

A Haworth Press, Inc. TEXT EDITION

SUPERVISION AND TRAINING

***MODELS, DILEMMAS,
AND CHALLENGES***

Florence W. Kaslow
Editor



Published by THE HAWORTH PRESS, Inc.

Supervision and Training: Models, Dilemmas, and Challenges

Florence W. Kaslow
Editor



The Haworth Press
New York • London

Supervision and Training: Models, Dilemmas, and Challenges has also been published as *The Clinical Supervisor*, Volume 4, Numbers 1/2, Spring/Summer 1986.

© 1986 by The Haworth Press, Inc. All rights reserved. No part of this work may be reproduced or utilized in any form or by any means, electronic or mechanical including photocopying, microfilm and recording, or by any information storage and retrieval system, without permission in writing from the publisher. Printed in the United States of America.

The Haworth Press, Inc. 10 Alice Street, Binghamton, NY 13904-1580
EUROSPAN/Haworth, 3 Henrietta Street, London WC2E 8LU England

Library of Congress Cataloging-in-Publication Data

Main entry under title:

Supervision and training.

Includes bibliographies.

1. Psychotherapy—Study and teaching—Supervision. 2. Psychotherapists—Supervision of. I. Kaslow, Florence Whiteman. [DNLM: 1. Clinical Competence. 2. Organization and Administration. 3. Psychotherapy. 4. Psychotherapy—education. WM 420 S959]

RC336.S87 1986 616.89'14'07 85-27037

ISBN 0-86656-528-0

ISBN 0-86656-529-9 (pbk.)

Supervision and Training: Models, Dilemmas, and Challenges

徐诺诺

EDITOR

CARLTON E. MUNSON, *Graduate School of Social Work, University of Houston*

EDITORIAL ASSISTANT

JOAN SMITH MUNSON

EDITORIAL BOARD

PAUL ABELS, *School of Applied Science, Case Western Reserve*

KEITH A. ACHESON, *College of Education, University of Oregon*

ROBERT BECK, *Department of Psychiatry, Baylor College of Medicine*

JANINE M. BERNARD, *Department of Social Work, Bridgeport Hospital*

L. DIANNE BORDERS, *School of Human and Educational Services, Counseling Area, Oakland University*

THOMAS CRUTHIRDS, *School of Social Work, University of Tennessee*

HANS FALCK, *Professor of Social Work and Psychiatry, Virginia Commonwealth University and Medical College of Virginia*

CAREL GERMAIN, *School of Social Work, University of Connecticut*

ALEX GITTERMAN, *School of Social Work, Columbia University*

RODNEY K. GOODYEAR, *Counseling and Student Personnel Services, Kansas State University*

JAY HALEY, *Family Therapy Institute*

ALLEN K. HESS, *Department of Psychology, Auburn University*

ALFRED KADUSHIN, *School of Social Work, University of Wisconsin*

ROBERT LANGS, *Psychotherapy Program, The Lenox Hill Hospital*

GEORGE R. LEDDICK, *Division of Education, Indiana-Purdue University*

ALVIN J. LEVENSON, *Department of Psychiatry, The University of Texas Medical School at Houston*

JERRY M. LEWIS, *Timberlawn Psychiatric Hospital*

ABRAHAM LURIE, *School of Social Work, Adelphi University*

FELICE DAVIDSON PERLMUTTER, *School of Administration, Temple University*

MARISUE PICKERING, *Department of Speech Communication, University of Maine-Orono*

BILL K. RICHARDSON, *North Texas State University*

LAWRENCE SHULMAN, *School of Social Work, University of British Columbia*

CHRISTINE SLEIGHT, *Kent State University*

EDITOR'S COMMENTS



It is with pleasure that we present this special, double issue of *The Clinical Supervisor* on supervision and training. Florence Kaslow has done an excellent job of organizing this volume. The contributors are highly respected theoreticians and practitioners who present a comprehensive view of the subject. It is my belief this special issue makes a lasting and significant contribution to the literature on supervision and training.

