AAMFT Conference, Portland, Oregon
October 17-20, 2013
Fundamentals of Supervision Designation (15 hours)
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Description: Fundamentals of Marriage and Family Therapy Supervision: A track designated to meet the 15 hour interactive component of the fundamentals of supervision designation.

This track will prepare professionals to supervise marriage and family therapists in a variety of settings (e.g., agency, private practice, and academic settings).
Thursday, October 17, 2013

Exploration of the Major Models and the Development of a Personal Supervision Model
9:00 a.m. – 3:30 p.m.

It is imperative that supervisors are familiar with the major models of supervision that are common in the literature and in the practice of MFT supervision. Participants will also engage in the development of their own personal model of supervision drawn from the established models and their preferred style of therapy.
This five hour conference institute will address learning objectives 1 and 2.

1) Be familiar with the major models of MFT and supervision in terms of philosophical assumptions and pragmatic implications.

2) Articulate a personal model of supervision, drawn from existing models of supervision and from preferred styles of therapy.
Suggested Readings:


• Storm, C. L., & Todd., T. (2003). The reasonably complete systemic supervisor resource guide. Lincoln, NE: iUniv

• Schur, T. J. (2002). Supervision as a disciplined focus on self and not the other: A different systems model. Contemporary Family Therapy, 24(3), 433-435.


Friday, October 18, 2013
Exploration of the Complex Relationships in Supervision
9:00 a.m. – 11 a.m.

Supervisors must be well prepared to effectively manage the many co-evolving relationships inherent in doing supervision. Participants will explore these relationships including therapist-client, and supervisor-therapist-client, and supervisor-supervisee, as well as relationships that exist in the place of practice such as agencies.

This workshop will address learning objectives 3 and 4.
3) Facilitate the co-evolving therapist-client and supervisor-therapist-client relationships.
4) Evaluate and identify problems in therapist-client and supervisor-therapist-client relationships.
Suggested Readings:


• Chapters 3: The Supervisory Relationship & Chapter 10: Evaluation in Supervision


• How to Most Effectively Use Supervision Modalities
• Friday Oct. 18\textsuperscript{th} 2:15 – 4:15 p.m.

• Effective use of a variety of supervision modalities is imperative for successful training of supervisees. Participants will examine the structure and implementation of these modalities and how, when done thoughtfully, they can greatly enhance learning.

• This workshop will address learning objective 5.
• 5) Structure supervision, solve problems and implement supervisory interventions within range of supervisory modalities (for example, live and videotaped supervision)


• Saturday, October 19, 2013
• Mentoring as a Critical Component to Supervision
• 10:45 a.m. – 12:45 p.m.

• Beyond the clinical supervision that is at the core of the supervisee-supervisor relationship, professional mentoring occurs. Participants will discuss mentoring including socializing supervisees into the profession, coaching them concerning the requirements and procedures for obtaining licensure and AAMFT clinical memberships, and even how to effectively navigate the agencies where they work.

• This workshop will address learning objectives 6 and 9.
• 6) Address distinctive issues that arise in supervision mentoring
• 9) Be aware of the requirements and procedures for supervising trainees for AAMFT Clinical Membership.
Suggested Readings:

  Chapter 2: Roles and Responsibilities of supervisors


• Ethical and Legal Issues in the Practice of Supervision
• Saturday Oct. 19th 2:15 - 4:15 p.m.

• It is imperative that supervisors are aware of the many distinct ethical and legal issues unique to the practice of supervision.

• The workshop will address learning objective 8.
• 8) Be knowledgeable of ethical and legal issues of supervision
Suggested Readings:

• Chapters 7: Ethical Issues and Multiple Relationships in Supervision &
• Chapter 8: Legal and Risk management Issues in Supervision

• AAMFT CODE OF ETHICS: http://www.aamft.org/resources/LRMPlan/Ethics/

• Mowery, R. L. (2009). Expanding from ethical compliance to ethical empowerment: Supervisors are key. Family Therapy Magazine, 8(5).


Sunday, October 20, 2013
Contextual Sensitivity in the Practice of Supervision
9:00 a.m. – 12:00 p.m.

