

**INDIGENOUS ACCLIMATISATION OF CLINICAL SUPERVISION
PROTOCOL FOR TRAINEE PSYCHOLOGISTS AND ITS
EFFECTIVENESS**



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DECLARATION

This is to certify that this thesis is solely my original work. It has not been previously submitted for any other degree or professional qualification. The contributions and statements of other authors have been mentioned both in the reference list and the running text.

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CERTIFICATE

It is to be certified that this thesis entitled “**Indigenous Acclimatisation of Clinical Supervision Protocol for Trainee Psychologists and Its Effectiveness**” was prepared and submitted by Mr. Shamsher Hayat Khan in partial fulfillment of the requirement for the degree of Ph.D. in Psychology. The thesis has been approved for submission to the Department of Psychology International Islamic University, Pakistan.

Prof. Dr. Muhammad Tahir Khalily
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Dedicated

to

*My parents who have been my pillars of strength and greatest inspiration.
Your enduring support and sacrifices have made this journey possible. I am
forever grateful for your love, guidance, and encouragement.*

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List of Abbreviations

ADCP	Advanced Diploma in Clinical Psychology
CBT	Cognitive Behaviour Therapy
SFT	Schema Focused Therapy
SPSS	Statistical Package for the Social Sciences
FGD	Focus Group Discussion
FG	Focus Group

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Abstract

Clinical supervision is a vital component in the professional development and competence of psychologists, particularly in culturally diverse contexts such as Pakistan. However, existing supervision models often lack cultural relevance and fail to address the unique needs and challenges faced by Pakistani psychologists. This research work addresses this gap by developing and implementing an indigenous clinical supervision model grounded in cultural sensitivity and Islamic principles.

Existing clinical supervision practices among Pakistani psychologists lack cultural relevance, standardized assessment criteria, and integration of Islamic principles, leading to challenges in professional development, client outcomes, and adherence to ethical guidelines. The theoretical framework of the model draws from the development model of clinical supervision and integrates Islamic teaching. In designing the clinical supervision model, the researcher used a research and development approach by adapting the Borg and Gall Model, which is commonly used in the process of development and validation of educational materials.

The initial development of the clinical supervision model was completed through a literature review, focus group discussion, and in-depth interviews with the subject experts and relevant stakeholders including practicing clinical psychologists and religious scholars. Based on the data gathered, qualitative analysis was performed through deductive thematic analysis to compile the needs, design, and implementation of the model. Subsequently, the clinical supervision model was reviewed and finalized for further implementation.

The supervision structure includes defined roles for supervisors and supervisees, individual and group supervision sessions, standardized assessment tools, and objective feedback mechanisms. This clinical supervision model presents the development and implementation of an indigenous clinical supervision model tailored specifically for Pakistani psychologists working in

hospital settings. The model integrates cultural sensitivity, ethical considerations, and Islamic principles to enhance supervisee competence, client outcomes, and adherence to professional standards.

Furthermore, the training programs are designed to educate supervisors and supervisees on the clinical supervision model; assessment, intervention, conceptualization, goal setting, ethical guidelines, and cultural competence. The clinical supervision model was implemented to evaluate the effectiveness and acceptability of the model in Pakistani therapeutic settings. Additionally, the evaluation metrics include supervisee competence, client outcomes, supervisor feedback, and self-assessment. In the implementation, the data collection methods include interviews, observation, and case reviews. In addition to this, the continuous improvement strategies involve data analysis, stakeholder feedback integration, refinement strategies, and iterative cycles of evaluation and refinement.

This study was conducted following the Borg and Gall Model of educational materials development, implementation, and evaluation. Consequently, the study was carried out in two phases. In the first phase, an indigenous clinical supervision model was developed, and six clinical psychologists were trained according to this newly developed model. These supervisors underwent ten days of training on how to implement the supervision model. Their competency and fidelity of implementation were subsequently assessed for effectiveness. Following the successful completion of the ten days of training, they began providing clinical supervision in their respective hospitals. In the second phase of the study, the effectiveness and acceptability of the newly developed supervision model were assessed through an experimental design. The study consisted of two groups: an experimental group and a control group. In total, 60 participants (supervisees) were recruited for the study.

