

IACP Guidelines for Psychotherapy Supervision of Clinical Psychologists[#]

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Acknowledgment: This document was possible due to the formation of the Task Force on Psychotherapy Supervision by Indian Association of Clinical Psychologists in 2020

Abstract:

Psychotherapy supervision is an essential part of psychotherapy practice and is crucial to psychotherapy training, professional development of the psychotherapist and ethical practice of psychotherapy. This field is fast-growing and many training programs in India have recognized the importance of psychotherapy supervision for several decades now. However, it still requires systematic attention and procedural developments. The need for psychotherapy supervision after qualifying as a clinical psychologist has also been expressed by psychotherapy practitioners in several academic meetings and events. But there is a dearth of documents or common guidelines on this matter. To address some of these issues, a Taskforce for Psychotherapy Supervision was set up under the aegis of the Indian Association of Clinical Psychologists in 2020. This document is the result of deliberations by the members that resulted in some guidelines for psychotherapy supervision in India. It provides general guidelines pertaining to critical issues in psychotherapy supervision-such as basic principles, ethical issues, setting, structure; and formal processes- such as eligibility criteria for supervisor and supervisee, contract, content of supervision sessions and termination. It is hoped that these guidelines will form the basis for platforms for formal psychotherapy supervision and open more interest and organization of similar documents in future. Similar initiatives can ensure not just competencies in psychotherapy practice, but also ethical practice that will benefit the supervisee and client.

1.0 INTRODUCTION

Psychotherapy supervision usually can be offered once the supervisor is well-established as a psychotherapist. It is not uncommon to assume that any therapist can easily supervise others. Yet, frequently it is discovered that psychotherapy supervision is much more than merely being a good therapist. Psychotherapy supervision, along with personal therapy for therapists, is believed to be one of the strategies to prevent unprofessional conduct. Over the last many decades a variety of approaches to supervision in psychotherapy have emerged. This has also been influenced by the conviction that psychotherapy supervision is different from clinical supervision. Internationally, several associations of psychotherapy as well as many psychotherapy researchers have attempted to discover features of good supervision and organized these for psychotherapy training, core competencies of therapists, supervision formats, training formats for supervisors, and supervision of supervisors (Fleming & Steen, 2004). In India, psychotherapy training formats across settings may not be as varied as in some of the other countries but supervision formats may be quite varied and perhaps inadequately detailed or documented. The only available document on training in psychotherapy is that by Rao (2001). In recent times, many clinical psychologists while participating in national workshops and conferences have expressed a desire to receive supervision of their therapies in their early career professional practice. This document is towards providing an organized and legitimate platform for psychotherapy supervision through the Indian Association of Clinical Psychologists. Perhaps this can form a foundation for supervision that can be offered by those experienced psychotherapists who would like to contribute towards supervision of psychotherapy offered by qualified clinical psychologists.

Internationally, psychotherapy supervision is not yet fully a discipline, with a full mastery of its complexities and challenges. While international developments continue with a certain momentum, in India, uniformity in standards of psychotherapy offered to the public is needed. This document may facilitate one such step towards aligning our uniqueness with international common trends. It is also important to mention that while psychotherapy supervision is relevant for psychiatrists as well as psychiatric social workers, internationally the literature has more contributions from clinical psychology profession.

The contents of this document are applicable to the context of individual supervision of psychotherapy cases where adult individual psychotherapy, couple psychotherapy, family psychotherapy or child psychotherapy is being offered by the psychotherapist. In coming years, supervision practice using these guidelines as well as emerging supervision needs of practicing psychotherapists may influence further expansion/newer developments in supervision.

The guidelines on supervision have been prepared to give psychotherapy supervision some format and structure. The content given here provides an outline for practice of supervision and is perhaps pertinent for all qualified professionals. The preparation of this document is purely an academic and scientific exercise by the contributors. The Indian Association of Clinical Psychologists

(IACP) is not responsible for any legal aspects of the case(s), quality of supervision, unprofessional/unethical conduct of a supervisor/supervisee associated with therapeutic relationship, supervisory relationship, clinical outcomes of the case, or the choice of therapy being practiced. IACP is not liable for any data breach and legal aspects of the cases covered under these supervision formats. Ethical practice is a prima facie mandate to be followed by all mental health professionals. The supervision practice inherently follows the same code of conduct applicable to all clinical psychologists in their practice. Ongoing updates on ethical aspects for psychotherapy supervision can also be found through the American Psychological Association, International Family Therapy Association, American Association of Marital and Family Therapists, Society for Exploration in Psychotherapy Integration, International Society for Emotion Focused Therapy. Some other background resources can also be accessed by psychotherapy trainees, trainers, supervisors as well as practitioners for adequate professional conduct (Isaac, 2009; Ladany, Lehrman-Waterman, Molinaro & Wolgast, 1999).

