

I've Been Asked to Supervise! Now What?

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Speaker Disclosures

- ▶ Lisa McDonald, M.A., CCC-SLP

- ▶ Financial Disclosures

- ▶ Received speaking fee from SCSHA to present at conference

- ▶ Employed at the University of North Carolina at Greensboro

- ▶ Non-Financial Disclosures

- ▶ None

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Learning Outcomes

Participants will:

- ▶ Describe supervision resources provided by ASHA.
- ▶ Develop a solution-focused scaling plan to use during supervision
- ▶ Design a plan on how to use strategic questioning and giving/receiving feedback with a supervisee.



How do you supervise?

- ▶ As you were supervised
- ▶ As you wish you had been supervised
- ▶ From the knowledge only a master clinician has
- ▶ Based on your ideas about what the setting requires/needs

Are any of these ideas the basis for excellence in supervision?

(Hale, 2018)



How should you supervise?

- ▶ Effective supervision requires a unique set of knowledge and skills
- ▶ Supervision is a distinct area of practice
- ▶ Supervision requires special training in order for the supervisor to be effective
- ▶ In other words, being a great clinician doesn't mean you are automatically a great supervisor.

(Hale, 2018)



History of Supervision

- ▶ Speech-language pathology and audiology were initially recognized as professions in 1925 & 1946 respectively.
- ▶ At that time, supervision was not seen as a distinct fact of the profession.
- ▶ Supervision was an assumed role of the clinician.
- ▶ The term “supervisor” began appearing more frequently in the literature in 1950.
- ▶ In the 1970s there was a “surge” of activity in the literature.



History of Supervision

- ▶ 1972 - Jean Anderson directed the first doctoral program in supervision at Indiana University
- ▶ 1974 - ASHA Committee on Supervision in Speech Pathology and Audiology recommended standards and guidelines
- ▶ 1985 - ASHA published a position statement on clinical supervision
- ▶ 2004 - American Academy of Audiology published documents focused on the supervisory process
- ▶ 2008 - ASHA published a position statement, technical report and a knowledge and skills document needed by SLPs providing supervision



Supervision 2019

- ▶ ASHA Practice Portal - Clinical Education and Supervision
 - ▶ <https://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>
- ▶ ASHA Professional Development Supervision Courses
 - ▶ <https://www.asha.org/professional-development/supervision-courses/>



Changes to Audiology Standards

- ▶ Applicants will need to have or show equivalency to an AUD degree earned from a CAA-accredited program
- ▶ Clinical supervisors will have to have a minimum of
 - ▶ Nine months of practice experience post-certification before serving as a supervisor.
 - ▶ Two hours of professional development in the area of supervision post-certification before serving as a clinical supervisor or CF mentor.



Changes in Audiology Standards

- ▶ The CFCC will no longer prescribe a specific number of hours of supervised clinical practicum. Applicants and their programs will have to ensure that their experience meets CAA standards for duration, and for depth and breadth of knowledge.
- ▶ Applicants are encouraged to include interprofessional education and interprofessional practice into their clinical supervised experience.
- ▶ Applicants who did not complete their entire supervised clinical experience under an ASHA-certified supervisor can make up the remainder of their experience post-graduation to meet ASHA certification standards.
- ▶ Beginning with the 2020-2022 certification maintenance interval, certificate holders will have to earn one of their 30 required certification maintenance hours (CMHs) in Ethics.



Changes to SLP Standards

- ▶ Clinical supervisors and Clinical Fellowship mentors will need to have a minimum of:
 - ▶ Nine months practice experience post-certification before serving as a supervisor.
 - ▶ Two hours of professional development in the area of supervision post-certification.
- ▶ Applicants for certification will be required to show coursework that covers basic physics or chemistry knowledge.



