Defining Competencies in Psychology Supervision: A Consensus Statement

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Supervision is a domain of professional practice conducted by many psychologists but for which formal training and standards have been largely neglected. In this article, supervision is proposed as a core competency area in psychology for which a number of elements reflecting specific knowledge, skills, and values must be addressed to ensure adequate training and professional development of the trainee. Supra-ordinate factors of supervision viewed as permeating all aspects of professional development are proposed. These include the perspective that professional development is a lifelong, cumulative process requiring attention to diversity in all its forms, as well as legal and ethical issues, personal and professional factors, and self- and peer-assessment. A competencies framework is presented with particular elements representing knowledge (e.g., about psychotherapy, research, etc.), skills (including supervising modalities, relationship skills, etc.), values (e.g., responsibility for the clients and supervisee rests with supervisor, etc.), and meta-knowledge. Social contextual factors and issues of education and training, assessment, and future directions also are addressed, with specific elements listed. Suggestions for future work in this area are addressed, including the need to refine further and operationalize competences, develop clear expectations for accreditation and licensure regarding supervision competencies, and expand the description of developmental levels of supervisors from minimal to optimal competence. This is one of a series of articles published together in this issue of the *Journal of Clinical Psychology*. Several other articles that resulted from the *Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology* will appear in *Professional Psychology: Research and Practice* and *The Counseling Psychologist*. © 2004 Wiley Periodicals, Inc. J Clin Psychol 60: 771-785, 2004.

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The emphasis on “competence,” a conceptualization more dominant in business, education, dentistry, medicine, and nursing, only recently has been placed at the forefront of psychology training, pedagogy, and assessment (Dienst & Armstrong, 1998; Sumerall, Lopez, & Oehlert, 2000). Using competence as a standard serves to move psychology from normative to criterion-based conceptualization and assessment. In other words, trainees are prepared and evaluated against a common standard rather than merely ranked in comparison to one another. This conceptual shift has been emerging since the Boulder,
Greyston, and Vail Conferences and is reflected in the American Psychological Association (APA) Committee on Accreditation’s standard that programs specify “the education and training objectives in terms of the competencies expected of its graduates” (American Psychological Association, 2002a). This shift in training focus is reflected further in APA Ethical Principles that allow psychologists to practice only within “the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience” (American Psychological Association, 2002c). A task for the profession is to begin to articulate parameters of competence that define knowledge, skills, and values through the psychologist’s professional development. This spans beginning psychology doctoral training through becoming a senior psychologist, having consolidated and refined knowledge, skills, and values.

Education and clinical training both have as their primary objective the development of professional competence, which involves “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community served” (Epstein & Hundert, 2002). Competency—more broadly defined as knowledge, skills, and values—requires the attainment of knowledge as the first step, with attention to performance and outcomes as subsequent steps (Sumerall et al., 2000).

Formal graduate education is suited uniquely for the transmission and acquisition of knowledge. One of its important components is professional training, which is the primary vehicle by which trainees develop applied competencies. Training permits the integration of knowledge (from theory and empirical research) with technical skills and professional values. Applied education involves a unique praxis and emphasizes the practice of clinical skills under supervision. In addition to skills development, such training encourages the socialization of professional values through exposure to standards of practice and through modeling, supervised practice, and feedback. Furthermore, meta-knowledge or “the knowledge of what one knows” is a significant component of the self-assessment process that spans professional development from entry level through seasoned professional. This competency involves the ability to assess accurately the availability and use of applied knowledge, as well as the ability to learn and develop additional personal competencies (cf. Kaslow, 2002).

