

Episode 12 - Dr. Cal Stoltenberg: Evidence-Based Clinical Supervision (part 1 of 2)

[00:00:08] Welcome to LIVING PROOF. A podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson. Today's podcast is the first of a two part series featuring Dr. Cal Stoltenberg lecturing about the art and science of clinical supervision at the fourth international interdisciplinary conference on clinical supervision convened in Buffalo New York in 2008. Dr. Stoltenberg is coordinator of the Counseling Psychology Program at the University of Oklahoma. He has also served as the Director of Training and chair of the Department of Educational Psychology at the University of Oklahoma. Dr. Stoltenberg is a researcher and practitioner. His interests include counselor supervision and training counselor processes and outcomes research and marriage and family issues. Dr. Stoltenberg is known for his seminal article on training development that has influenced a generation of supervision researchers and his championing of the scientist practitioner model. In 2000 Dr. Stoltenberg was appointed as the Brian and Sandra O'Brien presidential professor. In 2005 he received the award for Distinguished Contributions of Applications of Psychology to education and training. Dr. Stoltenberg is a Fellow of the American Psychological Association the American Psychological Society and the American Association of Applied and preventative psychology and currently serves on the editorial board of the Journal of Social and Clinical Psychology. Now here's Professor Cal Stoltenberg discussing models of supervision and the differences between supervision and clinical work.

[00:02:20] So if we look at evidence based practice and supervision we've got to look at what's taught what what are the supervising learning but also we have to look at how we're going about teaching them that how we're helping them grow and develop and become professionals. There are broad categories that we can group approaches into in all likelihood and not only do we have any data on this. I suspect what most people do and they're out there supervising even if they rely on a particular model for their understanding of the supervision process they probably relying on an eclectic group of procedures when they're working in supervision and rely a lot on intuition or what seems to be making sense to them at the time when they're actually supervising psychotherapy based approaches there's a lot of these out there and they're they're really useful thing. I think the assumption here is that as a supervisor the things that you're doing in clinical supervision it's really quite a bit similar to what you're doing as a therapist working with clients to the extent that the goals are similar and the processes are similar then that kind of assumption is valid to the extent that they differ that kind of assumption isn't particularly valid. Supervisors aren't necessarily clients supervisors may be therapists but they're not therapists in the supervision setting. It's not a whole lot. There is a fair amount of research and psychotherapy based approaches but overall like the acid test Michael talks about we're not necessarily sure about the total impact on clients although some of those approaches cognitive behavioral approaches for example are well suited to teaching skills into teaching content.

[00:04:03] And so to that extent I'm sure they work really effectively in conveying some of that to supervise these person centered approaches are also really useful. I mean the basis of a lot of what we do relationally interpersonally with our clients really kind of stems from the person centered literature empathy genuineness warmth being able to build a functional relationship. It's very well with what we know about supervisors and the importance of the relationship and supervision. The thing is though there are a lot of aspects of supervision that approximate learning more than the approximate psychotherapy and so we have I think we have to guard against saying OK I'm a

therapist therefore I can be a supervisor. So I'll go in and do supervision with my with my supervisor. Relying heavily on what I know as a psychotherapist. Some of the situations that I observe that I have a chance to to see happen is when when when some individuals rely heavily on their psychotherapy background their psychotherapy expertise and supervision there can be a tendency to use those in the supervision context and do what you do what you know how to do do what fits for you do what's comfortable for you do what do what's your habit. And that is to drop into doing counseling and to a certain extent psychotherapy with your supervisors. This can be a problem. Ethically we've got some some difficulties with that because we really shouldn't be doing psychotherapy with our trainees.

