

## **A CONTEXT FOR MENTORING**

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*This article discusses the overlap in supervision and mentoring, and the transitions from transactional to transformational leadership as the supervision relationship develops and matures. It then distinguishes the context of mentoring from that of supervision, allowing for more collegial collaboration, less hierarchical and more generative and general promotion of personal and professional development. The article then describes a useful role of mentoring as a method for the developing therapist to augment skills and obtain valid Continuing Competency Program credits in a continuous, flexible, and cost effective manner.*

Keywords: Context, mentoring, supervision, transactional, transformational, collegial, collaboration, professional development, Continuing Competency Program.

### **SUPERVISION**

In the now mature field of psychotherapy, there are trends in the literature towards increasing emphasis on training of a solid theoretical basis, core clinical skills, and sound method based on research in best practices. (Bernard, J.M., Goodyear, R.K. (1998). Fundamentals of clinical supervision (2<sup>nd</sup> ed.). Boston: Allyn & Bacon, American Psychological Association Presidential Task Force on Evidence- Based Practice. (2006). Evidence-based practice in psychology. American Psychologist 61, 271-285.

Not surprisingly, focus has increasingly shifted to the practices, skills, and processes of clinical supervision in the training of new psychotherapists. (Falendar, C. and Shafranske, E. (2004) Clinical Supervision: A Competency-Based Approach, Washington D.C. APA.)

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Long ago perhaps the prevailing opinion was that good therapists would, de facto, be good supervisors. A **parallel myth existed that good athletes would make for good coaches**. While there is a great deal of transfer between performance and the teaching of practice, we now know that coaching is a different but overlapping skillset of playing a sport, and many great athletes are not necessarily great coaches. In fact, being naturally good at a sport can sometimes be at odds with knowing how to coach, because the talent and skill often came naturally to the gifted athlete, who then could become quite perplexed when attempting to teach the same skill to an athlete with different abilities and learning styles. In order to fill this gap, a methodology for coaching in Canada became known as the National Coaching Certification Program, revered and copied by many nations worldwide, respected as producing excellent international results in sport given our relatively small population and limited sport budgets.

A parallel movement gained momentum in the last 30 years in the training and supervision of therapists, especially in the field of **family therapy**. My personal hypothesis was that marriage and family therapy, being the new systemic kid on the block in terms of more established intrapsychic therapies, had to work extra hard to establish its scientific rigor. Therefore the literature of marriage and family therapy, and the exacting standards of the premier international organization of that field, the American Association of Marriage and Family Therapy (**AAMFT**), **evolved to become the benchmark of quality process in training, supervision, and supervision-of-supervision**. The latter is a multilevel process of observing and supervising supervisors as they train therapists.

Soon the field of **psychology** began to focus more on supervision itself, rather than just the academic and clinical training of psychology graduate students, preparing them for the demands of clinical practice. The spotlight was not just the student and the process, but also on the characteristics and training of supervisors. Especially in the 1990's and the 2000's, the psychology literature focused on supervisors and the training they needed to do this extra-skillful job ([Falender et al., 2004](#)) Emil Rofolfa, Russ Bent, Elena Eisman, Paul Nelson, Lynn Rehm, Pierre Ritchie (2004). A Cube Model for Competency Development: Implications for Psychology Educators and Regulators. Professional Psychology: Research and Practice, Vol. 36, 347-354).

As you have seen from the articles preceding this in our journal Psymposium ([Amundson, J. \(2009\) And The "Best of Times"- When supervision goes well. Psymposium \(19\) 12-13](#) [van Mastrigt, R., Amundson, J., & Konner, C. \(2008\) Supervision of the Provisionally Registered Psychologist : Three view of ethics in practice. The Cap Monitor \(31\) 6-7](#) [Amundson, J. \(2009\) The Best of Times/ The Worst of Times: What goes wrong in supervision. Psymposium \(18\) 14-16](#)), the literature is now full of research and training articles on the topic of supervision. Now

formal training programs for supervisors exist in several jurisdictions, including Alberta. So supervision and a focus on the supervisory process has now come of age as its own field of knowledge.