Against this backdrop, in November 2002, the Association of Psychology Postdoctoral and Internship Centers (APPIC) co-sponsored Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology in Scottsdale, Arizona, and convened representatives from diverse education, training, practice, public-interest, research, credentialing, and regulatory constituency groups to promote dialogue, and possibly some consensus on areas of competency. The tasks included:

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1The conference was co-sponsored by 34 associations (including primary sponsor Association of Psychology Postdoctoral and Internship Centers—APPIC), and 127 mostly psychologist delegates were chosen to represent diversity in perspectives from the United States, Canada, and Mexico, based upon their expertise in education, training, and credentials. This was a working conference dedicated to identifying areas of consensus and difference related to the following competency domains: (1) scientific foundations of psychology and research; (2) ethical, legal, public policy/advocacy, and professional issues; (3) supervision; (4) psychological assessment; (5) individual and cultural diversity; (6) intervention; (7) consultation and interdisciplinary relationships; and (8) professional development competencies. Two additional work groups considered the issues of (a) specialties and proficiencies and (b) assessment of competence.

2The 14 members of the work group were academicians, practitioners, and a postdoctoral fellow and represented diversity in terms of age, gender, ethnicity/race, theoretical orientation, and geography (including Canada and many parts of the United States). Psychologists engaged in the administration, teaching, training, and provision of supervision. Members were Amy Bjorkman, Jennifer A.E. Cornish, Carol Falender, Rodney Goodyear, Catherine Grus, Robert Hatcher, Nadine Kaslow, Gerald Leventhal, Lisa Porche-Burke, David Ramirez, Edward Shafranske, Sandra Sigmon, Cal Stoltenberg (group leader), and Richard Steffy.
Clinical supervision is one of the professional activities often performed by psychologists. Yet, the majority of clinicians have not received formal training and supervision in this area of competence (Scott, Ingram, Vitanza, & Smith, 2000), most likely because their trainers did not view supervision as a core competence on a par with other core competencies such as assessment and intervention. The Task Force on Supervision Guidelines charged by the Association of State and Provincial Psychology Boards (Association of State and Provincial Psychology Boards, 1998) expressed surprise that, given the critical role supervision plays in the training of psychologists, no standards for training in supervision had been established. The National Conference on Scientist-Practitioner Education and Training (Belar & Perry, 1992) and the National Council of Schools and Programs in Professional Psychology (Peterson, Peterson, Abrams, & Stricker, 1997) listed formal knowledge of supervision among the minimum components of professional-practice education and the American Psychological Association’s Committee on Accreditation (American Psychological Association, 2002a) included supervision as one of the central domains of training. Supervision also was identified as a significant competency in the Association of Psychology Postdoctoral and Internship Centers (APPIC) pre-conference survey (Kaslow, personal communication). However, full implementation of this standard and recommended training guidelines have not been achieved. Different areas of applied-psychology practice appear to differ in the extent to which supervision is viewed as a core competence. For example, the bulk of theory, investigation, and training on supervision has been conducted by counseling psychologists and their students rather than by clinical psychologists and their students (Goodyear & Guzzardo, 2000; Scott et al., 2000).

Despite the historical reality of gaps in training, we agree with others (e.g., Belar & Perry, 1992; Peterson et al., 1997) that there is a compelling rationale for recognizing supervision as one of psychology’s core competencies. Moreover, the ethical principles of psychologists (American Psychological Association, 2002c) require that psychologists who serve as supervisors have an ethical responsibility to acquire competence in supervision (e.g. Harrar, VandeCreek, & Knapp, 1990; Sherry, 1991; Vasquez, 1992). Although competence as a psychologist is a complex construct, knowledge of supervision and the many aspects of supervision represent another key aspect of such competence.

