Supervision and Mentoring in Clinical Neuropsychology

Pacific Northwest Neuropsychological Society
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“Clinical competence does not equal supervisory competence and neuropsychology trainees and practicing clinicians who are considering or are new to supervisory roles must develop supervisory skills.” (p. 755) 

(Stucky, Bush, & Donders, 2010)
Talk Overview

- How do we provide effective supervision and mentoring?
  - How well do we teach and train our supervisees?
  - How competent are they?
  - How competent are we as supervisors?
- What kind of ethical dilemmas arise in supervision and mentoring?
Talk Overview

- But this also entails close attention not only to what we have our supervisees do, but what WE do as supervisors and how we do it
  - accountability
- This is as much about our competence and theirs!
  - (or more so)
Learning Objectives

1. Utilize foundational and functional competencies in professional psychology as a basis for supervision of trainees in clinical neuropsychology.
2. List achievable goals of supervision for each level of training (practicum, internship, post-doctoral fellowship) in neuropsychology
Learning Objectives

3. Describe methods for measuring training goals and efficacy of supervision.
Learning Objectives

4. Discuss mentoring of early career, mid-career neuropsychologists and peer to peer consultations
Learning Objectives

5. Explain how the APA Ethics code and organizational guidelines (NAN, AACN) relate to clinical supervision in neuropsychology
Definition & Skills for Supervision
(Pettifor et al., 2009)

- Maintaining a working alliance
- Observing, evaluating, and gatekeeping
- Supporting
- Providing constructive feedback
- Facilitating self-evaluation
- Instructing
- Modelling
- Mentoring
- Mutual problem solving
Learning Objective #1

Utilize foundational and functional competencies in professional psychology as a basis for supervision of trainees in clinical neuropsychology.
Framework for Competencies

- 2002 Competencies Conference: Future Directions in Education and Credentialing
  - Sponsored by APPIC and APA
- Competencies Cube (Rudolfa et al., 2005)
- Competency Benchmarks (Fouad et al., 2009)
Definition of Competency

“Competency is generally understood to mean that a professional is qualified, capable, and able to understand and do certain things in an appropriate and effective manner. Simply having knowledge or skill is insufficient for someone to be considered competent. Rather, there is the implication that competency requires action and in some public way verification of what is achieved by that action. Moreover, appropriate and effective action requires judgment, critical thinking, and decision making. In a profession, competency also connotes that behaviors are carried out in a manner consistent with standards and guidelines of peer review, ethical principles, and values of the profession, especially those that protect and otherwise benefit the public.”

(Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie, 2005, pp. 348-349)
Within each professional stage, the ways in which specialty education becomes relevant can be visualized through the Parameters of practice that differentiates specialities, namely:

- Populations served
- Problems addressed
- Procedures of theoretical orientation
- Settings

**These Domains are not mutually exclusive, are interrelated, developmental in nature and occur at every stage of professional development.

From: Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie, 2005, p. 350
Foundational Competencies

- Represented by the x-axis
  - Knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to perform
    - Ethics
    - Individual and cultural diversity
    - Knowledge of the scientific foundations
Functional Competencies

- Represented by the y-axis
  - major functions that a psychologist is expected to perform,
  - each requires integration of foundational competencies
    - assessment
    - intervention
    - consultation
    - research
Stages of Professional Development

- Represented by the z-axis
  - Undergraduate
  - Graduate
  - Predoctoral Intern
  - Postdoctoral Fellow
  - Continuing education
Competency Initiatives in Professional Psychology

- APA Education Directorate has a number of excellent resources on the APA website

Competency Initiatives in Professional Psychology

- APA Competency Initiatives
- Competency Assessment Toolkit for Professional Psychology
- Resources related to students with competence problems
Board Certification

- The American Board of Professional Psychology has incorporated this competency model for all their specialty boards.
- The American Board of Clinical Neuropsychology evaluates these competencies in their examinations for board certification in Clinical Neuropsychology.
(what's) the big idea(?)
get certified

