



# **RIACT Supervision Model**

2.1.2025

## **Curriculum Overview**

Clinical supervision serves as a vital process in developing competent, ethical, and effective practitioners. Supervisors play a critical role in guiding supervisees through their professional growth, ensuring that they acquire the necessary skills while maintaining high ethical standards. The curriculum outlined here provides a comprehensive framework that integrates established supervision models, evidence-based techniques, and considerations specific to Contextual Behavioral Science (CBS) approaches.

## **The Role of Clinical Supervisors**

The role of a clinical supervisor extends beyond overseeing casework; it involves fostering professional development, modeling ethical behavior, and facilitating learning experiences that encourage self-reflection and skill enhancement. Effective supervision differentiates itself from therapy or consultation by focusing on the supervisee's development rather than client outcomes directly. Supervisors must possess and continuously refine their own competencies while being mindful of how their guidance shapes the next generation of practitioners. This responsibility requires an emphasis on beneficence, nonmaleficence, and professional integrity.

## **The Supervisory Relationship**

Supervisory relationships are fundamental to successful supervision. A positive alliance between supervisor and supervisee promotes trust, open communication, and constructive feedback. However, power dynamics must be carefully managed to maintain an environment conducive to learning. Supervisors must also acknowledge the impact of personal histories and situational contexts on their supervisees' approaches to therapy, encouraging an awareness of how these factors shape clinical decision-making. Engaging in guided self-reflection exercises allows supervisees to explore their relational frames and enhances their ability to respond flexibly within the supervisory process.

## **Theoretical Models in Supervision**

A strong supervision framework includes diverse theoretical models, each offering distinct benefits. Developmental models, such as Stoltenberg and Delworth's Integrated Developmental Model (IDM), allow supervision to evolve alongside a supervisee's increasing autonomy. In contrast, competency-based models, such as the Bernard and Goodyear Discrimination Model, emphasize the acquisition of specific clinical skills through targeted feedback. Integrative approaches, like Hawkins and Shohet's Seven-Eyed Model, provide a multi-perspective framework, addressing the interplay between the supervisee, the client, and the supervisory relationship. Applying these models effectively requires supervisors to adapt their strategies to meet the unique needs of each supervisee, reinforcing professional growth and adherence to ethical standards.

## **Supervisory Techniques and Feedback**

Supervisory techniques should be varied and dynamic, including live observation, recorded sessions, role-playing, and reflective supervision. Feedback is a cornerstone of effective supervision, necessitating structured assessment tools that guide both supervisors and supervisees in evaluating performance and identifying areas for development. A supervisor's approach to feedback must be constructive and supportive, emphasizing growth while ensuring accountability. Supervisees should also be encouraged to assess the function of their interventions rather than merely their form, fostering deeper clinical insight. For instance, using the Reflective Supervision Model, supervisors can guide supervisees through self-assessment exercises that encourage critical thinking and self-awareness.

## **Group Supervision**

Group supervision presents unique challenges and opportunities. A well-structured group setting allows for collaborative learning, exposure to diverse perspectives, and the development of facilitation skills. Supervisors must manage group dynamics, address conflicts, and ensure that discussions remain productive. Experiential learning within group supervision helps broaden behavioral repertoires and enhances the practical application of therapeutic models. Supervisees benefit from peer-led sessions where they practice guiding discussions and providing feedback, solidifying their understanding of supervision principles. For example, the Tavistock Model of group supervision helps supervisees analyze group processes and dynamics while learning from their peers.

## **Core Competencies in Supervision**

The competencies required of supervisors encompass clinical expertise, cultural responsiveness, professionalism, and ethical decision-making. Competent supervisors must stay informed about evolving ethical, legal, and regulatory considerations while maintaining a commitment to professional development. Supervisors must also cultivate meta-competence—the ability to recognize one's limitations and continuously refine knowledge

and skills. This self-awareness is central to fostering an environment of continuous growth and accountability in supervision.