This article, written by the members of the Conference’s supervision workgroup, provides a report of the outcomes of three days of discussion and consensus building regarding supervision competencies, their training, and their assessment. This article is a record of our work, which was grounded in the extant literature. We hope it will be the basis for continuing discussion about the nature, acquisition, and assessment of supervision competencies.
An Overview of Supervision Competencies

Among the many definitions of supervision (Bernard & Goodyear; 2004; Falender & Shafranske, 2004; Holloway, 1995; Watkins, 1997), Bernard and Goodyear’s (2004) statement was found to contain all the key pertinent elements. Supervision is defined as:

An intervention provided by a more senior member of a profession to 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, she, he or they see, and serving as a gatekeeper of those who are to enter the particular profession. (p. 8)

It was the consensus of the supervision workgroup that supervision is a distinctive professional competency and as such should be developed through systematic graduate education and clinical training. Models of formative and continuing education, supervision, and evaluation should be developed further and implemented to ensure competence throughout the career of the supervisor. Approaches and procedures should be established on the basis of sound theory and empirical investigation. Future demonstration of effectiveness should take into consideration the impact, both immediate and long term, on the supervisee, clients (e.g., individual, family, group, system), the therapeutic and supervisory relationships and processes, and the outcomes, as well as on the reciprocal systems of education, training, and health-care provision. A range of research procedures should be employed, including, for example, self-report, experimental, single-subject repeated measures, qualitative, etc., to assess the multiple dimensions of the supervision process. Furthermore, such research should be conducted both within university and clinical-training settings so that the focus is on supervision as it occurs in everyday, real-world settings, and so keeps in mind the practical contingencies involved in the actual practice of supervision.

The group identified five supra-ordinate factors that are not only essential, but permeate all aspects of professional development, beginning with the education and training students receive. Each contributes a key component to the practice of supervision and requires consideration within education and training and as a subject for systematic empirical investigation. Each also requires specific knowledge, skills, and values. These five factors were:

1. Recognition that acquiring supervision competencies is a life-long, cumulative, developmental process with levels of proficiency beyond competence (see for example, Fraser & Greenhalgh, 2001);

2. Recognition that attention to diversity in all of its forms (e.g., age, disability, ethnicity, gender, gender identity, race, religion, sexual orientation, religion, socio-economic status, etc.) relates to every aspect of the supervision process and requires specific competence (American Psychological Association, Presidential Task Force on the Assessment of Age-Consistent Memory Decline and Dementia, 1998; Arredondo & Arciniega, 2001; Bruss, Brack, Brack, Glickauf-Hughes, & O’Leary, 1997; Fouad & Brown, 2000; Hansen, Pepitone-Arreola-Rockwell, & Greene, 2000; Olkin, 2002; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998; Sue, 2001; Vasquez, 1992);

3. Recognition that attention to legal and ethical issues is essential (Bernard & Goodyear, 2004; Bradley, Kottler, & Lehrman-Waterman, 2001; Falender &
4. Recognition that training is influenced by both professional and personal factors; these include values, beliefs, interpersonal biases, and conflicts that are considered to be sources of countertransference (cf. Falender & Shafranske, 2004).

5. Recognition of the necessity that both self- and peer assessment occur regularly across all levels of supervisory development.

The workgroup’s orienting assumption was that supervision processes are guided by developmental considerations. Both the supervisor and supervisee can be understood each to be functioning at their respective levels of professional development, which in turn affects their expectations, learning, and behaviors. This assumption is consistent with considerable work that has been done in theoretical and empirical domains of clinical supervision. Early conceptualizations of supervision and trainee growth as a developmental process can be traced to Fleming (1953) and Hogan (1964). Worthington (1987) and Stoltenberg and Delworth (1987) identified a number of emerging models of supervision that relied, to varying degrees, on a developmental framework for explaining growth in trainees and guidelines for the supervision process. Holloway (1987) referred to this framework as the “zeitgeist” of supervision models, although she (Holloway, 1987) and Ellis and Ladany (1997) have criticized the most-often-used developmental frameworks on conceptual grounds.

