enhancing Supervisory Skills: A Competency-Based Approach**

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Paper Presented at the 113th Annual Convention of the American Psychological Association, August, 2005, Washington, D.C.

As part of a Symposium on Ethics of Clinical Supervision:  
Minimizing Risks, Enhancing Benefits.

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This paper addresses the competencies for supervisors framework developed through the APPIC conference and the associated ethical issues. I want to thank our Supervision work group from the APPIC Competencies conference: Future Directions in Education and Credentialing in Professional Psychology in 2002: Amy Bjorkman, Jennifer A.E. Cornish, Carol Falender, Rodney Goodyear, Catherine Grus, Robert Hatcher, Nadine Kaslow, Gerald Leventhal, Lisa Porche-Burke, David Ramirez, Edward Shafranske, Sandra Sigmon, Cal Stoltenberg (group leader), and Richard Steffy. as the description of supervision competencies is from the paper that was written from that conference workgroup's efforts.

Although supervision is a distinct professional competency, standards and training have been substantially neglected in that most clinicians have not had formal training in it (Scott, Ingram, Vitanza, & Smith, 2000). In competency-based approaches, the trainee is evaluated against a standard rather than in comparison to others (Falender & Shafranske, 2004). It provides an explicit framework and method for initiating, developing, implementing and evaluating the processes and outcomes of supervision.

In this presentation, competency as a supervisor is described in terms of skills, knowledge, and values, reference to a standard accepted by the field, and self-awareness of one's level of knowledge, skills, and values and attitudes. Self-awareness and self-assessment are integral parts of supervisor competence, both for the supervisor and as a model for the supervisee. Competencies are perspectival—with respect to diversity and culture.

Recently, the Annapolis Conference on Behavioral Health Workforce Education and Training Competency, convened with funding from the Substance Abuse and Mental Health Services Administration to further the use of competency-based approaches to build a stronger workforce. Their definition is:

“A competency is a measurable human capability that is required for effective performance. It is comprised of knowledge, a single skill or ability, or personal characteristic—or a cluster of these building blocks of work performance. Successful completion of most tasks requires the simultaneous or sequenced demonstration of multiple competencies” (Hoge, Tondora, & Marrelli, 2005, p. 517). They may be referred to as KSAPs: knowledge, skills, abilities, and personal characteristics.

The following is a description of the APPIC Competencies conference Supervision Group's categorization of Supervisor Competencies which is available in the *Journal of Clinical Psychology*, 2004, Volume 60, Number 7. These are basic

competencies with the expectation that development will continue on beyond these basic levels.

First are the

**Supra-ordinate values,**

- recognition that acquiring supervision competencies is lifelong and cumulative and developmental, and that levels of proficiency exist beyond competence;
- recognition that attention to diversity in all forms relates to all aspects of supervision and requires particular, specific competence,
- recognition of significance of legal/ethical issues
- Recognition that training is influenced by professional and personal factors (including values, beliefs, interpersonal biases and conflicts) and these may be sources of countertransference
- Recognition of necessity that self-and peer assessment are essential to occur regularly across all levels of supervisory development

Considering supervisor competencies, an analysis of the requisite **knowledge, skills, and values** has been developed.

**Knowledge** entails the

- **Areas being supervised,**
- **Models, theories, modalities, and research on supervision;**
- **Professional development and how supervisees develop,**
- **Current legal and ethical issues in supervision including standards – among those, informed consent and multiple relationships,**
- **Evaluation and outcome measurement,**
- **Working knowledge of diversity influences in the client(s), trainee, and supervisor.**

**Skills** of the supervisor include

- **Particular supervisory modalities,**
- **Building relationships and supervisory alliance,**
- **Performing and balancing multiple roles,**
- **Providing formative and summative feedback,**
- **Proficiency at performing assessment including one's own self-assessment,**
- **Encouraging and using trainee evaluative feedback,**
- **Assessment of learning needs,**
- **Teaching and didactics**
- **Flexibility, and**
- **Scientific thinking and translation of scientific knowledge into practice.**

**Values**

- **Responsibility for client and supervisee**
- **Respectful of supervisee**
- **Respectful of development of supervisee**
- **Sensitivity to diversity**
- **Balance support and challenge**
- **Valuing supervisee empowerment**
- **Commitment to lifelong learning for supervisee AND supervisor**

- **Balance clinical and learning needs**
- **Recognize precedence of client's well-being over supervisee wishes**
- **Value ethical principles**
- **Value seeking out and using psychological science as it informs supervision**
- **Knowing one's own limitations**