The experimental group comprised 30 participants (supervisees), and the control group also comprised 30 participants (supervisees). The experimental group received clinical supervision from supervisors trained in an indigenously developed clinical supervision model. These supervisors provided regular supervision to the supervisees for six months. However, the control group participants received clinical supervision as per routine clinical practices.

The effectiveness of the clinical supervision for both groups was assessed using the Clinical Skills Assessment Rating Form (CSA-RF). The CSA-RF is a 32-item scale designed to measure the effectiveness of the protocol in five domains: demonstrating professional therapeutic engagement, creating a secure base, formulation, facilitating mutual understanding, and session structure. The results showed significant differences between the findings of the two groups ($p < .001$). The experimental group, which received supervision through the Indigenous clinical supervision protocol (ICSP), demonstrated significant improvements in their therapeutic skills ($p < .001$). The implementation of the clinical supervision model was found to be effective, and the findings also indicated that this model is acceptable in Pakistani therapeutic settings.

The acceptability of the clinical supervision model was assessed through qualitative interviews, and both supervisors and supervisees expressed confidence in the model. They reported satisfaction with the clarity of protocol guidelines, integration of Islamic principles, cultural relevance, effectiveness in skill development, and support for ethical decision-making. The protocol guidelines were described as clear and easy to follow, which facilitated structured supervision. These findings have significant implications for the development and implementation of mental health services, particularly in therapeutic settings.

The development of an indigenous clinical supervision model for Pakistani psychologists represents a significant step towards enhancing cultural competence, ethical practice, and

professional development in clinical psychology. The model's integration of cultural sensitivity and Islamic principles provides a framework for effective supervision, skill development, and client-centred care in diverse cultural contexts.

Keywords: Clinical supervision, psychotherapeutic process, therapeutic outcome, cultural competence

Chapter I

INTRODUCTION

This study aims to develop an indigenously adapted clinical supervision protocol for trainee psychologists and to assess its effectiveness. Clinical supervision provides supervisees with the opportunity to capture the essence of the psychotherapeutic process as articulated and modeled by the supervisor, allowing them to recreate this in their counseling or therapeutic relationships. The term “clinical supervision” is widely used in the literature to refer to a specific approach to the supervision of student psychologists. It focuses on professional practice within therapeutic settings rather than training institutions.

Clinical supervision is a disciplined, tutorial process wherein theoretical principles are transformed into practical skills. This process encompasses four overlapping applications: administrative, evaluative, clinical, and supportive (Powell et al., 2003). It is a crucial component of clinical psychology, ensuring that trainee psychologists develop the necessary competencies to effectively engage in therapeutic practice.

Supervision is an intervention provided by a senior member of a profession to a more junior member or members of the same profession. This evaluative relationship extends over time and serves multiple purposes: enhancing the professional functioning of the supervisee, monitoring the quality of professional services offered to clients, and acting as a gatekeeper for those entering the profession (Bernard & Goodyear, 1998). Clinical supervision is an interpersonal tutorial relationship focused on skill development and professional growth through learning and practice. Through observation, evaluation, and feedback, supervision enables the therapist/supervisee to acquire the competence necessary to deliver effective patient care while fulfilling professional responsibilities (Frawley-O’Dea & Sarnat, 2001).

Supervision is a process in which a therapist/supervisee with less experience learns to better provide services under the guidance of a more experienced and skilled

therapist/supervisee. It differs from teaching in that the "curriculum" is individually determined by the supervisees and their clients (Bernard & Goodyear, 1998).

