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MANAGEMENT AND SUPERVISION COMPETENCY

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Management and supervision are included within a single competency area because they share many characteristics in common. In psychological applications, "management consists of those activities that direct, organize, or control the services of psychologists and others offered or rendered to the public. . . . Supervision is a form of management blended with teaching in the context of relationship directed to the enhancement of competence in the supervisee" (McHolland, chap. 21, p. 165). In supervision, the focus is on individuals or on small units.

Often management and supervision are used interchangeably. Although the two terms are closely related, we use them with differing emphases. Management, a broader concept than supervision, involves more activities, particularly resource development. The control in supervision is often more detailed, direct, explicit, and individualized than the control in management. One manages an organization, whereas one supervises a person.

Management

Management strategies and issues are intrinsic to the practice of psychology. Management involves individuals, groups, and organizations. Individual case management, managing a practice, or managing a pain center are examples of the management activities of psychologists.

The management of psychological practice is influenced by internal and external factors. The internal influence is exerted by the profession itself (e.g., standards of practice and ethical guidelines). The external influence comes from sources such as legislation, general management activity, federal policy, or third-party insurance-payment procedures. The management of psychological practice is influenced by the complex interplay between the internal and external forces inherent in a pluralistic society.

Stromberg et al. (1988), in *The Psychologist's Legal Handbook*, observed about psychologists:

Little in their training directed their attention toward the commercial, legal, or managerial aspects of practice. For many, it came as a rude awakening to find themselves in a profession where the necessary survival skills are managerial as well as clinical. Psychologists today need more than the abilities to provide effective therapy and to inspire confidence in referral sources. (p. i)

In contrast to current educational practice, psychologists-in-training should receive instruction in management to deal effectively with the diversity of practice and the impact of internal and external influences.

Management of the Professional Self

Perhaps the best introduction to the importance of management principles and methods is gained by addressing the management of the professional self. The hallmark of well-trained professionals is that they adhere to and practice within the profession's established consensual standards and guidelines. Their vision of appropriate professional behavior is organized and activated by sources of influence within the profession itself.

Before entering the professional training program, students are not bound by specified professional obligations. On entering the psychology training environment, students should clearly understand that they are members-in-training of a profession and are obliged to conform to the consensual standards of that profession. Through introductory teaching and perhaps through a formal ceremony, students should pledge allegiance to the profession's standards, particularly the ethical standards. In each program, a sanctioning ethics committee with student membership should be established to ensure compliance throughout all aspects of the program.

Professional persons are expected to meet obligations, to be sensitive to others, and to conduct their personal life in a reasonable manner. In addition to the management of one's professional behavior according to consensual guidelines, students are expected to manage time, to prioritize obligations, and to develop a life-style commensurate with their professional training. Small-group teaching should help develop awareness of burnout patterns, stress patterns, stress management, principles of time management, professional goal setting, and personal organization to meet training and, later, professional requirements.

Case Management

Case management is the management of clients. In our formulation, therapy techniques or the therapeutic relationship are not the focus of case management. Rather, case management is concerned with the basic practical, ethical, legal, interdisciplinary, and interagency considerations involved in dealing with clients. In the complex service considerations with which psychologists deal briefly, effective service often demands effective case management. Knowledge of client – agency expectancies, networking with community resources, individualized service planning, documentation, and so forth is critical to client service. Competent case management necessitates knowledge of the

legal issues that underlie informed consent, clear contracting, confidentiality, privileged communication, and fee setting.

Professional Issues

Professional management relies, to a large extent, on standards and guidelines formally established by the profession. The student should be knowledgeable about the history of the applied psychology movement and contemporary issues in the field including the professional school movement, the accreditation process, specialty designation, licensure, and certification. The history and current status of standards of practice, customary practices, ethical case presentations, advanced certification for the diplomate, and designation issues need coverage. There should be ongoing attention to contemporary professional issues related to self-regulation.

Professional identification and socialization should be reinforced by recommending student membership in professional organizations. Student participation at local, state, and national levels should be encouraged. Particularly by modeling direct participation in professional organizations, faculty can help students become involved in psychology organization work.

Service-Delivery Systems

The management competency should include the study of service-delivery systems, particularly a consideration of the major forms of practice, that is, the independent office, the group practice, the corporate practice, and the employee assistance program (EAP). Instruction should attend to the general parameters common to all service-delivery systems: a population to be served, a way of engaging that population, services to be rendered for particular goals, a designation of clients served and providers to serve them, resources including sources of revenue, information-system requirements, legal-legislative and professional requirements, quality control, accountability methods, and an organized way of interrelating the management of all of these features.

Service-delivery systems manage these parameters in different ways. Hospitals, school systems, community agencies, and vocational rehabilitation agencies, for example, have service-delivery systems that have both enhanced and limited the activities of professional psychologists. Managed care, health maintenance organizations (HMOs), preferred provider organizations (PPOs), major federal programs (e.g., Medicare, Medicaid, CHAMPUS), and psychologist-managed care systems such as Biodyne and General Psychological Services should be examined in a delivery-system context.