The clearest and most responsible way for a psychologist to represent herself/himself to the public, third-parties, and the profession as a specialist to be certified through an organized peer process as meeting the standards and demonstrating the competencies required in the specialty. ARPP is the only non-profit professional unitary organization with multiple specialty board quality controls recognized by the profession as certifying specialty practitioners in psychology.

checklist basics:
- a doctoral degree from an APA/CPA accredited or ASPPB/NR designated program
- licensure as a psychologist at the independent doctoral level
- APA/CPA accredited internship or equivalent year of supervised experience

core competencies in psychology

functional:
- assessment
- intervention
- consultation
- science base & application supervision / teaching / management

foundational:
- interpersonal interactions
- individual and cultural diversity
- ethics and legal foundations
- professional identification

1 apply
initiate an application for ARPP board certification by submitting the materials to the central office

2 generic credentials review
the ARPP central office ensures that you have met all the generic criteria and have the appropriate licensure for certification

3 specialty credentials review
the application is sent to the appropriate specialty board to ensure that your credentials meet all the specialty-specific criteria for your chosen specialty

4 practice samples
submit practice samples representative of your work and competency

5 oral exam
sit for an oral exam with examiners in your chosen specialty

6 get certified
join the ranks of many of your colleagues as board certified through ARPP, and display your diploma with pride

many settings provide salary increases and advancement if ARPP certified
ABCN Diploma Definition of Competence

*Competence* for board certification in Clinical Neuropsychology entails the following specialist capacities:
ABCN Diploma Definition of Competence

A. Performing a broad spectrum of clinical neuropsychological services including assessment and intervention (e.g., Psychotherapy, psychoeducation, compensatory strategies, and vocational adjustment) in a manner that is consistent with professional standards
ABCN Diploma Definition of Competence

B. Explaining and defending such practices based upon scientific research and the standards of ethical practice in the field of clinical neuropsychology
C. Conveying information gained from assessments, interventions, and other evaluative methods to other professionals (i.e., neurologists, neurosurgeons, psychiatrists) as well as to patients and their caregivers, in a clear and understandable manner
ABCN Diploma Definition of Competence

D. Knowing with reasonable certitude both
   (1) the limits of one’s own expertise, and hence one’s practice, and
   (2) the limits of the currently available knowledge base for the specialty of clinical neuropsychology
Competency based model of supervision

Foundational and Functional Competencies

- Competency Benchmarks in Professional Psychology (American Psychological Association, 2011b)
- Applies these to Houston Guidelines
Competencies in Clinical Neuropsychology

- We are training health service providers
- Scientist-practitioner tradition
- Scientific method
- Critical thinking skills
- Commitment to maintain competence with continuing education to keep up with rapid scientific advances in cognitive neuroscience and medicine
- ABPP Maintenance of Certification
Functional and Foundational Competencies

○ Functional Competencies
  ○ Assessment
  ○ Consultation
  ○ Intervention

○ Foundational Competencies
  ○ Scientific Foundations
  ○ Ethical & Legal Standards and Policy
  ○ Individual & Cultural Diversity
  ○ Professionalism
  ○ Practice Systems
Foundational Competencies for Clinical Neuropsychology
(Rey-Casserly, Roper & Bauer, 2012)

- Professionalism
  - Individual & Cultural Diversity
  - Ethical, legal standards & Policy
  - Reflective practice/self-assessment/self-care
Foundational Competencies for Clinical Neuropsychology
(Rey-Casserly, Roper & Bauer, 2012)

- Relational
  - Relationships
Foundational Competencies for Clinical Neuropsychology
(Rey-Casserly, Roper & Bauer, 2012)

- Science
  - Scientific Knowledge and methods
  - Research/evaluation
Functional Competencies for Clinical Neuropsychology
(Rey-Casserly, Roper & Bauer, 2012)