Understanding and attending to contextual variables in supervision is imperative for effective practice. These contextual variables include but are not limited to race, ethnicity, gender, class, sexual orientation, ability, ethnicity, culture and the intersection of these. Understanding power and privilege related to both the practice of therapy and supervision is essential in order to “do no harm.”

This seminar will address learning objective 7.
7) Be sensitive to contextual variables such as culture, gender, ethnicity, class, ability, sexual orientation, age, race, and other relevant variables.

Chapter 6: Becoming a Multiculturally Competent Supervisor


CHAPTER 1 INTRODUCTION TO SUPERVISION

INTRODUCTION

- Separate and distinct field with its own set of skills and tools
- Most supervisees are anxious about being supervised and evaluated
SUPERVISION DEFINED

- Supervision has become a specialty field with unique competencies (knowledge and skills), theories, methods, evaluations, and legal and ethical duties and obligations
- A unique professional relationship between a supervisor, a supervisee, and the client is often referred to as a “triadic system”
- Supervisees require less direction as they become increasingly competent in practicing
- Competent supervision requires providing both development opportunities and protecting clients’ welfare
SUPERVISION DEFINED (CONT’D)

- Supervisors are expected to monitor the quality of care clients are receiving
- The supervisor-supervisee relationship is not equal; rather, it is hierarchical
- Seems somewhat contradictory to place the terms relationship and evaluation in the same sentence
- The literal definition of supervise is “to oversee”
- Clinical supervision in the broadest sense involves teaching, consultation, and evaluation, and the supervisory relationship extends over time
- Some other supervisory functions are counseling, advising, coaching, and mentoring
SUPERVISION DEFINED (CONT’D)

- Two general categories of supervision: clinical and administrative

  - Clinical:
    - Focuses on the work of the supervisee in providing services to clients
    - Also defined by many external forces, including licensing agencies

  - Administrative:
    - Focuses on the issues surrounding the supervisee’s roles and responsibilities in the organization as an employee: personnel matters, timekeeping, documentation, and so forth
THE EVOLUTION OF SUPERVISION

- Accountability requires a more formal arrangement, consisting of professional disclosure statements and contracts that outline the model to be used in supervision, the goals and objectives of supervision, and assessment and evaluation methods.
State-of-the-art supervision today requires supervisors to have a multitude of skills and procedural knowledge including the following:
- Formalized training in supervision
- Knowledge of formal contracts and agreements
- The ability to initiate and maintain a positive supervisory relationship
- The ability to assess both supervisees and all clients they will serve
- Multiple modes of direct observation of the supervisee’s work
- Policies and procedures for practice
State-of-the-art supervision today requires supervisors to have a multitude of skills and procedural knowledge including the following:

- Knowledge of proper documentation methods
- Specific feedback and evaluation plans
- Effective risk management practices
- Knowledge of relevant ethics and legal topics and issues
- Knowledge of diversity topics and issues
- Thorough knowledge of relevant state licensure requirements and processes
The body of knowledge needed to practice supervision now includes, but certainly is not limited to, roles and responsibilities, relationship dynamics, counseling skills, instructional skills, legal and ethical decision-making skills, multicultural competencies, and evaluative skills.
OUR GOALS OF SUPERVISION

In our view, the goals of supervision are fourfold:
(a) To promote supervisee growth and development
(b) To protect the welfare of the client
(c) To monitor supervisee performance and act as gatekeeper for the profession
(d) To empower the supervisee to self-supervise and carry out these goals as an independent professional
OBJECTIVES FOR THE SUPERVISEE

Once the overriding goals of the supervisory process are understood, the next step is to identify specific supervision objectives to work on with supervisees. The objectives outline the personal and professional development we would like to see our supervisees accomplish over the course of supervision.

