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Preparing for Entry-Level Practice in Supervision

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Supervision is now recognized as a health-service psychology (HSP) core functional competency. However, supervision knowledge/skill acquisition, evaluation, and maintenance generally receive less attention than other core competencies. Knowledge/skill acquisition and evaluation are usually based on a single didactic course; typically, minimal practicum experience and direct "supervision of supervision" are provided. Supervision is barely covered on the national licensing exam. Furthermore, most jurisdictions do not require postlicensure continuing education in supervision. Once psychologists are licensed, they can supervise automatically and immediately. The current situation is problematic because emerging evidence suggests suboptimal supervision may be prevalent. Thus, a maladaptive feedback loop is maintained in which insufficiently trained supervisors provide suboptimal supervision to trainees, who then enter the field and replicate that with which they are familiar. This may have deleterious clinical, ethical, and legal implications. The present paper provides a framework for preparing HSP trainees more intentionally for entry-level practice in supervision.

Public Significance Statement
Supervision is a core competency within health-service psychology. The present paper's findings indicate that supervision training, evaluation, and maintenance are less rigorous than for other competencies. It is argued that this has potentially negative clinical, ethical, and legal implications. A recommendation for better preparing students/trainees for entry-level practice is provided.

Keywords: supervision, supervisor, training, education, competency

Doctoral-level education and training in health-service psychology (HSP) in the United States is standardized and evaluated by the American Psychological Association (APA, 2015b). Doctoral programs and predoctoral internships prepare students for entry-level practice through broad and general education and training in required foundational and functional domains. Programs and internships must provide training opportunities in these domains and demonstrate that students acquire competency to attain and retain accreditation.

Historically, there has been no formal education or training for becoming a supervisor. Sufficient supervision training was assumed to occur through osmosis: The trainee absorbed his or her supervisor's knowledge and skills through the process of being supervised. Gradually, this assumption was challenged and is now known to be inaccurate. Competent supervision requires distinct knowledge and skills that are acquired through specialized instruction and experiential training (Bernard & Goodyear, 2014). In 1996, the APA (1996) began requiring HSP programs to provide some supervision training, although it offered no guidelines for when or how it should occur. By 2004, supervision was identified as a core HSP functional competence (Kaslow et al., 2004). By 2015, the APA identified general expectations throughout levels of training: Graduate students are expected to demonstrate knowledge of supervision models and predoctoral interns are expected to apply this knowledge in direct or simulated practice with other HSP trainees or health professionals (APA, 2015a, 2015b, n.d.).

Although supervision has been a mandated HSP competency for over 20 years, its importance is invariably diluted. Supervision is often embedded within a broader education competency, along with teaching (Hatcher et al., 2013), or gets weighted half as much as assessment and intervention (Larkin & Morris, 2015). The present paper illustrates how marginalizing supervision negatively impacts the discipline's standards of professional practice; it also provides recommendations for remediation. In the first section, we examine the status of supervision-competency acquisition, evaluation, and maintenance. Evidence suggests that these components are less systematic and rigorous than for other competencies. In the second section, we discuss emerging evidence indicating that

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suboptimal supervision may be prevalent. Potentially deleterious clinical, ethical, and legal implications are described. In the paper's final section, a framework for promoting supervision competency is provided. In particular, additional didactic coursework and experiential training are recommended to prepare health-service psychologists more intentionally for entry-level practice in supervision.

The Status of Supervision-Competency Acquisition, Evaluation, and Maintenance

Acquisition

All English-language, peer-reviewed articles published from January 1996 through July 2017 were searched in the PsycINFO database using "supervision" or any derivative (e.g., "supervisory," "supervisor"), "training," and "psychology" as keywords. The date range was chosen to capture any research conducted since the APA supervision requirement was introduced (APA, 1996). The results were then filtered by title to identify articles focused only on supervision preparation in HSP doctoral programs and internships. Five articles met these criteria. These studies assessed HSP programs and internships in the United States, and some in Canada (CPA, 2009). Overall, the findings suggest that formal education and training for supervision was lacking. In contrast, HSP programs generally require multiple didactic courses for both assessment and intervention (also core functional competencies), as well as multiple clinical practicums.

