| | |
|---|---|
| Title | Clinical supervision in professional psychology |
| Author(s) | Wong Shyh-Shin |
| Source | A. G. Tan & M. Goh (Eds.), *Psychology in Singapore: Issues of an emerging discipline* (pp. 102-123) |
| Published by | McGraw-Hill Education (Asia) |

This document may be used for private study or research purpose only. This document or any part of it may not be duplicated and/or distributed without permission of the copyright owner.

The Singapore Copyright Act applies to the use of this document.

Citation: Wong, S. S. (2002). Clinical supervision in professional psychology. In A. G. Tan & M. Goh (Eds.), *Psychology in Singapore: Issues of an emerging discipline* (pp. 102-123). Singapore: McGraw-Hill Education (Asia).

© The Authors

Archived with permission.

CHAPTER 6

# Clinical Supervision in Professional Psychology

WONG Shyh-Shin

## INTRODUCTION

In most, if not all, professions, supervision plays a very important role in training and quality assurance. This applies to the profession of psychology as well. Clinical supervision has been an important concern for psychologists working in Singapore due to many reasons. The first reason is the shortage of qualified clinical supervisors. This shortage has resulted in the following consequences: (1) Many employers resort to hiring part-time clinical supervisors who work as consultants rather than as employees of the organizations. (2) There is a tendency to rely on the same small pool of supervisors. (3) There is a limit to the number of students that these supervisors can help the universities to train and supervise.

The second reason for being concerned about clinical supervision is that many of the supervisors are trained overseas, especially in the United States. An analysis of membership data by the Singapore Psychological Society revealed that the majority of PhD Full Members of the Society graduated from universities in the United States (Lim, 2000). Hence, the question arises as to whether supervisors trained overseas understand the local context sufficiently to adapt their supervision practices accordingly.

The third reason is that there is a shortage of suitable practicum sites in Singapore for training psychologists. Finally, the fourth reason is that research on clinical supervision in Singapore is inadequate, especially that published in professional journals. A search on the PsycLIT database from 1887 to present revealed zero publication on clinical supervision in Singapore.

There is thus an urgent need to examine the literature on clinical supervision available elsewhere so that Singapore supervisors and other stakeholders may benefit from this information. As the field of clinical supervision is quite extensive, even for the discipline of professional psychology, this chapter will focus on clinical supervision in only three specialities of professional psychology, namely, clinical psychology, counselling psychology and educational psychology. This chapter will cover five major clinical supervision issues, namely, practice, training, theory, research and ethics.

## DEFINITION OF PROFESSIONAL PSYCHOLOGY

The field of psychology can be conceptualized as having two major branches: academic psychology and professional psychology. This distinction is similar, but not exactly the same when compared to another distinction in the field of psychology, that is, basic psychology and applied psychology.

*Academic psychology* is defined in this chapter as a discipline of study in the mind and behaviour of animals, including humans. In contrast, *professional psychology* is defined as the applications of psychological theories and research in practice or human services delivery.

The Singapore Psychological Society (2000a) currently recognized five specialities of professional psychology: clinical psychology, counselling psychology, educational psychology, occupational psychology and industrial/organizational psychology. This chapter will only be concerned with the relevance of clinical supervision for three of the five specializations, namely, clinical psychology, counselling psychology and educational psychology. The choice of these three specializations is due to two main reasons: the author's familiarity of the three fields and the fact that relatively more information about clinical supervision is available for these three specializations.

## Definition of Clinical Supervision

The term *clinical supervision* was first cited in the PsycLIT databases in 1978 (Bornstein & Wollersheim, 1978) for clinical psychology and in 1982 (Vasquez & McKinley, 1982) for counselling psychology. For educational psychology, the full term "clinical supervision" was not found in any of the PsycLIT databases, although the term "supervision" with the same meaning as "clinical supervision" was first cited in 1973 in a British-based journal (Labon, Morgan, Sants, & Tucker, 1973). However, the term "supervision" was first cited in 1976 when it was used for educational psychologists who specialize in school psychology (Ringness, 1976).

Besides the appearance of the term in different psychology specializations, the term also first appeared in the first published theory of clinical supervision in 1982 (Loganbill, Hardy, & Delworth, 1982) and in the first textbook of clinical supervision in 1992 (Bernard & Goodyear, 1992).

The dictionary definition of supervision suggests a role of overseeing, directing or managing (Webster, 1988). The term clinical means "having to do with the direct treatment and observation of patients, as distinguished from experimental or laboratory study" (Webster, 1988). The term clinical is used to help distinguish between supervision in the areas of professional psychology, where human services delivery is the main concern, and supervision in other specialities and areas of psychology. For example, it is commonly accepted that there is a distinction between clinical supervision and research supervision and between clinical supervision and teaching supervision.

