Clinical Supervision of Child Therapists: No Downward Extension

A Review of

Helping Others Help Children: Clinical Supervision of Child Psychotherapy
by T. Kerby Neill (Ed.)
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Reviewed by

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Somewhere in a U-Haul between Baltimore, Maryland, and Lawrence, Kansas, I morphed from a postinternship research and clinical associate into (poof!) a postdoctoral fellow. I was deemed capable of supervising graduate trainees providing comprehensive school-based mental health services to school-age children with severe emotional and behavioral presentations. Since that time, I have spoken with other early career psychologists who have experienced similar wonderment: “Who decided that I am qualified to lead others? I’m barely here myself!” Becoming comfortable with making independent decisions as a clinician is one thing; engaging others in case conceptualization and providing critical feedback is quite another.

Although many graduate programs provide elective courses in clinical supervision, these tend to be oriented toward adult or generalist populations. Savvy trainees who foresee supervisory responsibilities in their future may enroll in such courses or seminars, thereby having advance opportunities to think about transactional processes, hierarchic concerns, means of feedback, and methodological shifts in relationship to trainee experience and clinical sophistication. I might have realized more initial comfort in this role had I had this formal opportunity to consider these supervisory functions in the abstract, ahead of time. However, in retrospect, several factors central to supervision of child psychotherapy were operative (e.g., systemic stance, collaborative perspective, contextual knowledge) and, I argue, should not be underemphasized in the larger supervisory whole. T. Kerby Neill conceives similarly.

Child therapy is not a simple downward extension of adult processes and methods. Neither is supervision of child therapy. T. Kerby Neill, in his contribution to and editorial selections for Helping Others Help Children: Clinical Supervision of Child Psychotherapy, appreciates the distinction between what may be salient for generalist supervision (see Ladany, Friedlander, & Nelson, 2005) and what is vital in child and adolescent supervision. Foremost, this text emphasizes the collaborative stance of many psychotherapeutic models and empirically supported treatments for childhood presentations.

Effective treatment for young clients cannot be accomplished without the consideration and involvement of key others in their lives. Not only must supervisees be competent in conveying nonspecific (or common) factors, they must also be able to accomplish in-session tasks prescribed by particular therapies. Supervisees should also be able to engage caretakers in follow-through, must effectively communicate with other agents (e.g., school personnel, day care providers, probation officers), and—more important—must be willing to expand the
therapeutic scope beyond the identified child client. Several chapters in Neill's volume comprise specific modalities (many of which are empirically supported treatments) embodying this notion: filial therapy, cognitive–behavioral therapy for childhood anxiety disorders, multisystemic therapy (Henggeler, 2001), early-onset conduct problems, and expanded school mental health.

In addition, Neill's volume appreciates the influence of clinical context in supervising child clinicians. This particular strength distinguishes it from supervision sources that more narrowly address treatment process or model fidelity. Although these aspects of clinical training are important, even the most seasoned clinical supervisors will be challenged outside typical clinical training venues (e.g., graduate programs and medical centers) if they are unprepared for the challenges and idiosyncrasies presented within disparate treatment venues (e.g., schools, community mental health centers, and homes). Neill and his competent contributors seek to prepare supervisors for what exists outside of typical outpatient and academic bounds.

Although Neill's first chapter addressing a systems approach to supervision nicely considers process variables in supervisory relationships, process considerations are particularly well voiced in a chapter discussing cross-cultural issues. Similarly, the role of nonspecific factors in effective therapy with children is revisited in the chapter discussing play and filial therapy. In reading these chapters, supervisors will discover many prescriptive ideas to enliven sessions with trainees, regardless of theoretical orientation or primary modality of practice.

Additional strengths of Helping Others Help Children include attention to the advocacy roles supervisors may take within agencies and organizations and reference sections that include recent empirical citations and critical papers. Weaknesses are few, although two are worthy of mention. Given cost-saving mechanisms inherent in school and community mental health venues, clinical trainees are often asked to lead psychosocial groups of up to 10 children. Aside from process and treatment fidelity, successful group leadership hinges on strong behavior management skills and strategies, as well as attention to interpersonal dynamics. A chapter addressing supervision of group psychosocial skills groups would therefore be a worthwhile addition to future editions of this text. The chapter on ethics, too, may benefit from additional examples and models of decision making in future editions.

Even if it was not available when I first began “helping others help children,” I am certainly pleased to have Neill's volume in my professional library today. It stimulated ideas about how to better work with, provide feedback to, and inspire the trainees and master's-level therapists I currently supervise in three different settings (university outpatient clinic, elementary school, and community agency). I foresee Helping Others Help Children becoming a valuable resource for other clinical supervisors with a child specialty, novice as well as seasoned. In addition, this would be a useful primary text for a graduate-level seminar, as well as a constructive reference for the libraries of clinical training programs, internship sites, and postdoctoral settings. Helping Others Help Children is practical and prescriptive, which, in many ways, is much like the efficacious therapies for children it espouses.

References