The importance of psychotherapy supervision in training as well as in addressing process related issues has been well-documented (Edwards, 2013, Watkins, 2014). The role of the supervisor is envisaged as performing many functions in the process of psychotherapy supervision. Psychotherapy supervision can be viewed as a process that rests critically on the relationship between the supervisor and supervisee. It involves professional self-disclosure and takes place through creating an atmosphere conducive for this. It also aims to equip and support the therapist in therapeutic failures and empowers the therapist, while helping the therapist in developing clarity on use of theoretical concepts and techniques. Psychotherapy supervision is also crucial in enabling the development of a capacity to use process issues of sessions for the benefit of the patient as well as for one's competencies as a therapist.

Various theoretical models of supervision have been described (Barker & Hunsley, 2013; Edwards, 2013). A detailed examination of these is beyond the scope of this document. Some relevant models are mentioned here and can be used for further developments of relevant guidelines for India. Commonalties across models are also emphasized here as creating a generic set of guidelines for supervision is most critical at this stage of psychotherapy developments in the country. Supervision involves building individualized plans for training supervisees in their learning of psychotherapy. This is a fundamental premise that perhaps is largely accepted by all psychotherapy supervisors in India.

It is recognized by psychotherapy researchers, that knowledge of these models of supervision are fundamental to the ethical practice of psychotherapy training. There are several models of supervision available, however the three earliest models have been the developmental, integrated and orientation specific models (Westefeld, 2008).

The developmental model acknowledges three levels of supervisees, beginning, intermediate and advanced. The processes that a supervisee goes through include self-awareness, motivation and

autonomy. This model identifies growth areas that the supervisee goes through. These include skills and competence in different areas such as assessment, case conceptualization, treatment planning and ethical practice, in addition to the theoretical orientation necessary for practice of psychotherapy (Stoltenberg & Delworth, 1987). It emphasizes the importance of the growth and development of the supervisee through these stages, as a therapist and as supervisor.

Integrated models of supervision were designed to fit supervision of eclectic approaches and cover many different models. They tend to be atheoretical and focus on areas of skill building (eg. The Discrimination Model: Bernard and Goodyear, 1992). Like the developmental model, the Discrimination model also highlights skill-building in supervision, namely process (how the supervisee communicates the process, for eg how well did the client reflect emotion expressed by the client), conceptualization (application of a specific theory to a case) and focus on supervisee's skills for identifying problems and selection of an appropriate learning technique. The supervisor may use modeling and be a co-therapist, or use behavioral rehearsal in supervision. More recently, Watkins (2018) has proposed a generic, trans theoretical model of psychotherapy supervision, that highlights and integrates input, output and process variables in psychotherapy supervision. This is similar to the common model of psychotherapy, described by Orlinsky and Howard, (1987).

This document is towards facilitating supervision of intermediate/advanced level supervisees. The supervisors may indicate if they would supervise for intermediate level or for both intermediate and advanced level. They could also describe themselves as inclined towards integrated model or orientation specific. Dimensional view on this is perhaps more relevant for India rather than a categorical approach. Also, these guidelines are to be activated in the context of new therapy cases of the supervisee and ensuring that the clients are not participating in multiple therapies simultaneously.

The following sections cover basic principles, eligibility criteria, and contract related aspects of psychotherapy supervision through IACP platform.

2.0 BASIC PRINCIPLES OF PSYCHOTHERAPY SUPERVISION:

Who is a supervisor?

“A supervisor is a psychotherapist who has assumed, by virtue of training and/or experience, the role of facilitating, observing and monitoring the work of another psychotherapist who may be in training, in private practice or in an organization, who requires supervision for professional support or as a condition of employment” Mander, 2002, (page 38).