The above-mentioned etymological definitions actually do not illuminate the rather complex and specific roles of clinical supervision. These roles will be further elaborated in the next section. Besides etymological definitions, different experts in the supervision field have their own definitions for the term "supervision" (see Table 6.1). All the definitions suggest that supervisors have multiple roles to play as elaborated in the next section.

## Roles of Clinical Supervision in Professional Psychology

Clinical supervision plays an essential role in the preparation and training

**Table 6.1 Definitions of clinical supervision**

| Author(s) | Definition |
|---|---|
| Loganbill, Hardy, & Delworth (1982) | An intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person |
| Hart (1982) | An ongoing educational process in which one person in the role of supervisor acquire appropriate professional behaviour through an examination of the trainee's professional activities |
| Neufeldt (1999) | An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he or they see(s), and serving as a gatekeeper of those who are to enter the particular profession. |

of professional psychologists as well as their continuing professional development, and the quality of services they provide to their clients (e.g. Bernard & Goodyear, 1998; Holloway, 1992; Holloway & Neufeldt, 1995; Neufeldt, 1999; Ronnestad & Skovholt, 1998; Scott, Ingram, Vitanza, & Smith, 2000; Watkins, 1997; Wiley & Ray, 1986). It is widely recognized that the practice of professional psychology requires two basic forms of knowledge: *research-based knowledge* and *practice-based knowledge*. Furthermore, the integration of these two forms of knowledge, commonly known as the "science" and "art" of psychology, is best achieved with the help of supervision (Bernard & Goodyear, 1998).

The importance of *supervised training* and practice in professional psychology cannot be understated. In fact, the Singapore Psychological Society (2000a) defined professional psychologists (whose primary role is the delivery of psychological services) as

> those who have obtained a postgraduate qualification in a specialised field in psychology from a recognised academic institution, such course having included supervised training in a variety of settings. (p. 1)

In addition, the Society felt that "academic qualifications alone are not a sufficient basis for recognition as a professional psychologist." This position is further substantiated by researchers (e.g. Holloway & Neufeldt, 1995) who concluded that

supervised practice has appeared to be more important than academic understanding in influencing psychotherapist performance.

## Practice in Clinical Supervision

The practice of clinical supervision in Singapore covers a relatively short history, starting approximately in the 1970s, after which Singapore's first few overseas-trained psychologists started to supervise younger psychologists who join the profession later. Formal training opportunities in psychology did not commence until the establishment of a bachelor's degree programme in psychology at the National University of Singapore in 1986. Subsequently, the Master of Arts in Applied Psychology programme was established at the National Institute of Education (Nanyang Technological University) in 1997. This was followed by the establishment of the Master of Social Sciences (Psychology) programme and the Master of Social Sciences (Applied Psychology) programme in 1998 at the National University of Singapore.

In the following sections, essential aspects of clinical supervision practice will be reviewed based on the information available in both the United States and Singapore.

### *Supervision Goals*

Borders and Leddick (1987) identified two types of *supervision goals*: supervisor's goals and supervisee's goals. Bernard and Goodyear (1998) offered two goals for supervisors, which deal with the function of teaching and learning on the one hand, and monitoring of client welfare on the other hand. These two supervisors' goals are: enhancing professional functioning and monitoring client care.

Besides the goals the supervisor set for himself/herself, the supervisor needs to ensure that his/her supervisee set supervision goals during the establishment of the supervisor–supervisee relationship. These supervisee's goals are usually set collaboratively with the supervisee as part of the learning or *supervision contract* (Holloway, 1997). Supervisees are encouraged to set goals based on their perceived growth or learning needs, and the role of the supervisor is to provide relevant feedback and input so that the goals set are realistic, achievable and clear.

## *Supervision Tasks*

With the supervision goals in mind, supervisors can then conduct their supervision in an organized, directed and systematic manner. One method of ensuring that the goals are not forgotten with the passage of time is to set up *supervision tasks*, which then can be monitored using a checklist. Besides the specific supervision tasks that are based on the supervision goals set in the learning contract, other supervision tasks are considered routine. See Table 6.2 for examples of the routine supervision tasks. Alternatively, Holloway (1997) suggested that tasks such as those listed in Table 6.2 can be grouped into five broad areas: counselling skills, case conceptualization, professional role, emotional awareness and self-evaluation.