Most developmental models of supervision use development as a metaphor for the process of supervisee growth. Within this framework, change is viewed as a rather continuous growth process within stages (an orderly quantitative accumulation of knowledge and skills) with qualitative differences in the level of complexity in knowledge and skill utilization between stages (Stoltenberg, McNeill, & Delworth, 1998). The supervision process is assumed to affect supervisee growth consistent with Lerner’s developmental–contextual perspective (1986). In other words, the learning environment provided, in large part, by the supervisor, the training setting, and therapy interacts with the level of therapist development in facilitating change (Stoltenberg et al., 1998). Therapists develop within and across specific domains of professional practice at different rates (i.e., proficiency at individual cognitive–behavioral therapy may be much more sophisticated than psychological assessment). Supervisors must be cognizant of this and adjust supervision according to the domain addressed within a given supervision session (Stoltenberg et al., 1998).

Diversity, the broader view of cultural competence, is the other lens through which supervision is framed. Increasingly articulated guidelines are being proposed for practice of psychology that may be extrapolated to supervision informed by diversity competence. The American Psychological Association (2002b) and Arredondo et al. (1996) have proposed guidelines and operationalized cultural competencies. Much of the research and writing in this area has been specific to cultural competence, and only recently has attention been directed to the expanded diversity competency that includes age, culture, ethnicity, gender, gender identity, handicapping conditions or ableness, language, national origin, race, religion, sexual orientation, and socioeconomic status (American Psychological Association, 2002c). Supervisors also have been limited by unitary group conceptualization (“African American,” “White”) rather than multiple diversity variables relevant in describing an individual, reflecting “collective identities” (Fukuyama & Ferguson, 2000). Supervisors need to turn to these expanded conceptions of diversity to insure competency. Supervisor consideration of other factors, including worldview congruence or lack of such for client, therapist/supervisee, and supervisor, including such
dimensions as concepts of time, and beliefs such as independence versus interdependence, are also critical components of the supervisory process (Brown & Landrum-Brown, 1995).

Supervision Competencies

To this point, supervision competence has been discussed as if it were a unitary concept, but it is not. Overall competence in supervision is the product of many component competencies that together and in combination determine a psychologist’s competence as a supervisor. Just as global competence in assessment or intervention reflect the operation of myriad specific, more narrowly defined assessment and intervention capabilities, so it is with supervision. Table 1 summarizes the framework our workgroup developed, including the component competencies for each of its categories. In the sections that follow, we will discuss each aspect of that framework in greater detail. It is important to note that the group’s assumption was that minimal competence to supervise independently is defined by licensure for professional practice. Some basic supervision competencies are, and perhaps should be, attained by the end of graduate training. Nevertheless, the independent practice of supervision requires licensure, although requirements vary markedly across jurisdictions (Association of State and Provincial Psychology Boards, 2002): whether intern supervision can begin at time of licensure, after several years of post-licensure experience, or after requisite supervision training or coursework.

Although presented as distinct, all elements of the competencies framework we present in Table 1 influence and interact with the other elements. Skills require knowledge, which always includes a values perspective, and so on. This delineation represents a preliminary effort to define supervision competencies for the entry-level psychologist.

Knowledge

The group delineated six types of knowledge necessary to enable a psychologist to achieve minimal levels of supervisory competence, and a seventh on which consensus was not reached. Knowledge is the base upon which competency is built (Sumerall et al., 2000). This included areas that were being supervised and supervision models, theories, modalities, and research (process and outcome) including developmental models of supervision (Stoltenberg et al., 1998). A working knowledge of ethics and legal issues specific to supervision would include dimensions of informed consent and multiple relationships, among others. The supervisor should know evaluation procedures and outcome measurement. Awareness and knowledge of diversity within supervision–supervisee pairings and with clients was viewed as essential. There was discussion regarding how science-informed practice, as well as ethics of the profession, require professional practices to be based on science-derived knowledge; hence, knowledge of current research would be required.