Historically, the specifics of supervision have been neglected in the literature. Good, effective training is a complex undertaking, and this special issue addresses the subject of mastering the complexity. This set of articles will greatly assist the supervisor in approaching the demands of practice.

Carlton E. Munson, DSW

Foreword

As professionals in the caring arts fields well know, there has been an increasing emphasis on accountability in recent years. The public and its social, legislative, and economic bodies are demanding that practitioners deliver services which are effective and of high quality. To many observers of the scene, it is evident that before long only those providers with demonstrated competence will be considered as acceptable by third-party payers and others.

Traditionally, the pathway to competence has been through training and supervision. Innate sensitivity to others, self-understanding, and practical experience are indeed also important, but it is training and supervision above all which have been the crucial shaping factors. That is why this book is so timely, useful, and direction setting: it points to a number of ways in which innovative and tested models of theory and practice can enhance the functional operations—the day to day work—of the psychotherapist, counselor, and related professionals in the caring arts fields.

The editor of this stimulating and challenging work, Florence W. Kaslow, is known internationally as a leader in the development and teaching of new methods of training, consultation, and supervision. Her prior publications in these areas have brought her a well deserved reputation which has been enhanced by the fact that for many years she has been a distinguished educator and noted program director in many of the areas covered by the contents of this volume. One would expect then that this latest book would reflect more than the state of the art and that it would present new concepts and new approaches. And the reader will not be disappointed, for Dr. Kaslow has selected co-contributors and topics, the combination of which can only serve to add to our understanding of and more effective utilization of the process whereby good professionals become better professionals.

Both direct and indirect training methodologies are discussed with clarity and imagination. A variety of dynamic, behavioral, and eclectic approaches to the supervision of individual, group, and family therapies are described. Close attention is paid to the super-

visor-supervisee interaction, while the institutional setting in which the professional works is also noted as crucial.

Solo practice, group practice, agency practice, private practice, and co-practice are all considered and examined in the chapters which follow. There is truly something here for everyone who is interested in the process and methods of supervision and training, and the multiplicity of models and alternatives is nothing short of exciting for anyone who is interested in the topics covered by this book.

While each and every chapter can be read and digested profitably, it is the final summing up that I found most useful. In fact, it is recommended that this chapter be read first *and* last. It not only sets the stage but it points the way to the future by highlighting, contrasting, comparing, and synthesizing the many different approaches which the various contributors present. I am confident that you the reader will find this book not only informative and useful but as challenging and exciting as I did. *Bon appetit!*

Melvin A. Gravitz, Ph.D.

Past President,

American Board of Professional Psychology

Clinical Professor of Psychiatry & Behavioral Sciences,

George Washington University School of Medicine

Adjunct Professor of Medical Psychology,

Uniformed Services University of the Health Sciences

Washington, D.C.

Preface

In the past three decades we have witnessed a radical shift in the form, content and structure of supervision. Clinicians trained in the 1940s and 1950s brought process or summary records to their supervisor. These contained selective accounts of what had transpired—generally focused on what the patient did and said and perhaps inclusive of what the therapist asked. Supervisory sessions occurred “after the fact”—usually by several days and were therefore indirect in the sense of being removed from the scene of the action. Since “confidentiality” was considered an overriding principle of all therapy, any other approach would have been heresy.

By the late 1950s and more fully in the 1960s and since, the advent of modern technology has had a tremendous impact on the field. One way mirrors, audiotape and videotape equipment, and television monitors have made their debut in most training sites throughout the country. The confluence of their availability and a changing ethos brought about by the greater openness essential in family and group therapies and the human potential movement has truly revolutionized part of the practice of supervision. Certainly indirect, one on one, process supervision based on process or summary records is still viable and often is the modality of choice. However, other indirect methods have joined it as additions or alternatives. These include group supervision and analysis of the therapy through listening to audiotapes or watching videotapes and using the data derived from such hearing and seeing observations as the material to be discussed. Also in the armamentarium of supervisory approaches are the direct intervention paths—cotherapy, rotations of team members, observation behind the one way screen and calling in messages or entering and participating in the therapy, the therapists exiting from the treatment room to meet with team members and then returning to convey their input—sometimes in the form of a split message.