**Table 6.2 Examples of routine supervision tasks**

| | Supervision Task |
|---|---|
| 1. | To express supervisor's expectations for use of supervision time. |
| 2. | To help supervisee articulate goals for use of supervision time. |
| 3. | To develop a supervision contract with supervisee. |
| 4. | To review theoretical models/approaches in conjunction with cases. |
| 5. | To review case conceptualization for a case. |
| 6. | To discuss assessment used in a particular case. |
| 7. | To review various assessment methods. |
| 8. | To review intervention/treatment/prevention/programme plans. |
| 9. | To review various intervention methods. |
| 10. | To discuss structure of counselling used in a particular case. |
| 11. | To discuss counselling processes present in a particular case. |
| 12. | To explore supervisee's counselling style and his/her strengths and weaknesses. |
| 13. | To assess supervisee's training needs. |
| 14. | To review case notes and progress notes. |
| 15. | To provide feedback after viewing audiotapes, videotapes, or after observations of counselling sessions. |
| 16. | To review assignments, tasks, or homework given to supervisees. |
| 17. | To help supervisee process his/her reflections of personal growth in relation to her work. |
| 18. | To discuss relevant professional, ethical and legal issues. |
| 19. | To discuss relevant administration and human resources matters. |
| 20. | To gather regular feedback on the supervision structure, content, process and goals. |

Clinical supervisors in Singapore are also known (e.g. National Institute of Education's clinical supervisors) to make use of supervision goals and supervision tasks during supervision, although to date, there are no statistics about the extent of their use outside university settings.

### *Supervision Functions and Supervision Strategies*

Supervision and supervisors are known to serve different functions based on the supervision goals mentioned earlier. Holloway (1997) proposed that supervision served at least five primary functions, namely: monitoring/evaluating, instructing/advising, modelling, consulting and supporting/sharing. In contrast, Neufeldt (1999) mentioned only three primary functions, namely: teaching, counselling and consulting. These supervision functions may vary in importance and investment depending on the supervision contract and the supervisee's needs. However, Neufeldt (1999) went further than Holloway (1997) in that she offered the supervisors at least 28 *supervision strategies* (e.g. interpret significant events in the counselling session, explore trainee feelings during the counselling session) for use during supervision; 17 of these 28 supervision strategies are grouped under her three supervision functions.

### *Supervision Formats*

Supervision can be conducted in different formats using different types of aids (e.g. process notes, audiotape, videotape, one-way mirror, close circuit camera, bug-in-ear technology) and carried out in different types of combinations. Goodyear and Nelson (1997) actually came with 22 categories of supervision formats (e.g. supervisor and supervisee review videotapes of therapy sessions, live supervision using a mid-session break to consult with supervisee) that are based on different combinations, when they compared two studies on the use of supervision formats.

In general, clinical supervision can be conducted with one supervisee (individual or one-to-one supervision) or a group of them (group supervision). Goodyear and Nelson (1997) found that in a national sample of university counselling centres in the United States (n = 22), both individual supervision ($M = 4.86$) and group supervision ($M = 4.27$) top the list of selected supervision formats in terms of frequency of use. The other less commonly used supervision formats include the different types of live observation methods. Although there is no published data on the

type of supervision format used in Singapore, it is estimated that individual supervision and group supervision are commonly practised formats of supervision. For example, the Master of Arts in Applied Psychology programme at the National Institute of Education (Nanyang Technological University) requires that the students undergo both individual supervision and group supervision during their practicum placements.

There is also a difference between whether the supervision is in "live", "observation" or "supervisee report" mode. In both observation supervision and live supervision, the supervision is done in real time, in that the supervisor is actually watching the supervisee's counselling or testing session while it is in progress. The supervisee report mode of supervision, in contrast, may use an audiotape, videotape, or none at all. Even though reviewing a case with the help of an audiotape or videotape is better than having no tapes, the problem with using the tapes is that sometimes the tapes can be outdated quite quickly. This is because, by the time of supervision, the supervisee may already have met the client in subsequent sessions since the previous taping.

The observation mode of supervision is often confused with the live mode of supervision. In observation supervision, the supervisor will observe the supervisee in counselling, interviewing or testing, usually through a one-way mirror, but will not interrupt and influence the session as in a live supervision case. In contrast to observation supervision, live supervision can be carried out in more than one way. Bernard and Goodyear (1998) listed seven types of live supervision interventions: monitoring, in vivo, bug-in-the ear, walk-in, phone-in, consultation and computer transmission (see Table 6.3). Finally, co-therapy is sometimes used as a supervision format.

Supervision can also vary depending on the type of psychological interventions the supervisee used with his or her clients. For example, the supervisee can use individual therapy, couple therapy, group therapy or family therapy. The challenge for the supervisor is how best to allocate time when the supervisee has cases where more than one form of psychotherapy was used. One way of approaching this issue is for the supervisee to have different supervisors for different types of psychotherapy. For example, for cases that involve individual therapy and couple therapy, he or she can meet with one supervisor individually. As for group therapy and family therapy, the supervisee can meet with another supervisor