Skills

The discussion around skills necessary for a minimally competent supervisor generated a list of skills that reflected the range of abilities considered necessary. Supervisory skills are multifaceted and subsume a range of functions. Skills are necessary in various supervision modalities (e.g., individual vs. group supervision) and to have requisite relationship skills to build and sustain a strong supervisory relationship/alliance. The supervisor
Table 1

 Supervision Competencies Framework

Knowledge
1. Knowledge of area being supervised (psychotherapy, research, assessment, etc.)
2. Knowledge of models, theories, modalities, and research on supervision
3. Knowledge of professional/supervisee development (how therapists develop, etc.)
4. Knowledge of ethics and legal issues specific to supervision
5. Knowledge of evaluation, process outcome
6. Awareness and knowledge of diversity in all of its forms

Skills
1. Supervision modalities
2. Relationship skills—ability to build supervisory relationship/alliance
3. Sensitivity to multiple roles with supervisee and ability to perform and balance multiple roles
4. Ability to provide effective formative and summative feedback
5. Ability to promote growth and self-assessment in the trainee
6. Ability to conduct own self-assessment process
7. Ability to assess the learning needs and developmental level of the supervisee
8. Ability to encourage and use evaluative feedback from the trainee
9. Teaching and didactic skills
10. Ability to set appropriate boundaries and seek consultation when supervisory issues are outside domain of supervisory competence
11. Flexibility
12. Scientific thinking and the translation of scientific findings to practice throughout professional development

Values
1. Responsibility for client and supervisee rests with the supervisor
2. Respectful
3. Responsible for sensitivity to diversity in all its forms
4. Balance between support and challenging
5. Empowering
6. Commitment to lifelong learning and professional growth
7. Balance between clinical and training needs
8. Value ethical principles
9. Commitment to knowing and utilizing available psychological science related to supervision
10. Commitment to knowing one’s own limitations

Social Context
Overarching issues:
1. Diversity
2. Ethical and legal issues
3. Developmental process
4. Knowledge of the immediate system and expectations within which the supervision is conducted
5. Awareness of the sociopolitical context within which the supervision is conducted
6. Creation of climate in which honest feedback is the norm (both supportive and challenging)

Training of Supervision Competencies
1. Coursework in supervision including knowledge and skill areas listed
2. Has received supervision of supervision including some form of observation (videotape or audiotape) with critical feedback

Assessment of Supervision Competencies
1. Successful completion of course on supervision
2. Verification of previous supervision of supervision documenting readiness to supervise independently
3. Evidence of direct observation (e.g., audiotape or videotape)
4. Documentation of supervisory experience reflecting diversity
5. Documented supervisee feedback
6. Self-assessment and awareness of need for consultation when necessary
7. Assessment of supervision outcomes—both individual and group
should be able to perform and balance multiple roles within the context of supervision, including, for example, teaching and supporting while also providing an evaluative function. Evaluation and assessment, including self-assessment, were viewed as skills intrinsic to supervision. Through summative and formative evaluation feedback, formats often neglected in supervision (Scott et al., 1998), the supervisor must have skills to provide a framework fostering the supervisee’s growth and development and beginning the formation of a framework for lifelong self-assessment. Self-assessment should be modeled actively by the supervisor as well. The supervisor should possess the skills of implementing the developmental model, assessing learning needs and the developmental level of the supervisee as guiding factors in the process, and calibrating supervision process and interventions to correspond. Supervision is construed as a two-way evaluative process, with each party providing feedback to the other. Observing boundaries of competence and seeking consultation when supervisory issues move outside the domain of competence is an essential skill. The supervisor should have teaching and didactic skills and be able to demonstrate flexibility in the supervisory process and in service provision to clients. The ability to use scientific thinking and to translate scientific findings to practice is another valued skill.

Values

The work group established core values necessary for supervisors to be considered minimally competent. The assumption is that the responsibility for the client, as well as for the supervisee, should rest with the supervisor. The supervisor must be respectful of the supervisee and all aspects of development and sensitive to diversity in all its forms. Valuing achievement of a balance between support and challenge in supervision is significant, as is valuing the empowerment of the supervisee. There is the assumption of a commitment to life-long learning and professional growth, not only for the trainee(s), but also for the supervisor. The supervisor also has a commitment to striking an appropriate balance between clinical and training needs, valuing client and supervisee, but recognizing the precedence that the client’s well being takes over supervisee wishes should a discrepancy between these arise. Valuing ethical principles and the commitment to seeking out and using available psychological science as it informs supervision are critical. The supervisor must be committed to knowing his/her own limitations.