Some general aspects of psychotherapy supervision are: a) Awareness and knowledge of the evidence-based approaches b) Careful planning of the course of psychotherapy c) Regularity during the process of supervision d) Maintenance of ethical standards and e) Careful evaluation of

the needs of the supervisee. Supervisory relationship and the supervisor's engagement in it are of utmost importance. This requires being sensitive to the needs to the supervisee and value the competence of the supervisee, while recognizing vulnerabilities as well (Overholser, 2014)). Supervision must ensure new learning for the supervisee, in a safe space and through structured support. Supervisor's training, knowledge and competence in evidence –based approaches, various psychotherapeutic procedures, process and outcome research on psychotherapy are crucial in offering supervision. Presumably, clinical psychology course covers it adequately as these are essential for the practicing psychotherapy. Further professional development through continued education and honing of knowledge and skills by the supervisor are desirable through training programs, workshops, and various other similar professional programs.

The supervisor's competence has been recognized to be a cornerstone for effective outcome in psychotherapy. This ensures that one performs one's own role within ethical boundaries and also helps monitor the supervisee's action in executing the therapeutic process. A true competence is also known as meta-competence, as it involves introspection of supervisor's own thoughts and actions (Falender & Shrafranske, 2007). Overall, an ethical supervision always entails a competency-based approach which creates a framework that assures initiation, implementation and evaluation of the whole therapeutic process irrespective of the therapeutic models utilized. In recent times, supervisor's competence has been viewed as a construct that can be assessed or evaluated through predetermined measures. A large body of research is currently focusing on training.

Four elements providing the knowledge of effective supervision practice are described here. These are broadly: structure and setting, supervisory working alliance, content/ethical aspects, and termination.

2.1 Structure and setting

Supervision must have some explicitly stated format. The following eight sections capture the basic framework for psychotherapy supervision:

- i) **Goal setting:** It includes both the development of goals and attention to goals throughout the supervisory relationship. As much as is possible, supervisors work with supervisees to create realistic goals that are also specific, can be measured and attainable. Treatment outcome is the ultimate focus of the psychotherapeutic process. Hence the client and the treatment process is central in the supervisory process. The supervisor plays an active role in the planning of the course of psychotherapy, as well as careful monitoring of the supervisee, who actually delivers this intervention (Watkins, 2011).

Overall, goals for therapy can be divided into short term goals and long term goals. Short term goals must be attempted to provide relief at the earliest possible to those problems due to which client is currently suffering or symptoms. Whereas, long term

- goals should deal with underlying problems which are present in the client for longer period of time for example, personality issues. It is expected that in the format being developed here, supervision needs will be more challenged pertaining to long-term goals but this remains to be discovered and discussed in subsequent initiatives of IACP.
- ii) The initiation of supervision: The formal initiation of supervision takes place following the goal setting. At this time the supervisee may need intensive monitoring to assure the correct execution of course of action.
- Space:* Creating appropriate privacy, uninterrupted time, and all within the expectations, rules, and all required procedural permissions of the organization of the supervisor are some of the important factors to consider with respect to space.
- Mode:* This may include face-to-face supervision, phone supervision, video supervision formats or blended formats convenient for the psychotherapist and the psychotherapy supervisor. Both the therapist and psychotherapy supervisor may be flexible while making these arrangements and accept that these may be limited by infrastructure and resources available to each although face-to-face supervision is strongly recommended.
- iii) Frequency and regularity of supervisory discussions: The supervisee and supervisor must mutually discuss and arrive at a suitable frequency of discussion. The frequency should facilitate optimal learning and changes in agreed upon frequencies may be based on supervisee's needs, client needs and issues that may arise from the therapeutic process. During psychotherapy training in M.Phil Clinical Psychology, it is customary to discuss therapy sessions at least once a week/discuss after each session and usually these are hour-long discussions. Assuming that trained clinical psychologists would have already experienced this level of supervision as beginner supervisee, a clear and reliable arrangement will promote a better supervisory experience for both.
- iv) Conducting supervision (Initial-Middle-Terminal Phase with Feedback and Reflections): Supervisors need to adhere to professional standards (e.g., frequency of supervision); predetermined therapy goals, meet face-to-face with supervisees whenever feasible or use technology if physical meeting is not possible. Modification of structure of sessions or plan can be done as needed based on supervisee needs and client's welfare.
- Initial sessions may focus on baseline assessment of psychological functioning before the intervention, working on alliance, preparing the mental set of the clients, understanding insight and motivation of the clients, providing psychoeducation to clients, and socializing the client to psychotherapy. Whereas, middle sessions should incorporate the active intervention for short term goals of the therapy. Terminal sessions consist of revision of the active intervention and empowering the client for independence and other necessary elements at the end of the therapy including providing knowledge regarding the importance of medical and therapeutic compliance and follow-ups.
- Supervision can also address how the therapist can arrange the therapy hour into segments covering tasks, goals and bonds aspects while keeping the session relevant