[00:05:34] Psychotherapy can be a wonderful thing for them shouldn't be blurred with the role of the supervisor though as I was saying there's not a whole lot of direct research but to the extent that the overlap exists between therapy and supervision we can pull some things from these models particularly if we recognize that the practices are completely similar across the board process based approaches social role models. There are different categories different descriptions functions of what we do as supervisors that fit pretty well with what goes on with the process. Very useful teacher counselor therapist consultant evaluator most of you are pretty familiar with with these models. Again like in frankly most areas of clinical supervision we don't have the research to really know how how all of this impacts the process all that well when do we do teaching when we do counseling. One of those orientations most effective and what specific situations and supervision been a lot of talk in our field about competency based approaches. And I think this is by and large a good thing. The thickness of the reports on competency based supervision are impressive in and of themselves. It's a great idea to know what competencies we expect of our trainees and so we need to attend to these. And it's getting more and more attention in ways it's kind of conceptually similar at least for me with the skills training models we had back in the 60s and the 70s you know back then when we looked at bees we found that yeah you know you can train this stuff people understand it they can use it they can learn it doesn't always generalize all that well to other settings though and this really fits with I work in an educational psychology department. So I got all these educational psychologists knocking on my door and hit me up in the hallways all the time.

[00:07:24] And one of the points that the learning literatures is pretty strong about is that learning doesn't automatically generalize all that well. So if we learn something in one area it really doesn't necessarily generalize to other areas particularly not automatically. And so we have to be really careful in terms of how we help our trainees understand what they're learning and the breadth that that can be used in the counseling process and in terms of supervision what we're doing and the breadth that that those interventions in that those perspectives can help us across the whole process. If you like anything if you don't do them on our general on a regular basis they decay over time so we're teaching people skills and we're attending to competencies that they don't acknowledge and track on a daily basis they will decay and then they'll disappear. Clara Hill for example has looked at some fundamental counseling skills that we pretty much I think all teach counseling psychology we certainly do. What's the role of those. Well people can learn how to do those. They actually do therapists actually do tend to use these in therapy sessions and there is some evidence that that they have an impact on what were doing competencies are good skills are good. These are things we should attend to specific knowledge are and skills and now attitudes are areas of competencies that are being attended to on a national basis. We're also getting benchmarks together methods of assessment of competencies. There's a lot of work to be done in this area. Now being basically kind of a skeptic.

[00:09:08] My fear is that if we focus overwhelmingly on professional competencies in my field anywhere we're going to kind of move to a no psychologist left behind frame of reference here and will be would just be evaluating people all the time and the preparation will be for doing well on the benchmarks and meeting those benchmarks. And my fear will be that we might lose track of the

overall professional development of our folks. Gentleman I was talking to earlier was talking about Licensure Exams and what you have to train them to do Licensure Exams are a wonderful thing. On the other hand passing a licensure exam is no guarantee that you're going to be able to practice very well. And so if it just becomes exam focused or competencies or benchmarks focused then I'm afraid we're going to we might lose ourselves and in our supervisors in the process. We really need to focus not only on what the competencies are and what the benchmarks are but how do we get people there how do we actually do the training. What actually works OK. There's also developmental approaches. I'm biased in this regard. Again like I said I tend to think developmentally we view these at least originally we view these as Menta theoretical which means it doesn't matter particularly what therapeutic theory you come from the supervision approach should be adjustable to fit that that makes a little bit more complicated in terms of what you actually do because the therapeutic orientation that you're working with with your supervisory will necessitate different focuses on what goes on in the supervision process till we don't do the same thing for training students in a cognitive behavioral orientation versus a psychodynamic orientation. The things that we actually do in supervision may vary significantly. Nonetheless we think that this is a useful way to look at things at least.

[00:11:12] I think it's a useful way to look at things. We tend to view things we tend to look at what happens in terms of overall professional development. Michael said the first thing I wrote on this I was in grad school where it's a little presumptuous to be sitting there in graduate school and writing about Master therapists. I mean that's totally a theoretical thing from my perspective. I thought I knew some I was a long way away from being that but this idea of development and growth over time does tend to hold water even in a learning literature. My educational psychology friends tell me it gets a little blurred when you talk about what is learning and what is development. Because some of the same processes seem to occur and it's as arbitrary as separating cognition from emotion in certain ways which my cognitive psychologist friends tell me is becoming less of a distinction. So thinking about how people progress over time in their professional development has been a useful thing for us. We use some markers that we attend to and that's differences that we see and to a certain extent. We've got some evidence that this occurs changes in awareness self other awareness changes and motivation and changes in autonomy that occur broadly over. We've divided it up into a three stage three level model. One of the things that seems to get lost in the process often when I'm discussing this with people is that I don't I don't think there's a lot of evidence that we move from level to level across the board and if we think about this for a minute.

