

PSYCHOTHERAPY-BASED SUPERVISION MODELS IN AN EMERGING COMPETENCY-BASED ERA: A COMMENTARY

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As psychology engages in a cultural shift to competency-based education and training supervision practice is being transformed to the use of competency frames and the application of benchmark competencies. In this issue, psychotherapy-based models of supervision are conceptualized in a competency framework. This paper reflects on the translation of key components of each psychotherapy-based supervision approach in terms of foundational and functional competencies articulated in the Competencies Benchmarks (Fouad et al., 2009). The commentary concludes with a discussion of implications for supervision practice and identifies directions for future articulation and development, including evidence-based psychotherapy supervision.

Keywords: competency based, evidence-based supervision, psychotherapy-based supervision

A clarion call is sounding throughout the field of psychology to establish and implement competency standards across all levels of applied training and professional practice (American Psychological Association, 2006; Kaslow, 2004; Roberts, Borden, Christiansen, & Lopez, 2005). Publication of the “Competency Benchmarks” (Fouad et al., 2009), the “Competency Assessment Toolkit for Professional Psychology” (Kaslow et al., 2009), and the practicum competencies outline (Hatcher & Las-

siter, 2007), together with numerous articles,¹ texts (e.g., Kenkel & Peterson, 2010), exemplify recent efforts undertaken to identify in a systematic and comprehensive way the competencies required for professional practice. Although competence has always been a requisite for practice (and is contained within ethics codes, accreditation guidelines and state and provincial licensing requirements), today more than ever before, attention is being placed on the identification of competencies, particularly specific therapeutic competencies that have been shown to be associated with positive treatment outcomes.

This competency movement reflects for some, “a major paradigm shift in culture toward an approach that is devoted to providing outcomes-based education and training” (Rubin et al., 2007). The development of a “culture of competency” (Roberts et al., 2005), which includes a shift from a knowledge base to a competencies base (Nelson, 2007), requires reconsideration of both the means and end of professional training; that is, how competence is best developed and the identification of the competencies to be attained. Although advances in competency-based clinical education are well underway in other professions, such as medicine (Accreditation Council for Graduate Medical Education, 2005), in our view, most of the accomplishments in psychology to date are found in the development of a theoretical foundation. This important and necessary work has led to the articulation of benchmarks and conceptual maps on which praxis will be refined. The next step in the competency movement requires incorporation of competency-based principles into professional practice—as stated in the editorial accompanying the publication of the Competency Benchmarks document and the Assessment Toolkit—“Stop Talking About Competencies and Start Using Them” (Bieschke et al., 2009, p. S3).

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¹ A literature search using PsycINFO showed a four-fold increase in publications between 1990 to 1999 and 2000 to 2009 in which professional competence was listed as a keyword in addition to psychology and training.

This Special Section contributes to the next step by providing a glimpse into the ways that highly experienced supervisors, from differing theoretical orientations, understand and employ competency-based principles into supervision practice. In contrast to much of the literature that discusses general and overarching principles, these papers hone in on the specific practice of psychotherapy supervision. The examination of processes used in supervision of psychotherapy is particularly important given that psychotherapy is the predominant professional activity of clinical and counseling psychologists and has the most immediate impact on the public and its welfare. For example, Norcross, Karpiak and Santoro (2005) reported that 80% of the respondents to a 2003 survey of members of the Society of Clinical Psychology were involved in psychotherapy practice, which accounted for 34% of their professional time. Clinical supervision was a significant activity of practitioners: 36% of independent practitioners, 55% of university professors, and 71% of hospital psychologists engaged in clinical supervision (Norcross et al., 2005).