and useful for the client. Expanding repertoire of things therapists can say and ask in sessions, working with session transcripts are some of the other ways in which challenges faced by therapists can become tangible in supervision.

- v) Reflections on supervisory processes by supervisor: The supervisor's reflection of the process of supervision is as important as the supervisee's reflections of the therapy process. These may be facilitated by self-reflection, note/record keeping and attempts at maintaining objectivity in this process. Supervisor must be aware of threats/barriers to this process. Ultimately, the client's well-being, treatment outcome, supervisee's emotional and psychological well-being and learning are crucial goals to be considered at all times (McMahon, 2014).
- vi) Evaluation: In beginners' psychotherapy training, supervisors communicate the evaluation plan to supervisees when supervision begins. They also encourage the supervisee to engage in self-evaluation and self-reflection, and attend to the range of psychotherapy skills and supervisee's own learning goals. Much of this forms a part of their qualifying degree. This aspect is not applicable in the present scenario. The purpose of evaluation in the present context is to promote self-growth, professional discourses, and capacity to learn from professional experiences. The evaluation could include therapist's measures of therapy, client as well as supervision. Evaluation is an important aspect of supervision and the supervisor is expected to evaluate the supervisee consistently and objectively. Specific documents and records may be utilized for this purpose. In this regard supervision at the same time educative. The supervisor also performs several administrative roles, which include documentation (as the one of the supervisor's liabilities include-direct harm to client and responsibility for supervisee actions), performance evaluation and ensuring specific goal-setting related to tasks, providing effective feedback, timely, systematic, that is balance (Shah, 2020).
- vii) Documentation: This provides supervisors with a measure of accountability. Documentation by the supervisor includes a contract for supervision (signed by all parties involved), case notes for the supervisory sessions, and supervisee evaluations. Documents maintained by supervisors are sensitive to both clients and supervisees. They protect the welfare of the client, as well as privacy and confidentiality of clients and supervisees.

Various authors have discussed the importance of maintaining supervision records. For the supervisor, the welfare of client as well as the professional development of the supervisee are important (Falvey & Cohen, 2003).

Some of the essential components of the supervision record are a contract for supervision, a summary of the supervisee's needs for learning as well as experience, in some places performance evaluations of the supervisee, a record of case discussions and decisions that were taken based on these discussions, a note of supervision meetings held and missed or cancelled, and any conflicts in the process and how they

were resolved (Munson, 1993). It is recommended that both supervisor and supervisee should have their copies.

The benefits of record keeping are that this facilitates proper use of the supervisory process for the needs of the supervisee and can be useful for both in case difficulties arise in supervision.

- viii) Other Considerations: Monitoring own competence, assurance of delivering best skill of the supervisee to the clients, checking own self-care, getting feedback from the clients while adhering to ethical principles are some of the other essential aspects of this process. Additionally, the supervisor and supervisee need to implement culturally sensitive interventions. Especially in a country like India with huge diversity in belief systems and culturally sanctioned rituals and practices, one must be well aware of sensitive aspects of clients from diverse backgrounds. Moreover, gender, race, sexual orientation, disability, social class, caste, religion aspects of the client and supervisee may require attention and discussion to help the supervisee be aware as to not to allow it to influence the supervisory relationship.

2.2 Supervisory working alliance

There is ample literature available on supervisory working alliance (Bordin, 1983, Watkins 2014) and it must be emphasized here again. Supervisors should pay particular attention to provide safe and mutually trusting environment in which supervision can take place. Supervisee's anxiety is an important factor in supervision and resistance on the part of the supervisee may be seen part of the normal responses to the changes and challenges the supervisee is expected to face. The supervisor thus needs to address and manage these dynamics, while allowing the growth of the supervisee. Alliance between therapist and client as well as use of various measures related to therapy process and outcome could also be a part of supervisory discussions. Supervisory relationship is recognized as being the key ingredient for satisfying supervisory experience and this includes supervisor's engagement in the relationship.