[00:12:57] I suspect most of us would agree on this. There are a lot of different domains of clinical practice that we engage in some practices more than others. And during the training and development process there will be different points in time and we're focusing on certain areas more and focusing on other areas less so when we think about development professional development. It's not to my mind level one level two level three counselor it's a counselor who's working at level 1 in certain domains perhaps level 2 in others and perhaps level 3 in other domains. I'm not going to go into a whole lot of detail on this today but conceptually when we think about supervision and we think about our work with our supervisor EAS we can fall into the trap of thinking well this trainee is at this particular level. And so across the board in their work I will assume they're able to function at that level quite often that's not the case. Carol failand are in ED Shiff France. You just came out with a book on clinical supervision where in a particular chapter they asked me to do kind of a case study of a supervisor I worked with and one of the things that the reason I picked this particular person was because it was was fairly obvious to me that he was functioning at different levels in terms of the different processes that we were examining in the supervision context. For example he'd come in with a good deal of experience in working in individual therapy individual therapy with depressed adults. Part of his client loaded a clinic were individual adults experiencing depression. He was working really really well with those in terms of our model.

[00:14:45] I'd say he was probably Upper Level 2 maybe starting to move into some level three things had hardly any experience in marital therapy again. Here's my bias. I don't think marital therapy is the same thing as individual therapy and when I do it I'm not doing the same thing. And so I'm imposing that bias on to him. But when he's working with his couples at no way was he working at the same level with them as he was with this individual adult depressed client. He was at a different developmental level. So when I worked with him regarding his clients who were couples I had to change what I did. I had to vary what I did to meet him where he was. My reading of the research is that it's broadly supportive of at least some aspects of the approach. Michaelis continuously and wonderfully reminded us there's all sorts of methodological problems with this so don't get too confident right now there's not support out there that I can read that says you should use this particular model of supervision or that might. There is no one best model that I'm aware. On the other hand in terms of psychotherapy I'm not sure that we're there either. I know in terms of evidence based practice cognitive behavioral interventions get a whole lot of press there's been a lot of research done on those. Bruce Whampo work though shows that are suggests anyway that no particular therapeutic orientation is across the board superior to others.

[00:16:17] And so why we should expect that we should be further along in the area of supervision would probably be an expectation that will never be met. It's probably better though to work from some sort of a model than to shoot from the hip. In terms of doing clinical supervision looking at those models and looking at the process of it all gives us something to come from OK so the next step then in terms of evidence based practice when you take into account when you do address what are the characteristics of the individuals involved in all of this influential characteristics include Janine I probably stole a lot of this from your book actually so cognitive complexity conceptual level cognitive style relevant experience plays role developmental level plays a role all sorts of things that we need to attend to culture is very important. I cite Janine and Rod here in terms of willingness to be sensitive to multicultural issues and a willingness to engage in those with their supervises. When you have this kind of sensitivity we also need to engage in evaluation of what's going on outcome evaluation is supervision can alert us to the need to attend more specifically to different aspects of the process and to careful scrutiny of these variables for any given supervision relationship. You probably noticed in the area of multicultural issues. Well I'll say what I've noticed and then you tell me if you've noticed it too. When our students come in we get a lot of middle class students in our program. A lot of middle class students and we have a fair amount of diversity in terms of ethnicity and some diversity in terms of an international focus but trainees as we all tend to come in from kind of a culturally encapsulated collection of experiences.