**Table 6.3 Seven types of live supervision methods**

| Live Supervision Method | Role of Supervisor |
|---|---|
| Monitoring | Supervisor observes the session and intervenes only if the supervisee is in difficulty. |
| In Vivo | Supervisor consults with the supervisee in view of the clients. |
| Bug-In-The Ear | Supervisor supervises the supervisee via a wireless earphone that the supervisee wore. |
| Walk-In | Supervisor enters the counselling room at an indicated time to interact with both the supervisee and the client(s), and then leaves. |
| Phone-In | Supervisor calls the supervisee in the counselling room to provide feedback. |
| Consultation Break | Supervisor instructs the supervisee to leave the counselling room for a consultation/feedback. Or the supervisee can leave the room when he or she needs consultation. |
| Computer Transmission | Supervisor sends his or her feedback via computer, which is then read by the supervisee at an opportune time. |

Note: Information in this table was adapted from Bernard and Goodyear (1998).

together with other supervisees. The rationale behind this arrangement is that both group therapy and family therapy involve group processes and therefore meeting in a group can help to facilitate the re-enactment of some of these group processes as part of supervision.

## *Practicum Supervision and Supervision Hours*

Clinical supervision plays a very crucial role in those training programmes that require the candidate to go through a supervised field placement or practicum as part of the degree requirement. This practice is very prevalent in the United States, especially for those training programmes that are accredited by the American Psychological Association. In Singapore, the National Institute of Education (NIE) Master of Arts in Applied Psychology programme (part-time) also requires that students in both counselling psychology and educational psychology specializations complete at least 200 practicum hours in an approximately six-month supervised practicum. Even now, NIE is considering extending the hours of practicum attachment.

Clinical supervision is also important for regulating and monitoring the practice of psychologists. As part of an attempt to regulate the practice of psychology despite the lack of licensure, the Singapore Psychological Society (1997/98a) requires its Affiliate Members to complete a minimum of 100 hours of supervision satisfactorily over a two-year period as a means of upgrading to full membership. In addition, the Singapore Psychological Society also stipulated that "at least 75% of the supervision sessions should consist of individual supervision". One weakness of such an arrangement is that Full Members are currently not required to receive supervision, although the literature on clinical supervision suggested that supervision should continue regardless of the years of experience and perceived competence level of the practising psychologists. However, such a requirement cannot be made compulsory unless there is sufficient support in terms of accessibility to supervision services.

## Training in Clinical Supervision

Traditionally, supervisors are not required to receive training in supervision before providing supervision. It is assumed that prior experience as a supervisee, or even experience in counselling is considered sufficient for undertaking the supervision role. However, recent criticisms of this assumption have led to increased emphasis on supervision training (Bernard & Goodyear, 1998). Studies in the United States suggested that many supervisors have little supervision training to prepare them to take on the supervisor's role (Border & Leddick, 1987). To date, there are no statistics on the number of supervisors in Singapore who practise supervision without some form of supervision training. Therefore, it is important that some form of continued education in terms of supervision training be provided and made a requirement for practising clinical supervisors.

Besides looking at supervisors' supervision training experience, the availability of opportunities for supervisees' supervision training is also an important issue. The opportunities available for supervision training vary across different specializations. A study by Scott, Ingram, Vitanza, & Smith (2000) surveying doctoral programmes and predoctoral internship sites accredited by the American Psychological Association highlighted some of these differences. They found that statistically there was significantly greater supervision training offered in counselling psychology programmes when compared to clinical psychology programmes, and in university

counselling centre internship programmes when compared to other types of internship sites.

Currently, opportunities for supervision training in Singapore are yet to be systematically formalized, except for the traditional way of learning how to supervise by going through practicum supervision. This implies that institutions offering professional psychology programmes need to evaluate the need for other more formal ways of supervision training such as those mentioned later. The shortage of qualified clinical supervisors also mean that there is an urgent need to train more psychologists to become qualified clinical supervisors.

Training in clinical supervision can take at least three forms. One common way of getting the necessary training to be a supervisor is to do a formal course in clinical supervision as part of a training programme. Another common way is to learn it via supervised supervision practice and didactic seminars at the practicum site. Finally, training can occur in the form of workshop(s) for those psychologists who are already working as supervisors.

Whichever form supervision training takes, it is recommended that supervision training include both didactic and experiential training components (Bernard & Goodyear, 1998). The content of what to include in the didactic and experiential training components has been discussed in the literature. Borders and Leddick (1987) suggested that being a supervisor requires knowledge and skills that are more diverse than being a counsellor. Specifically, they recommended that any beginner supervisor should acquire and build up counselling skills, teaching skills, consultation skills and research skills.

Other supervision experts emphasized the process of supervision training in addition to the content matter. Hawkins and Shohet (1989) suggested a nine-step cyclical approach to supervision training in their supervision learning cycle model. The nine steps are as follows:

1. reflecting on past supervision experiences;
2. reading books and articles and watching videos on supervision;
3. planning supervision with one's own supervisor (supervision of supervision);
4. taping or recording supervision you give;
5. reflecting on the supervision you give;
6. getting feedback from your supervisees;

7. amending your supervision style;
8. discussing with your supervisor or other peer supervisors; and
9. participating as a student in a formal course on supervision.