Although “first person” descriptions and case studies do not allow for the verification of the efficacy of the approaches demonstrated, such works and others (Falender & Shafranske, 2008; Falender, Shafranske, & Falicov, 2010) have illustrated how theory can be applied in practice as well as provide data that illuminates the dynamics and complexities involved. These articles shift the focus of examination from abstract overarching principles to consideration of everyday praxis. Of particular interest is the impact clinical theories may have on the translation of foundational competencies into functional competencies in supervision practice. For example, how do these supervisors facilitate reflective practice or encourage their supervisees to enhance relationship competence? In what ways does theoretical orientation impact the supervisory process and the development of clinical competence? Answers to these questions (and others) are critical to the development of evidence-based, competency-oriented approaches to clinical supervision.

Commonality Within Diverse Models

Clinical supervision plays the central role in the training of a psychotherapist. Competencies that become the focus of the supervision will

indelibly shape the clinician’s orientation to the therapeutic process. These papers provide snapshots of supervision practice that illustrate how emphasis may vary, based on theoretical orientation. Certain competencies become the focus and others are de-emphasized when supervision is conducted along particular theoretical lines. This is the logical consequence of employing specific psychotherapeutic theories and reflects as well the values of the individual clinician.

Each of the case examples also illustrates that supervision conducted along specific theoretical lines potentially furnishes rich, integrative learning experiences. Theories provide organizing structures that sensitize the supervisor and supervisee to certain classes of data within therapeutic and supervisory relationships. Supervisees learn through first hand experiences within the supervisory relationship how to address similar dynamics in treatment and thus competence. For example, Sarnat (2010, pp. 20–27, this issue) addresses her supervisee’s experience and training needs with psychoanalytic-informed understanding and an approach to emotional containment exercising self-reflective and relationship competencies. In kind, following this experience of empathic containment within supervision, her supervisee appears to have been better able to bear the emotional intensity of the therapeutic relationship with her client. Similarly, Celano, Smith, and Kaslow (2010, pp. 35–44, this issue) practice and model the use of systemic principles by attending to the influence of contextual variables, that is, personal, family, cultural factors, on case formulation and supervisory processes. In these instances, actual lived-experience in the supervisory encounter serves as the medium for “teaching” clinical technique. This is somewhat akin to Marshall McLuhan’s notion of the “the medium is the message,” in which he drew attention that regardless of the contents of the message, the medium itself contains a message (McLuhan & Fiore, 1967). For our purposes, we might say that experiences provided in the supervisory encounter itself (as distinct from its formal contents, e.g., feedback, recommendations, instruction) play an instrumental role in psychotherapy-based supervision. Although the clinical theories that inform the focus of the supervision are distinct, each supervisory experience has in common the direct application of its conceptual framework to the supervision process itself—the factors believed to be important to the

learning process in psychotherapy are incorporated to the learning process in supervision.

The ability to establish and maintain a therapeutic relationship is seen as a foundational competency in each of the supervisory models presented. This finding is consistent with opinion hailing the salience of therapeutic alliance on psychotherapy outcome (Horvath & Bedi, 2002; Martin, Garske, & Davis, 2000; Norcross & Lambert, 2006) as well as accumulating research suggesting importance of alliance in clinical supervision (Daniel, Shafranske, & Falender, 2010). Although controversy remains concerning the extent to which the impact of alliance on treatment outcome has been empirically demonstrated (Beutler, 2009), relationship skills are essential to the development of a viable therapeutic relationship. Although general agreement might be reached among the authors regarding the importance of relationship competencies, the functions relationship serves to the therapeutic process appear different in each of the models as well as the means to facilitate supervisee competence. Sarnat (2010) and Farber (2010, pp. 28–34, this issue) place relationship as the centerpiece of the therapeutic process; although, their theories emphasize different therapeutic trajectories. In psychodynamic psychotherapy the patient's relationships, including the relationship with the therapist, form the nexus of the treatment—in terms of understanding and growth and change—it is as Sarnat puts it, “the crucible of therapeutic change” (p. 23). From a humanistic–existential perspective, the psychotherapy relationship is seen in terms of its growth-promoting potential. As described by Farber, relational skills, such as the ability to be genuine and congruent, accepting the client, striving to maintain presence are essential competencies. Celano et al. (2010) highlight expanded therapeutic alliance as a major change agent that is used as a proactive framework for intervention. Newman (2010, pp. 12–19, this issue) describes alliance as necessary for the therapeutic work to be initiated and supported, rather than as the primary venue of change. Specifically, relationship skills are needed to promote the collaborative empiricism essential in cognitive–behavioral therapy (CBT) and to support behavioral experiments and change. Boswell, Nelson, Nordberg, McAleavey, and Castonguay (2010, pp. 3–11, this issue) integrate both perspectives in considering the impact the working relationship has on the imple-