Scott, Ingram, Vitanza, and Smith (2000) surveyed 256 program directors from counseling (n = 65), clinical (n = 184), and combined professional–scientific (n = 7) APA-accredited doctoral programs, and 432 training directors from APA-accredited predoctoral internships. Only 30% (n = 37) of academic programs required a supervision course, and only 23% (n = 28) required a practicum. In some programs, a course (24%, n = 30) or a practicum (20%, n = 24) were not even offered because of time and budget constraints, and the belief that supervision training was better left to internship or subsequent postgraduate settings. At the internship level, only 35% (n = 73) required a didactic supervision course or seminar, and only 29% (n = 61) required a practicum. Meanwhile, 34% (n = 70) offered neither a course nor a seminar, and 35% (n = 74) did not offer a practicum. Internship sites generally denied primary responsibility for providing supervision education and training, deferring instead to the trainee's program of origin or postgraduate settings.

H. Hadjistavropoulos, Kehler, and Hadjistavropoulos (2010) reviewed 20 programs accredited by the Canadian Psychological Association, which also now requires supervision education and training at doctoral and internship levels but without specific training standards (CPA, 2009). Of the 20 programs studied, 13 (65%) offered a didactic supervision course, although it was a full semester course in only four (20%) programs and required in only 10 (50%) programs; 13 (65%) also offered a practicum in which students could obtain supervised experience in supervision, although this training was required in only five (25%) programs and frequently occurred through discussion rather than by direct observation. Notably, across these studies, when counseling and clinical psychology were differentiated, counseling-psychology students or students in counseling-center internships seemed to have significantly more didactic and practicum experience in the area of supervision.

Lyon, Heppler, Leavitt, and Fisher (2008) surveyed 233 interns from APA-accredited internship sites. They found that only 39% (n = 90) of interns (26% clinical psychology; 73% counseling psychology) completed a supervision course during their graduate programs. Only 44% (n = 103) were provided an opportunity to supervise someone else.

Crook-Lyon, Presnell, Silva, Suyama, and Stickney (2011) compared predoctoral interns' supervision training experiences at APA-accredited college counseling centers (n = 69) with interns at APA-accredited noncounseling centers (n = 164). The authors found interns at counseling centers supervised more trainees, received more didactic supervision training, and received more supervision of supervision than noncounseling-center interns. Counseling-center interns also generated higher supervisor development scores.

Finally, Iwanicki and Peterson (2017) studied assessment supervision and found multiple deficiencies: lack of consistency in supervision models; few assessment-specific models; and inconsistent methods for providing feedback. Furthermore, only 59.2% (n = 74) of supervisors had formal training and only 43. 2% (n = 54) had specific training in supervising assessment.

Evaluation

The APA's Committee on Accreditation (CoA) evaluates initial and renewal applications for doctoral, internship and postdoctoral programs. These applications address how programs and internships promote and evaluate foundational and functional competencies, as well as remediate competency problems. As a core competency, supervision is supposed to be among the domains evaluated. According to the CoA's self-study procedures, supervision is not explicitly or comprehensively evaluated (APA, 2017; APA CoA, n.d.).

The Examination for Professional Practice in Psychology (EPPP) is the national standardized licensing exam for HSP psychologists. Passing the EPPP is required for independent practice in the United States and much of Canada. It is a summative assessment of certain foundational and functional competencies considered essential for the professional practice of psychology. (In the next few years, the EPPP will be revised; this change will be discussed subsequently.) Currently, these competencies include biological bases of behavior; cognitive–affective bases of behavior; social and cultural bases of behavior; growth and life-span development; assessment and diagnosis; treatment, intervention, prevention, and supervision; research and statistics; and ethical, legal, and professional issues (Association of State & Provincial Psychology Boards, 2011). Supervision is barely covered by the EPPP; it is embedded within the "treatment, intervention, prevention, and supervision" competency, the *entire* domain of which comprises only 14% of the 225 questions on the exam (ASPPB, 2011). Even if the questions were allotted proportionally within the domain, which seems unlikely, given the importance of treatment and intervention, that would mean only four supervision-focused questions on the entire exam.