Supervisory alliance can be considered as a trans-theoretical construct, with attention to rupture and repair events for therapeutic alliance (Aten et al 2008). It enhances awareness of client and awareness of process issues. It also helps overcome personal and intellectual obstacles to mastery and deepen understanding of theory and concepts.

Supervisor self-disclosure, another major reality of supervision, is acceptable for personal material/psychotherapy experiences/ professional experiences/reactions to trainee's/supervisee's client(s)/supervision experiences. However, it must be viewed on the dimensions of (1) congruent-discordant to discussion (2) Non-intimate to intimate (3) Service of the supervisor or supervisee. It is acceptable if it is congruent, non-intimate and in service of the supervisee. Supervisor self-disclosure can occur in many ways, it can have a positive impact on alliance and supervisory process, if used appropriately. The supervisor has to be aware of the nature and purpose of self-

disclosure in supervision. The supervisor must avoid narcissistic disclosures (that are personal or professional, intimate & in service of supervisor rather than supervisee) (Farber, 2003, Ladany & Walker 2003)

The focus of supervision must be on the following aspects. Some of them relate to the professional development of the supervisee, while others focus on what supervision is and what tasks the supervisor is expected to undertake. Psychotherapy supervision must focus on conceptual and technical skills as well as on outcomes (supervision-focused & client-focused outcomes).

While skills are important, the supervisor is also required to pay attention to the therapeutic process and the supervisee's feelings in this context, and on the interpersonal dynamics, thus having to balance various competing demands. The supervisor has the task of decreasing supervisee anxiety and increase supervisee tolerance of ambiguity. In this context the supervisor may use specific supervision-based models (developmental vs competency-based). These points are most critical during the stage of psychotherapy training during the professional training course. But they also apply to other supervisory contexts. Usually, making available competencies tangible in discussions and then integrating new concepts, techniques and models in small steps across supervision sessions while constantly empowering the supervisee to make choices can be very helpful.

2.3 Content of supervision and ethical standards

Careful evaluation of the needs of the supervisee is important. The needs of the supervisee may be variable based on factors such as the phase of therapy, skills and competence of the supervisee, difficulty of the client's concerns as well as the psychological and emotions needs of the supervisee.

Psychotherapeutic process often brings up difficult emotions in the supervisee. Therefore, psychotherapy supervision needs to provide space for acknowledging this. These could be negative emotions of anger, sadness, or anxiety, or strong positive emotions, which may eventually interfere in the process of providing therapy.

It is common in psychotherapy training during the M.Phil course in clinical psychology for supervisors to use live demonstrations, therapy videos, group-supervision, psychotherapy case presentations, workshops, and specific reading material to develop conceptual knowledge as well as skills in trainee-therapists. However, in intermediate and advanced supervision level being discussed here, supervisor need to only give recommendation of resources to be mastered by the therapist. The supervisor must clarify expectations from the supervisee regarding the overall supervision, such as general rules, frequency of meeting, involvement in the supervisory process and so on. As part of the supervision process, the supervisor helps the supervisee in developing clarity on use of theoretical concepts and techniques (skills, competencies). The exact modalities

and methods are decided by the supervisor and mutually agreed upon by both supervisor and supervisee.

The supervisor ensures that there is a mutual understanding and agreement regarding the rules and contract governing the supervision, including confidentiality, note or record keeping. The supervisor provides support to the trainee supervisee/supervisee in therapeutic failures that may be encountered and also empowers the trainee-therapist.

The supervisor in his/her role as supervisor facilitates the development of the capacity, in the supervisee, to use process issues of sessions for the benefit of the patient as well as for one's competencies as a therapist. This involves ensuring a conducive atmosphere, time and space for reflection and understanding of process issues that are likely to occur in the context of psychotherapy. Supervision must also prevent unprofessional conduct during psychotherapy and in the process of supervision. The supervisor must also display both sensitivity and courage when engaging with supervisees' personal and professional identity. Psychotherapy supervision facilitates professional self-disclosure from the supervisee maintaining professional ethics and standards (Kaiser, 2004). Both also need to maintain clear boundaries with trainee therapist/supervisee. Maintaining boundaries is an essential element of the supervisor- supervisee relationship and these include boundaries of time, space, content, nature of relationship (Power, 2007).

