**Journal of Professional & Applied Psychology** *Original Article*

# Effectiveness of Indigenously Developed Clinical Supervision in Therapeutic Setting

Shamsher Hayat Khan[1], Muhammad Tahir Khalily[2], Basharat Hussain[3*]

**Abstract**

Clinical supervision is a process in which a supervisor assists the supervisee in reflecting their own clinical work in a therapeutic setting. In this regard, cultural competency is important in clinical supervision and religion plays a substantial role in culture. Therefore, the American Psychological Association has focused on religion in psychology. However, despite acceptance of the importance of religious integration into clinical practice, very few psychologists receive training, which is important for addressing the integration of religious values in therapeutic settings. Therefore, the current study was designed to assess the effectiveness of indigenously developed clinical supervision, based on the general guidelines of the development model of supervision. It was designed for an inclusive environment that respects diverse spiritual and religious perspectives. The study included 15 supervisees who received clinical supervision from trained clinical supervisors who were trained on an indigenously developed clinical supervision model. Supervisors provided regular supervision to the supervisee over a period of six months. The effectiveness of the protocol was measured by using the Clinical Skills Assessment Rating Form (CSA-RF). The CSA-RF is 32 items scale, facilitating in the measurement of the effectiveness of the protocol in the five domains of demonstrating professional therapeutic engagement, creating a secure base, formulation, facilitating mutual understanding and session structure. The results showed that the supervisee who received supervision through the indigenous clinical supervision protocol brought significant changes in their therapeutic skills ($p$=.001). These findings have significant implications in the development and implementation of mental health services, particularly in therapeutic settings.

**Keywords:** Clinical Competence, Clinician, Clinical Supervision

Received: 27 December 2023; Revised Received: 25 May 2024; Accepted: 31 May 2024

[1]PhD Scholar/Clinical Coordinator, International Islamic University, Islamabad, Pakistan.
[2]Dean, Faculty of Social Sciences, Shifa Tameer-e-Millat University, Islamabad, Pakistan.
[3*]Lecturer, Department of Psychology & Human Development, Karakoram International University, Gilgit, Pakistan.

***Corresponding Author Email:**
basharat_hussaini@yahoo.com

## Introduction

Clinical supervision is an important part of clinical psychology and plays a substantial role in the amelioration of mental illnesses in clinical settings (Reiser et al., 2014). This emphasizes the training of mental health professionals to treat patients efficiently and effectively (Bracken et al., 2005). Furthermore, clinical supervision plays a significant role in the capacity building of a trainee psychologist; therefore, such supervision is distinctive, as it focuses on therapeutic alliance, assessment skills, intervention skills and conceptualization. In addition to professional growth of the supervisee, it also helps to ensure the quality of client care (Snowdon et al., 2017). The clinical supervision outcome is mainly based

on the relationship between the supervisor and supervisee, which based on trust and understanding of their role and responsibilities (Rothwell et al., 2021). There are different clinical supervision models available in clinical practices i.e., development model and integrative Models. Moreover, the selection of the model based on the needs of the supervisee and therapeutic setting. In this regard, theoretical background and religious and cultural perspectives are important for supervision (Schoenwald et al., 2013).

Religion plays a significant role in every culture. Therefore, religious clients prefer to include their belief systems in the therapeutic setting. Furthermore, previous studies have reported that integration of religious interventions may have a positive effect on clients' mental and psychological health (Powell et al., 2003). Additionally, acceptance of religion is increasing among psychologists (Benes et al., 2000) because they have begun to acknowledge the significance of religion in their clients' lives. In addition, the APA focuses on the integration of religion in psychology (Eck, 2002). However, despite acceptance of the importance of religion integration into clinical practice, very few psychologists receive training which is important to address the integration of religious values in therapeutic setting.

Despite the increased interest and acceptance of the integration of religious values by many psychologists and the APA, there are very few psychologists who received proper training and supervision necessary to address how to integrate religious values in therapeutic settings. This may be because limited literature is available on the procedure for supervisors to address this issue (Bernard & Goodyear, 2021).