Maintenance

A student's ability to acquire competency in any domain depends on the knowledge and skills of his or her instructors and supervisors. Thus, the latter need to maintain their own competency through ongoing education and training, as obsolescence occurs when knowledge becomes outdated. An antidote is to actively maintain one's knowledge base; an up-to-date knowledge base is a key feature of competency maintenance. Competency maintenance is a basic component of ethical professional practice and should be routine. The typical way competency is maintained is through continuing education (CE). In most health professions, licensing boards use mandatory CE to promote ongoing competency. That is, the jurisdiction requires practitioners to accrue a minimum number of CE credits for license renewal. In psychology, many jurisdictions require that a percentage of CE credits be dedicated to specific content (e.g., ethics, cultural competency). However, most jurisdictions do not require supervision-specific CE credits for those psychologists who perform this function.

The CoA, as well as programs and training sites, have some responsibility for supervision-competency maintenance through the accreditation review process and self-study procedures (APA, 2017). The CoA gathers information about supervisors, including demographic data, licensure and certifications, professional affiliations, professional activities, faculty status, and number of supervisees. Program/training-site-generated supervisor evaluations may be solicited, and complaints made by students/trainees against supervisors are required to be kept on record. CoA site visitors also meet with students to assess their education and training experiences.

At the internship and postdoctoral levels, program staff also submit charts and curriculum vitae describing the quantity and quality of supervisors, as well as their involvement in student/intern development and evaluation. Narrative questions garner information about how supervisors add value in scientific knowledge and professionalism to student/intern development. No questions specifically address supervisor competencies in the areas of relationship, diversity, ethics, or feedback, including how these are evaluated and how concerns/problems are addressed. At the postdoctoral level, some jurisdictions do not require formal placements and many formal placements are not accredited by the APA.

Suboptimal Supervision and Its Implications

All English-language, peer-reviewed articles published from January 1996 through July 2017 were searched in the PsycINFO database using "negative" or related words (e.g., "inadequate," "harmful," "problematic"), "supervision," "experience" and "psychology" as keywords. The results were then filtered by title to identify articles focused specifically on HSP. Nine studies were reviewed. These studies surveyed supervision experiences of HSP doctoral students, predoctoral interns, and postgraduates. The emerging evidence suggests that inadequate supervision may be prevalent, and harmful supervision might be occurring at startlingly high rates. The research did have methodological limitations. The sample sizes were often small, the supervisees were self-selected (they responded to requests to participate in a survey or interview about supervision), and the data were self-reported by supervisees. Independent data sources that might provide convergent validity and improve generalizability are rare. Whatever limitations may exist in the available data, the findings are nontrivial, sobering, troubling, and represent the metaphorical "canary in a coal mine."

Ellis et al. (2014) studied 363 supervisees in various training stages (prepracticum to postgraduate), with most being in their second year. About half (49.9%) of the supervisees were either doctoral-level HSP graduate students (42.9%) or had already earned their doctorates (7.0%). Supervision experiences were targeted through questionnaires. In particular, had they ever received inadequate or harmful supervision with their current supervisors or with any other supervisors? Follow-up questions pertained to the experience's context, severity, and impact. The results indicated that 93% received inadequate supervision. This inadequacy was defined as supervision that failed to meet minimum standards. Behavioral markers for inadequate supervision included the supervisor not knowing what to do, not meeting regularly, not meeting for the allotted time, not providing feedback, being oblivious to either the trainee's or a patient's cultural background, behaving unethically, being distracted during sessions, and not using a supervision contract. The authors also found that 35.3% of supervisees received supervision that was actually *harmful*. This was defined as supervisor behaviors or practices that resulted in psychological, emotional, and/or physical harm or trauma to the supervisee. Examples included physical threats, pursuing or having a sexual relationship with the supervisee, inappropriately aggressive or sexual comments and/or behaviors, using alcohol or drugs with the supervisee, requesting or engaging in exploitative dual roles, and behaving in a shaming and/or humiliating way.

Unfortunately, these results are not isolated. Ellis, Creaner, Hutman, and Timulak (2015) surveyed 151 supervisees from across training stages (prepracticum to postgraduate), with most being in their third year. Most supervisees (79.3%) were pursuing an HSP doctoral degree (70.7%) or had a doctoral degree (8.6%). Of the supervisees, 69.5% reported receiving presently inadequate supervision and 25.2% were receiving presently harmful supervision. In addition, 86.4% reported receiving inadequate supervision at some point in their training and 39.7% reported harmful supervision at some point in their training.