In this author's opinion, step nine can actually occur concurrently with the other eight steps, and step seven can also occur after step eight. Nevertheless, this model can be useful for the planning of supervision training.

## THEORY IN CLINICAL SUPERVISION

The importance of theories to psychology cannot be overstated (Peterson & Nisenholz, 1999). But the theories of clinical supervision are not as well known as the theories of psychological interventions, even though both are equally important. Therefore, unlike the theories of counselling and psychotherapy which are commonly found in textbooks, information on the theories of clinical supervision is hard to come by. Bernard and Goodyear (1998) have probably written one of the rare textbooks that provides an excellent comparative overview of the different types of theories that are currently influential in the field of clinical supervision. Unfortunately, unlike the literature on comparative psychotherapy research, there is no study published as yet about the relative efficacy of the different approaches to supervision.

Bernard and Goodyear (1998) categorized the theories of clinical supervision into four main groups: psychotherapy-based supervision; developmental approaches to supervision; social role supervision models; and eclectic and integrationist models. Adopting a similar classification approach for this chapter, some key contributors to the literature are summarized in Table 6.4. A review of these theories suggests that the supervision process is best conceptualized as developmental in nature, and distinct stages can be identified whereby the supervisee's and supervisor's behaviour, focus, roles and goals vary. For example, Holloway (1997) and Stoltenberg, McNeill, and Delworth (1998) suggested three phases of supervision or supervisee development.

The degree to which these theories are used by supervisors in Singapore is yet to be understudied. However, from the type of training workshops conducted in Singapore and informal discussions held with supervisors, it is quite likely that most supervisors seem to favour psychotherapy-based

**Table 6.4 Authors and theories of clinical supervision**

| Author(s) | Theory |
|---|---|
| *Psychotherapy-Based Supervision* | |
| Jacobs, David, & Meyer (1995) | Psychodynamic Supervision |
| Binder & Strupp (1997) | Psychodynamic Supervision |
| Yontef (1997) | Gestalt Therapy Supervision |
| Patterson (1997) | Client-Centred Supervision |
| Woods & Ellis (1997) | Rational Emotive Behaviour Therapy Supervision |
| Liese & Beck (1997) | Cognitive Therapy Supervision |
| Linehan & McGhee (1994) | Cognitive-Behavioural Therapy Supervision |
| Liddle, Becker, & Diamond (1997) | Family Therapy Supervision |
| Parry & Doan (1994) | Narrative Approaches to Supervision |
| *Developmental Approaches To Supervision* | |
| Littrell, Lee-Borden, & Lorenz (1979) | Littrell, Lee-Borden, & Lorenz Model |
| Loganbill, Hardy, & Delworth (1982) | Loganbill, Hardy, & Delworth Model |
| Stoltenberg, McNeill, & Delworth (1998) | Integrated Developmental Model |
| Skovholt & Ronnestad (1992) | Skovholt & Ronnestad Model |
| *Social Role Supervision Models* | |
| Bernard (1979, 1997) | Discrimination Model |
| Hawkins & Shohet (1989) | Hawkins & Shohet Model |
| Holloway (1995, 1997) | Holloway Model |
| *Eclectic And Integrationist Models* | |
| Bernard (1979, 1997) | Discrimination Model |
| Webb (1983) | Life Model |
| Sharon (1986) | ABCX Model |

supervision. This is not surprising, especially when most of the different models of psychotherapy (e.g. cognitive therapy, narrative therapy, Satir systemic brief therapy and solution-focussed therapy) are also only recently introduced in Singapore and most psychotherapy training do cover some aspects regarding supervision.

## Research in Clinical Supervision

Ellis (1991) and Ellis, Ladany, Krengel, and Schult (1996) felt that the primary goal in clinical supervision research is "to test and improve theory

and to guide the practice of supervision." Despite the importance of clinical supervision research, it is not as prevalent and dated as psychotherapy research (Bernard & Goodyear, 1998). Hence, there is much potential and need for research in this area. Fortunately, clinical supervision research has generated sufficient interest that resulted in many research reviews being published. Ellis et al. (1996) counted that there are at least 32 reviews of clinical supervision research in their methodological critique of clinical supervision research from 1981 to 1993.

A review of the available journal articles cited in PsycLIT database and other references from 1887 to 2000 revealed that there are at least 69 areas of research on clinical supervision (see Table 6.5). A review of the research showed that there is more emphasis on supervision of intervention than of assessment. Also, relatively more journal articles are published concerning supervision in counselling psychology, followed by supervision in clinical psychology, and lagging behind is supervision in educational psychology.