- Become knowledgeable about counseling theories, methods, and practice
- Have a broad understanding of diagnosis and treatment methods
- Know the limits of personal competence including how and when to seek consultation and supervision
OBJECTIVES FOR THE SUPERVISEE (CONT’D)

- Develop the basic helping skills of empathy, respect, and genuineness
- Be aware of how personal issues affect clinical work and what impact these issues may have on clients
- Identify which clients are easy to work with and which are more difficult, and exploring why that is the case
- Know how to recognize and work with resistance in clients
- Know the relevant ethics codes of the profession and the laws that apply to clinical practice
OBJECTIVES FOR THE SUPERVISEE (CONT’D)

- Have sound judgment and a clear decision-making model regarding clinical and ethical issues
- Develop an awareness of how multicultural issues affect the counseling process and how to work with multicultural differences with clients and colleagues
- Acquire self-confidence and competence with increased practice
- Develop the ability to examine one’s personal role as a counselor
- Be willing to expand skills even though there is a risk of making mistakes, and talk about this in supervision
- Strive to create one’s own personal style of counseling
- Develop the practice of self-evaluation
CHAPTER 4 MODELS OF SUPERVISION

UNDERSTANDING MODELS OF SUPERVISION

- A model of supervision is a theoretical description of what supervision is and how the supervisee’s learning and professional development occur.
- Some models describe the process of learning and development as a whole; others describe the specifics of what occurs in supervision to bring about learning and development.
- Effective supervisors have a clearly articulated model of supervision; they know where they are going with the supervisee and what they need to do to get there.
UNDERSTANDING MODELS OF SUPERVISION (CONT’D)

- An adequate model of supervision explains the following elements:
  - The process of learning and development
  - The role of individual and multicultural differences in supervision
  - The goals of supervision
  - The role of the supervisor
  - Intervention strategies the supervisor will use to assist the supervisee in accomplishing the goals of supervision
  - The supervisor’s style
  - The role of evaluation in supervision

- The supervision model serves as the theoretical roadmap for developing supervision technique
**Developmental Models**

- View supervision as an evolutionary process, and each stage of development has defined characteristics and skills.

- The novice clinician is characterized by a lack of confidence and limited basic skills.

- The more advanced supervisee has developed confidence and skill with experience and supervision and is becoming self-sufficient clinician.
INTEGRATED DEVELOPMENTAL MODEL

- One of the most useful developmental models is the integrated developmental model.

- This model describes three levels of supervisee development and the corresponding role of the supervisor for each developmental level.

- The supervisee does not pass cleanly through the three levels.
INTEGRATED DEVELOPMENTAL MODEL (CONT’D)

- **Level 1**
  - Supervisees are entry-level therapists and generally lack confidence and skill
  - They need more structure and direction from the supervisor

- **Level 2**
  - Supervisees are more confident and begin to rely on their own abilities and decision-making processes
  - The supervisor may occasionally provide direction but focuses more on process issues, examining how the supervisee’s own personal reactions and issues affect his or her functioning as a therapist
Level 3

- The supervisee provides most of the structure in supervision
- Confidence levels are growing rapidly, and the supervision is more informal and more collegial with the supervisor acting as a consultant
Psychotherapy-Based Model

- Models use the concepts developed for psychotherapy and apply them to the supervision setting.

- That which is useful in bringing about change with clients is likely to be useful in bringing about change with supervisees.
PSYCHODYNAMIC MODEL

- Supervision is a “therapeutic process focusing on the intrapersonal and interpersonal dynamics in the supervisee’s relationship with clients, supervisors, colleagues and others”
- The primary focus of supervision is on the supervisee’s development of self-awareness of the dynamics and on development of the skills necessary to use a psychodynamic approach in counseling
- The supervisor is concerned with the supervisee’s personal issues to the extent that these issues are influencing the course of therapy
Here are some examples of questions and statements typically made by supervisors with a psychodynamic orientation:

- What similarities do you see between our supervisory work and the relationship you share with your client?
- We’ve talked about your wanting my approval as supervisor. Are you hesitant to challenge your client or worry she will not approve of you?
- Think out loud for a bit about what purpose your client’s resistance might be serving.
- You appear to be having a very strong emotional response to your client; where and with whom else in your life might you experience this emotion?
**PERSON-CENTERED MODEL**

- The supervisor assumes that the supervisee has immense resources for both personal and professional development
- The supervisor is not viewed as the expert who does all the teaching, rather the supervisee assumes an active role in this process
- Learning that occurs in the supervisory process results from a collaborative venture between supervisor and supervisee
- Development of a trusting and facilitative relationship between supervisor and supervisee—characterized by the supervisor’s empathy, warmth, and genuineness provides an atmosphere in which the supervisee can grow and develop
PERSON-CENTERED MODEL (CONT’D)