Gray, Ladany, Walker, and Ancis (2001) surveyed 13 trainees from counseling-psychology graduate programs using a semistructured interview and a self-report inventory on which supervisees rated their satisfaction with aspects of supervision. The trainees averaged nearly 20 months of supervised clinical experience. All 13 trainees identified counterproductive events (defined as any experience that was hindering, unhelpful, or harmful in relation to their growth as clinicians), including: inappropriate self-disclosures by supervisors; supervisors being unprepared; and supervisors pursuing their own agenda.

Nelson and Friedlander (2001) studied 13 trainees (six practicum students, seven predoctoral interns), predominantly from counseling-psychology programs, using a semistructured interview and multiple self-report questionnaires focused on supervision. Among negative experiences, trainees reported lack of support/commitment, power struggles, unstable moods, inappropriate disclosures, and irresponsible behaviors. Three trainees (all women with male supervisors) described boundary crossings by a supervisor (e.g., flirtation, sexually explicit comments). Negative experiences were consequential for many trainees: More than half

reported extreme stress, many developed health problems, and a few left their programs.

Ramos-Sánchez et al. (2002) surveyed 126 graduate students and predoctoral interns from APA-accredited doctoral programs and internships (46% practicum students, 54% predoctoral interns). Negative supervisory experiences related to personality conflicts and communication difficulties (e.g., supervisor being overly critical, judgmental, disrespectful, and unsupportive) were reported by 11.1% ($n = 14$) of supervisees. Issues pertaining to supervisory activities, roles, and goals (e.g., insufficient time spent in supervision, supervisor lacking adequate or contemporary knowledge and skills) were reported by 9.5% ($n = 12$) of supervisees. Ethical, legal, and multicultural issues were reported by 3.9% ($n = 5$) of supervisees. The authors noted that the latter category included "strikingly severe," blatant, ethical violations that were "particularly pernicious and harmful to the supervisee" (p. 201).

Burkard et al. (2006) interviewed 26 doctoral-level supervisees (14 clinical psychology, 12 counseling psychology); 13 supervisees were European American, and 13 were supervisees of color (six African American, six Asian American, and one Latina). Fourteen supervisees were practicum students, seven were predoctoral interns, four completed all program requirements except the dissertation, and one was postgraduate. All supervisees of color reported a culturally unresponsive supervision experience and eight European Americans reported the same. Unresponsive experiences among supervisees of color were more frequent and had more negative effects than for European American supervisees.

Constantine and Sue (2007) interviewed 10 Black doctoral-level trainees who were supervised by White supervisors. The authors found that all trainees experienced racial microaggressions, clustered around seven themes: invalidating racial–cultural issues, making stereotypic assumptions about Black clients, making stereotypic assumptions about Black trainees, lack of feedback due to supervisor's fear of being labeled as racist, focusing on trainees' deficits, blaming clients of color for problems stemming from oppression, and making culturally insensitive treatment recommendations. In addition, racial microaggressions were found to negatively impact the trainees, the supervisory relationship, and their clients of color.

Burkard, Knox, Hess, and Schultz (2009) interviewed 17 doctoral-level supervisees (six clinical psychology, one counselor education, 10 counseling psychology). All trainees were either lesbian, gay, or bisexual (LGB): Six trainees identified as lesbian, eight as gay men, two as bisexual men, and one as a bisexual woman. Fourteen participants were practicum students, two were predoctoral interns, and one was postgraduate. Twelve trainees reported an LGB nonaffirming event, including lack of awareness of LGB issues; lack of responsiveness to clients' LGB concerns; and intentional or unintentional heterosexual bias that pathologized or invalidated a supervisee's or a client's LGB identification. Supervisees also reported that such nonaffirming events had a negative impact on the supervision relationship, and likely impacted client outcomes.

Wilson, Davies, and Weatherhead (2016) conducted a metasynthesis of 15 supervision studies (which included 165 participants across all studies). The most frequently reported negative supervision experiences included impatience lack of commitment (e.g., tardiness, poor preparation, preoccupation), inconsistent feedback, favoritism (in paired supervisions), and a dismissive attitude. These events usually went unresolved.

Implications

An HSP psychologist may supervise automatically and immediately after licensure. Given that suboptimal supervision appears to be prevalent, a maladaptive feedback loop is often perpetuated. That is, insufficiently trained supervisors provide suboptimal supervision to trainees, who then replicate that with which they are familiar.

