



A Students' Guide to Growth and Development Through Psychotherapy Supervision

A Review of

Getting the Most Out of Clinical Training and Supervision: A Guide for Practicum Students and Interns

by Carol A. Falender and Edward P. Shafranske

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The supervision process is a key part of the training of health care providers in psychology. Although this interaction occurs throughout the doctoral and postdoctoral training years, it is only recently that the profession has begun to write about the process. In the early years of the profession, there seemed to be an assumption that once a psychologist received a license to practice, that psychologist was also qualified to supervise trainees. More recently, some licensing boards have suggested the need for a period of postlicensure experience or even specialized training in supervision before one can become a supervisor.

Within graduate programs, however, supervision is a task assigned to various members of the training faculty. Since it can be time-consuming and may not be easily quantified for purposes of determining teaching load, senior faculty members may actually avoid this assignment.

Regardless of the setting, these supervisors may have had little or no training in the elements of supervision. It is only in recent years that psychology has begun to actually consider the elements of supervision such as the role of the supervisor (e.g., Falender & Shafranske, 2004; Ladany, Friedlander, & Nelson, 2005; Neill, 2006) and the ethical issues involved in this process (Corey, Corey, & Callanan, 2011; Goodyear & Rodolfa, 2012; Thomas, 2010).

In their book *Getting the Most Out of Clinical Training and Supervision: A Guide for Practicum Students and Interns*, Carol Falender and Edward Shafranske approach the topic from the perspective of the trainee rather than the more common approach of the trainer's view. This view of the topic definitely adds to the current literature, and the book has the potential to be useful as a textbook for those beginning practicum experience in graduate school as well as throughout the prelicensure period.

The title of the book, however, is a bit misleading. The focus appears to be on psychotherapy (broadly used) rather than on addressing supervision issues that are related to various forms of psychological testing. Assessment and clinical interviewing are grouped together in the practicum competencies outline provided by the authors; however, a review of the index reveals an absence of major terms related to the assessment process. In their preface to the book, the authors refer to the fact that supervision is the major way trainees will learn the foundations of the profession.

From this point in the preface and throughout the text, however, references are made only to psychotherapy and not to assessment. Although much of what is discussed could be applied to supervision of assessment procedures, these authors seem to be using a definition of clinical training that does not include psychological testing as a major activity of the trainee. This approach will be disappointing to those who place a major emphasis on this skill set.

The writing style is conversational, as might occur in a graduate seminar or discussion with a supervisor, while providing considerable information about the topic at hand. The frequent inclusion of examples to illustrate the specific issue under consideration should help the trainee who has not yet encountered such a problem in an actual clinical situation. Thus, the trainee does not need to wait until there is an issue to learn about how to handle issues related to multiculturalism or stresses that may interfere with the therapeutic alliance.

Reflection activities provide a foundation for trainees to take a more active role in the supervision process. Supervisees are described as having competencies that serve as a basis for interacting on a maximal level with their supervisors. It is noted that early in training the supervisor may take a more active role in the process, which will become more collaborative over time.

For this process to work, however, it will be important for supervisors working with these trainees to be open to this more active role of their trainees. For example, one early activity asks the supervisee to consider a specific goal he or she has for the supervisory process; then the supervisee is asked to consider not only what he or she might do to reach that goal but also how the supervisor might assist in this process. Some of the exercises also include language the supervisee might use to approach the supervisor. Reference is made to the trainee's self-assessment as a source for determining these goals.

As both programs and universities are being required to measure learning outcomes and to set goals and objectives in order to qualify for continued accreditation, such individual evaluations are becoming more common. However, community supervisors, who may be senior members of the profession, may not have much experience with this approach. This goal-oriented approach is quite different from the model of a supervisor who views the role as being one of making sure no unethical behavior occurs and appropriate techniques to facilitate change are being used.

Getting the Most Out of Clinical Training and Supervision is published in paperback format at a reasonable price. Thus, purchasing it should not place an undue burden on trainees. This is the type of book that needs to be individually owned rather than serving as a reference on a department's general shelf. It is unlikely that this book would be used in the absence of other required readings for practica, and thus price becomes a factor. The book is sufficiently small that it can be transported easily to various sites for regular use by trainees. Trainees might wish to keep it available for use following sessions with both clients and supervisors.

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