Maintain/advance science/empiricism in supervision Scribe document

Please note and remind yourself frequently: The intent of this document is for it to lead to a public-facing record of your workgroup's activity. By the day of the Summit it will be accessible to anyone at the Summit, and after the Summit it will be turned into a fully public-facing document. This means that although you should take notes however makes sense for you, it will be important to refine the notes to be comprehensible to others.

Guiding Committee: None before Summit
Moderator: Joanne Davila
Scribe: Thomas Olino

Describe intended product of the workgroup:

Who is willing to lead on this topic (future efforts at the Summit and beyond): Christina Balderamma-Durbin

Main Notes Area

Purpose of the session:

To discuss key questions related to how to maintain and advance the science and empiricism perspective in clinical science supervision with the goal of developing a set of ideas that can inform how clinical science programs might do so.

Starting questions are:
- What might novel approaches to clinical supervision be that allows for this?
- What are novel types of CS training experiences past traditional "clinic-based" ones?
- How do we center DEI in CS supervision (or supervision more broadly)?
- How might we include more clinical science-minded supervisors into clinical training?
- How might we make supervision more CS-focused without CS faculty involvement?
- How might we manage this in the face of students getting all or most of their training in external placements?
- How might we deal with the burden of the amount/extent of supervision that we need to provide to do this successfully?

- Challenges of supervisors being open or willing to engage in DEIJ discussions/centering DEIJ in supervision
    - Leveraging supervision strengths/exchanges to increase accessibility
    - Having opportunities for supervisor training
    - Training supervisors to engage around DEI as a "risk taking" exercise to learn from

- Supervisors learning about what they don't know that they don't know
- CCTC Module 8 for DEI competent supervision
    - Including how this involves training and evaluation of supervisees
- Guidance for supervision/training for supervision
    - CEUs from CS programs for supervisors to enhance supervision?
- Supervision as a PWC is a new competency (only since 2017)
    - How to enhance educational opportunities for supervision?
    - Supervision seminar/training at internship
- What is the state of the science of supervision?
    - The nature of assessment of supervision?
        - What to measure?
        - Competence of trainees?
            - Is there a need to better develop a set of assessments of competence?
        - What is the impact of these on the client/patient?
        - Role of evaluation of supervisors
    - How to develop this nascent field?
        - What to learn from the community mental health field?
- Supervisions from non-CS placements
    - Challenges in the balance between the accessibility of training experiences against the desire for CS-oriented supervision
        - What kind of bandwidth for variability and options?
        - Potential negative reaction of trainees for restriction of the settings
    - Vetting processes for identifying CS-consistent supervision
    - Different challenges in rural vs. urban settings
        - Potentially bidirectional training for some settings.
- What aspects of CS supervision are distinct from supervision writ-large?
    - Trainee formulates conceptualization as hypothesis and iteratively tested using evidence based treatment
    - Discussion of how literature informs (or does not apply) treatment planning
    - Needing to include the science of supervision
    - Balancing inclusion of both faculty and adjunct supervisors
        - Core faculty role-models as supervisors
    - Sustainability of strong CS-informed intervention
        - *Observation of clinicians is best method of supervision
        - Vertical supervision to aid in sustainability
    - Socialization of individual and group supervision participation
    - Borrow from the science of learning?
        - For individual and group learning
- Mixed messaging about importance of CS work from home programs
    - At extreme, living breathing clinical science model with in house models.
    - Embracing of the integration of science and practice as key for CS training

Parking Lot
The parking lot is for anything that was noted during the group that does not fit well on the topic.
You may wish to refer this information to other groups after your group meets.

- Impact of teletherapy on clinical development
    - For supervision training & experience
    - For peer communities to learn and share resources
    - Teletherapy from a single location
    - Telesupervision as an increased access point