In addition, there may be deleterious clinical, ethical, and legal implications for producing supervisors who are not competent. Clinically, research suggests that psychotherapy supervision contributes modest beneficial effects to patient outcomes (e.g., Bambling, King, Raue, Schweitzer, & Lambert, 2006; Callahan, Almstrom, Swift, Borja, & Heath, 2009; Wrape, Callahan, Ruggero, & Watkins, 2015). When students/interns are supervised adequately, it appears that their patients show reductions in symptom severity, greater treatment satisfaction, stronger therapeutic alliances, and fewer dropouts. However, it should be noted that some studies have been less conclusive (e.g., Rousmaniere, Swift, Babins-Wagner, Whipple, & Berzins, 2016).

Ethically, a psychologist should only provide a service based on sufficient education and training, including supervised experience. As the data suggest, some HSP psychologists are providing inadequate or even harmful supervision. Given that patient outcome is likely related to supervision quality, this does not uphold the principle of nonmaleficence; it also violates standards concerning competence (for individual HSP psychologists) and training and education (for HSP doctoral programs and internships).

Legally, supervision is considered to be a "high-risk" professional activity (The Trust, 2015). Regulations in 27 of 51 jurisdictions in the United States (50 states plus the District of Columbia) impose a "strict liability" standard on supervisors for their supervisees' conduct (Polychronis & Brown, 2016). This makes the supervisor entirely responsible for a supervisee's performance in these jurisdictions. While supervisors may assume they must behave in a negligent manner to be found liable, this is not so in the relevant jurisdictions. Strict liability means the supervisor is legally responsible even in instances when the supervisee is intentionally insubordinate, deceptive, or behaves in an unethical/illegal manner (e.g., a sexual boundary violation with a patient, ignoring a mandated reporting situation).

Recommendations

Historically, supervision was viewed as a collection of separate competencies (e.g., intervention, ethics, diversity), training models were derived from specific theories of psychotherapy (e.g., cognitive–behavioral, psychodynamic), and the models were just applied to the supervision context. Although supervision is increasingly viewed as a unique competency with its own training models, preparing students and interns for entry-level practice lags behind other competencies. Many HSP programs still appear to rely on the assumption that if an individual is competent in assessment and intervention, then he or she will be a competent supervisor of these services. For example, the APA (2015b) defines a supervisor as an appropriately trained and licensed

doctoral-level psychologist. However, "appropriately trained" is not defined. Additional didactic coursework and experiential training are recommended to prepare HSP psychologists more intentionally for entry-level practice in supervision.

Supervision-Competency Acquisition

Competency acquisition typically proceeds along a developmental trajectory. For most foundational and functional domains, students begin as unskilled trainees, and as they attain increasing knowledge and skill through instruction and experience they proceed through identifiable levels (e.g., beginner, intermediate, competent, proficient, expert). Doctoral programs are expected to provide sufficient training so that any graduate can perform at the level of competence, which is considered to be the minimum acceptable level for independent practice (APA, 2015b), in all required domains.

Although demonstrating competency in basic foundational and functional domains (e.g., assessment, intervention, biological bases of behavior) is necessary for supervision, it is insufficient. Effective supervision requires additional knowledge, skills, and attitudes. Being a supervisor is a different role than being a clinician, one with distinct responsibilities. A supervisor is simultaneously an educator, role model, and evaluator (Bernard & Goodyear, 2014). As an educator, the supervisor provides instruction about diagnosis, formulation, treatment planning, interventions, record keeping, and ethical/legal matters. As a role model, the supervisor demonstrates ethical conduct, appropriate boundaries, scholarship, professional development, and self-care. As an evaluator, the supervisor provides formative and summative feedback about the trainee's performance and serves as a gatekeeper for the profession. Supervisors must also know how to navigate conflicts between these roles and maintain an adequate "supervisory alliance" to facilitate learning. Finally, supervisors are mindful of relevant multicultural factors.

Based on APA guidelines (2015a), the supervision-competency domain includes (a) possessing up-to-date knowledge and skills for the area in which supervision is provided, (b) ability to work with diverse issues and individuals from different backgrounds, (c) ability to form and maintain a collaborative supervisory relationship, (d) modeling professional demeanor and deportment, (e) ability to evaluate and provide constructive feedback in a timely manner, (f) ability to identify and address competency problems, and (g) modeling ethical values and behaviors and adherence to relevant jurisdictional laws and regulations.