Social Context

In addition, social context and the developmental perspective should be considered in the conduct of supervision and in its evaluation. Supervision dyads do not exist in isolation. They are embedded in complex social networks that constitute an array of proximal contexts (e.g., local to the host training setting), distal contexts (e.g., accrediting agencies, health industry, government policies), and contextual factors that affect supervision. A systemic perspective highlights the multitude of forces (e.g., legal, sociopolitical, professional guild, economic, etc.) that shape the supervisory process. This influence of context particularly is relevant in multidisciplinary settings in which psychologists’ professional allegiance may be confronted with cross-discipline differences in status and authority, and by models of training that differ from those prevalent in psychology. The presence of a host organization that values training and supervision through provision of adequate resources (Bernard & Goodyear, 2004), value placed on the accreditation process and all of its component parts, compliance with legal and ethical requirements at all
levels, and sound business and management practices are all necessary for the successful supervision setting. Contextual parameters include: 1) diversity; 2) ethical and legal issues; 3) developmental process; 4) knowledge of the immediate system and expectations within which the supervision is conducted; 5) awareness of the sociopolitical context within which the supervision is conducted; and 6) creation of a climate in which honest (supportive and challenging) feedback is the norm.

**Education and Training in Supervision**

How and when to train for supervision competence generated some discussion among the work group’s members. Whether supervision training should begin during graduate training, internship, or at the postdoctoral level was an issue. Experiential models were viewed as powerful in propagating supervision skills from generation to generation, but generally a curricular approach to supervision training was advocated. Coursework in supervision (including the knowledge and skill areas listed above) was viewed as essential, as was “supervision of supervision” including some form of observation (e.g., videotape, audiotape, two-way mirror), with critical feedback. Other didactic suggestions included infusing supervision training across the graduate curriculum, a developmental sequence of training with a survey course followed by in-depth study during internship and postdoctoral training, introduction to supervision research and theoretical literature, supervision groups on supervision beginning at the postdoctoral level with peer groups, training in group supervision models, observation of senior supervisors providing supervision, and substantial monitoring and feedback loops on the supervisory process throughout graduate training. Especially in light of the complexity of variables in supervision (developmental level of the trainee, cultural competence of supervisee and supervisor, learning styles), the importance of didactic models for supervisors to enhance skills and performance was suggested. Instilling the concept of accountability in supervision was discussed. A climate of openness with a balance of support and challenge was suggested. Learning contracts were viewed as a significant tool in the supervisory process.

**Assessment**

Work group members agreed that the successful completion of a course on supervision would be one way to begin to assess whether or not an individual was competent to provide supervision. Verification of previous “supervision of supervision” documenting readiness to supervise independently was another way to assure minimal competence in supervision. Evidence of direct observation of supervision (e.g., videotape, audiotape, etc.) was deemed another excellent way to assess supervision competence. Documentation of supervisory experience reflecting diversity was considered important, as was documentation of supervisee feedback. The group discussed the importance of a supervisor conducting self-assessments, leading to requesting consultation when necessary. Self-assessment was viewed as integral to consideration of competency and an area in which further definition is needed. A model proposed by Belar et al. (2001) might serve as a template for further development in this area. They described a prototype of assessment of self-awareness of readiness for delivery of services to patients with medical–surgical problems. This would assist practitioners in defining dimensions of practice competency beyond entry level. The sample questions developed give a perspective on the depth of knowledge, skills, and awareness necessary to approach continued professional development in an ethical and responsible manner. Finally, assessment of supervision
outcomes (both individual and group) was described as vital. This would include more reliable and validated measures of supervisee and client outcome to be used across training and clinical settings. Lambert and Hawkins (2001) and Clement (1999) have suggested possible models for outcome assessment of client progress. Lambert and Hawkins suggested the Outcome Questionnaire (OQ) as a feedback tool from client to therapist/supervisee via the supervisor. Clement advocated development of scales reflective of the diagnosis and symptoms of the client that also have applications for feedback to the supervisee.