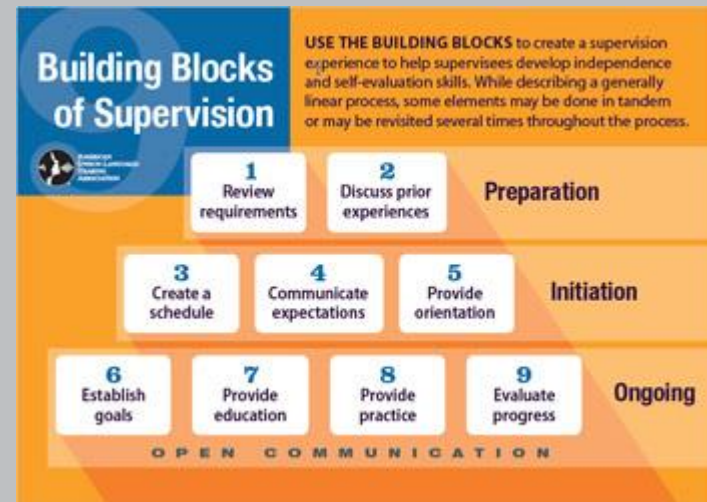
Changes to SLP Standards

- ▶ Applicants for certification will be required to show coursework that covers basic physics or chemistry knowledge.
- ▶ Knowledge and skills will be refined to include speech sound production, fluency disorders, literacy, and feeding within the current nine core content areas.
- ▶ Applicants are encouraged to include interprofessional education and interprofessional practice into their clinical practicum and clinical fellowship experience.
- ▶ Beginning with the 2020-2022 certification maintenance interval, certificate holders will have to earn one of their 30 required certification maintenance hours (CMHs) in Ethics.



9 Building Blocks of Supervision

- ▶ Preparation
- ▶ Initiation
- ▶ Ongoing



Preparation

- ▶ Review Requirements
- ▶ Discuss Prior Experiences
 - ▶ Before arrival
 - ▶ After Arrival



Initiation

- ▶ Create a Schedule
 - ▶ Be flexible
 - ▶ Be realistic about your commitments

- ▶ Communicate Expectations
 - ▶ Develop clear expectations
 - ▶ Identify gaps
 - ▶ Develop a plan

- ▶ Provide Orientation



Ongoing

- ▶ Establish Goals
 - ▶ Student goals
 - ▶ CF goals
 - ▶ Employee goals
 - ▶ Be flexible - goals change over time
 - ▶ Communicate (CCC)

- ▶ Provide Education
- ▶ Provide Practice
- ▶ Evaluate Progress



SQF Model of Clinical Teaching

- ▶ This clinical teaching model utilizes very specific skills for the purpose of moving the student/supervisee toward achieving clinical autonomy in both skill application and clinical reasoning.
 - ▶ Supervision
 - ▶ Questioning
 - ▶ Feedback
- ▶ More info can be found in the ASHA Practice Portal
 - ▶ https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113§ion=Key_Issues#Other_Methods_Used_In_Clinical_Education



Strategic Questioning

- ▶ What is it?
 - ▶ Consciously adapting the timing, sequencing and phrasing of questions in order to facilitate student processing of information at increasingly complex cognition levels.
- ▶ The purpose is to:
 - ▶ Actively engage and stimulate the student to use increasingly complex cognitive processing skills.
 - ▶ Assist the student in developing a model for thinking to assist with making appropriate clinical decisions.

(Barnum et al.,2015)



Questioning Level 1

- ▶ Requires the student to recall facts and identify foundational knowledge.
- ▶ Establishes the student's knowledge base and confirms for the student and the supervisor that the student has the basic knowledge needed to complete the task at hand.
- ▶ Examples: What is the goal? What is the best approach? What is the next step? Identify...? What factors determine...?

(Barnum et al., 2015)



Questioning Level 2

- ▶ Requires the student to **compare, analyze, synthesize** and **apply** knowledge.
- ▶ Transitions the student from using low to high level cognitive processing skills.
- ▶ Examples: How do you want to handle the situation?
Which technique should you used based on the situation?

(Barnum et al., 2015)



Questioning Level 3

- ▶ Requires the student to **evaluate** information, **formulate** plans, **infer** meaning and/or **defend** decisions.
- ▶ Provides opportunity for students to practice and utilize processing skills vital for developing clinical reasoning and critical thinking skills.
- ▶ Examples: Why did you choose...? What happens if...?
- ▶ These are the most difficult to answer and you do not need to ask a lot them, just a few well worded and pointed questions.

(Barnum et. al, 2015)



Feedback

- ▶ Helps to shape learning and skill development
- ▶ Three types of feedback
 - ▶ Confirming
 - ▶ Corrective
 - ▶ Guiding



Solution-Focused Brief Therapy (SFBT)

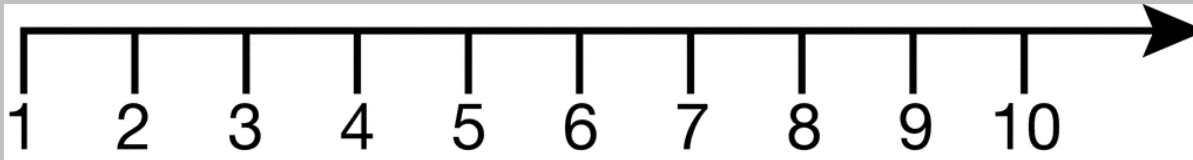
- ▶ Origins in Brief Family Therapy Center, Milwaukee
- ▶ Developed by Steve de Shazer and Insoo Kim Berg in early 1980's
- ▶ Used with a range of client groups and professionals from a variety of different backgrounds
- ▶ Used by SLPs working with a range of speech, language, and communication problems (Burns, 2005; Cook & Botterill, 2005; McNeill, 2013)

Source: Kelman, E. & Nicholas, A. Stuttering Foundation Eastern Workshop (2015).