Although there does not appear to be any research informing what type of education and training, or how much, is necessary to attain competency in any domain, it seems infeasible that one course, even with an applied component, could adequately cover all the supervision domains in any meaningful depth. Similar to the intervention and assessment domains, it is likely that multiple didactic and applied experiences are necessary to acquire competency in supervision. If every HSP graduate program offered two didactic courses within a competency-based framework (e.g., Falender & Shafranske, 2004), then students could establish a more solid knowledge base. The didactic courses could be offered sequentially within the same year or in consecutive years. In addition, each course would have a separate practicum in which students applied their knowledge and developed their skills. The didactic and experiential components would be complementary. Supervision novices would build foundational knowledge and develop generic skills and then proceed cumulatively toward more integrated, advanced knowledge and more complex skills. This education and training sequence would culminate in students acquiring intermediate-level supervision competency prior to commencing internship.

Practicum. Although many existing supervision courses have an applied component, practicum training is considered to be essential for doctoral-level HSP preparation. Thus, a pivotal step in the supervision training sequence is incorporating a separate practicum. What activities could be part of a supervision practicum experience? In a two-part practicum, students could begin the first section by discussing their own experiences of being a supervisee and then progress to applying generic supervision skills; watching video vignettes from an actual psychotherapy, assessment, and supervision sessions; and group discussions (Bernard & Goodyear, 2014; Falender, & Shafranske, 2012; Foxwell et al., 2017; Newman, 2013; Sharma, 2015). Bearman et al. (2013) found that active supervision-training exercises (e.g., instructor modeling, role-playing) predicted higher overall evidence-based practice use in the next therapy session than more passive methods (e.g., discussion).

In the second practicum, more specific skills could be applied with junior colleagues. For example, an advanced student taking the supervision practicum is paired with a junior student just beginning to conduct clinical interviews. The practicum student meets with the junior student and discusses how to plan and conduct the initial interview. Then, either through live observation or review of a video/audio recording, the practicum student provides formative feedback to the junior student. This latter experience is observed either directly or is recorded, and the process culminates in the practicum student receiving supervision of his or her supervision (i.e., metasupervision) from a licensed HSP supervisory psychologist.

Most important, the practicum would monitor every student's progress toward competency, using criterion-based anchors, just as occurs in an assessment or intervention practicum. For example, regarding the supervisory relationship competence, the practicum student would be expected to organize the boundaries of supervision, determine a focus for the session(s), be approachable and nonjudgmental, be respectful toward the supervisee and his or her patients, pay attention to details, meet the supervisee at his or her knowledge/skill levels, manage the power differential, and collaborate on expectations and goals. It is recommended that, for a student to be certified as eligible for internship, he or she demonstrate intermediate-level competency in supervision.

Internship. A combination of didactic and applied experiences at the internship level would support continued knowledge acquisition, skill development, and role adjustment. Didactic coursework could provide the most up-to-date knowledge for the area(s) in which supervision is to be provided (e.g., neuropsychology, assessment, family therapy, forensic psychology), build upon foundational knowledge, address institutional policies relevant to the internship setting, and promote more complex learning and advanced practice (e.g., ability to identify and address competency problems).

Similar to the practicum level, interns need opportunities to supervise. Optimally, the intern supervises a practicum student or more junior trainee to experience increased responsibilities, potentially within a mix of modalities (i.e., individual, paired, or group) based on the training site's needs. Interns need to practice addressing clinical issues (e.g., differential diagnosis), resolving ethical conundrums, repairing supervisory alliance ruptures, evaluating a supervisee's performance and providing constructive feedback, and addressing competency problems. The latter skill is particularly important for new supervisors to attend to a supervisee's skill deficits and/or problematic behaviors. A key component of supervision training at the internship level is metasupervision by a licensed HSP psychologist occurring through either live observation or audio/video recordings.