## **SUPERVISION MERGING INTO MENTORING**

Slowly, but increasingly, the word "mentoring" is becoming intermixed with supervision, as many of the functions of mentoring are typically subsumed under the umbrella of supervision. Many, if not most models of supervision, discuss the overlap of mentoring and modeling functions as the supervisory relationship becomes less technical, skill-focused, formal, and hierarchical, becoming more transformational, reciprocal, equal, and mutually generative collaboration ([Johnson, 2006, 2007](#)). This model of progression is approximate, seldom reaching the levels of mutual collegiality in virtually all contexts of graduate courses, practicums, internships, and even post-doctoral internships. Hierarchy usually trumps mutuality. Also, there is a code of prohibition of dual relationships that prevails in clinical training and professor-student relationships, that makes it difficult to enjoyably play tennis with your supervisee ([Barnett, J. E.; Erickson Cornish, J. A.; Goodyear, R. K. & Lichtenberg, J. W. Commentaries on the ethical and effective practice of clinical supervision. \*Professional Psychology: Research and Practice\*. 2007 June Vol 38\(3\) 268-275, Gottlieb, M. C.; Robinson, K. & Younggren, J. N. Multiple relations in supervision: Guidance for administrators, supervisors, and students. \*Professional Psychology: Research and Practice\*. 2007 Jun Vol 38\(3\) 241-247, Younggren, J., and Gottlieb, M.C. \(2004\). Managing risk when contemplating multiple relationships. \*Professional Psychology: Research and Practice\*, 35, 255-260.](#)) Thus, the ideal of modeling of humanness across contexts into the total development of a person as well as a professional is stunted by these restraints. Nevertheless, in supervision settings, where there is an underlying and ever-present context of gate-keeping judgment, such boundaries are likely positive and protective, if perhaps at times, constricting.

## **SUPERVISION AND MENTORING DISTINGUISHED**

Other authors have described and attempted to distinguish between mentoring and supervision, but often the terms they use overlap considerably, although there is a slight difference in focus, featuring more of a gate-keeping function in supervision. For example,

[Bernard and Goodyear \(2004\)](#) **defined supervision** as:

an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered to the client... and serving as a gatekeeper of those who are to enter the particular profession. (p. 8)

By way of comparison, **mentoring** is most simply **defined** as:

a personal and reciprocal relationship in which a more experienced faculty member [or clinical supervisor] acts as a guide, role model, teacher, and sponsor of a less experienced student [or supervisee]. A mentor provides the protégé with knowledge, advice, counsel, challenge, and support in the protégé's pursuit of becoming a full member of a particular profession. ([Johnson, 2006](#), p. 20)

It seems that supervision and mentorship are far from mutually exclusive and, in many respects, potentially

complementary ([Johnson, 2007](#)).

Now I would like to **distinguish the context** of Supervision from the context of Mentoring. Acknowledging that both functions overlap in clinical training, I would like to propose a meaningful distinction that could have some implications. The way I view it, is that:

**SUPERVISION** is a formal process wherein a supervisor observes, trains, and evaluates the skill development of his trainee/supervisee to help ensure best practices delivery for the client and potential clients. Whether direct (live) or indirect (videos or case reviews), the **supervisor is partially accountable for the process and outcome of the client case**, whether positive, negative, or mixed. Supervision does not only apply on a case-by-case basis, but also could apply in a gate-keeping function. For example, a supervisor might recommend to a supervisee that (s)he be unsuitable for the role of psychotherapist without some kind of remediation program. This could be devastating to a trainee, but necessary according to the ethics of the profession. The crucial distinction in supervision is the fiduciary responsibility to the profession and the protection of the public that no supervisee be allowed to practice in that area without positive assurances of competency (and hopefully, skill). **Supervision also frequently occurs after**

**training and professional registration in publicly funded programs**, such as hospitals and mental health agencies. This supervision, while fostering professional growth, is also an administrative and clinical function to ensure quality care to the client. Again the supervisor is indirectly partly responsible for the service provided by the therapist.

**MENTORING** is a practice of observing, teaching, coaching, and advising that promotes a therapist's developing model of intervention to become more effective as a clinician and more fulfilled as an effective therapist. Mentoring does not abandon the principles of ethical practices, but merely informs and encourages protégés to consider more effective ways of intervening. Evaluation of protégé skill is applied in the interest of professional development, and only secondarily in the interest of gate-keeping and reporting. Furthermore, in mentoring as defined here, the **supervisor assumes no responsibility for the management and outcome of the therapist's case. All mentor recommendations are purely consultative, with application exclusively at the discretion of the protégé therapist.**

The only remaining formal safeguards are the boundaries of any psychologist to advise their protégé of any potential violations of ethical practice and corrective action, and the duty to inform if remedial action is not taken. So, there is still a gate-keeping component on your protégé, but no more than that of any colleague on an equal level. This is one of the crucial distinctions of a mentoring relationship. The power differential is only slightly more than that of equals, and remember that **this power of reporting is mutually collegial**; it goes both ways. Oddly enough, this mutuality allows for some expansion of interactivity and humanity that can mutually enhance the development of both mentor and protégé in realms beyond the typical supervisor-supervisee relationship.