Although there is some variation in the literature regarding the therapeutic nature of the supervisory relationship, it is generally agreed that supervision is not therapy for the supervisee, regardless of the supervisor's theoretical orientation in the substance abuse field (Bernard & Goodyear, 1998). A clear boundary must exist between supervision and counseling. While the supervisee's behavior is under scrutiny, therapeutic interventions are intended to improve the supervisee's ability to provide services, not for any broader therapeutic purposes (Bernard & Goodyear, 1998).

However, the available clinical supervision is mostly based on the Western model perspective. It ignores the importance of religious and cultural values in clinical supervision (Saged et al., 2020), which are equally important during robust clinical training. Therefore, the current study aims to develop an indigenous protocol of clinical supervision grounded in Islamic teachings/cultural values/fabrics and line with international best practices.

This clinical supervision protocol focused on the supervisees' assessment, intervention, and conceptualization skills. Therefore, the supervisor's primary role is to facilitate learning substantiated by action learning principles. To achieve this objective, the above-mentioned protocol is designed to focus on different learning preferences i.e. symbolic (case presentation and discussion), iconic (demonstrating how to execute a skill), and enactive (role play) methods. In addition to protocol development, the efficacy/effectiveness is measured through an established empirical strategy.

The importance of effective clinical supervision in shaping competent practitioners, especially within Islamic cultural contexts, is emphasized. Key elements such as theoretical knowledge, practical training, and awareness of Islamic mental health treatments are highlighted as essential for supervisees to become proficient psychologists. However, challenges arise when supervisees lack adequate training and supervision in clinical settings,

particularly regarding Islamic therapies. This issue is mainly because of a lack of awareness and competence among clinical supervisors in both academic and practical training environments. Effective clinical supervision is crucial for the professional development and success of emerging practitioners. Furthermore, bridging the gap between theoretical understanding of psychological principles and practical application in a therapeutic setting may not only improve the competencies of the supervisees but also help to positively impact on individuals suffering from mental health conditions.

The central role of clinical supervision within psychology, serving as a foundation for improving mental health and offering alternative approaches to medical interventions. Furthermore, the importance of therapeutic alliance, assessment, intervention, and conceptualization skills, clinical supervision is seen as vital for the professional development of trainee psychologists. The integration of theoretical, religious, and cultural perspectives further enriches the supervisory process. Therefore, current research aims to create a clinical supervision protocol grounded in Islamic psychology principles and cultural nuances, aimed at enhancing assessment, intervention, and conceptualization skills within the supervision context.

LITERATURE REVIEW

LITERATURE REVIEW

Mental health is an important component of health and it is as significant as physical health. Therefore, health is incomplete without mental health. Keeping in view the importance of mental health, many fields and professions are devoted to promoting mental health and treating those who are suffering from mental illnesses. In this regard, the two disciplines that are psychiatry and clinical psychology are considered in the leading role and much emphasis has been given by these disciplines to the training to produce mental health professionals to treat this population efficiently and effectively (Bracken & Thomas, 2005).

These treatment strategies can only be provided by a trained professional who has basic training in clinical psychology and also completed his/her clinical internship under a qualified clinical supervisor. Therefore, the clinical supervision is an important part of the clinical psychology training. Furthermore, it's one of the core disciplines of psychology, which plays a significant role in the amelioration of mental illnesses and also provides alternative strategies to medicine in multi-disciplinary mental health settings (Reiser & Milne, 2014). In addition to this clinical supervision plays an important role in the capacity building of a trainee psychologist and therefore such type of supervision is distinctive as it focuses on therapeutic alliance, assessment skills, intervention skills, and conceptualization. In this regard, the theoretical background, and religious and cultural perspectives are important in supervision (Schoenwald et al., 2013).