Clinical supervision is a setting, which facilitates the therapists to undergo evidence-based training and to develop the required skills for psychotherapy (Novoa-Gómez et al., 2019). Therefore, there is a need for the supervision process to be enhanced by attending the client's spiritual needs, which could be done by focusing on specific domains. In this regard, we developed the indigenously clinical supervision protocol (ICSP) for psychologists based on the developmental models of supervision given by Stoltenberg and Delworth (1987). The objective of the protocol is to identify the supervisor's actions necessary to promote the competency of the supervisee. However, no study was available to demonstrate the effectiveness of the protocol in a therapeutic setting, and therapeutic outcomes were not measured using any standardized tools. Therefore, this study was designed to examine the effectiveness of the ICSP for enhancing supervisee competency in therapeutic settings.

## Method

### Participants

This study was carried out by using a repeated measures design. In the current study, six practicing clinical psychologist were selected as supervisors based on their qualifications and clinical experience. The supervisors first received intensive training from the master trainer on the implementation of supervision protocol in therapeutic settings. Furthermore, they provided on-job supervision to 15 graduate and postgraduate students of clinical psychology through an indigenous clinical supervision protocol. The on-job supervision of the trainee psychologist focused on their assessment, intervention and case formulation skills. The trainee psychologist underwent a knowledge and skills assessment before and after the supervision. The duration of supervision was spread over a period of six months duration.

### Procedure

### Indigenous clinical supervision Protocol (ICSP)

This indigenous clinical supervision was designed based on developmental models of

supervision. In this supervision model, the focus was remained on the integration of Islamic teaching and training. In general, developmental models of clinical supervision explain progressive stages of supervisee development from novices to experts, meaning that they focus on discrete characteristics and skills (Stoltenberg & Delworth, 1987; Stoltenberg et al., 1998). In the original literature, developmental supervision was not clearly operationalized; therefore, in the current study, each theme was identified with specific supervisor actions.

To promote competency in knowledge and skills in supervisee assessment and therapeutic settings, seven themes were identified based on specific supervisor actions. These include (i). Theoretical orientation ii). Individual and cultural differences iii), treatment goals and plans iv). Professional ethics, v). Client conceptualization, vi). Assessment/interpersonal assessment, vii). Intervention skills competence.

**Measures**

**Demographic Sheet**

The demographic sheet contained information about the supervisee and information related to clinical placement, which may be necessary for clinical supervision.

**Clinical Skills Assessment Rating Form (CSA-RF)**

The CSA-RF is a supervisor rating scale which has a total 32 items and consists of 5 subscales (Kaslow et al., 2009). This scale was primarily a measure of clinical competence and was developed at the University of Leicester for Clinical Psychology Programs. This scale is recommended for face-to-face clinical supervision and has acceptable internal consistency (Tweed et al., 2010).

**Ethical Considerations**

Ethical approval was obtained from the Ethical Review Board of International Islamic University, Islamabad, and the head of the institute. In addition, informed consent was obtained from the participants and confidentiality was ensured.

**Results**

The Wilcoxon Signed Rank Test was used to assess the effectiveness of clinical supervision. The Table 1 provides the demographics of the participants included in the study.

**Table 1**

*Demographics of the Supervisee (N = 15)*

| Variable | Category | *n* | *%* | *M* | *SD* |
|---|---|---|---|---|---|
| Gender | Male | 6 | 40.0 | | |
| | Female | 9 | 60.0 | | |
| Age | 21 | 10 | 66.7 | 21.60 | 0.91 |
| | 22 | 1 | 6.7 | | |
| | 23 | 4 | 26.7 | | |
| Qualification | BS/MSc | 11 | 73.3 | | |
| | ADCP* | 2 | 13.3 | | |
| | MS/MPhil | 2 | 13.3 | | |