“The bottom line is that when supervisees feel heard and understood by their supervisors, they are more likely to be motivated and open to feedback”

Supervision from the person-centered perspective downplays the evaluative role of the supervisor and is careful with the role of supervisor as gatekeeper of the profession
Here are some examples of the kind of statements or questions typically used by the person-centered supervisor:

- I’d like to hear you talk more about how it was for you to be with the client for that session.
- I encourage you to begin to place more trust in your own internal direction.
- Even though you are saying you really don’t know how to proceed, if you did know, what actions might you take?
- Tell me what you found to be important about the experience you shared with your client today.
- I’d like to hear you talk more about the climate you are creating with your client.
- To what degree do you feel you understand the world of your client?
- What are your expectations for what we might do in today’s session?
Cognitive-Behavioral Model

- A key task is teaching cognitive-behavioral techniques and correcting misconceptions with clients.
- These sessions are structured, focused, and educational, and both supervisor and supervisee are responsible for the structure and content of the sessions.
- In supervision, the focus is on how the supervisee’s cognitive picture of his or her skills affects his or her ability as a therapist.
- By focusing on this, the supervisee also learns how to apply these cognitive-behavioral methods with clients.
**Family Therapy Model**

- Family therapy typically involves work with the family as a system by examining the various relationships and dynamics.

- Family therapy supervision is much like family therapy—it is active, directive, and collaborative.

- In fact, “live supervision,” which involves immediate direction and intervention during the therapy session appears to be the most widely used method.
Based on the assumption that a trainee’s mental health, as defined by relationships with his or her family of origin, has implications for professional training and supervision.

Supervisees can benefit from exploring the dynamics of their family of origin because this significant knowledge enables them to relate more effectively to the families they will meet in their clinical practice.
THE FEMINIST MODEL

- Entails effectively managing power between the supervisor and the supervisee and clients as central.
- Feminist supervisors foster a mutually agreed-upon approach to working with clients rather than using a supervisor-directed approach.
- Supervision focuses on the trainee’s philosophy and practice of therapy.
- A supervisee’s assumptions, beliefs, and values pertaining to gender, race, culture, sexual orientation, ability, ethnicity, SES, and age are often the subject of discussion during supervision sessions.
**Solution-Oriented Model**

- Supervisees are assumed to be capable and resourceful when it comes to achieving their supervision goals. Explore what works for the supervisee in therapy and encourage them to do more of it.

- The model is based on family therapy and narrative therapy and focuses on affirming and empowering the supervisee to learn and grow in supervision.

- There are many ways to apply the solution-oriented therapy model to an optimistic model of supervision.
INTEGRATIVE MODELS

- This approach could involve the complete integration of several theories or an integration of concepts from a number of theories fashioned into one’s own model.

- One advantage of an integrative approach is that the supervisor can uniquely tailor the supervision methods used to fit the supervisee, the client, and the setting.

- The limitation of an integrative approach is that it requires the supervisor to have a broad understanding of the range of supervision models and techniques.
SYSTEMS APPROACH TO SUPERVISION

- Conceptual model that organizes what supervisors do without subscribing to any particular theoretical orientation
- The is the meta-model for MFT supervision and therapy
Seven dimensions that serve as the bases of supervision:

- (a) The supervisory relationship
- (b) Supervision tasks
- (c) Supervision functions
- (d) The supervisor
- (e) The supervisee
- (f) The client
- (g) The institution or agency
当开发你的监督方法时，一个好地方是从反思自己的经历开始，你当时正在被监督。

- 什么对你是特别有益的？
- 哪种监督模式使你能够尽可能充分地发展？
- 你可能想从你的监督中得到什么不同类型的体验？
- 你将如何描述你的每个监督者所依据的理论，以及你从他们中可以学习什么，以便设计你自己的监督模式？
DEVELOPING YOUR OWN MODEL OF SUPERVISION (CONT’D)

- After this personal reflection on your own experiences as a supervisee, put your efforts toward mastering a primary theory that will serve as a guide for what the supervisor and the supervisee do in the supervision process.

- Select a theory that comes closest to your beliefs about human nature and the change process and deepen your knowledge of the theory to determine the aspects of it that fit best for you.