mentation of techniques as well as in providing “transformative and corrective experiences” (p. 6). Each of the authors points to the role of self reflectivity in attending to strains within the therapeutic relationship. What is unclear in these brief reports are the actual approaches taken to address vulnerabilities, strains, or ruptures in therapeutic alliances. We have a sense from Sarnat that modeling and encouraging the therapist to be attuned to intense affect states is one of the associated competencies. Celano et al. address impasses by encouraging self-of-the-therapist work. For Farber, experiential awareness anchors efforts to empathically respond to alliance difficulties.

Reflective practice is an essential foundational competency and is part of all forms of psychotherapy. Consistent with Belar (2009, p. S63), reflective practice, as with other competencies, should not be considered in isolation; rather, reflectivity should be viewed in the context of other associated competencies and as an informer of appropriate action, for example, relationship, ethics, and professionalism. Particularly challenging for the novice clinician (and perhaps, for experts as well) is developing skills of reflection-in-action, metacognition, and metacompetence. Taken from Schön (1983), reflection-in-action refers to the ability to take in multiple sources of information, spontaneously, and to allow for surprise and at times confusion as new meanings are taking form. Related to reflection-in-action is metacognition in which an understanding is gained of the processes that lead to a particular decision or conclusion (Falender & Shafranske, 2004). Metacompetence (Weinert, 2001) refers to the ability to know what one knows and what one does not know. Supervision provides the context for trainees to nurture the sensitivity to be attuned to the array of information presented as well as awareness of the selection and decision-making processes (including the influences of personal factors, context, and triggers of emotional response) that contribute to their clinical understanding and interventions in the moment. Newman's (2010) consideration of “maximal fluency” and therapist “drift” as well as Boswell et al.'s (2010) requisite that a psychotherapist be aware of the limitations of their preferred theoretical orientation(s) point to the need for consistent practice of metacompetence. Each of the supervisors state the importance of reflective practice as an integral competence and the examples they

give suggest particular focus of reflection on dynamics broadly related to alliance and the therapeutic relationship. Our view expands the domain of reflective practice and places greater emphasis on competencies such as metacognition and metacompetence. There is need for better understanding of supervision processes that are effective in facilitating the development of skills in reflective practice.

Developmental level is considered in each model when determining the nature and timing of supervisory interventions. Celano et al. (2010) anticipate the kinds of clinical difficulties novice therapists face when initially working with couples and families, for example, negative “in session” interactions, and use a number of learning strategies (e.g., demonstration, role-play, appropriate feedback, live supervision, cotherapy) to address these normative challenges. Sarnat (2010) conveys an implicit developmental orientation in suggesting that she anticipated that later as the psychotherapy and supervision progressed she would want her supervisee to learn to reflect on what led her to make a particular intervention. Farber (2010) suggests that novice trainees benefit from drawing techniques explicitly from the literature, but with development may increasingly focus on the person of the therapist and the use of the self to facilitate change. Newman (2010) describes a trajectory of skill acquisition fostered by supervisory assistance.