To prepare interns for entry-level practice in supervision, an internship goal would be for students to acquire a level of competency in the knowledge, skills, and attitudes of each supervision-competency domain. These would be demonstrated through criterion-based behavioral anchors: (a) familiarity with the contemporary research literature, (b) knowledge of the supervision-competency guidelines, (c) ability to assess their own strengths and growth areas in each domain, (d) a critical understanding of evidence-based supervision models, (e) ability to create and maintain a supervisory alliance, (f) ability to address ethical, legal, and diversity issues, (g) ability to work with diverse issues and individuals from different backgrounds, (h) ability to model professional demeanor and deportment (including ethical values and adherence to relevant laws and regulations), (i) ability to provide formative and summative evaluations of the supervisee's knowledge and skills and provide constructive feedback in a timely manner, (j) ability to identify and address competency problems, and (k) awareness of personal and professional experiences that affect the supervision.

Postdoctoral. Given that postdoctoral training is not regulated in some jurisdictions, developing uniform goals in this period is challenging. Even when additional supervised clinical hours are required, there may be few mandated competency requirements and limited evaluation of competency acquisition. The primary gatekeeper at this level appears to be the EPPP. In January 2017, the ASPPD approved a new examination to assess entry-level core functional competency skills (to be implemented by January 2019; ASPPD, 2011). Thus, there will be the EPPP Step 1 (essentially the current EPPP), which will assess foundational knowledge, and the EPPP Step 2 (the new exam). Supervision-specific content could be added to both Steps 1 and 2 to ensure that prospective HSP psychologists have acquired the knowledge and skills necessary to conduct entry-level supervision.

Supervision-specific CE should be required for those psychologists who are active supervisors to ensure competency maintenance. For example, in California, a trainee's primary supervisor(s) must complete a minimum of 6 hr of supervision-specific CE every 2 years (California Board of Psychology, 2016). In turn, doctoral programs and internship sites that employ external supervisors could provide supervision CE courses. This would promote greater collaboration between training sites and field supervisors, and facilitate their supervisors remaining current with best practices.

Discussion

It is recognized that many HSP doctoral programs may have limited space in their curricula for more robust education and training in supervision. Adding content would likely impinge on other courses. At the same time, it is generally acknowledged that supervision is an HSP pedagogical cornerstone (Bernard & Goodyear, 2014). Giving appropriate priority to the supervision competency conveys its importance through the curriculum. Some programs may have to scale back electives, and students may have to defer more specialized training until their internship or postdoctoral years. Within HSP, counseling psychology is ahead of clinical psychology in its attention to supervision-competency acquisition. Thus, clinical psychology programs may look to counseling psychology programs for best practices.

It is also recognized that challenges exist for practicum students providing supervision. Practicum students will only recently have learned clinical skills and many may still contend with the "role shock" of meeting with their own patients, let alone supervisees. Interns may struggle with increased supervisor responsibility (e.g., managing the power differential, evaluating, providing feedback). In addition, aspects of supervision competency are predicated upon practicum students gaining mastery over other competencies (e.g., assessment, intervention). The Stoltenberg, McNeil, and Delworth's (1998) developmental model of supervision, predicts that practicum student supervisors with even a modest increase in knowledge and skill than the supervisee can provide effective supervision. For example, they should be able to assist junior students by identifying basic clinical phenomena, providing support for "role shock," offering positive feedback, and contributing additional structure. Regarding risk management and liability, since the supervising practicum student is not licensed, he or she cannot be the primary supervisor; there will always be a licensed HSP psychologist who provides oversight and bears the concomitant clinical, ethical, and legal responsibilities, as the best risk-mitigating factor is metasupervision.

When the effect of different levels of supervisory experience on client outcome has been studied, the overall findings indicate that experience level does not significantly impact outcome (e.g., Callahan et al., 2009; Keenan-Miller & Corbett, 2015; Worthington, 1984, 1987). This appears to support Stoltenberg et al.'s (1998) developmental model. For example, Keenan-Miller and Corbett (2015) found little difference between clients whose therapists-in-training were supervised by advanced students in a supervision practicum versus those whose therapists were supervised by licensed professionals with 9 months to more than 40 years of supervisory experience. Thus, this proposal is clinically and ethically defensible.