The task that lies ahead includes the integration of the supervision competency considerations into graduate and post-graduate curricula. Because there has been only minimal effort devoted to assessment of outcomes or of supervision process or results, the task is monumental to translate competencies into measurable criteria. Included within such a task would be additional identification and clarification of the constructs comprising supervision competencies. Furthermore, clinical training should include opportunities to conduct supervision under supervision in order to enhance the integration of knowledge, skills, and values into a meaningful praxis leading to the development of a threshold of competence in supervision at the point of formal entry into the profession at licensure.

Validity of Our Approach

We believe this work has external validation as it corresponds with that of others who have tackled the material independently. For example, Russell and Petrie (1994) suggested that the three primary areas in which supervisors should be trained are (a) theoretical models of supervision; (b) the empirical literature on supervision processes and outcomes; and (c) ethical and legal issues. Borders and colleagues (1991) suggested a more extensive and detailed model with seven core areas of supervision training (models of supervision; counselor development; supervisory relationship; supervision methods and techniques; evaluation; executive skills; and ethical, legal, and professional regulatory issues). They suggested that each of these seven areas include three important elements: self-awareness, theoretical and conceptual knowledge, and skills and techniques.

Future Directions

This article summarizes the result of one group’s consensus regarding supervision competency. Strengths of this contribution are that the workgroup members represented a range of types and levels of expertise in supervision and were the first group to define specifically competencies in psychology supervision.

Nevertheless, we recognize that our work was but a first step in what we hope will be a continuing effort to address supervision competencies. Accordingly, the work group outlined several future directions in the area of supervision competency.

First, the group members agreed that supervision should be considered a core competence in the practice of psychology. No one group can declare this to be so. However, possible next steps might include getting both American Psychological Association’s Committee on Accreditation and state psychology boards to develop clearer expectations about supervision competencies, with specific attention to criteria for such competencies. We also recommend collaborative sponsorship by clinical, counseling, school, and other constituent groups in professional psychology to organize theory building and training conferences, as well as the development of multisite research programs.
Future work will be needed in articulating the developmental levels of supervision competence, both leading up to and subsequent to the level of minimal competence within a framework of lifelong learning. Such work should be structured and informed by consideration for issues of diversity in all its forms. Integration of supervision issues should be considered across psychology graduate and postgraduate education and training. Finally, the continued development, refinement, and use of evidence-supported mechanisms to assess competence in supervision were recommended.

Although minimal attention has been devoted to the contextual factors of supervision (Ladany & Muse-Burke, 2001; Wampold & Holloway, 1997), awareness and knowledge of the social context of supervision seems pivotal and is another area needing extensive attention. Consideration of both proximal contexts (training program or clinical service unit in which the supervision dyad or unit it embedded) and distal contexts (accreditation bodies, social milieu, socioeconomic diversity, and professional factors) represents a fertile area for future consideration.

Substantial controversy exists over the concept of core competencies, with supporters highlighting the better definition of performance criteria required (Sumerall et al., 2000), greater articulation between instruction, goals, and assessment, ensuring breadth of training in an era of specialization, and provision of a core identity for psychologists (Benjamin, 2001; Kaslow, 2002). Opponents argue core competencies will place constraints on training, increasing narrowness of focus, prohibiting diversity, and reducing the profession to a collection of specific skills (Benjamin, 2001; Kaslow, 2002). What lies ahead is a process of further refining and operationalizing competencies so they can be transported easily to graduate and post-graduate training venues.

References