The less frequent clinical supervision research on educational psychology can be explained by an unusual situation in the United States (unlike other countries like the United Kingdom and Singapore). This unusual situation is that educational psychologists in the United States who provided psychological services in the schools are usually known as school psychologists, rather than as educational psychologists. In fact, school psychology has in recent years become quite independent from educational psychology. A search of the research literature using school psychology rather than educational psychology actually yielded more journal articles in clinical supervision.

Since clinical supervision research in Singapore is at an "infancy" stage, it is recommended that researchers in Singapore prioritize their research agenda. Some possible areas of research important to the Singapore context include issues mentioned in the "practice", "training" and "theory" sections of this chapter, for example, the type of supervision formats used, the type of supervision theories used, the amount of supervision training supervisors received, the quality of supervision provided, and issues in practicum supervision.

With the increasing importance of empirically based psychotherapy and other psychological interventions, supervision can also be empirically based. For example, clinical supervisors can monitor and evaluate the

## Table 6.5 Examples of research topics in clinical supervision

| Research Topics |
| --- |
| 1. Clinical supervision |
| 2. Counselling supervision |
| 3. Co-therapy as supervision |
| 4. Ethical issues in clinical supervision |
| 5. Evaluation of clinical supervision |
| 6. Limitations of clinical supervision |
| 7. Family therapy supervision |
| 8. Fieldwork supervision |
| 9. Group supervision |
| 10. Group therapy supervision |
| 11. Individual supervision |
| 12. Live supervision |
| 13. Marital therapy supervision |
| 14. Multicultural supervision |
| 15. One-to-one supervision |
| 16. Perceptions of supervision |
| 17. Practicum supervision |
| 18. Professional supervision |
| 19. Psychotherapy supervision |
| 20. Supervised clinical experience |
| 21. Supervision behaviour |
| 22. Supervision effectiveness |
| 23. Supervision events |
| 24. Supervision goals |
| 25. Supervision guidelines |
| 26. Supervision formats |
| 27. Supervision functions |
| 28. Supervision hours |
| 29. Supervision manuals |
| 30. Supervision models |
| 31. Supervision methods |
| 32. Supervision outcomes |
| 33. Supervision process |
| 34. Supervision quality |
| 35. Supervision roles |

## Table 6.5 (continued)

| Research Topics |
|---|
| 36. Supervision strategies |
| 37. Supervision tasks |
| 38. Supervision techniques |
| 39. Supervision theories |
| 40. Supervision training |
| 41. Supervision at different settings |
| 42. Supervision in different training programmes |
| 43. Supervision of assessment |
| 44. Supervision of testing |
| 45. Supervision of supervision |
| 46. Supervisor characteristics |
| 47. Supervisor development |
| 48. Supervisor intentions |
| 49. Supervisor's bias |
| 50. Supervisor's roles |
| 51. Supervisor's functions |
| 52. Supervisor's judgements |
| 53. Supervisor's characteristics |
| 54. Supervisee development |
| 55. Supervisee expectations |
| 56. Supervisee needs |
| 57. Supervisory activities |
| 58. Supervisory conference |
| 59. Supervisory effectiveness |
| 60. Supervisory expectations |
| 61. Supervisory experience |
| 62. Supervisory interventions |
| 63. Supervisory needs |
| 64. Supervisory process |
| 65. Supervisory relationship |
| 66. Supervisory styles |
| 67. Supervisory triangle |
| 68. Supervisor-supervisee interaction |
| 69. Supervisor-supervisee relationship |

effectiveness of their supervision by adapting some of the research instruments for clinical practice.

## ETHICS IN CLINICAL SUPERVISION

Ethical guidelines help psychologists guide and monitor their own ethical behaviour and that of their colleagues as well as supervisees. The guidelines can also help to inform and protect those receiving psychological services or supervision. In the United States of America, several psychology and psychology-related professional organizations have issued such ethical guidelines to their members (e.g. American Association for Marriage and Family Therapy, 1991; American Counselling Association, 1995; American Psychological Association, 1995). Likewise, in Singapore, the Singapore Psychological Society (2000b) and the Singapore Association for Counselling (1999) have also published such guidelines. In almost all guidelines, there is a section on supervision matters.

Further illustrating the importance of clinical supervision in professional psychology, Supervision Interest Network, Association for Counselor Education and Supervision (1990; 1993), the British Association for Counselling (1996) and the Singapore Psychological Society (1999) have also produced documents solely on supervision. Some of the ethical issues mentioned in these guidelines include: nature of supervision, supervisor-supervisee relationship, informed consent, issues of responsibility, issues of competence, supervision contract, confidentiality, safety, discrimination issues and management of supervision.

