SUPERVISING GRADUATE STUDENTS WORKING WITH ADDICTIVE DISORDERS: THE IMPORTANCE OF REFLECTIVE SUPERVISION

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OBJECTIVES

• Identify how reflective supervision is different than other/more traditional models of supervision

• Recognize key components of the reflective supervision model

• Be able to discuss and integrate reflective supervision into your own work with students/supervisees

• Identify the reasons reflective supervision is crucial particularly when training students to work with addictive disorders
EXERCISE

• What is supervision? What is the goal, why do we do it?

• Think of your supervisory experiences in the past:
  • How was supervision approached?
  • What was helpful?
  • What was not?

• How do you approach supervision?
  • Similarities and differences?
  • Are you working from a specific model?
ONE MORE…

Write down two or three of the biggest barriers or challenges you come up against when supervising students or clinicians.
MODELS OF SUPERVISION

Often, formal training in supervision doesn’t occur.

Typically, supervisory models fall into three main camps:

• Developmental Models
• Integrative Models
• Orientation-Specific Models
DEVELOPMENTAL MODELS

- Underlying premise is that we are continually growing, and as supervisors we attempt to identify supervisee's current level of ability, give developmentally appropriate feedback and encourage continued growth from novice to expert.
- Novice students- brand new, little experience, lack confidence, expected to lean heavily on supervisor.
- Middle stage- more confidence often creating conflicting feelings around supervision.
- Expert stage- good problem solving skills, able to act independently and self-reflect.
- Skills are gain primarily through “scaffolding”
THEORETICAL ORIENTATION

- Most instructional/didactic
- Orientation drives salient themes, as well as meaning and prescription
- Psychodynamic models
  - Patient-centered: supervisor is the expert, there is little emphasis on the supervisor/supervisee relationship
  - Supervisee-centered: focused on the content and process of the supervisee’s experience- specifically supervisee’s resistance, anxieties, and learning
  - Supervisory-matrix-centered: also looks at the relationship within supervision
- Cognitive-Behavioral Supervision: goal is to teach CBT techniques. Supervision is set up much like CBT psychotherapy sessions- agenda setting, bridging sessions, assigning homework
INTEGRATIVE MODELS OF SUPERVISION

- Relies on more than one theory or technique
- This may also reflect the supervisor's “integrative” style
- May pull from multiple techniques and styles or integrate the best of two or more theories
- Bernard's Discrimination Model: 3 foci (intervention, conceptualization, and personalization) x 3 roles for the supervisor (teacher, counselor, and consultant). Supervisor evaluates the supervisee’s ability within the three foci, and selects the appropriate role
- Reflective supervision
REFLECTIVE SUPERVISION

- Focus is on not only the content of sessions, but primarily the emotional experience of the supervisee- parallel process
- The emotional experience guides the reflective supervisory session, by recognizing the supervisee's experience in the therapy room and within supervision
- Highlights bias, intense emotional reactions/counter-transference, supervisee’s own context and beliefs
- Clients and problems are discussed as vehicle to the supervisee’s
THREE LAYERS OF OUTCOME

• Practical- ideas for addressing the presenting problems, monitoring ethics and standards, etc

• Supervisee’s Learning- uncovering assumptions, modification of theory and interventions. Focus is on thinking, understanding, and learning instead of doing.

• Developing the “internal supervisor”- much like our client’s internalized versions of clinician, so too do supervisee’s internalize us
CREATION OF THE REFLECTIVE SPACE

- Safety
- Process
- Awareness
- Curiosity
- Embrace
STANCES WITHIN THE REFLECTIVE SPACE

• Mindful stance- what we “know” is often embodied in the sense that it is experienced as a feeling or emotion rather than as a thought (e.g. I’m feeling defensive, so let me look further. I’m feeling a tightness in my chest, let me explore that). Gained through pause and notice

• Consideration stance- consists of marking (mark what seems most salient) and exploring (making sense of marked items by carefully exploring them from many perspectives and unearthing the assumptions and values that underpin them)

• Consolidation Stance- putting new knowledge into practice, and conceptualization based on information provided by reflection
EXPLORING OUR AUTOPILOT

• Asking about emotions- in the therapy room and during supervision
• Make note of language and immediate/passing thoughts
• Study what is being done as it conflicts with what is stated- this can uncover bias, assumptions, and values
• Reflect for supervisee’s what is being noticed- they can’t see their autopilot, but we might be able to
REFLECTIVE SUPERVISION AND ADDICTION WORK

- Huge levels of burnout among clinicians working in addictions
- Multiple places for bias
  - Is bias something you routinely ask your supervisee’s about?
  - Do you routinely check-in to your won biases? How
- Refer to the piece of paper regarding challenges with supervision- now try to remember the client/clients being seen
  - Do you see potential parallel processes?
  - How might a reflective stance been useful?
ADDICTION AND ATTACHMENT

• Helping supervisee’s become open and reflective has a secondary benefit of creating capacity for vulnerability

• Shame and defenses become a parallel process

• Engagement in reflective supervision creates capacity for reflection and mindfulness- key components in addiction work


