Cognitive Behavioral Clinical Supervision

Stephanie McGuire Wise, MA, PCCS
The University of Toledo
Introduction to CBT Supervision
Learning Model of CBT Supervision
Methods of Conducting CBT Supervision
Important Components of CBT Supervision
Supervisory Relationship in CBT Supervision
Critique of CBT Supervision
Objectives

- Participants will learn the background and development of CBT Supervision.
- Participants will learn how to integrate CBT components into clinical supervision.
- Participants will learn how to incorporate the supervisory relationship into CBT supervision.
What is CBT Supervision?

One of the psychotherapy models of supervision
Very similar to cognitive-behavioral therapy
Using thoughts, feelings, and behaviors of the trainees to forward their progress
Action-oriented
Collaborative
Goals of CBT Supervision

#1: Help the trainee adopt CBT as the main approach for changing clients’ thoughts, feelings, and behaviors to facilitate improvement or recovery.

#2: Teach the trainee specific CBT skills and interventions.
Both supervision and counseling are...
- Systematic
- Goal-directed
- Structured
- Time-limited
- Collaborative
- Person-focused
- Active
- Power balanced
Both place emphasis on...

- Mutual trust
- Openness
- Practice
- Experience
- Facilitation of change
- Building on existing strengths
- Building conceptualization skills
- Application of new skills
- Empowering
- Actively eliciting and responding to feedback
Facilitate the trainee’s ability to…
- Recall experiences from counseling
- Reflect on a personal level to help deepen understanding
- Re-conceptualize the experience
- Plan actions to test out the new knowledge
Kolb’s Experiential Learning Process

- The process whereby knowledge is created through the transformation of experience.
- **Experiencing**: Thoughts and feelings at the current moment
- **Reflecting**: Look at the problem from different angles
- **Conceptualizing**: Metacognitive understanding
- **Experimenting**: Developing interventions
4 CBT Guidelines

- Milne and Dunkerley, 2010
- Evidence-based
- Developed to address the supervision cycle:

- Feedback
- Collaborative goal setting
- Evaluation
- Methods of facilitating learning
4 CBT Guidelines, cont.

1. Developing the Supervision Contract
2. Methods of Facilitating Learning
3. Evaluation in Supervision
4. Supervisory Alliance
Tandem Model

- Needs assessment
- Learning objectives
- Methods to facilitate learning
- Evaluation

- Experience
- Reflection
- Conceptualization
- Planning

Supervisor

Trainee
The Ten Steps

- Gordon, 2012
- Focus on process
- All steps involve feedback
- All steps are driven by the agenda
- Focuses on major areas of supervision:
  - Relationship
  - Contracting
  - Learning methods
  - Evaluation
1. Clarify the Supervision Question

- Question rather than a statement
- Clarifies the goal of the discussion
- Allows the session to stay on track
- Promotes an active stance
- Strengthens the working alliance, i.e., collaborative
- Centered around learning goals
3 CATEGORIES OF QUESTIONS

1. **Information**: Who, what, why, when, which. The supervisor can choose to answer, assign homework, or turn it into question #2.

2. **Request for feedback**: The supervisor can choose to give direct feedback to recognize and reinforce, or to consider whether the question was asked due to lack of self-confidence.

2. Elicit Relevant Background Information

- Succinct
- Used to prepare for discussion
- Case presentation (not conceptualization)
3. Request an Example of the Problem

- Live observation
- Joint session
- Audio / Video recordings (approx. 5 min.)
- Review notes
- Goal is to get a good understanding of the problem
4. Check the Supervisee’s Current Understanding

- Assess how the trainee conceptualizes the problem or difficulty in the context of what they know about the client.
- Vygotsky’s Zone of Proximal Development: Lower limit is trainee’s current skill level; upper limit is the skills they may attain provided they have support to achieve them.
5. Decide the Level or Focus of the Supervision

- How to use supervision time most effectively
- Most relevant to the current problem
- Collaborative decision, keeping in mind the trainee’s focus and supervisor’s assessment of trainee’s needs

Potential options include:
- The client’s problems
- Effect of the client’s problems on the trainee
- Case conceptualization and clinical techniques
- Professional role and context
- Trainee’s wellbeing
- Self-evaluation and reflection
- Context of therapeutic activity
- Ethical issues
6. Use of Active Supervision Methods

- Select those that parallel the active, problem-solving therapy stance
- Aim is use active methods and fine tune them to help answer the question
- Methods mimic CBT therapy
- Examples include:
  - Live and recorded observations
  - Role-play and demonstrations
  - Co-therapy
  - Case discussion
  - Socratic dialogue
7. Check if the Supervision Question Has Been Answered