- Evidence based practice
- Assessment
- Intervention
- Consultation
- Teaching/Supervision
- Systems
Competencies

- For who?
  - Supervisee
  - Supervisor
APA Competencies: Supervision

- Articulates a philosophy or model of supervision and can discuss how this model is applied in practice
- Knows the components in a supervision contract
- Demonstrates knowledge of limits of competency to supervise and a plan to address areas of limited competency
- Encourages the professional development of supervisees
APA Competencies: Supervision

- Recognizes and responds appropriately to diversity issues in the supervisory relationship
- Demonstrates appropriate self-assessment in the supervisory relationship
- Identifies ethical and legal issues relevant to supervision
APA Competencies: Teaching

- Performs appropriate outcome evaluations and incorporates feedback
- Demonstrates knowledge of methodological considerations in assessment of teaching efficacy
- Incorporates current literature in courses
Elements of a Supervision Contract

- Responsibilities of Institutions
- Supervisee Responsibilities
- Supervisor Responsibilities
Supervision Contract:
Supervisee responsibilities:

1. Act according to the APA ethical guidelines and in accordance to the rules, regulations, and policies of the supervising agency.

2. Complete the appropriate number of hours of work as stated by the site supervisor and agreed upon when interviewing.

3. Participate in whatever orientation services deemed necessary by the practicum site.

4. Attend all required meetings and/or in-services.

5. Be prepared for supervision.
Supervision Contract:
Supervisee responsibilities:

6. Seek extra supervision when needed.

7. Exemplify knowledge of and responsibility for keeping up with all required paperwork.

8. Be punctual when arriving for work.

9. Be punctual when completing testing and/or therapy paperwork.

10. Contact the faculty member responsible for coordinating the Practicum placements if any conflicts or concerns arise that cannot be successfully addressed by working directly with the supervisor.
Supervision Contract: Supervisor/agency responsibilities

1. Provide sufficient number of therapy and/or testing cases with appropriate clients, so supervisees’ progress and skills can be evaluated.

2. Provide adequate hours of individual supervision (Again, ideally supervision is one hour of individual supervision for every two client contact hours, but we ask our practicum placements to provide at least an average of one hour of individual supervision for every 4 of client contact hours.)

3. Provide a practicum supervisor who has appropriate credentials, time, and interest for training the supervisee.
Supervision Contract: Supervisor/agency responsibilities

4. Provide a sufficient orientation to the site and make the responsibilities clear to the supervisee.

5. Complete the Supervisor Rating Form at the end of each semester (approximately in the months of December and May).

6. Contact the faculty member responsible for coordinating the Practicum placements if any conflicts or concerns arise that cannot be successfully addressed by working directly with the supervisee.
Learning Objective #2

List achievable goals of supervision for each level of training (practicum, internship, post-doctoral fellowship) in neuropsychology
Goals of Supervision
(Stucky, Bush & Donders, 2010)

- Develop neuropsychological knowledge and skills
- Develop critical thinking and decision making
- Promote high quality clinical care
- Promote life-long learning
- Enhance patient outcomes
- Develop attitudes conducive to ethical practice
Supervision Model

- Different from traditional clinical psychology
  - Psychotherapy vs. assessment
Supervision Model

- Individualized
- Process-based
- Developmental
- Supervisor expectations
Competency Benchmarks: Developmental level

- Readiness for practicum
- Readiness for internship
- Readiness for postdoctoral fellowship
- Readiness for entry level independent practice
1. **Assessment**: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

<table>
<thead>
<tr>
<th></th>
<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9A. Knowledge of Measurement and Psychometrics</td>
<td>Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing</td>
<td>Selects assessment measures with attention to issues of reliability and validity</td>
<td>Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context</td>
</tr>
<tr>
<td>9B. Knowledge of Assessment Methods</td>
<td>Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam</td>
<td>Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances</td>
<td>Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning</td>
</tr>
<tr>
<td>9C. Application of Assessment Methods</td>
<td>Demonstrates knowledge of measurement across domains of functioning and practice settings</td>
<td>Selects appropriate assessment measures to answer diagnostic question</td>
<td>Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice</td>
</tr>
<tr>
<td>9D. Diagnosis</td>
<td>Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity</td>
<td>Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity</td>
<td>Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity</td>
</tr>
</tbody>
</table>