In searching for material to teach a graduate course on supervision and consultation in the early 1970s, I found a dearth of contemporary literature. This led to my first book on this topic *Issues in*

Human Services: A Sourcebook for Supervision and Staff Development in 1972. It covered such issues as educational models and their influence on supervision, training indigenous paraprofessional staff, race, class and ethnic factors as they influence supervision, and group supervision. Supervision as it occurred in such diverse practice settings as a geriatric center, a large federal agency psychiatric setting and a public welfare agency was considered.

In the next five years the methodology of supervision broadened and as the direct approaches moved more into the foreground and evoked controversy, they demanded greater attention. Out of a continuing interest in the study and practice of supervision came a second book on this broad topic, *Supervision, Consultation and Staff Training in the Helping Professions* (1977). Part I deals with the history and philosophy of supervision and consultation, Part II focuses on supervisory and training techniques and processes—highlighting psychoanalytically oriented supervision of individual therapy, group supervision, training of marital and family therapists and of group therapists. Part III considers supervision and consultation in such special settings as the criminal justice system and mental health centers.

In 1980 Hess edited a fine volume entitled *Psychotherapy Supervision* which serves as an excellent companion to my two earlier books. Because of his acknowledged expertise I have asked him to be a contributing author to this current endeavor.

The field continues to evolve, exploding with new and challenging experiments and models predicated on different ideas about how people learn most effectively. Thus it seemed time for another volume on this subject—again conceiving the topic broadly. Part I—the initial chapter focuses on the ecological context in which supervision/consultation and training occur—considering attitudes formed in graduate school and beyond and then moving into the myriad environs in which these activities occur. The next chapter provocatively illuminates the inner world of what therapists worry about. In perusing it, the reader can easily identify with many of the apprehensions delineated. Part II offers a smorgasbord of models and paradigms—several of which encompass a stage theory of what is appropriate contingent upon the trainees' professional development level. Chapters contained herein describe individual supervision, rotational supervision, peer supervision working in teams, supervision of co-therapists and supervision in private practice. As with

any attractive smorgasbord, we trust every reader will find something that appeals to his/her needs, interests, and personality.

Since supervision is a training approach, the line between these is somewhat arbitrary and there is some overlapping. Part III on training has several chapters that encompass both and one that is clearly based on a "training" format. The closing chapter seeks to identify themes and patterns—perhaps the most important of which is the dynamic, everchanging and expanding panorama.

Appreciation is expressed to all of the contributing authors, to Bill Cohen at Haworth Press for the continual encouragement and willingness to publish my books, to Carlton Munson for utilizing this volume as a special issue of *The Clinical Supervisor*, to my secretary, Priscilla Smyth—without whose support and assistance this book would not have reached fruition, and to all of the clinicians I have supervised who taught me so much about the process.

*Florence W. Kaslow, Ph.D., Editor
West Palm Beach, Florida*

Supervision and Training: Models, Dilemmas, and Challenges

Supervision and Training: Models, Dilemmas, and Challenges

The Clinical Supervisor
Volume 4, Numbers 1/2

CONTENTS

EDITOR'S COMMENTS	xi
Foreword	xiii
<i>Melvin A. Gravit</i>	
Preface	xv
<i>Florence W. Kaslow</i>	
PART I: THE ECOLOGICAL CONTEXT	
1/ Supervision, Consultation and Staff Training— Creative Teaching/Learning Processes in the Mental Health Profession	1
<i>Florence W. Kaslow</i>	
2/ What Do Therapists Worry About: A Tool for Experiential Supervision	17
<i>Israel W. Charny</i>	
PART II: SUPERVISION OF THERAPY: MODELS AND PARADIGMS	
3/ The Development of Professional Identity in Psychotherapists: Six Stages in the Supervision Process	29
<i>Diane Friedman</i> <i>Nadine Joy Kaslow</i>	