These are determined by various factors such as definition of roles and relationships, time, space for supervision, content, and confidentiality (Heru, Strong, Price, & Recuperero, 2004; Heru, 2006; Power, 2007). Some of the relevant questions to consider include, the relationship between the supervisor and supervisee. The relationship should be such that the supervisee is able to ask questions, without feeling afraid, ashamed or uncomfortable. The supervisor must encourage questions as it facilitates learning and reflection.

Confidentiality of the supervision content must be maintained by both the psychotherapy supervisor and the supervisee. However, the extent to which confidentiality is to be maintained by both with respect to the content of the discussion and clinical material being discussed may be affected by a few factors. Some concerns may be anticipated in the beginning and agreement entered in the contract. An important question is under what circumstances confidentiality would be breached. Some of these may include threats, disciplinary actions to be considered, breaching professional code of conduct. Confidentiality includes record keeping of the supervisory sessions and making it clear to the supervisee as to whom the records will be made available in the event that it is needed. This may include a third party being able to access these records and if so under what circumstances. Confidentiality also includes information brought in by the supervisee, such as supervisees' emotions.

In the event of malpractice, unethical practice during the course of psychotherapy supervision, either party should bring this to the notice of the regulatory bodies. The psychotherapy supervision

would need to be stopped/terminated, the matter to be brought to the notice of the IACP and the RCI. Either can terminate the contract upon any instance of boundary violations and update IACP about termination of contract. The stand of the IACP could be a) terminate the contract between the two parties if issue raised by any party (no details are required for this) or b) to suspend approval of supervisor/supervisee through IACP platform (requires written communication to IACP president/EC requesting the same and giving data-no third party report is required for this) or c) to cancel the membership of the person concerned (requires third-party documentation from involved institutes/enquiry committees/regulatory bodies). However, the IACP but would not be able to take any further action.

The supervisor must remember not to turn supervision into personal psychotherapy of the supervisee. The supervisor must be mindful of the possibilities of this occurring, especially when addressing supervisee experiences.

The supervisor must also avoid instructing, clarifying or deciding for the trainee therapist/supervisee and also avoid multiple supervision missteps. Literature can help reach one conclusion: that a beneficial process is the one not necessarily free of all mistakes by supervisors but where those are minimal (Shah, 2020).

It is also important to remember that the supervisory process is interactive, ethical principles are shared responsibilities, and that there are many sensitive domains of supervisor and supervisee relationship. Ethical guidelines are boundaries to be followed by both. The relationship has mutual responsibility. Exploitation, abuse and neglect are not so well elaborated tenets of supervision but are very important. Hence adequate conscious emphasis of being aware of these aspects as a part of the supervisory role is required. Supervision has to adhere to ethical code of conduct (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999).

Professional competence and integrity are expected from both, as both are qualified clinical psychologists (American Psychological Association, 2014). Commitment needs to be evident with respect to time, space for providing supervisee. Compliance with code of ethics as a trained professional is expected. Sexual or romantic relationships, dual relationships are to be avoided. The supervisor must be aware of professional boundaries at all times and look for boundary violations. In summary, the supervisor must be particularly mindful of dual relationships, keep proper documentation, descriptions (position); be aware of his/her duty to warn in case of violations of ethical principle, professional and personal dilemmas in course of supervision, the need and process of disciplinary action; and keep discretion (Dewane, 2007).

2.4 Termination

Like all professional relationships clinical supervision too has a point at which termination occurs. As a professional, the supervisor may spell out expectations clearly of the process of supervision and the supervisory relationship. Yet, there are many ways in which termination might occur.

These include, a) premature termination- by supervisee/supervisor/case in question, b) termination due to unethical practice, non-compliance. Here, the supervisor could consider termination based on concerns regarding non-compliance to instructions, harm to client or unethical practice on the part of the supervisee, with respect to organizational ethics/practices, c) planned termination, based on the contract agreement between the supervisee and supervisor.

Supervision itself being an intense interpersonal relationship, termination of supervision needs to be planned. Clarity with respect to the reasons for termination and conditions for the same must be explicitly discussed by the supervisor and supervisee, with an opportunity for the supervisee to get feedback on learning and skills acquired.