[00:18:16] And so as we try to alert them to the sensitivity necessary for them to work with a breadth of clients we can't just back off from that ourselves. We need to be aware of the the assumptions the values that we bring in based on the cultural experiences that we've had. We need to address those who need to be aware of those in terms of the similarities and dissimilarities of those experiences for our supervisors and then take it to that additional level in terms of the same similarities or dissimilarities between the supervisors and the clients that they're working with. Very important to attend to all that and there's a might get to later if I don't jabber on too long. There's all sorts of dimensions that are useful to attend to here. We think that supervisors at different levels of professional growth have different needs in terms of how the relationship works itself out and supervisors. If I look at the research broadly suggests to me beginners tend to focus a lot on learning some specific skills or some self awareness things going on that's what they tend to want. I still hear our master's students beginning Master's students have theories theory class in June this month. And then I get them and methods and techniques next month almost invariably at least one of them will say okay we were exposed to all those different theories now which ones the best and so you know variably I'll just kind of pick one and go with that.

[00:19:45] I don't really do that but they want to know okay I could read all of this stuff and I could

learn all of that but you could save me a hell of a lot of time if you would just tell me what's the important stuff to learn here. So this focus on didactic training is something that they're really invested in and the self-awareness is something that we often build in. But I think there's kind of a proclivity of our students to at least be interested in that anyway as they move to more of an intermediate level of training what they report that that they like in a supervisory relationship is looking at other ways to view things. Alternative conceptualizations that focus on personal slashed professional development often tends to increase. And they're trying to make sense of it all. OK I've been exposed to all of this theory and all this research. How does that work for me when I'm in when I'm in the room working with clients how do I pull it into a cohesive theory that works for me. Advanced folks often accept personal professional development that takes more of a focus a little bit more open and more aware of transference. Countertransference issues somebody talked about a parallel process here yesterday and other issues I'm more ready to deal with those those are issues that seem to be increasing in importance for them in terms of the relationship at this point in time. Generally though across the board not too much dissimilar from counseling and therapy situations is that we all kind of like warm acceptance respect understanding and trust. I know I do effective supervisors also encourage experimentation and appropriately self disclose but somebody else operationalize what that appropriate level of self disclosure. It's again I think what you're saying yes the about three studies that depends on how you're kind of a group.

[00:21:42] But there's not a whole lot out there in terms of how many studies and which look at supervision and how that affects therapy and how that affects therapy outcome. But we do know that we can enhance the working alliance between the therapist and the client. So you know that's a good deal. We need to get better at this. We need to be able to see what the impact of supervision is on the effectiveness of our trainee's work with their clients. This is Michael's acid test in terms of the effectiveness of supervision. We also need to attend to their own professional development. I do think and of course I have no data to support this but I think some of our trainees actually get worse before they get better as they're progressing when they're starting and 80 pounds in the kind of training model that they're exposed to. But as they're starting they're taught some specific things to do. At least in our program there. So they go in and they do those things they learn to do those things and fundamental relationship skills do have an impact. There's some power there.

[00:22:47] And so you know they sense that they feel that and they go hey you know this may not be so bad but then as things get more complicated and this goes into that level of awareness stuff and and one of the things I've had fun with in preparing the new book is to look at what cognitive psychology has to tell us about awareness and about how we deal with all of this but with our beginners they often have a difficult time even approaching empathy or perspective taking with their clients because their heads so full of the things that they need to attend to when they're first trying to learn this process. And so some of that's just not very available. But once they get some of those fundamental steps down they can have an impact that can have an immediate impact with their clients as though their awareness starts to increase. They've overlearned some of this and they don't have to attend to it so much and they're able to focus more intently on the people with whom they're working. Sometimes it gets a little more complicated and actually the effectiveness that they might demonstrate in the sessions with their clients could drop off. You've been listening to the first of two podcast featuring a lecture by Dr. Carl Stoltenberg on the art and science of clinical supervision. Tune in again for part two. When Dr. Stoltenberg discusses supervision using evidence based practices. Hi I'm Nancy Smyth Professor Endean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community. For more information about who we are our history our programs and what we do we invite you to visit our Web site at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.