From: *Competency Benchmarks in Professional Psychology* (APA, 2011b)
### Assessment continued

<table>
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<tbody>
<tr>
<td>9E. Conceptualization and Recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates basic knowledge of formulating diagnosis and case conceptualization</td>
<td>Utilizes systematic approaches of gathering data to inform clinical decision-making</td>
<td>Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment</td>
</tr>
</tbody>
</table>

| 9F. Communication of Assessment Findings | | |
| Demonstrates awareness of models of report writing and progress notes | Writes assessment reports and progress notes and communicates assessment findings verbally to client | Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner |

From: *Competency Benchmarks in Professional Psychology* (APA, 2011b)
Learning Objective #3

Describe methods for measuring training goals and efficacy of supervision.
Methods for Measuring Training Goals

- What is the knowledge base and what are the skills?
- How do we measure outcome?
Resources from APA Education Directorate

- Competency Assessment Toolkit for Professional Psychology Fact Sheets
- Lists specific methods for evaluating competence
Methods for measuring training goals

- Direct Observation
  - Checklist for correct standardized administration of tests
    - Ex. Sattler
- Case Presentation
- Evaluation Rating Form
  - Summative or formative
- Patient outcome data
Methods for measuring training goals

- Report review
- Self-assessment
  - Strengths and weaknesses
  - Development plan
- Oral examinations
- Written examinations
Testing

- Choosing test battery - ensure supervisee understands why a test is chosen. How to evaluate a test for validity
- Meet before meeting client
- Sitting in on interview - what kind of feedback to give
- Interviewing methods and techniques
- Observe actual testing
Report Writing

- Invariably trainees come from training programs where they have been allowed, or even encouraged to write very long reports
- Focus of report supervision
  - Write briefer, more succinct reports
  - Rationale for shorter reports
Report Writing

- Use of “comment bubbles” in track changes - ask supervisee to keep bubbles and respond to each one in subsequent drafts
- Re-writing vs. giving suggestion on how to change
- Style vs substance - when to demand total adherence to report style/format
- How to deal with disparate supervision advice across supervisors
Feedback

- Give immediate feedback to prevent habits from forming
Feedback/Evaluation

- Formative
- Summative
Evaluation Forms - Supervisee

- Performance Review - Summative
  - Feedback from all sources is integrated into a comprehensive summative formulation,
  - typically occurs annually or at the end of a rotation.
  - overall, global assessment
## FELLOW PERFORMANCE EVALUATION

**Follow:** ___________________________  **Service/Site(s):** ___________________________

**Supervisor(s):** ___________________________  **Dates of Service:** ___________________________

Please rate the following areas according to the scale listed below:

<table>
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<tr>
<th>Scale</th>
<th>1 - Unsatisfactory</th>
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<th>3 - Average</th>
<th>4 - Above Average</th>
<th>5 - Outstanding</th>
</tr>
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</table>

### I. Clinical Skills

- Clinical interviews are pertinent; develops good rapport; sensitively elicits necessary information
  - Rating: 1 2 3 4 5 N/A

- Sensitivity to psychological issues, good grasp of appropriate diagnoses (psychological or neuropsych)
  - Rating: 1 2 3 4 5 N/A

- When indicated, includes caregivers or other informants in acquiring information about pt symptoms/ADLs
  - Rating: 1 2 3 4 5 N/A

- Follows up with patients/caregivers and/or follows up with other health care providers involved in pt’s care
  - Rating: 1 2 3 4 5 N/A