There is a plethora of work on clinical supervision available from the Western model perspective, however, dearth of relevant research addressing religion in clinical supervision, particularly in the context of Islamic teaching. It will be worth mentioning that the training of clinical psychology in Pakistan and the curriculum taught is mostly adopted and come from the Western world subsequently generating challenges for the psychologists in training to work in an environment where a majority of the people identify themselves with the religion of Islam. Despite augmented attention and acceptance of religion by a great number of psychologists and

also by the American Psychological Association (Falender & Shafranske, 2008; Levant & Hasan, 2008). It is noticed that very few psychologists in training obtain the suitable training and supervision needed and competently address religion in therapy. Furthermore, majority of Pakistani population identify themselves with the religion and teaching of Islam is used in everyday practices. Islam values the importance of good mental health and emotional wellbeing. The Qur'an can be used as a guide to those suffering from emotional distress and aims to lead people to a meaningful quality of life. 'There is no disease that Allah has created, except that He also has created its treatment' (Malik, 2011).

Clinical supervision is a setting in which therapists undergoing training develop the skills needed for psychotherapy (Novoa-Gómez et al., 2019). While client protection is guaranteed (Association, 2015), and the quality of service is optimized (Reiser & Milne, 2014). Clinical supervision is regarded as one of the most important components of psychotherapy training. The Holy Quran has great influence and effect in curing patients suffering from physical, and psychological problems and mental disorders (Saged et al., 2020). As what the supervisee is learning at the institution the place of placement is very important. Two things are important in clinical supervision; training and practicing. To resolve the supervision issues and to make it more effective, after theoretical clearing the student or supervisee must have good supervision in clinical settings then they will be able to become a good practicing psychologist in Islamic Culture. Our culture is an Islamic culture so both supervisor and supervisee need to know the Islamic Mental health treatment and additionally, they may be trained for the treatment of mental health. The problem is again with the supervision of those students who are doing their internships in different areas. Supervisees are not getting training up to the level that they are aware of the Islamic therapies. This issue occurred because the clinical supervisors at academic and training were not aware of the Islamic treatment of mental health.

Clinical supervision is the most important for the thriving and future success of emerging practitioners. Under the guidance of a trusted, knowledgeable, and competent

supervisor, a supervisee's intellectual understanding transforms into real-life interventions that can significantly improve the lives of others.

Clinical supervision is predominantly utilized in clinical and research contexts. It is often assumed to ensure therapy adherence and positive client outcomes (Simpson-Southward et al., 2017). Despite varying emphases, the most prominent definitions of clinical supervision share many common elements. It is a social influence process occurring over time, wherein the supervisor collaborates with supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and foster an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflicts, and shape agency culture while addressing ethical and diversity issues throughout the process. Such supervision is essential for both quality improvement and the successful implementation of consensus- and evidence-based practices (Ebing, 2019).

Clinical Supervision Models

According to the literature, various models of clinical supervision exist, including the Psychodynamic Approach to Supervision, Developmental Models of Supervision, and Integrative Models of Supervision.

Psychodynamic Approach to Supervision: This approach draws on clinical data inherent to psychodynamic theory, such as affective reactions, defense mechanisms, transference, and countertransference. Psychodynamic supervision can be classified into three categories: patient-centred, supervisee-centred, and supervisory-matrix-centred (Frawley-O'Dea & Sarnat, 2001).

Developmental Models of Supervision: These models outline progressive stages of supervisee development from novice to expert. Each stage is characterized by distinct skills and confidence levels. For instance, novice supervisees typically exhibit limited skills and lack confidence, while those in the middle stage show more skill and confidence but may have conflicting feelings about their independence from the supervisor. Expert supervisees are likely

to possess good problem-solving skills and reflect on both counseling and supervisory processes (Degeneffe, 2006).

Integrative Models of Supervision: Integrative models incorporate multiple theories and techniques, allowing for an infinite number of "integrations" due to the variety of existing theories and methods. These models are widely practiced because many counselors describe their practice as integrative (Degeneffe, 2006).