**Note: MSc = Master of Science, ADCP = Advance Diploma in Clinical Psychology*

**Table 2**
*Comparison of Pretest and Posttest Clinical Supervision Scores of the Supervisee (N=15)*

| Variables | Theme | Pre Supervision | | Post Supervision | | Z | *p* | *r* |
|---|---|---|---|---|---|---|---|---|
| | | *M* | *SD* | *M* | *SD* | | | |
| Overall Supervision | Clinical Competence | 14.07 | 1.53 | 88.60 | 2.165 | -3.42 | .001 | 0.88 |
| Domain One | Demonstrating Professional Therapeutic Engagement | 6.20 | 1.21 | 35.53 | 1.302 | -3.43 | .001 | 0.89 |
| Domain Two | Creating a Secure Base | 3.20 | 1.014 | 18.93 | .60 | -3.44 | .001 | 0.89 |
| Domain Three | Formulation | 2.00 | 1.00 | 13.73 | .80 | -3.45 | .001 | 0.89 |
| Domain Four | Facilitating Mutual Understanding | 2.13 | 1.06 | 11.40 | .73 | -3.46 | .001 | 0.89 |
| Domain Five | Session Structure | .60 | .737 | 9.00 | .000 | -3.49 | .001 | 0.90 |

The Table 2 results showed the pretest and posttest clinical supervision scores of the supervisees. Further, result revealed that the indigenous clinical supervision protocol (ICSP) brought significant changes in clinical competence ($p$=.001), demonstrating professional therapeutic engagement ($p$=.001), creating a secure base ($p$=.001), formulation ($p$=.001), facilitating mutual understanding ($p$=.001) and session structure ($p$=.001) of the supervisees.

## Discussion

Clinical supervision provides an opportunity to the psychology students to obtain essences of the psychotherapeutic process as it is articulated and modeled by the clinical supervisor and to recreate it in the therapeutic relationship (Ebing, 2019; Scaife, 2013). This process helps to ensure the quality of care received by the clients and also to support the professional growth of the supervisee. In clinical supervision the relationship between the supervisor and supervisee is very important for effective clinical outcome. Their relationship based on trust, respect, open communication and clear understanding of role and responsibilities (Rothwell et al., 2021). There are different models of clinical supervision and the development model of supervision is one of the most practical models developed by Stoltenberg and Delworth (1987). The developmental models of clinical supervision define the progressive stages of supervisee development from the beginning to the professional stage; each stage involves distinct knowledge and skills. A supervisee at the end of supervision has the potential to develop good problem-solving skills and be reflective to the therapeutic process (Corey et al., 2020).

In the development approach, accurate recognition of supervisee knowledge and skills is very significant. It guides the supervisor in tailoring the learning set by providing feedback and appropriate support to the supervisee to progress to the next stage (Stoltenberg & Delworth, 1987). This approach is commonly referred to as "scaffolding" (Zimmerman & Schunk, 2003), which facilitates the supervisee to enhance new learning by using prior knowledge and skills. The supervisor in the scaffold gradually incorporates knowledge and skills at each stage. This approach not

only helps to develop mastery of the supervisee at each stage, but the collaboration between supervisor and supervisee also helps to promote the development of advanced critical thinking skills in therapeutic setting (Corey et al., 2020).

Furthermore, the available literature has a dearth of knowledge in explaining the impact of supervision in a therapeutic setting. This is primarily because most studies lack the assessment of the effectiveness of supervision through validated assessment scales (Winstanley, 2000).