- Summarize and reflect
- “Have you gained any new ideas?”
- “How do you see the problem now?”
- “What can you learn from this to help with future clients?”
8. Form a Client-Related Action Plan

- Translate new insights into new behaviors
- “How do you think that you can put these ideas into practice with your client?”
- The result should be a specific action plan
9. Homework Setting

- Extends learning beyond session
- Aim is to fill gaps that have been discovered in trainee’s knowledge or skill
- Be sure to follow up at the next session
10. Elicit Feedback on the Supervision Process

- What has been helpful? What needs changed?
- Clarification
- Good modeling for CBT therapy
- Demonstrate that feedback is incorporated
- End on a positive note
Methods of Learning

- Direct observation
- Video/Audio recordings
- Reading
- Reflection-in-action
- Scaffolding

- Role plays
- Co-therapy
- Guided discovery
- Socratic questioning
Methods, cont.

- Mental practice: Imagery and rehearsal to respond to a specific situation
  - Forms basis for role plays
  - Focus on basic counseling skills
  - Self-apply and self-critique
- Covert modeling: Supervisor provides more specific instructions during the imagery
- Cognitive modeling: Supervisor demonstrates effective counseling session. It is recorded and reviewed during supervision.
Cognitive restructuring: Reframing thoughts to elicit more adaptive behaviors and lessen anxiety.

Cognitive self-instruction: Identify, analyze, and alter unproductive self-statements during the counseling session. Leads to better attending of communication and improved listening skills.

Cognitive self-management: Similar to CSI with behavior modification.
## Supervision Options Grid

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Pretorius, 2006
Case Conceptualization

- Broader than a case presentation, includes goals and progress
- Aim is to go from conceptual, or theoretical knowledge, to procedural knowledge
- Core competency and foundation of CBT
- Collaborative effort between the client and therapist, and also with supervisor
10 Functions of Case Conceptualization

1. Synthesizes client experience, CBT theory, and research
2. Normalizes presenting issues and is validating
3. Promotes client engagement
4. Makes numerous, complex problems more manageable
5. Guides the selection, focus, and sequence of interventions
6. Identifies client strengths and suggests ways to build client resilience
7. Suggests the simplest and most cost-efficient interventions
8. Anticipates and addresses problems in therapy
9. Helps understand non-response in therapy and suggests alternative routes for change
10. Enables high quality supervision
3 Guiding Principles of Case Conceptualization

1. Levels of Conceptualization
   - Paring down large amounts of information
   - Trying to find what is pertinent, urgent, priorities
   - Biopsychosocial model of assessment
   - Triggers, predisposing factors, history of trauma
   - Cycles, beliefs, assumptions, previous methods of coping
   - Identifying information that meets with clients goals
   - Longitudinal, situational, cross-sectional
3 Guiding Principles, cont.

2. Collaborative Empiricism
   - Using both supervisor and trainee expertise to describe, explain, and resolve the client’s issues.
   - Supervisor knowledge of counseling + trainee knowledge of the client
   - Using empirical knowledge and approaching problem solving through hypotheses and experimentation
3. Incorporate Client Strengths and Resilience
   ✈ Achieves the goals of alleviating client stress and building resilience
   ✈ Strengths based, recovery model
   ✈ Begins at assessment
Addressing Cognitions and Emotions

“I must show the supervisor how perfect I am at therapy.”
“I must always love doing therapy to be a good therapist.”

Use the same techniques as in CBT, but leave out the personal

Acknowledge and normalize beliefs and anxiety

Recognize, identify, explore

Self-disclose
The Supervision Contract

- Well supported in the literature as a best practice
- Roles and expectations for both supervisor and trainee
- Describes performance and competency measures
- Context of supervision
Supervisory Alliance

- Relationship just as crucial as the counselor-client relationship
- Priority is to provide safe zone for the trainee
- Balance of dependency and autonomy
- Supervisor collaborates but clearly in position of authority
- **Learning alliance:** Sensitivity to individual and developmental differences
- **Parallel process:** The trainee’s relationship with the client mirrors the supervisory relationship, and vice versa. In this way, the supervisor gains insight into the therapeutic relationship and provides modeling for the trainee.
Feedback

- Consistent element throughout the supervision session
- Optimizes supervision for both
- Displays appropriate modeling
- Be willing to process feedback and demonstrate how feedback was incorporated
Critiques of Behavioral Models

- Models are all the same
- Lack of empirical evidence
  - Research is based on measures created by the authors
- Lack of fidelity
  - Not a consistent method of implementing or evaluating efficacy
- Lack of developmental focus