4/ Growth in Supervision: Stages of Supervisee and Supervisor Development <i>Allen K. Hess</i>	51
5/ The ABCX Model—Implications for Supervision <i>Daniel Sharon</i>	69
6/ In Vivo Rotation: An Alternative Model for Psychotherapy Supervision <i>Stanley Brodsky</i> <i>Harriet Hoehne Myers</i>	95
7/ Working in Teams: The Pros and Cons <i>Brian W. Cade</i> <i>Bebe Speed</i> <i>Philippa Seligman</i>	105
8/ Supervision of Cotherapy <i>David G. Rice</i>	119
9/ Seeking and Providing Supervision in Private Practice <i>Florence W. Kaslow</i>	143
10/ Peer Supervision in the Community Mental Health Center: An Analysis and Critique <i>Steven A. Roth</i>	159
PART III: TRAINING TO IMPROVE THE QUALITY OF PRACTICE	
11/ Family Therapy and Systems Supervision With the "Pick-a-Dali Circus" Model <i>Judith Landau Stanton</i> <i>M. Duncan Stanton</i>	169
12/ Training and Supervision of Behavior Therapists <i>Kirk Strosahl</i> <i>Neil S. Jacobson</i>	183

13/ Changing an Institution "That Can't Be Changed" Through a Staff Retraining Intervention <i>Matti K. Gershenfeld</i>	207
14/ Themes and Patterns <i>Florence W. Kaslow</i>	237
Index	251

PART I: **THE ECOLOGICAL CONTEXT**

1

Supervision, Consultation and Staff Training— Creative Teaching/Learning Processes in the Mental Health Profession

Florence W. Kaslow

ABSTRACT. This chapter explores the structure and nature of the three processes of supervision, consultation and staff training. It considers the initial orientation to each and how the supervisor/supervisee, consultant/consultee, trainer/trainee form special pairings and interact. Learning each process as a recipient also enables one to incorporate some aspects which they may later offer as a provider. And the cycle begins anew.

THE THREE MAJOR TEACHING PROCESSES

Supervision

When students enter graduate or professional school and begin their first practicum, field placement, internship or residency, they

Florence Kaslow, Ph.D., is Director of the Florida Couples and Family Institute, West Palm Beach, Florida and Adjunct Professor of Medical Psychology in Psychiatry, Duke University, Durham, North Carolina.

are immediately assigned a supervisor. This is standard operating procedure in all of the mental health disciplines—throughout the formal graduate school educational experience. Similarly it occurs if and when one enters a post graduate training institute program and again in the clinical practice of therapy within an agency setting. What is the *raison d'être*?

In assigning cases to students, the educational institution and the host clinical setting share responsibility for the quality of care. The trainee therapist is there primarily as part of his/her educational process and is not considered fully qualified; therefore someone else carries responsibility for insuring that treatment is ethical and efficacious—this someone is the supervisor. The same accountability concerns apply with the beginning staff member; the question to be answered is for how long is intensive supervision essential and advisable and what are the indicators for a decreased amount or change in focus over time?

Nature of the Process

In any role that inherently entails responsibility, there must be concomitant authority. Thus, the supervisor is usually endowed with the authority to truly oversee the work—and to carry back-up and fill-in responsibility if the trainee is absent or veers off what the supervisor deems to be a sound treatment plan utilizing appropriate methodology. To carry out this function, the supervisor should get to know the supervisee's work well—his/her strengths and weaknesses, areas of and gaps in knowledge, interpersonal relationship skills, personality style, areas of flexibility and rigidity, level of maturity, range of skills, etc. Yet, it is critical to remember that the reason for knowing this is to enhance the trainee's learning experience and the effectiveness of the treatment. As Abroms (1977) indicated so succinctly, supervision is a therapy of the therapy and not of the therapist. If the trainee is having problems which interfere with his/her learning and ability to help patients, such blockages or counter-transference phenomena are surely grist for the supervisory mill. To evade dealing with them is to do a disservice to trainees and patient(s) alike. But, to become the trainee's therapist and attempt to delve beyond difficulties specifically germane to the trainee's case-load is to exceed one's function and to be intrusive into the trainee's personal life. If the person's conflicts are such that they can not be handled and resolved appropriately through a learning and insight