Research on termination in psychotherapy suggests that a strong alliance is associated with a better termination phase, this is also true of the supervisor-supervisee relationship. Some important aspects to note in termination of supervision are: a) the process of termination must be communicated clearly, if not already stated in the contract, the time and reason for the same must be made clear to the supervisee, b) the specific number of sessions over which supervision may be terminated, particularly in a planned termination may be designated (e.g. 3 sessions/meetings) during which the supervisor and supervisee discuss termination and concerns/emotions concerning it (Levendosky & Hopwood, 2016). Proper documentation for supervisory discussions, and fees (if applicable) are to be maintained. This is particularly important in times of premature termination or when termination is initiated due to disciplinary reasons.

In the process of termination, the supervisor also provides feedback to the supervisee regarding the learning and skills acquired. Feedback must be constructive and contribute to the continued development of the supervisee as a therapist.

3.0 ELIGIBILITY CRITERIA FOR SUPERVISOR AND SUPERVISEE

To apply to function as an IACP certified supervisor, a qualified clinical psychologist, with registration with RCI,

1. Should have completed at least 30 hours of clinical/psychotherapy supervision for on-site trainees/psychotherapists in any one setting
2. Must certify that ‘I am not under investigation for any ethical violation’
3. Must be IACP Fellow or Professional Member
4. 5 years of clinical experience practicing in India, with- out a gap of more than 1 year
5. Supervised 5 clinical psychologists or minimum of 30 hours of psychotherapy supervision for clinical psychologists (not on-site trainees)
6. Provided psychotherapy for a minimum of 20 clients with a minimum of 6 hours per client

7. Professional development initiatives must be evident. Three out of the following 5 criteria to be fulfilled:
 - a. Attended at least 1 IACP conference in the previous 3 years
 - b. Presented case or scientific paper specific to psychotherapy in a seminar/ conference
 - c. One psychotherapy workshop – attended/conducted
 - d. Publication as author or co-author in the domain of psychotherapy in any indexed and peer reviewed journals
8. Continuous practice in the past 5 or more years without a gap of more than one year

It is desirable for the supervisor to have a PhD in Clinical Psychology, and to have attended course(s) /workshops on psychotherapy supervision from recognized international bodies.

A supervisee, for the purpose of these guidelines is not a student/trainee, but a clinical psychologist, who has completed MPhil in Clinical Psychology

To apply for supervision from an IACP certified supervisor, a qualified clinical psychologist must fulfill the following criteria:

1. The supervisee must be practicing in India
2. The supervisee is treating clients in India online or in person
3. If not self-employed, those seeking supervision through the IACP platform must submit appropriate permissions from their organization along with the application. If satisfied with this, the supervisor may accept the applicant for supervision.

Application forms for potential supervisors and supervisees can be made available on IACP website along with procedural details, time-lines, fees, and disclaimers. List of approved supervisors can be updated periodically and general feedback forms be made available for further improvements in this mechanism.

Supervisor accreditation system through IACP website can be accessed by potential supervisors to register themselves as licensed supervisors. Final authority for accreditation rests with IACP or its nominated committee. One could hope that presently countrywide, there would be at least 300 potential supervisors who could be interested in contributing to psychotherapy through this method. Assumption here is that at least 50% of faculty for RCI recognized M.Phil Clinical Psychology courses, would be eligible and interested to contribute through this platform. A number of private practitioners may also be eligible and eager to participate in growth of psychotherapy in India through these procedures.

4.0 ESTABLISHING A CONTRACT FOR PSYCHOTHERAPY SUPERVISION

Psychotherapy supervision has been viewed as a professional relationship between a supervisor and a supervisee, with the intent of fulfilling certain specific objectives and needs (Osborn &

Davis, 1996). Some of these processes which are an essential part of the relationship as well as principles that govern the relationship have been elaborated upon in the previous sections.

In addition, most professional bodies for Clinical Psychology discuss the role of a contract or agreement that further specifies this relationship. The need for a contract between the supervisor and supervisee has been referred to in the context of psychotherapy supervision to further establish structure and general agreement to the relationship between the two individuals. While the content of a contract may vary based on the setting, organizational practices and regulations, the contract conveys expectations the supervisor and supervisee have from each other in terms of committed time, learning objectives and rights and responsibilities of each other as well terms and conditions pertaining to ethical standards of practice.