## **AN EMERGENT CONTEXT FOR MENTORING**

So now the question arises: how do we create a context in which the free-form advantages of mentoring can emerge? Alberta's registration requirements have resulted in more Masters level practitioners and a potentially greater need for mentoring as they establish their practices. The result of this trend is that we have a **proportionately large number of new psychologists conducting private practices with relatively little experience** other than their practicums, which sometimes can be brief or narrow in focus that ill-equip the independent therapist for many clinical and counselling clients and their needs. As a post-graduate psychologist, the comfort, convenience, consultation, and dependability of a seasoned skillful mentor can offer a valuable learning guide to the developing therapist.

Here I am focusing on the context of independent practice in psychology. In contrast, in a hospital or public mental health setting, you have the team support, whether real or virtual, of team members and a support supervisor available by phone in an emergency, possibly even with the potential of expedient if not direct hospitalization for severe emergencies. That is why most therapists start in public practice and seldom leave its protection.

Increasingly, however, **enterprising new psychologists are starting their own private practices immediately after registration as psychologists.** Typically the new graduate entering the field of independent practice will enjoy freedom from the restraint of having to report in a system of formal supervision.

Sometimes, such assurances of backup protection in the public sector are brushed aside by new therapists because their clientele are higher functioning EAP clients, who are merely temporarily challenged by life transitions. However, usually by the second or third year in practice, these therapists are stressed and challenged by more severe cases, sometimes personality disorders, twisted relationships, and chaotic circumstances for which there are no easy or enduring answers. They seek the help of peer colleagues of similar training and depth, who offer emotional support but minimal high level technical guidance. However, most of the time such consultation is enough to handle tricky situations, but often at a hidden cost of stress to the floundering therapist. At this point in their early career such therapists begin to feel stressed and at times overwhelmed by their responsibilities, and begin to take interest in further training and skill development. Furthermore, their College requires more detailed attention to **Continuing Competency Programs (CCP). CAP (2009) Update on the continuing competence program. CAP Monitor 33, 12.**

At this point many therapists enroll in conferences and workshops to gain more state-of-the-art skills to deal with more challenging client situations. They learn a lot, but within several weeks the new ideas gradually fade, reverting to more familiar patterns incorporating a few key insights from the most recent workshop training. Some therapists enter more sustained training programs to learn new skillsets and integrate them within their existing models and practices. The difficulty with these weekend or weeklong intensives is that they often involve considerable scheduling conflicts, travel and accommodation, and substantial expense.

Application within a group of therapists is often dependant on peer support from cohort classmates, augmented by remote trainers, sometimes with telephone support, but these trainers

are often outside the local jurisdiction of the therapists, and of limited help in crisis situations involving knowledge of the resources of a local clinical community.

## **THE MENTORING ALTERNATIVE FOR CCP CREDITS IN PROFESSIONAL DEVELOPMENT**

An alternative model for delivering Continuing Competency programs and ongoing professional development is to **contract the services of a mentor on an ongoing basis**. In this arrangement, the therapist has satisfied a significant proportion of the CAP requirement for CCP hours, has a personal training resource for skill development tailored to the needs and pace of the therapist, with consultation and support in case management during crises. Furthermore, there can be a more relaxed and comprehensive agenda of professional and personal development through an increasingly collegial collaborative relationship with many iterations over the course of time. Mentoring allows for greater flexibility according to the needs and schedule of the protégé therapist. Also, given comparative costs of other methods of continuing education, mentoring can be quite **cost effective**. Most convincingly, mentoring can be fun for mentor and protégé alike. Consider this as a pattern of possibility custom fit to your needs as a developing therapist.

## **SUMMARY**

Mentoring is an ongoing collaborative learning relationship whereby a skillful and experienced professional can teach, model, train, rehearse, and guide a more junior therapist to be more effective and enjoy greater professional and personal development. This process can be distinguished from the context of supervision, which implies greater clinical responsibility, evaluative, and professional gatekeeping emphasis for the supervisor. A supervision relationship can evolve from a transactional process of skill transfer to a more transformative and less hierarchical relationship as the student therapist develops. In this sense, elements of mentoring can be a part of the supervision relationship.

However, mentoring itself can be identified as a separate context, in which mentor interventions and recommendations are merely consultative. That is, the protégé is free to accept or use them in work with clients. The evaluative component only has to do with matching the intervention to the developmental level of the therapist. The learning context is far more mutual and bidirectional. Finally, seeking and securing a mentoring relationship can be a valuable and experientially satisfying alternative model for ensuring continuing competency, especially for recent graduates in private practice settings.

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