



## SUPERVISION STUDY PROGRAM

### Introduction

Established in 1986, the Supervision Study Program (SSP) is one of the few programs of its kind in the San Francisco Bay Area, offering a one-year in depth course of study in the theory and practice of relational psychodynamic supervision. Led by The Psychotherapy Institute (TPI) senior faculty, the program includes bi-monthly individual consultation with a faculty member, a monthly group consultation and twelve months of seminars. Class size is small to insure maximum individual attention.

The program begins each year in September and runs through August.

The Supervision Study Program focuses on:

1. Identifying and developing participants' individual styles of consultation and supervision.
2. Understanding the dynamics in the relationship between patient and therapist, therapist and supervisor.
3. Developing the use of self in the consultation/supervision process.
4. Identifying individual modes of teaching and learning.
5. Cultivating an attitude of cultural humility and receptivity to issues of diversity and social justice that are an integral part of relational psychodynamic supervision.

### Qualifications

1. Applicants must be licensed in California to practice independently in a mental health field (e.g., psychiatry, social work, psychology, marriage/family therapy, nursing) and have a minimum of two years post-license clinical experience.

2. Applicants must have the capacity for introspection and self-awareness.
3. Applicants must be supervising or consulting at the time they begin the program (September). TPI can suggest supervisory opportunities for program participants who are not already supervising or consulting. However, the arrangements are the responsibility of the individual SSP participant.

### Fees and Tuition

A \$50 (US) application fee must accompany the application.

The fee for the program is \$300/month.

Participants in the SSP also become members of The Psychotherapy Institute; membership fees are waived during their time in the program.

Participants set their own fees for their private practice consultees and collect those fees themselves. There are additional opportunities to e i e i TPI two-year post-graduate training prog a a d h gh TPI Consultation Service, available to licensed therapists in the professional community at large.

### Application Deadline

For the application deadline, see [www.tpiberkeley.org/supervision-study-program](http://www.tpiberkeley.org/supervision-study-program). After reviewing your application, the Selection Committee will contact you about next steps in the application process.

[Click here](#) to submit the \$50 application fee online.

Email your completed application to [ksduncan@tpi-berkeley.org](mailto:ksduncan@tpi-berkeley.org)

For more information, please contact K. Sue Duncan, Executive Director, (510) 548-4407



## SUPERVISION STUDY PROGRAM APPLICATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone Numbers (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

Email Address \_\_\_\_\_

Professional Degree(s) \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

Month & Year License Obtained (2 years of post-license experience required) \_\_\_\_\_ Total number  
of hours you have provided supervision or consultation to date: \_\_\_\_\_

### **Resume**

Please attach a copy of your resume.

### **Letters of Reference**

Three letters of reference are to be sent to TPI in support of your application. At least two of your references should be current or former employers, supervisors, consultants, or teachers who can evaluate your clinical work in a professional or training setting.

Please list the names and phone numbers of the individuals from whom you will request letters of reference and forward a copy of the Letters of Reference Form.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Application Narrative

Please help us get to know you by reflecting on the following areas. We are interested in how you think about supervision and how you learn. Specifically, through the application and interview process, we want to get to know your vulnerable and reflective self. In other words, we are looking for how you use yourself in and make meaning from clinical and supervisory exchanges. We expect that this part of the application will be approximately 4-6 pages in length. Note that your application materials will be made available to your individual and group consultants.

1. Describe your interest in seeking intensive training as a supervisor/consultant at this time in your career? What are your goals for this training program?
2. Describe your current clinical work, including: your work setting(s); kinds of people with whom you work; challenges with which you work; and your clinical orientation(s).
3. Describe the factors that have influenced your professional development as a clinician, including personal experiences. You may include experiences in your own personal therapy, if you choose.
4. If you are already providing supervision or consultation, describe a supervision/ consultation experience that challenged you. Include what made it challenging; your internal experience as the supervisor/consultant; how you did or did not address the issue(s) at the time; and how you understand what occurred between you and the supervisee/consultee as you look back on the case. As relevant, describe any issues in the case related to culture, diversity, and difference.

OR

If you have not provided supervision or consultation, describe a challenging supervision or consultation experience you received. Focus on what made it challenging; how you conceptualized and addressed the issue(s) at the time; how you understand what occurred between you and your supervisor/consultant as you look back on the experience; and how it has impacted your clinical work. Describe any issues in the case related to culture, diversity, and difference.

## APPLICATION CHECKLIST

Listed below are the items necessary for you to complete an application for the Supervision Study Program. If you have any questions, please contact K. Sue Duncan, Executive Director, at (510) 548-4407.

- Completed application form
- Resume
- Completed application narrative
- Three letters of reference (to be sent directly to The Psychotherapy Institute by references)
- Submitted \$50 Application Fee Online



## Letter of Reference

**(Note to applicant: Please provide a copy of this form to each individual you will be asking to write a letter of reference for you.)**

I, \_\_\_\_\_, have applied to the Supervision Study Program of The Psychotherapy Institute. This is a rigorous one-year training program, which prepares and trains experienced psychotherapists to serve as clinical supervisors, consultants, and the future teachers of our profession. In addition to learning from readings and seminars, participants in the SSP receive twice-monthly small group consultation and weekly individual consultation as they conduct supervision of licensed and unlicensed therapists in training. Due to the high level of responsibility this role entails, the program faculty are careful to select candidates who possess maturity, good professional judgment, and the capacity to learn from self-reflection, in addition to sound clinical skills.

### **Instructions:**

Please describe in detail your relationship with the applicant, familiarity with the applicant's work, and your assessment of his/her capacity in the above areas and capacity to participate and learn from both individual and group consultation. In addition to informing us of the applicant's strengths, please indicate areas in which you think the applicant needs further development.

Please deliver this letter by email or mail to:

[ksduncan@tpi-berkeley.org](mailto:ksduncan@tpi-berkeley.org)

Supervision Study Program Selection Committee c/o  
K. Sue Duncan  
The Psychotherapy Institute  
2232 Carleton St.  
Berkeley, CA 94704