## **ACT Supervision Models and Competencies**

In the field of Acceptance and Commitment Therapy (ACT), several models support effective supervision. The SEED Model emphasizes experiential learning and skill development, while the SHAPE Model incorporates psychological flexibility and relational framing. The Portland Model of Peer Consultation promotes a values-driven, collaborative approach, ensuring that ACT supervision remains process-oriented rather than purely outcome-driven. Additionally, the ACT Core Competency Self-Assessment provides a structured means for evaluating supervisor and supervisee proficiency in ACT-related skills.

## **Supervision in Other CBS Approaches**

Beyond ACT, supervision in other CBS approaches requires specialized considerations. Functional Analytic Psychotherapy (FAP) supervision focuses on in-session behaviors and contingent responding to enhance therapeutic effectiveness. Compassion-Focused Therapy (CFT) supervision integrates compassion and self-awareness, reinforcing a therapist's ability to create a supportive therapeutic environment. Supervision in Mindfulness-Based Interventions (MBIs) emphasizes embodied mutual inquiry, guiding practitioners toward a deeper engagement with mindfulness-based techniques.

## **Pragmatic Overview**

**1. Establishing the Supervisory Relationship** An ACT supervisor must create a safe, open, and collaborative space where the supervisee feels comfortable exploring challenges. Utilizing relational framing, the supervisor encourages self-reflection and values-based learning.

**2. Applying ACT-Based Supervision Models** Several models support ACT supervision, including:

- **The SEED Model** – Focuses on experiential learning, functional analysis, and skill development.
- **The SHAPE Model** – Emphasizes psychological flexibility, functional awareness, and values-based supervision.
- **The Portland Model of Peer Consultation** – Promotes a non-hierarchical, process-oriented approach to learning ACT skills.

**3. Utilizing Functional Contextualism in Supervision** Supervisors must help supervisees analyze their interventions in terms of function rather than form. This means guiding discussions on how supervisees' actions contribute to psychological flexibility in clients and ensuring that interventions align with ACT principles.

#### **4. Structuring Supervision Sessions**

- Begin with a mindfulness or present-moment exercise to center attention.
- Conduct functional analyses of client cases, focusing on the supervisee's approach and behaviors rather than just client outcomes.
- Use experiential methods such as role-play or defusion exercises to practice interventions.
- Implement structured feedback, utilizing the ACT Core Competency Self-Assessment to track supervisee growth.

**5. Providing Feedback and Evaluation** Feedback must be values-driven and competency-based. Supervisors should:

- Offer process-oriented feedback rather than just content-based critiques.
- Encourage supervisees to engage in self-reflection using ACT-based tools.
- Assess supervisees' ability to model psychological flexibility, particularly in challenging client interactions.
- Use structured assessment tools such as the ACT Core Competency Rating Form.

**6. Ethical and Professional Development** Supervisors must uphold ethical responsibilities, ensuring supervisees adhere to legal and professional guidelines. This includes:

- Regularly reviewing supervisee adherence to professional ethics and confidentiality standards.
- Encouraging ongoing professional development through ACT-related training, readings, and peer consultation.
- Guiding supervisees in recognizing their personal barriers to effective therapy and fostering values-driven action.

**7. Encouraging Experiential Learning and Psychological Flexibility** ACT supervision is not just about knowledge transfer—it requires fostering experiential learning. Supervisors should:

- Model psychological flexibility and self-compassion in their interactions.
- Engage supervisees in exercises such as observer perspective training to enhance defusion and acceptance skills.
- Encourage real-world application of ACT principles by setting values-based professional development goals.

**Conclusion** An ACT supervisor's primary responsibility is to create an environment where supervisees develop core competencies in ACT while modeling psychological flexibility. By using structured supervision models, providing process-based feedback, and fostering experiential learning, supervisors ensure that supervisees are equipped to deliver high-quality ACT interventions.