The contract is also helpful in specifying time frame available, as well as conditions under which this may be terminated and provision for alternate contacts in case of emergencies or an event that requires involvement of any other organization or body.

By entering into a formal contract both supervisor and supervisee are also made aware of the purpose of the meetings and the ethical boundaries to be maintained (eg space, confidentiality etc.) (Ellis, 2017). Both must also be aware of their rights and responsibilities (see Appendix 1).

The contract for supervision is valid for a period of one year. During this period more than one case may be discussed in supervision. In fact, it is expected that early career professionals will be using this facility through the IACP platform hence discussion of more number of cases under one supervisor will be beneficial to the profession. Termination of supervision must be planned ahead and ensure welfare of the psychotherapy client as well as the psychotherapist. The contract entitles the therapist to a minimum of 18 supervision sessions in a year, i.e., an average of 2-3 hours per month. It is recommended that the initial month's frequency may be kept as high as possible.

The contract must contain details like names of supervisee and supervisor, type of supervision, goals, rights and responsibilities of the supervisor and supervisee, and duration and frequency agreed upon. It must also show that both parties are aware of IACP disclaimer in this arrangement. Upon submission of a signed copy of the contract to IACP and upon approval his professional arrangement could be activated.

Currently, IACP will not place any restriction on number of supervisees that can be accepted by a supervisor, nor will it mediate if a supervisor refuses to accept a particular supervisee. Supervisees are encouraged to work with one supervisor at a time.

5.0 CONCLUSIONS

The guidelines proposed above are probably a completely new territory in psychotherapy in India. This is an initiative outside of academic and training institutions yet attempts to address competency needs of psychotherapist. The content in this document has been developed for qualified clinical psychologists with the intent that it could bring more even delivery of

psychotherapy services to Indian population. Nevertheless, IACP is extremely aware of the acute dearth of psychotherapists in the country. In the imminent future, IACP may perhaps consider ways of being more inclusive in the eligibility criteria of supervisees, once the usefulness of the above framework is established. Moreover, with the national-level need for more training and supervising faculty (due to an increase in courses for clinical psychologists), brief online courses for educating supervisors can also help fill-up the gaps in psychotherapy training across the country. Internationally, inspiring content is already available for this (Watkins, 2012). More differentiated supervision formats can also evolve once uniformity is ensured for all early career psychotherapists. Since the 2-year professional training course for clinical psychologists rests on the principles of integrated psychotherapy (Shah, 2019), unlike international trends, higher level of mastery in unique psychotherapies could develop later on in the career. Apart from integrated supervision, future professionals may benefit from multiple discourses on psychotherapy supervision. Future may also bring credit-based system from RCI & IACP to streamline supervisees and supervisors further.

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Appendix 1

RIGHTS AND RESPONSIBILITIES OF THE SUPERVISEE AND SUPERVISOR

Supervisor's Responsibilities	Supervisee's Rights
<ol style="list-style-type: none">1. To express concerns if any regarding the work by supervisee2. To provide constructive feedback regarding the therapeutic work and learning.3. To observe work carried out by the supervisee and take supportive or corrective action as needed.4. To ensure ethical practice and professional standards.5. To ensure that supervision is carried out and tasks and goals are fulfilled as agreed upon6. To maintain a file or documentation regarding supervision including matters related to development and training.7. To clarify to the supervisee his/her role and responsibilities (this is to be briefed at the beginning, with reminders as needed throughout)8. To monitor and assess performance of the supervisee, after setting the standards expected.9. To be aware of the tasks being carried out by the supervisee10. To address any problems and concerns as they arise and impact the performance of the supervisee.11. To provide adequate support to the supervisee in achieving professional and personal development plans.	<ol style="list-style-type: none">1. To get uninterrupted time in a safe, space with privacy.2. To get the guidance of the supervisor as well attention during supervision.3. To get feedback of the process of learning and psychotherapy practice.4. To discuss and be able to set some part of the agenda for supervision.5. To ask questions of the supervisor.6. To express one's ideas in supervision, including challenge guidance at times and in a constructive manner.7. To have one's learning needs fulfilled as well as that of professional development.