Psychological practice initially was rooted in public agencies. In recent years, the private sector has emerged as a major influence on the provision of psychological services. Public agency and the public are not synonymous. The majority of the nation's population receiving personal and health services are not served through public agencies; yet the profession often has been biased against forms of service that might impact the general public. "Money making," "entrepreneurial," and other such epithets have been used to describe professionals who serve clients outside of public agencies. Other than corporate group health insurance support and government insurance-like systems, little attention has been directed to ways of delivering psychological services to the vast majority of persons in the nation. We do not propose to diminish our responsibility to re-

spond to the poor or to the disadvantaged. However, we should work toward developing more creative ways to serve persons or organizations of moderate or sufficient means in those many aspects of functioning that make up the daily fabric of our national life. For this reason, modern methods of marketing and of managing services should be introduced in the curriculum.

Ethnic diversity is greater than ever; approximately 21% of the U.S. population is Black, Hispanic, or a member of other non-White racial groups (New York Public Library, 1989, p. 676). In some urban areas, the minority is now the majority. There are particular opportunities for creativity in program development, financing, and administration of psychological services for ethnically diverse groups. Programs should attend to these issues throughout the curriculum.

The process of quality assurance, particularly as it relates to maintaining quality of service and to the management of service provision, needs to be taught early. The use of management-information systems and documented review, with an associated attitude of receptivity toward professional review, are important to learn at the entry level.

Management by Board

Most public and private agencies are managed by boards drawn from the community that determine policy and oversee programs and services. Therefore, it is important to establish the value of participating in a community's political fabric as a means of influencing its human service policy. An awareness of and basic skill development in this level of organizational management should start early in the program. Participation in school or university governance, management of the program's psychological service center, and some observation of community boards in action contribute to this important competency.

Supervision

Perhaps the most neglected area of a psychologist's education and training is learning how to be supervised and how to supervise others. Because about one half of a professional psychologist's formal training involves learning through supervision, this area is critically important.

Psychologists are supervised through laboratory experiences, practica, internships, and postdoctoral practice. Most psychologists who work in organized settings assume the responsibility of supervising others, including nonpsychologist staff and assistants. Psychologists in independent practice often employ assistants and office staff who require supervision. Therefore, supervision is an important foundation competency for one's own training, for the training of others, and for service provision.

Developmental Approach to the Teaching of Supervision

We suggest a developmental approach to teach the knowledge, skills, and attitudes involved in supervision. This approach is based on the assumption that at each level of training, including prepractice, practicum, predoctoral internship, and postdoctoral

residency, students have progressively more varied needs related to supervision. A practicum student's supervision may attend to basic interviewing strategies, whereas a third-year student might focus on the personal complexities of being a therapist and of developing a professional identity. The role of the supervisor may change from being a teacher or mentor to being a consultant or an administrator. Each developmental level has different data sources and requires varied sorts of supervisory involvement. As supervision training progresses, a student might move from being a supervisee to observation of supervision to discussion of the supervisory process to supervised experience in supervision.

The first stage of training in supervision begins early in practicum and should focus on being a good supervisee. Good supervisees typically are characterized as active learners who are open to supervision, well prepared, able to use time efficiently, non-defensive, organized, willing to take risks, aware of their limitations, and so on. This role induction should come through a variety of didactic and experiential activities. Participation at this level should include writing clear learning goals, reacting to the supervisory process, and participating with advanced students in some supervisory sessions. Later practicum may include training in the supervision of some specific skills, such as the mechanics of test administration.

At later stages of the practicum, before the internship, teaching also should involve all or part of a course or an intensive workshop experience devoted to the provision of supervision. At this level of training, the student has had experience being supervised and often has supervised others in restricted skill-building activities. Preinternship teaching should include a review of the supervision literature, a review of supervision models and methods, and an overview of the technical resources available for supervision. Most of the training in supervision should occur during the predoctoral internship when each trainee should experience a full range of supervisory activities as both a supervisee and a supervisor under supervision.

Attitudinal and Cultural Issues

Whereas the teaching of supervision has received limited attention, attitudinal and cultural issues in supervision have received little or no consideration. Value differences, power relationships, problematic interactions, and issues of gender, culture, and ethnicity need to be recognized and addressed insofar as our limited knowledge permits. Certainly we need a more systematic consideration of all of these dimensions as they influence both the therapeutic relationship and the supervisory relationship. Supported by knowledge about minorities and cultural issues, we must develop a conceptualization of what prejudice is and how it impacts our therapeutic and supervisory work.

The supervisor needs to develop a paradigm for understanding individual differences in the context of the supervision process. The conceptualization by Marden and Meyer (1978) may be helpful in viewing interpersonal transactions between dominant and nondominant cultures. When dominant and nondominant cultural matches occur in therapeutic or supervisory transactions, special attention must be accorded cultural, ethnic, gender, or other individual differences.

Supervisors also must be aware of their own strengths and limitations in regard to issues of cultural diversity. Although the argument sometimes still is made that therapy is a value-free interaction, supervision and management of cases involve exchanges that

go beyond therapeutic considerations, and these must be viewed in the context of the cultural backgrounds of the participants.

Most supervisors have not taken course work in issues of cultural diversity and perhaps may not feel competent to handle such issues. Although a culturally diverse faculty can alleviate this problem to some degree, a word of caution is offered. Faculty from nondominant cultures should not be pigeonholed into the role of supervising those cases that make supervisors from the dominant culture feel uncomfortable. Rather, supervisors from nondominant cultures should serve as consultants to supervisors from the dominant culture so that the latter group can learn and ultimately model appropriate supervisory activities.

Including supervision as a foundation competency area serves to expand and to integrate theory, practice, and research. It adds a significant dimension to the curriculum and to the improved training of the professional psychologist.