In addition to the aforementioned areas of commonality, supervisors employ the foundational theories, knowledge, and techniques from their clinical theoretical orientations in supervising case formulation and clinical interventions. Differences are found between supervisors in the degree to which they draw on and implement empirically supported, evidence-based treatment protocols. Evidence-based procedures and tools drawn from the CBT literature are directly integrated into treatment (Newman, 2010), and Celano et al. (2010) suggest “integrating research findings into clinical practice is recommended over rigid application of existing evidence-based CFT models” (p. 10). Although empirical studies have demonstrated the effectiveness of psychodynamic treatment (Leichsenring & Rabung, 2008; Leichsenring, Rabung, & Leibing, 2004), few studies have investigated the efficacy of specific interventions (Høglend et al., 2008). Much of the research on common factors, empathy, and the therapeutic alliance resonate with the foundational principles situated within humanistic–

existential psychotherapy and although there is empirical support for its effectiveness (Elliott, 2001), there is some opinion that the use of evidence-based protocols is antithetical to the model (Elkins, 2009) all of which poses an intrinsic dilemma for this aspect of supervision.

Implications: Back to the Future

Although the genesis of supervision as a distinct professional practice arose from psychotherapy-based theory, systematic attention to such theoretical models has been neglected in the recent supervision literature. More attention has been directed to theoretical models pertaining to the process of supervision (Westefeld, 2009) than to psychotherapy-based approaches to clinical supervision. Psychotherapy theories are influential both as they affect the lens through which supervisors view behavior and the types of behaviors in which they engage (Bernard & Goodyear, 2009), but also because supervisees adopt their favored supervisors’ theoretical models (Guest & Beutler, 1988). Going forward requires going back to the psychotherapy-based supervision, affirming its unique role in professional training, and infusing its practice with competency-based principles. As these articles reflect, the conduct of supervision requires a number of professional competencies and involves a number of learning processes. The effectiveness of psychotherapy-based supervision needs to be studied in terms of its impact on client care (including treatment outcome) as well as on trainee development and the attainment of professional competence. The effectiveness of specific supervisory processes and techniques also requires empirical investigation. For example, what approaches are useful in facilitating reflective practice, developing multicultural competence, helping supervisees to manage personal reactivity, or to resolve ruptures in therapeutic relationships? Further, how might supervision be conducted to better build on raw talent and the aspirations of the supervisee, when providing appropriate feedback and inculcating a culture of competence in which shortcomings can be acknowledged and strengths recognized? Without these efforts, competency-based supervision will not be advanced.

While acknowledging the value of psychotherapy-based supervision, a caveat must be issued. Learning paradigms anchored in clinical theory, although

offering a consistent heuristic with the form of treatment being offered, may not be the most effective in clinical supervision. Also, supervision is only one functional competency in the competencies cube, competence in the whole cube is essential for practice—the comprehensive focus required in supervision might therefore be lost if only thinking in therapeutic terms. The supervisor must be competent to practice in all the areas in which the supervisees practice, and competent to supervise, instilling, teaching, and ensuring competence whereas upholding protection of the client and gatekeeping functions of the profession. The sheer complexity of the supervisor function (Falender et al., 2004) may be one reason why more attention has been addressed to theories of supervision than to supervision driven by psychotherapy theories.

Concluding Remarks

Psychotherapy-based supervision provides important training by integrating specific psychotherapeutic models in the conduct of supervised professional practice and supervision itself. There is need for revisioning psychotherapy-based psychotherapy in terms of competencies and within the broader context of foundational and functional competency benchmarks. This work will be advanced by employing a competency-based model of supervision (Falender & Shafranske, 2004; Kaslow, 2004) in which the component aspects of competencies (i.e., knowledge, skills, attitudes/values) are operationally identified, approaches to self-assessment and evidence-based assessment formative assessment are developed (see e.g., Milne, 2009) and a range of learning strategies are employed. Consistent with the call for competency-based standards, the field of clinical supervision is challenged to respond. The answer will be found in efforts to further refine supervision theory and to conduct empirical research to establish effective, competency-based praxis.

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