- Adheres to APA ethical guidelines
  - Rating: 1 2 3 4 5 N/A

- Therapeutic interventions are guided by appropriate conceptualization and theoretical constructs
  - Rating: 1 2 3 4 5 N/A

- Therapeutic interventions are pragmatic & effective
  - Rating: 1 2 3 4 5 N/A

### II. Report Writing/Documentation

- Reports/documentation completed in a timely manner
  - Rating: 1 2 3 4 5 N/A

- Writing style is appropriate for referral question and referral source
  - Rating: 1 2 3 4 5 N/A

- Recommendations are comprehensive, specific, and pragmatic
  - Rating: 1 2 3 4 5 N/A

### III. Interpersonal/Leadership/Initiative

- Gets along well with administrative staff
  - Rating: 1 2 3 4 5 N/A

- Ability to work as part of the team/positive attitude
  - Rating: 1 2 3 4 5 N/A

- Interacts positively & effectively with medical/other professional colleagues
  - Rating: 1 2 3 4 5 N/A

- Takes initiative to assist with routine clinic tasks
  - Rating: 1 2 3 4 5 N/A

- Accepts supervision/feedback in constructive manner
  - Rating: 1 2 3 4 5 N/A

- Well-organized and completes projects punctually
  - Rating: 1 2 3 4 5 N/A

- Effective teacher for less senior trainees
  - Rating: 1 2 3 4 5 N/A
Evaluation Forms - Supervisee

- Competency Evaluation Rating Form - Formative
  - list of the behavioral indicators for selected foundational and functional competencies.
  - Rate on each of these behavioral indicators according to a numerical system that corresponds with levels of competence attainment.
  - Specify rating period
  - Opportunity to improve
Postdoctoral Resident Rating Form

Resident: Dr.
Evaluation period: December 2009 – August 2010

Please rate this resident in the following categories, using a scale of 1 to 5
1 = unacceptably poor; in need of immediate corrective action
2 = weak; needs significant improvement
3 = fair and acceptable, but further improvement encouraged
4 = good; clearly meets standards for current level of training
5 = outstanding; clearly exceeds standards for residency

Ratings of 1 or 2 must include specific suggestions for how to achieve improvement. This is optional but encouraged for ratings of 3. Ratings > 4 will be uniformly expected at the end of the second year in order for the resident to be considered competent in all three areas.

1. Neuropsychological evaluation (to be completed by supervising staff psychologist):

   - Knowledge of major neurobehavioral syndromes, their functional neuroanatomy, and relevant allied diagnostic procedures.
     - □
     - Suggestions for improvement:

   - Comprehensiveness of interview and history.
     - □
     - Suggestions for improvement:

   - Test administration, scoring, and observational skills.
     - □
     - Suggestions for improvement:

   - Integration of all available data at the time of supervision.
     - □
     - Suggestions for improvement:

   - Report writing skills, including recommendations, follow-up, and timeliness of completion
     - □
     - Suggestions for improvement:
1. Member of specialty teams (to be completed by physician or program manager):
   - Timeliness and availability to the team.  
     *Suggestions for improvement:*
   - Attention to patient and/or family psychological issues. 
     *Suggestions for improvement:*
   - Leadership with regard to behavioral management issues. 
     *Suggestions for improvement:*
   - Provision of relevant information in a concise and constructive manner. 
     *Suggestions for improvement:*
   - Helpfulness with regard to the trans-disciplinary treatment process. 
     *Suggestions for improvement:*

2. Psychotherapy (to be completed by supervising staff psychologist)
   - Establishment and maintenance of therapeutic alliance. 
     *Suggestions for improvement:*
   - Adherence to ethical and professional standards. 
     *Suggestions for improvement:*
   - Use of appropriate therapeutic techniques to address clinical concerns. 
     *Suggestions for improvement:*
   - Efficiency of # of treatment sessions for specific clinical concerns. 
     *Suggestions for improvement:*
   - Appropriateness and timeliness of documentation. 
     *Suggestions for improvement:*

3. General (can be completed by any party)
   - Ability to take constructive feedback in an non-defensive manner and to use that feedback for self-improvement. 
     *Suggestions for improvement:*
   - Other comments.