Social context

- **Diversity**
- **Ethical and legal issues**
- **Developmental process**
- **Knowledge of immediate system and expectations within which supervision is conducted**
- **Awareness of sociopolitical context for supervision**
- **Creation of climate where honest feedback is the norm**

(From Falender et al., 2004)

A difficulty with a competencies-based approach is determining the particular essential competencies, what knowledge, skills, abilities, and personal characteristics are needed to perform each designated task and then how they can be reliably assessed (Hoge, Tondora, & Marrelli, 2005). Also, once particular competencies have been identified, they may become standards which may be applied to selection, evaluation or termination, to name a few (Marrelli, Tondora, & Hoge, 2005).

These efforts herald a significant trend in psychology training which is being echoed in mental health and medical training programs more broadly. More recently, *Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup* (Hatcher & Lassiter, 2005) developed a set of core competencies for the professional psychologist, competencies which characterize the level expected by the end of practicum training, prior to beginning internship. Increasingly, this is the direction of training and of supervision and resulting accountability is greater, with a greater correspondence among establishment of competencies, self-assessment, and evaluation with the steps of contracting for supervision yoked to the evaluation process (Falender & Shafranske, 2004).

Now let us turn to specifics of the competencies and what we know about the ethical issues associated with these and the state of the art in supervision.

## **COMPETENCE**

Consider the ethical principles related to competence:

These all fall under the ethical standard of "Competence" 2.

Boundaries of competence 2.01—(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or

supervision necessary to ensure the competence of their services, or they make appropriate referrals....

Is this the case?

*Increasingly it has been determined that we have not adequately defined competencies necessary for service provision, nor have we been mindful of the cultural or diversity aspects of personhood—involvement of the person who is the client in all of that individual's complexity.*

There are barriers in training, supervisor competence, and application of this ethical standard. Allison, Crawford, Echemendia, Robinson, & Knepp (1994) reported high (96.5%) levels of self reported competence with European American clients, 37.5% reported a reasonably high level of competence to work with African American clients and 7.7% with Native Americans. Discrepancies between self-perceptions of competence and the fact that psychologists do work with the particular population have been reported for numerous diverse population groups.

Supervisors may not be as culturally competent as their supervisees (Constantine, 2001). In one study Constantine reported that 70% of the supervisors polled had not taken an academic course in multicultural counseling issues while 70% of the supervisees had.

This is still treating each diversity variable as independent, not accounting for ecological niches or multiple identities which are the reality—gender, ethnicity, religion, culture, gender identity for example, as factors forming an individual's identity...and upping the ante on complexity of knowledge.

#### ETHICAL PRACTICE IN SUPERVISION

Ladany, Lehrman-Waterman, Molinaro, and Wolgast (1999) reported 51% of supervisees reported at least one ethical violation by their supervisor. What does this do to the supervisory relationship?

#### INFORMED CONSENT

Moving towards competency-based supervision also raises the issue of adequate informed consent—issues of contract, highly articulated consideration of expectations in the sense of role invocation (Vespa et al., 2002; Falender & Shafranske, 2004) as stepping stones for the development of the supervisory alliance.

It is critical to consider the ethical standard:

##### 7.04 Student disclosure of Personal Information

**Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peer, and spouses or significant others except if**

- **(1) the program or training facility has clearly identified this requirement in its admissions and program materials or**
- **(2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professional related activities in a competent manner or posing a threat to the students or others.**

Consider that

**While as trainers it does not seem wise to require supervisees to disclose such information, there was concern among the APPIC Board, that this statement could be interpreted as discouraging voluntary disclosure of personal information in the course of clinical supervision. It is our experience that such disclosure in the course of supervision can be quite useful as it relates to the clinical work being discussed. It seems clear that one of the implications of the new ethical guidelines as written, is that it will be essential for training programs that place value on such personal exploration in the course of supervision to state this value clearly in their internship and post-doc materials.**

**Illfelder-Kaye, APPIC Newsletter, 2002**

**Supervisory role entails a delicate balance of relationship and evaluation, one which leads to failure in one or the other—and which is particularly problematic in the case of trainees who do not meet performance standards.**

#### **ACCOUNTABILITY**

As competencies are defined, developmental steps to their achievement organized, contracts or training agreements written, and evaluation yoked to the steps and competency criteria, we move into an era where the bar is raised for evaluation of supervision, the process, and the supervisee. It will be essential for us to follow up with methodology befitting this level of sophistication to ensure reliable and valid assessment of the process and of the outcome of supervision.

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