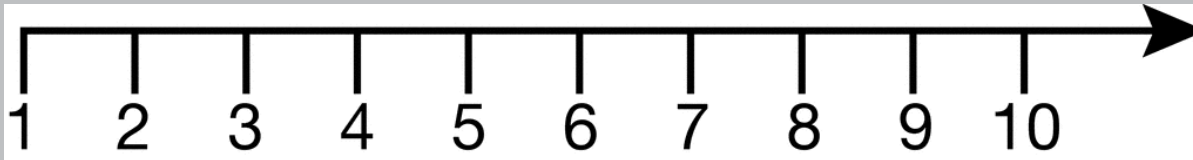
Using SFBT Scaling as a Supervisor

- ▶ 1-10 Scale
- ▶ Present to supervisee during initial meeting and periodically thereafter as needed
- ▶ 1- “your clinical skills in this setting are the lowest that they could possibly be”
- ▶ 10- “you are entirely independent in this setting and are the clinician you dream to become.”
- ▶ Where are you today?
- ▶ What are you ALREADY doing that has put you at a _____?



Using SFBT Scaling as a Supervisor

- ▶ What will you be doing that will tell you that you have moved 1 point up on the scale? And what else? And what else?
- ▶ Where do you hope to end up on the scale? What would be “good enough?”
- ▶ What will that look like? How will you know you have achieved your ultimate goal? What will you be doing?
- ▶ If supervisee is at a 1- “How are you getting along day to day?” Point out strengths and resources.



Example: Initial Meeting

Where are you today?

▶ 5

What have you *already done* that has put you at a 5?

- ▶ I have increased my confidence in creating rapport with children because of my previous school placement.
- ▶ I have increased my knowledge of communication disorders.
- ▶ I can organize my thoughts better.
- ▶ I have learned how to be more efficient.



Example: Initial Meeting

What will be the *small signs of change* that will tell you that you have *moved one point up the scale*? *What will you be doing* when you are at a 6?

- ▶ I won't feel as anxious when I am given new clients.
- ▶ I will know what I don't know.
- ▶ I will be more inquisitive and won't just accept information given to me.
- ▶ I will search more for outside information to help my clients.
- ▶ I will be more comfortable in professional attire.



Example: Initial Meeting

Where on the scale will be “*good enough*” for you? 8.5.

What will you be doing then?

- ▶ I will be more put-together in my professional wardrobe.
- ▶ I will know what to look for with clients because I will have had experience with a diverse group of clients.
- ▶ Oral mech exams and other screening procedures will be second nature to me.
- ▶ I will obtain case history information easily.
- ▶ I will have a “plan B” intuitively in therapy sessions.
- ▶ I will become better at branching.



Supervisor Reflections: Initial Meeting

- ▶ New students or supervisees often have no idea what they want their goals to be for themselves. They don't know what they don't know!
- ▶ They are often unsure of what skills are needed in a new setting to become successful.
- ▶ The SFBT scaling process often forces them to *think about* and *articulate what growth will look like* in the new clinical setting.
- ▶ The targets that supervisees mention in their initial meeting can be referred to again at a later time to assess growth.



Example: Midterm Meeting

On a scale of 1 to 10, with 1 being the worst and 10 being the best, *where do you see yourself now in terms of clinical skills?* 6.5

What have you already done that has put you at a 6.5?

- ▶ I have improved my ability to fill out the SOAP notes (the A and P pieces).
- ▶ I have increased my knowledge of and ability to model fluency techniques.



Example: Midterm Meeting

What have you already done that has put you at a 6.5?

- ▶ I'm better at thinking about and giving target specific feedback.
- ▶ I'm not as self-conscious and nervous with my clients.
- ▶ I have more creative ideas to help clients achieve their goals.
- ▶ I'm more comfortable using CBT cycle and reframing.
- ▶ I am becoming more self-aware during sessions.



Example: Midterm Meeting

What will be the *small signs of change* that will tell you that you have moved one point up the scale? *What will you be doing* when you are at a 7.5?

- ▶ I will organize my thoughts more clearly and express them.
- ▶ I will not circumlocute or over-explain to my clients.
- ▶ I will have more content material that builds on prior sessions and connects to the client's interests.
- ▶ I will provide honest and accurate target specific feedback.
- ▶ I will project my voice and feel more confident.
- ▶ I will plan my explanations ahead of time, but it won't take so much effort to explain in the moment.