Rater name: ____________________________

Signature ____________________________ Date ____________________________
Evaluation Forms - Supervisor

- Can be directed at individual supervisor or program as a whole
# FACULTY PERFORMANCE EVALUATION

**Faculty:** __________________________  **Service/Site(s):** __________________________

**Fellow:** __________________________  **Dates of Service:** __________________________

Please rate the following areas according to the scale listed below:

<table>
<thead>
<tr>
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## I. Clinical Supervision

- Provides appropriate supervision in basic clinical skills (e.g., interviewing, evaluation, intervention)  
  1 2 3 4 5 NA
- Provides appropriate advanced training in specialty area (e.g., forensics, neuropsychology, etc.)  
  1 2 3 4 5 NA
- Provides the fellow with the appropriate degree of clinical independence  
  1 2 3 4 5 NA
- Adheres to APA ethical guidelines  
  1 2 3 4 5 NA

## II. Report Writing/Documentation

- Supervises reports/documentation in a timely manner  
  1 2 3 4 5 NA
- Provides effective feedback on reports/documentation  
  1 2 3 4 5 NA

## III. Administrative/Professional Issues

- Attends meetings, seminars, and supervision on a regular basis  
  1 2 3 4 5 NA
- Provides mentorship on professional/ethical issues  
  1 2 3 4 5 NA
- Provides mentorship on supervising others  
  1 2 3 4 5 NA
- Provides mentorship on career development issues  
  1 2 3 4 5 NA
- Quality as a role model  
  1 2 3 4 5 NA

## IV. Research/Scholarly Issues

- Provides opportunities for fellows to participate in scholarly/research activities  
  1 2 3 4 5 NA
- Provides supervision for academic activities  
  1 2 3 4 5 NA

## V. Comments:

---

**Fellow Signature**  
__________________________

**Date**  
__________________________
MFB Resident Questionnaire

1. Year you completed your residency at MFB

2. Number of full-time years that you completed in this residency

3. Rank order what was most helpful during your residency (1 = highest; don’t have to rank all).
   [ ] ability to interact with other residents
   [ ] experience in billing and reimbursement issues
   [ ] financial support for continuing education
   [ ] individual supervision with clinical neuropsychologist
   [ ] interaction with non-psychologist health professionals
   [ ] protected time for research
   [ ] rounds and other educational activities
   [ ] other (specify) ________________________________

4. How helpful was the completion of your residency in securing a competitive job?
   [ ] not very helpful
   [ ] somewhat helpful
   [ ] very helpful

5. If you were asked to advise current graduate students or interns about the importance of completing a postdoctoral residency in clinical neuropsychology as part of the necessary training of clinical neuropsychologists, how would you rate this?
   [ ] not very important
   [ ] somewhat important
   [ ] very important

6. Did the research that you completed during your residency result in any published abstracts?
   [ ] No
   [ ] Yes, a total of [ ]
   Conference: [ ] AACN  [ ] APA   [ ] INS   [ ] NAN  [ ] Other ______________

7. Did the research that you completed during your residency result in any publications in peer-reviewed journals (not including abstracts of conference presentations)? If yes, indicate number of publications and journal name(s).
   [ ] No
   [ ] Yes, a total of [ ]
   Journal name(s): ________________________________

8. Have you applied for board certification in Clinical Neuropsychology through the American Board of Professional Psychology?
   [ ] no
   [ ] yes
   If yes, please describe level of progress: ________________________________

9. As part of your current employment, are you still involved with neuropsychological assessment?
   [ ] No
   [ ] Yes, approximately [ ] percent of my professional time.

