Supervision

Individual Supervision
Interns receive a minimum of 2 hours of individual clinical supervision each week by licensed psychologists. This is routinely supplemented by brief and spontaneous discussions between supervisors and interns.

Supervisor Selection Standards. Minimum standards for appointment as intern supervisor are as follows:

1. Doctorate in psychology from an APA accredited institution.
2. Completion of an APPIC-member internship in clinical or counseling psychology.
3. Licensure under Florida statute as “Psychologist” or a Psychology Resident under the supervision of a licensed psychologist, with the Resident’s supervision of the intern being the focus of the licensed psychologist’s supervision time with the Resident.
4. Knowledge and experience in the activities to be supervised.

Term. Supervision assignments are for the duration of each rotation, with the exception of extenuating circumstances. If a supervision assignment is made after the start of the rotation, the assignment will end at the completion of the rotation.

Supervision Sessions. Individual supervision can take two forms. One of these is in-vivo supervision, with the supervisor present to coach and observe during the provision of services by the intern. The other is scheduled, one-to-one, face-to-face self-report of relevant professional clinical activities and progress toward training goals as well as review of audio/video recordings. Unscheduled supervisory consultation may be utilized as needed.

Work Products. Supervisors will review and approve intake assessments, psychosocial reports, genograms, treatment plans, substantive case notes, written correspondence, closing/discharge summaries, and evaluation/assessment reports. Supervisors co-sign closing/discharge summaries and evaluation/assessment reports. Trainees with receive ongoing instruction/feedback on documentation and will be expected to produce documents that meet agency and professional standards. All written work products must be completed in a timely manner as determined by the supervisor.

Recording Sessions. Supervisors require trainees to audiotape or videotape evaluation or treatment sessions for supervision purposes, with the consent of the client. Trainees are expected to record at least one therapy session for each case. Audio/video records are used both as an assessment tool in the evaluation of client’s responses within the treatment process and in the ongoing monitoring of the trainee’s work. They are essential to the work of the therapist both in reflective process and in their use within supervision. If clients do not wish to sign for audio/video recordings, they are not recorded but then must be open to participating in a live supervision observation.

Site Mentors. Role models are available at each rotation site, including other psychologists as well as staff from other disciplines (i.e., social work, mental health counseling, marriage and family therapy, nursing) and non-licensed psychology staff. While not appointed clinical supervisors, these site mentors are available for counsel and instruction in their particular professional areas of
competence. The individual supervisor may incorporate professional peer-consultation into a trainee’s individual supervision.

**Group Supervision**

Within each six-month rotation, the intern will attend a minimum of 2 hours per week of group supervision with a minimum of one licensed psychologist and the therapists working at each site. Initial group supervision sessions may include training on various topics to acclimate students to YSD, such as CAFAS administration, assessment skills and interpretation, Sanctuary Model, and diversion programs. The group may also be asked to read articles/book chapters for discussion during group supervision. Interns are expected to present and discuss therapy and evaluation cases at group supervision meetings. They are expected to bring audio clips to accompany their presentation. Live sessions may also be scheduled. Group supervision case presentations should include:

- Question to the team, reason this case is being presented
- A complete genogram (Ideally three generations)
- Reason the family initiated services
- Description of the family
- Cultural considerations (e.g., race, ethnicity, sexual orientation, religion, SES, etc.)
- The presenting problem from the perspective of
  - the referral source
  - the family
  - the therapist
- Number of sessions attended
- Diagnoses considered
- Treatment goals
- Sources of stress for the family
- Family’s strengths and resources
- Course of treatment
- The family’s response to intervention
- A self-evaluation of your effectiveness
- Rationale and evidence-based support for case conceptualization
- Alternate case conceptualization
- Recording of a session, cued to a relevant segment
- Comments
- Reiterate question to the team, reason why case is being presented