Ethical issues in clinical supervision are especially important in Singapore as the practice of supervision has intensified due to many reasons, such as the need to train more psychologists to meet the increasing needs for psychological services owing to the growing population in Singapore. As there is currently no licensure in Singapore and given the fact that not all psychologists are registered with the Singapore Psychological Society, the increasing difficulties in enforcing the ethical guidelines with the increasing number of practising psychologists is worrisome. Hence, attempts have been made and are still currently underway by the Singapore Psychological Society to lobby the local authorities for help in regulating the psychology profession.

## CONCLUSION

In this chapter, we have examined a number of clinical supervision issues, namely, practice, training, theory, research, and ethics, both in terms of the available literature in the United States as well as their relevance for the situation in Singapore. In concluding, one would like to add that these issues are not isolated issues but are characteristically interactive. For one it is known that the practice of counselling and other psychological interventions cannot ethically and accountably occur without scrutiny from research based on the scientific method. The scientist-practitioner model, otherwise known as the Boulder model of training, is an example of an approach where the integration of research and practice is sought (Belar, 2000). Unfortunately, psychologists have encountered difficulties in integrating research and practice, despite having such a training model (Soldz & McCullough, 2000). Clinical supervision can play a crucial role in overcoming these difficulties, especially when supervision is taken seriously by both supervisees and supervisors, and conducted in a systematic and empirical manner.

Secondly, the theory and research of clinical supervision complement each other and help to provide the basis for better supervisory practice. Each cannot exist without the presence of the other. Without theory, research can only be isolated findings, slowly forgotten over time. Similarly, without research, theory can only be pure speculation that is detrimental to the field when believed without subjected to empirical test.

Thirdly, supervision practice guided by theory can aid the supervisor to provide supervision in a more organized, consistent and informed manner. The influence can be reciprocal in that ideas can also be gleaned from supervision experience to further develop supervision theories, which in turn develop better research hypotheses.

Finally, the profession of psychology is based on the principle of helping. This means that the welfare of the clients and the supervisees are paramount. Therefore, the practice of supervision has to be guided by ethical ethos. This can only be done if supervisors consult and develop ethical guidelines regarding the best way to conduct their supervisory practice.

## REFERENCES

American Association for Marriage and Family Therapy (1991). *AAMFT code of ethics.* Washington, DC: Author.

American Counselling Association (1995). *Code of ethics and standards of practice.* Alexandria, VA: Author.

American Psychological Association (1995). *Ethical principles of psychologists and code of conduct.* Washington, DC: Author.

Belar, C. D. (2000). Scientist-practitioner not equal science + practice: Boulder is bolder. *American Psychologist, 55*, 249–250.

Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counsellor Education and Supervision, 19*, 60–68.

Bernard, J. M. (1997). The discrimination model. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 310–327). New York: Wiley.

Bernard, J. M., & Goodyear, R. K. (1992). *Fundamentals of clinical supervision* (1st Ed.). Needham Heights, MA: Allyn & Bacon.

Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision* (2nd Ed.). Needham Heights, MA: Allyn & Bacon.

Binder, J. L., & Strupp, H. H. (1997). Supervision of psychodynamic therapies. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 44–62). New York: Wiley.

Borders, L. D., & Leddick, G. R. (1987). *Handbook of counseling supervision.* Alexandria, Virginia: American Association for Counseling and Development.

Bornstein, P. H., & Wollersheim, J. P. (1978). Scientist/practitioner activities among psychologists of behavioral and nonbehavioral orientations. *Professional Psychology, 9*, 659–664.

British Association for Counselling (1996). British Association for Counselling for code of ethics and practice for supervisors of counsellors. Ruby, Warwickshire: Author.

Ellis, M. V. (1991). Research in clinical supervision: Revitalising a scientific agenda. *Counsellor Education and Supervision, 30*, 238–251.

Ellis, M. V., Ladany, N., Krengel, M., and Schult, D. (1996). Clinical supervision research from 1981 to 1993: A methodological critique. *Journal of Counselling Psychology, 43*, 35–50.

Goodyear, R. K., & Nelson, M. L. (1997). The major supervision formats. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 328–346). New York: Wiley.

Hawkins, P., & Shohet, R. (1989). *Supervision in the helping professions.* Milton Keynes, UK: Open University Press.

Holloway, E. L. (1992). Supervision: A way of teaching and learning. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counselling psychology* (2nd Ed., pp.177–214). New York: Wiley.

Holloway, E. L. (1995). *Clinical supervision: A systems approach.* Thousand Oaks, CA: Sage.

Holloway, E. L. (1997). Structures for the analysis and teaching of psychotherapy. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 249–276). New York: Wiley.

Holloway, E. L., & Neufeldt, S. A. (1995). Supervision: Its contributions to treatment efficacy. *Journal of Consulting and Clinical Psychology, 11*, 73–77.

Jacobs, D., David, P., & Meyer, D. J. (1995). *The supervisory encounter: A guide for teachers of psychodynamic psychotherapy and psychoanalysis.* New York: Yale University.