Another challenge may be difficulty finding a sufficient number of junior trainees for practicum students and interns. To promote more supervision opportunities, program and internship accreditation requirements may be strategically harnessed to ensure that sufficient junior trainees are available, either internally (drawn from within the doctoral program or internship site) or externally (via partnership with another program, agency, or setting). Similar to the internship site deficit, the APA may need to make supervision training a priority to ensure practicum students and interns have sufficient supervision experiences. Expanding the supervisee pool could include cross-disciplinary encounters. For example, an

HSP intern at a hospital might supervise social work students or psychiatric nursing students; or an intern could provide consultation to para-clinical professionals working in a field setting (e.g., a crisis hotline). Such interdisciplinary collaboration would have the added benefit of integrating HSP with other health care disciplines. Smaller doctoral programs and/or internship sites could form supervision collectives and marshal resources through technologies such as video conferencing. It is recognized that some of these ideas may generate liability concerns (e.g., interns supervising outside the training setting); such concerns may need to be addressed directly by the APA.

Since supervision is a core competency, it needs to be supported in doctoral programs, internship sites, and by the APA. Programs and internship sites might raise the caliber of their supervisor pool by compensating supervisors monetarily and/or providing perquisites (e.g., library privileges, CE courses, license renewal fee reimbursement). If supervision becomes a more valued and prestigious professional activity, then it may attract and retain more qualified individuals. In addition, the CoA's oversight of supervision-competency acquisition at each training level could better map onto the established APA Guidelines (2015a).

Given the challenges described, some might argue that rather than making supervision-competency acquisition mandatory for all HSP psychologists, it could be a postgraduate specialty for those individuals interested in supervising. With advanced education and training, HSP psychologists can demonstrate proficiency and expertise in certain clinical specialties, treatment modalities, and procedures/interventions. For example, substance abuse, sports psychology, psychopharmacology, personality assessment, and serious and persistent mental illness are recognized by the APA as proficiencies (APA, n.d.). Also, board certification may be pursued through the ASPPD (2011) in specialty areas (e.g., neuropsychology, couple/family psychology, forensic psychology). Master's level counselors, as well as marriage and family therapists, now have a postlicensure supervisor credential. The Center for Credentialing and Education (2016; affiliated with the National Board for Certified Counselors) oversees an Approved Clinical Supervisor credential, which indicates that a supervisor surpassed a specific threshold of didactic and practical training in supervision. Marriage and family therapy (MFT) has an extensive credentialing process for becoming an approved supervisor. The process begins postlicensure and includes didactic coursework and supervision of supervision. In addition, accrediting bodies for MFT graduate programs have imposed a requirement that all practicum instructors attain this credential.

The potential for postgraduate specialization in supervision should be studied further. However, there are several reasons for keeping doctoral-level education and training in supervision. First, there is a phenomenon known as "credential inflation." This occurs when an additional degree, qualification, or certification is required for someone to conduct a task, perform a role, or be considered proficient in a domain. Such creeping credentialism can devalue the original degree or qualification and inflate minimum job requirements. Although there are clinical specialties, treatment modalities, and procedures/interventions that likely require advanced training and merit additional credentialing, supervision is a core functional competency. Thus, sufficient preparation for entry-level practice should be provided through doctoral-level education and training. Next, without additional, intentional doctoral-level preparation, the negative feedback loop is more likely to be maintained.

The proposed remedy would likely improve supervisor role selection and supervisor accountability. Although every psychologist is eligible to supervise upon licensure, some may be better suited to other roles. Additional education may promote self-evaluation of strengths and limitations (in line with ethical principles), so that a psychologist self-selects out of the supervisor role if it is a poor fit. Should this not occur, programs will be better able to deal with suboptimal supervisory situations. Most important, better-educated and -trained supervisees will know the roles and responsibilities of the supervisory dyad, have the tools to identify suboptimal supervision, and feel empowered to address it (Frieder, Hochwarter, & DeOrtentiis, 2015).

Future Directions

Given the lack of research on supervision-competency acquisition, evaluation, and maintenance, further study is essential. Examples include analyzing the content of supervision course syllabi drawn from across HSP programs, treatment-outcome studies involving supervisors in training (at both practicum and internship levels), supervision-training efficacy, competency-evaluation validity and reliability, and identifying common and specific factors involved in effective supervision. Accumulated findings could help move the profession toward a more uniform development-, competency-, and evidence-based curriculum using criterion-referenced behavioral anchors. Also, large-scale epidemiological studies may determine more accurately the prevalence and incidence of suboptimal supervision experiences.

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