Example: Midterm Meeting

Where on the scale will be “*good enough*” for you? *What will you be doing then?* 9

- ▶ I will be very confident in my clinical skills and in the fact that I can make progress with my client.
- ▶ I will be doing more research.
- ▶ I will have the fundamental clinical skills mastered.
- ▶ I will stay up-to-date with current research.
- ▶ I will think critically about the therapy I am doing with clients.
- ▶ I will modify and question what I’m doing during sessions.



Example: Final Meeting

Where are you now? 8

What have you already done to get to an 8?

- ▶ I have learned how to plan effectively.
- ▶ I'm not just collecting data, but am now better now at teaching concepts and skills.
- ▶ I'm much more comfortable modeling techniques.
- ▶ I am more comfortable with counseling clients.
- ▶ I know more about what I don't know.



Example: Final Meeting

What have you already done to get to an 8?

- ▶ I now think of creative visual aids and analogies to describe concepts.
- ▶ I am creative with my planning.
- ▶ I can quickly plan a therapy session and write appropriate behavioral objectives.
- ▶ I have increased my knowledge base across disorder types.
- ▶ I now have an increased ability to talk to parents/families about fluency disorders.



Example: Final Meeting

What will be the *small signs of change* that will tell you that you have moved one point up the scale? *What will you be doing* when you are at a 9?

- ▶ I will be researching more.
- ▶ I will be widening my sources of information about each disorder.
- ▶ I will independently consult other professionals.
- ▶ I will give good advice to others about clients.
- ▶ I will have better organizational skills and will feel less scattered internally.
- ▶ I will provide more concise explanations to clients and families.



Example: Final Meeting

Where on the scale will be “*good enough*” for you? 9.5.

What will you be doing then?

- ▶ I will be someone that other professionals purposefully seek out as a resource for clinical expertise.
- ▶ I will supervise students and will be someone they can look up to as a role model of a good clinician.
- ▶ I will conduct research of my own or be involved in someone else’s research.



Supervisor Reflections: Final Meeting

- ▶ In the university clinic, student insights moved from *superficial to introspective*.
- ▶ Self-reported student *confidence increased* throughout the semester.
- ▶ *Students took more initiative* in supervisory process (moved from *passive to active* participants).
- ▶ Students *verbalized their own short and long term goals* for clinical growth.
- ▶ Answers to questions became more *thoughtful and reflective*.
- ▶ Long term goals became more *client-centered*.
- ▶ *It's not really about the numbers!*



How Can SFBT Scaling Benefit Supervisees?

- ▶ It allows them to *visualize* and *verbalize* what *growth* and *success* will look like.
- ▶ It is a positive and creative model that *helps them formulate goals for themselves* as clinicians.
- ▶ It *provides a concrete description of how they have grown and changed* as thinkers over the course of their first year.
- ▶ It *pinpoints areas to target* for future growth.



How Can SFBT Scaling Benefit Supervisees?

- ▶ It is a *student-led discussion* that can showcase insight (or lack thereof) in the new clinician.
- ▶ It helps students see that “*baby steps*” are still cause for *celebration* in their journey.
- ▶ It provides evidence that *the new clinician has the knowledge, resources, strengths, and abilities* to achieve his or her hopes for success in the clinical setting.



Student Comments: SFBT Scaling

“Solution-focused scaling helped me visualize that, as I grew as a clinician, my goals for myself also grew. I think it also made me feel more connected to you as my supervisor, because you really listened to my insecurities and you knew what my goals were right from the beginning. Scaling helped me to be honest and vulnerable with you throughout the semester and to check in with you regularly about how I was feeling which I think, in turn, helped me grow as a clinician.”



Student Comments: SFBT Scaling

“I absolutely loved the scaling activity as a student! I liked that by the end of the semester I could use it to measure how I was doing from my own perspective. The great thing about it is that it gave me a snapshot as to where I was each time and, just like with our clients, it showed what my personal goals were at that time. As a new clinician, it was very motivating to see how much more my confidence increased from the beginning to the midterm to the final. Honestly, I plan to use scaling with any future SLP students when I supervise one day!”



Student Comments: SFBT Scaling

“As a student, this process allowed me to see the growth that I made over the semester with fluency clients. A lot of times in graduate school, or in life for that matter, we do not take the time to self-reflect and see how we are doing or feeling at a certain point in time. This exercise allowed me the opportunity to visually see the growth that I made over the semester. It was quite astonishing to see how far I went from my first day of therapy to my last day of therapy. This approach is a perfect tool for first-year graduate students, because it quantifies our growth in a measurable way that we may not be able to understand based solely on supervisor feedback. Now that I have experienced this approach as a student, I can call upon this experience when I use the SFBT approach with my future clients.”



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