Labon, D., Morgan, A. H., Sants, J., & Tucker, N. (1973). A fieldwork programme for trainee educational psychologists. *Bulletin of the British Psychological Society, 26*, 31–35.

Liddle, H. A., Becker, D., & Diamond, G. M. (1997). In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 400–418). New York: Wiley.

Liese, B. S., & Beck, J. S. (1997). Cognitive Therapy Supervision. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 114–133). New York: Wiley.

Lim, K. M. (May 2000). Singapore Psychological Society membership profile. *Singapore Psychological Society Newsletter*, p. 4.

Linehan, M. M., & McGhee, D. E. (1994). A cognitive-behavioural model of supervision with individual and group components. In S. E. Greben & R. Ruskin (Eds.), *Clinical perspective on psychotherapy supervision* (pp. 165–188). Washington, DC: American Psychiatric Press.

Littrell, J. M., Lee-Borden, N., & Lorenz, J. A. (1979). A developmental framework for counselling supervision. *Counsellor Education and Supervision, 19*, 119–136.

Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *Counselling Psychologist, 10*, 3–42.

Neufeldt, S. A. (1999). Supervision strategy for the first practicum. Alexandria, Va.: American Counselling Association.

Parry, A., & Doan, R. E. (1994). *Story re-visions: Narrative therapy in the postmodern world.* New York: Guilford.

Patterson, C. H. (1997). Client-centered supervision. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 134–146). New York: Wiley.

Peterson, J. V., & Nisenholz, B. (1999). *Orientation to counselling* (4th Ed.). Needham Heights, MA: Allyn & Bacon.

Ringness, T. A. (1976). Careers in educational psychology: V. The educational psychologist as a school psychologist. *Educational Psychologist, 12*, 89–90.

Ronnestad, M. H., & Skovholt, T. M. (1998). Supervision of beginning and advanced graduate students of counselling and psychotherapy. *Journal of Counselling and Development, 71*, 396–405.

Scott, K. J., Ingram, K. M., Vitanza, S. A., & Smith, N. G. (2000). Training in supervision: A survey of current practices. *The Counseling Psychologist*, 28, 403–422.

Sharon, D. (1986). The ABCX model: Implications for supervision. *Clinical Supervisor*, 6, 237–248.

Singapore Association for Counselling (1999). *Code of ethics*. Singapore: Author.

Singapore Psychological Society (1997/98a). *Guidelines for supervision*. Singapore: Author.

Singapore Psychological Society (1997/98b). *Guidelines on professional standards*. Singapore: Author.

Singapore Psychological Society (1999). *Code of ethics and practice for supervisors*. Singapore: Author. Retrieved April 19, 2000 from the World Wide Web: *http://www.angelfire.com/sc2/sps/super.html*

Singapore Psychological Society (2000a). *Statements on qualifications in psychology*. Singapore: Author. Retrieved April 19, 2000 from the World Wide Web: http://www.angelfire.com/sc2/sps/professional.html

Singapore Psychological Society (2000b). *Code of professional ethics*. Singapore: Author. Retrieved April 19, 2000 from the World Wide Web: http://www.angelfire.com/sc2/sps/ethics.html

Skovholt, T. M., & Ronnestad, M. H. (1992). *The evolving professional self: Stages and themes in therapist and counsellor development*. Chichester, England: Wiley.

Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counsellors and therapists*. San Francisco, California: Jossey-Bass.

Soldz, S., & McCullough, L. (2000). Introduction. In S. Soldz & L. McCullough (Eds.) *Reconciling empirical knowledge and clinical experience* (pp. 3–13). Washington, DC: American Psychological Association.

Supervision Interest Network, Association for Counselor Education and Supervision (1990). Standards for counselling supervisors. *Journal of Counselling and Development, 69*, 30–32.

Supervision Interest Network, Association for Counselor Education and Supervision (1993). ACES ethical guidelines for counselling supervisors. *ACES Spectrum, 53, 4*, 5–8.

Vasquez, M., J., & McKinley, D. L. (1982). Supervision: A conceptual model: Reactions and an extension. *Counseling Psychologist, 10*, 59–63.

Watkins, C. E., Jr. (Ed.) (1997). *Handbook of psychotherapy supervision.* New York: Wiley.

Webb, N. B. (1983). Developing competent clinical practitioners: A model with guidelines for supervisors. *Clinical Supervisor, 1*, 41–51.

Wiley, M. O., & Ray, P. B. (1986). Counselling supervision by developmental level. *Journal of Counselling Psychology, 33*, 439-445.

*Webster's New World Dictionary of the American Language* (1988). New York: Simon & Schuster, Inc.

Woods, P. J., & Ellis, A. (1997). Supervision in rational emotive behaviour therapy. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 101–113). New York: Wiley.

Yontef, G. (1997). Supervision from a gestalt therapy perspective. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 147–163). New York: Wiley.