Last revised 01/09/2012
Coping with problems

- Incompetence
- Hubris
- Defensiveness
- Poor social skills
- Professional attire
<table>
<thead>
<tr>
<th>Competency Domain/ Essential Components</th>
<th>Problem Behaviors</th>
<th>Expectations for Acceptable Performance</th>
<th>Trainee's Responsibilities/ Actions</th>
<th>Supervisors'/ Faculty Responsibilities/ Actions</th>
<th>Timeframe for Acceptable Performance</th>
<th>Assessment Methods</th>
<th>Dates of Evaluation</th>
<th>Consequences for Unsuccessful Remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test administration and scoring</td>
<td>non-standardized administration</td>
<td>administer per instructions in test manual</td>
<td>review and practice test administration</td>
<td>provide time to review and practice test administration</td>
<td>2 weeks</td>
<td>direct observation of test administration; review scored protocols</td>
<td>March 3, 5</td>
<td>unsatisfactory performance review. Will not successfully complete requirements for completion of internship</td>
</tr>
</tbody>
</table>
I, ______________________, have reviewed the above competency remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee’s rationale for disagreement, are REQUIRED).

______________________________  ___________________________
Trainee Name  Date  

______________________________  ___________________________
Training Director  Date  

Trainee’s comments (Feel free to use additional pages):
Relationship issues

- Power differential
- Diversity
- Privilege
Training Milieu

- Presence of other trainees at same level of training
- Presence of trainees in other specialties and disciplines
- Nature of social environment/culture
  - Supportive or
  - “Lord of the Flies” atmosphere?
Being a positive role model

- “Walking the Walk”
- What do you do/say outside the formal supervision session?
- Are you a good role model?
  - Self-reflection
  - Self-care
Learning Objectives

4. Discuss mentoring of early career, mid-career neuropsychologists and peer to peer consultations
“Send the elevator back down”

(as heard at talk given by actor Kevin Spacey. Quote attributed to Jack Lemmon, Kevin’s mentor)
Mentoring

- Socializing the supervisee to full fledged membership in the profession
- Are you genuinely interested in promoting the careers of your supervisees and junior colleagues?
  - Or just making yourself look good?
- Appropriate boundaries
  - Not an extension of you! But perhaps a reflection of the good experiences they had working with you
Peer-to-Peer Consultation

- Requires mutual respect and trust
- Expose limitations in skill, lack of knowledge
- Fear of negative evaluation
- Possible ethical quandaries if colleague practicing outside boundaries of competence and training
“Real World” Issues

- Insurance reimbursement & credentialing
  - Medicaid/Medicare
  - Insurance panels
- Institutional politics
- Dealing with subpoenas and other legal issues
- Negotiating salaries, promotions
- Balancing family and career
What makes a good supervisor/mentor?

- Commitment and interest in training and professional development
- Availability - willing to spend time
- Flexibility
- Respects and values trainees and colleagues
- Supportive
- Cultivates relationship intellectual clinical and professional curiosity
What makes a good supervisor/mentor?

- Organization
- Clear expectations
- Objective methods for measuring progress
- Timely feedback and opportunity to improve
- Self-awareness/self-assessment
- Openness to feedback
“The value of a specialty is dependent on the provision of competent supervision to its trainees.”

(p. 737)

(Stucky, Bush, & Donders, 2010)
Learning Objective #5

Explain how the APA Ethics code and organizational guidelines (NAN, AACN) relate to clinical supervision in neuropsychology
Ethical Pitfalls in Supervision

- 3.05 Multiple relationships
- 2.05 Delegation of work to others
- 3.02 Sexual harassment
- 3.08 Exploitive relationships
- 7.03 Accuracy in teaching
- 7.04 Student disclosure of personal information
- 7.06 Assessing student and supervisee performance
APA Ethics code

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.
Ethical Dilemmas

- Multiple relationships
- Supervising colleagues
- Incompetence/ Gatekeeping
Standards of Care, Practice Guidelines

- AACN

- NAN
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