

Deliberate Practice Supervision in Action: The Sentio Supervision Model

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Current Limitations of Traditional Supervision Methods

While this vignette took place twenty years ago, it remains a fresh example of the current limitations of our field’s “traditional supervision” (TS) method. Broadly speaking, TS suffers from training therapists to get good at *talking about* therapy in supervision and not necessarily as good at actually *doing* therapy in session (Vaz & Rousmaniere, 2024, 2022; Miller et al., 2020). This can be illustrated through the approach TS takes to teaching and learning and what it does and does not include as part of its structure:

- *By privileging conceptual teaching, TS often misses key opportunities to practice specific clinical skills.* Conceptual learning is learning that takes place through reflection, such as understanding theories, reading papers or attending lectures. My early supervisor placing the emphasis on my client’s borderline tendencies is an example of an attempt to use conceptual learning as a way to become a better therapist. There is nothing wrong with conceptual learning, since it is important that therapists build conceptual knowledge. The problem lies in its overemphasis and the expectation that a therapist will reliably translate the conceptual understanding into clinical skill when they sit down again with their client (Bennett-Levy, 2019; Axelsson et al., 2023; Boswell, Constantino, & Goldfried, 2020).
- *By not utilizing recording technologies, TS often works with a “low resolution picture” of what transpired in the therapy session.* TS frequently relies on therapists self-reporting what took place in the session with the client and then uses this reporting as the basis for the supervisor creating a learning goal. (For example, my bringing in my process notes and my supervisor using this account to figure out how to best intervene.) While it is important that we ask therapists to organize their thoughts into a coherent self-report, TS is challenged by using this “low resolution picture” as the central source for building an understanding of what actually took place in the session.
- *In not making routine outcome measures a built-in part of the structure of supervision, TS misses opportunities to address client deterioration and the supervisee’s most pertinent clinical challenges.* TS relies on the often unspoken assumption that therapists will bring in clients who are at the greatest risk of deterioration and supervisors will track these clients over the course of the supervision relationship. However, extensive research has demonstrated that therapists are often unable to recognize clients in deterioration and thus in need of supervisory consultation (Hatfield et al., 2010; Lambert, 2010; Hartmann et al., 2015).

Taken together – an over-reliance on conceptual learning and not utilizing recording technologies and routine outcome-measures –, the traditional supervisory process ends up spending too much time and energy on abstractions and not enough on acquiring specific therapy skills to aid in the supervisee’s concrete clinical challenges (Axelsson et al., 2023; Boswell, Constantino, & Goldfried, 2020; Vaz & Rousmaniere, 2022, 2024). Any form of supervision has a great deal to accomplish in a limited window of time. Refining the field’s supervisory learning methods and structure are promising contributions that deliberate practice (DP) can

offer to traditional supervision.

The Sentio Supervision Model (SSM)

The Sentio Supervision Model (SSM) proposes a structure to implement DP into psychotherapy supervision (Levenson, 2024; Vaz & Rousmaniere, 2024). This supervision model was originally developed by Alexandre Vaz and Tony Rousmaniere at the Sentio Counseling Center and Sentio Marriage and Family Therapy Program (2024), having since been refined in collaboration with the Center’s resident supervisors (Stuart, 2024).

The SSM is a 7-step approach that provides an ambitious plan for a 50-minute supervision meeting. Its main aim is the seamless integration of three supervision-enhancing contributions: the use of outcome monitoring (Lambert, 2010), the review of therapy recordings (Haggerty & Hilsenroth, 2011), and the engagement in deliberate practice skills training. The model offers a very specific structure for what is expected of the supervisee, and is strategic about where and how to best ask the therapist to stretch their comfort level with difficult clinical material. Furthermore, it aims to promote a collaborative dialogue that helps target the supervisee’s unique “zone of proximal development”, as related to their ongoing clinical challenges (Vaz & Rousmaniere, 2021, 2022, 2024). The supervision model was thus designed to be in alignment with K. Anders Ericsson’s proposal that DP training should constitute “the establishment of individualized behavioral learning goals, the engagement in repeated behavioral rehearsal of skills, and provision of expert feedback that encourages and refines further rehearsal” (Ericsson, 2018, 2003).

Below is a summary of the seven steps in the Sentio Supervision Model:

SENTIO SUPERVISION MODEL (SSM)

Steps

- Step 1. Check trainee’s outcome data
- Step 2. Review Supervision Preparation Form
- Step 3. Identify a Client Challenge
- Step 4. Identify a Therapist Deficit
- Step 5. Identify a Learning Goal
- Step 6. Behavioral Rehearsal
- Step 7. Assign Deliberate Practice Homework

Brief description

- If outcome data is available, focus the supervision on the client whose outcome data is available.
 - Trainees complete a Preparation Form prior to each supervision that elicits a client challenge.
 - At this stage, supervisor and supervisee collaborate to agree on a challenge to address.
 - After identifying a client challenge, the supervisor helps the trainee see what skills are needed to address the challenge.
 - The supervisor and trainee collaborate to identify a concrete clinical skill to practice.
 - The supervisor guides the trainee to repeatedly practice the identified skill.
 - The supervisor proposes a solitary practice homework, if possible using a client challenge.
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Case Illustration

Case Formulation

At the six week mark of Brian’s supervision, the therapist sent me the following email:

“Hi Jason,

I met with a client yesterday named Jeremiah. In last night’s session he mentioned suicidal thoughts, i.e., a wish to just keep sleeping. I asked him if he had intentions to harm himself and he assured me that these thoughts “are just thoughts” and that “he has too much to lose to ever follow through”. He told me “don’t worry.” I believe him and I don’t think there’s a risk of actual self-harm.

Nevertheless, I wanted to mention it to you. I’ll share clips during our supervision session tomorrow so that we can discuss.

See you tomorrow,

Brian”

This email fit within my formulation of the case and the work ahead in Brian’s supervision if he was to help Jeremiah with his overwhelming feelings. My sense was that Jeremiah’s therapy held the promise to be a

place where he could put down some of his heavy burden by beginning to sort through painful feelings and this would provide him with a means to better manage the many stressors he juggles. In order for this to happen, it would require Brian successfully learning to fine tune the balance between providing Jeremiah a space for his feelings to emerge at their own pace and then applying enough pressure to encourage Jeremiah to deepen his emotions past anger into places that might bring up sadness and loss. These dual tracks of Jeremiah and Brian’s development would be facilitated and practiced in Brian’s supervision through utilizing the SSM and DP.

Clinical Practices and Summary

In this paper we have provided an illustration of Deliberate Practice (DP) and the Sentio Supervision Model (SSM) in action. DP offers the promise of preserving supervision at the foundation of therapist development while providing the supervision process with a new set of principles to improve results in therapist effectiveness (Ericsson, 2008; Wampold et al., 2019; McLeod & McLeod, 2022; Miller et al., 2020). We introduced the SSM as the first model to provide clear guidelines for the integration of DP principles, routine outcome monitoring, and use of videotaped recordings to augment traditional supervision methods (Levenson, 2024; Vaz & Rousmaniere, 2022, 2024). The overlapping development of client, therapist and supervisor, documented throughout our case illustration, provides one example of the promise of DP and the SSM to create more successful therapy and supervision outcomes. We believe that combining the use of outcome measures, video recordings, and DP skills training provides a uniquely valuable contribution for the future of clinical supervision, while also remaining flexible enough to allow for the supervisor’s unique expression. Our hope is that others will find the methods described here inspiring, promoting further implementation, experimentation and research.

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