Therefore, the current study was designed to assess the effectiveness of an indigenously developed clinical supervision protocol, which was based on the general guidelines of the development model of supervision, grounded in Islamic cultural values. The supervisor facilitated the learning by focusing different learning preferences i.e., symbolic, iconic and enactive. Furthermore, the effectiveness of the protocol was measured by a CSA-RF, which is a validated assessment scale for clinical supervision. CSA-RF facilitates the quantitative assessment of the effectiveness of the protocol. It facilitates the measurement of supervisee skills in the domain of demonstrating professional therapeutic engagement, mutual understanding, session structure, creating a secure base and case formulation (Kaslow et al., 2009). However, the available data shows that previously the effectiveness of the clinical supervision was measured by qualitative method (Kelly et al. 2001; Teasdale et al., 2001). Therefore, there was need to develop a more robust assessment method to establish the effectiveness of clinical supervision and avoids supervisor bias. In current study CSA-RF tool was used to assess the effectiveness through pre and post-supervision assessment. The findings revealed that indigenously developed clinical supervision significantly improved the knowledge and skills of the supervisee. Furthermore, supervision significantly improved clinical competence ($r$=0.88, $p$=0.001) and case formulation ($r$=0.89, $p$=0.001) of the supervisee. Additionally, improved the therapeutic engagement ($r$=0.89, $p$=0.001), session structure ($r$=0.90, $p$=0.001) and mutual understanding ($r$=0.89, $p$=0.001). The findings are consistent with previous studies (Edwards et al. 2005). In conclusion, the overall findings revealed that indigenously developed clinical supervision significantly contributed to enhancing supervisees knowledge and clinical skills in therapeutic setting. This finding also supports the notion that clinical supervision requires specific education and training (Falender, 2018), which are essential for the professional competence of the supervisee. This highlights the need to systematically assess supervisee competence and client outcomes. This is only possible by making clinical supervision mandatory for the training of clinical psychologists.

**Limitations & Recommendations**

The current study adopted a before-and-after design to assess the effectiveness of supervision. First, this study did not include a control group. Additionally, sample size of the supervisees was small and there was lack of follow-up to assess the retention of knowledge and skills. In future studies, similar research may be conducted with a control group and a larger sample size to establish the effectiveness of the supervision model.

**Conclusion**

Clinical supervision is a prerequisite for high-quality healthcare, particularly in psychotherapeutic settings. Clinical supervision is a complex process and supervisors focus exclusively on supervisee needs and experiences. Furthermore, there is a close link between supervisory inputs, supervisee experiences and client outcomes. Additionally, cultural and religious factors must be addressed under supervision. Therefore, the development of knowledge

and skills in clinical supervision is significant for enhancing supervisee. This will help in personal and professional development of the supervisee, which ultimately benefiting the persons needed with mental health care.

Moreover, the findings of the current study showed that the clinical supervision protocol addressed the religious needs of supervisees in therapeutic settings. It is also effective in enhancing supervisees knowledge and skills. Therefore, the findings of this study have significant implications for mental health professionals and organizations to extend mental health services to improve therapeutic outcomes. Additionally, it not only aids in how mental health care is delivered but also in its regulation.

**Contribution of Authors**

Shamsher Hayat Khan: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft
Muhammad Tahir Khalily: Methodology, Writing - Reviewing & Editing, Supervision
Basharat Hussain: Methodology, Writing - Reviewing & Editing

**Conflict of Interest**

There is no conflict of interest declared by the authors.

**Source of Funding**

The authors declared no source of funding.

**Data Availability Statement**

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [B.H.] upon the reasonable request.

**References**

Benes, K. M., Walsh, J. M., McMinn, M. R., Dominguez, A. W., & Aikins, D. C. (2000). Psychology and the church: An exemplar of psychologist–clergy collaboration. *Professional Psychology: Research and Practice*, *31*(5), 515. https://doi.org/10.1037/0735-7028.31.5.515

Bernard, J. M., & Goodyear, R. K. (2021). *Fundamentals of clinical supervision (6th ed.)*. Upper Saddle River, NJ; Pearson.

Bracken, P., Bracken, P. J., & Thomas, P. (2005). *Post Psychiatry: Mental health in a postmodern world*. New York, Oxford University Press.

Corey, G., Haynes, R. H., Moulton, P., & Muratori, M. (2020). *Clinical supervision in the helping professions: A practical guide (3rd ed.)*. Hoboken, New Jersey; John Wiley & Sons.

Ebing, B. (2019). *Clinical supervision manual: for the supervisor of the paraprofessional counsellor*. Lethbridge, Alta; University of Lethbridge.

Eck, B. E. (2002). An exploration of the therapeutic use of spiritual disciplines in clinical practice. *Journal of Psychology and Christianity, 21*(3), 266–280.

Edwards, D., Cooper, L., Burnard, P., Hanningan, B., Adams, J., Fothergill, A., & Coyle, D. (2005). Factors influencing the effectiveness of clinical supervision. *Journal of Psychiatric and Mental Health Nursing*, *12*(4), 405-414. https://doi.org/10.1111/j.1365-2850.2005.00851.x

Falender, C. A. (2018). Clinical supervision—the missing ingredient. *American Psychologist, 73*(9), 1240–1250. https://doi.org/10.1037/amp0000385

Kaslow, N. J., Grus, C. L., Campbell, L. F., Fouad, N. A., Hatcher, R. L., & Rodolfa, E. R. (2009). Competency Assessment Toolkit for professional psychology. *Training and Education in Professional Psychology*, *3*(4S), S27. https://psycnet.apa.org/doi/10.1037/a0015833

Kelly, B., Long, A., & McKenna, H. (2001). A survey of community mental health nurses' perceptions of clinical supervision in Northern Ireland. *Journal of Psychiatric and Mental Health Nursing*, *8*(1), 33-44. https://doi.org/10.1046/j.1365-2850.2001.00341.x

Novoa-Gómez, M., Córdoba-Salgado, O., Rojas, N., Sosa, L., Cifuentes, D., & Robayo, S. J. F. I. P. (2019). A descriptive analysis of the interactions during clinical supervision. *Frontiers in Psychology*, *10*, 669. https://doi.org/10.3389/fpsyg.2019.00669

Powell, L. H., Shahabi, L., & Thoresen, C. E. (2003). Religion and spirituality: Linkages to physical health. *American psychologist*, *58*(1), 36. https://psycnet.apa.org/doi/10.1037/0003-066X.58.1.36

Reiser, R. P., Milne, D. L. J. T., & Psychology, E. I. P. (2014). A systematic review and reformulation of outcome evaluation in clinical supervision: Applying the fidelity framework. *Training and Education in Professional Psychology*, *8*(3), 149. https://psycnet.apa.org/doi/10.1037/tep0000031

Rothwell, C., Kehoe, A., Farook, S. F., & Illing, J. (2021). Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review. *BMJ Open*, *11*(9), e052929.

Scaife, J. (2013). *Supervision in clinical practice: A practitioner's guide*. Routledge.

Schoenwald, S. K., Mehta, T. G., Frazier, S. L., Shernoff, E. S. J. C. P. S., & Practice. (2013). Clinical supervision in effectiveness and implementation research. *Clinical Psychology: Science and Practice*, *20*(1), 44-59. https://psycnet.apa.org/doi/10.1111/cpsp.12022

Snowdon, D. A., Leggat, S. G., & Taylor, N. F. (2017). Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review. *BMC Health Services Research*, *17*, 1-11.

Stoltenberg, C. D., & Delworth, U. (1987). Supervising counselors and therapists. San Francisco: Jossey-Bass.

Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). IDM supervision: An integrated developmental model for supervising counselors and therapists. San Francisco: Jossey-Bass.

Teasdale, K., Brocklehurst, N., & Thom, N. (2001). Clinical supervision and support for nurses: an evaluation study. *Journal of Advanced Nursing*, *33*(2), 216-224. https://doi.org/10.1111/j.1365-2648.2001.01656.x

Tweed, A., Graber, R., & Wang, M. (2010). Assessing trainee clinical psychologists' clinical competence. *Psychology Learning & Teaching*, *9*(2), 50-60. https://doi.org/10.2304/plat.2010.9.2.50

Winstanley, J. (2000). Manchester clinical supervision scale. *Nursing Standard, 14*(19), 31. DOI:10.7748/ns.14.19.31.s54

Zimmerman, B. J., & Schunk, D. H. (2003). Educational psychology: A century of contributions. New Jersey, Lawrence Erlbaum Associates Publishers.