Clinical supervision for substance abuse treatment professionals differs significantly from supervision for other healthcare providers. Historically, many substance abuse treatment professionals have been in recovery themselves, with 38% of professionals and 30% of supervisors reporting being in recovery (Eck & Moon, 2002). The field has traditionally valued individuals in long-term recovery for their life experiences and the skills they bring to the organization, despite a lack of professional preparation. For these professionals, relapse is a potential issue that supervisors must monitor (Culbreth & Borders, 1999).

Burnout is a significant public health challenge, particularly in human service professions. Defined in the 1970s, burnout comprises emotional exhaustion, depersonalization, and a reduction in personal accomplishment (Maslach et al., 2001). It poses both individual and societal burdens due to healthcare costs, sick leave, and high turnover rates (Edwards et al., 2005; Fernando & Keating, 2008; Levant & Hasan, 2008). Burnout has been linked to various health issues such as depression, insomnia, and cardiovascular problems (Edwards et al., 2005; Maslach et al., 2001). It can negatively impact workplace functioning and patient safety (Gärtner, 2013).

Research indicates that mental healthcare providers experience high levels of work-related stress, with 40% to 70% estimated to have significant burnout levels (Johnson et al., 2020; Morse et al., 2012; Westwood et al., 2017). For instance, the Improving Access to Psychological Therapies (IAPT) program in the UK reported elevated burnout levels among clinical staff, with almost 70% of 'Psychological well-being practitioners and 50% of cognitive-

behavioral therapists experiencing high burnout (Westwood et al., 2017). Factors such as time pressure and work overload are significant predictors of burnout (Weigl et al., 2016), while the perception of having the resources, skills, and opportunities to help patients is protective against burnout (Simionato & Simpson, 2018).

Clinical supervision in psychotherapy is widely used to enhance reflective skills, maximize therapeutic intervention effectiveness, inform ethical decisions, and facilitate self-awareness (Association, 2015). The Proctor Model, a prominent framework, outlines three primary functions of supervision: normative, restorative, and formative (Cutcliffe & Grant, 2001; Stoltenberg & Delworth, 1987).

The normative function involves monitoring ethical and legislative responsibilities, ensuring adherence to guidelines, and supporting administrative tasks. The restorative function aims to alleviate therapists' stress, reduce burnout risk, and provide emotional support. The formative function focuses on skill development and increasing supervisee knowledge and competence. These functions are integral to most supervision models and are crucial for achieving supervision goals. However, research highlights a lack of empirical support for the normative function, while formative and restorative outcomes have been better documented (Bradley & Becker, 2021).

In a study of mental health providers, 62% reported moderate or high levels of burnout symptoms, with higher levels of personal- and work-related burnout compared to client-related burnout. Factors such as being female, having low self-perceived competence, and working in the public sector were associated with higher burnout levels. Age, work experience, level of education, or clinical supervision did not correlate with burnout after controlling for gender, perceived competence, and workplace setting. These findings underscore the importance of perceived competence and control over one's work environment as protective factors against burnout (Simpson-Southward et al., 2017).

In the current study, the main area of work is the training in supervision in clinical Psychology practice. It is well known that to grip or to command the subject both theoretical and practical work is very important. Students who have completed their coursework and embark on supervised internships in hospitals or other clinical settings did not find good supervision in training and practicing both from the institute and hospitals or clinics and in the end, they seem to be not a good practicing clinical psychologist. Most of the treatment model which is followed by therapists is Cognitive behavioral therapy (CBT) which is effective but this model is already given by Allah that “when someone is ill you must visit him/her” (Siddiqui, 1976). Therefore, the current study mainly focused on to develop the Islamic clinical supervision model.

Islamic psychology principles play a fundamental role in shaping the theoretical framework of the indigenous clinical supervision model. Concepts such as tawakkul (reliance on God), taqwa (God-consciousness), and self-reflection are integrated into the model to promote ethical conduct, spirituality, and therapeutic interventions. The literature emphasizes the importance of incorporating Islamic teachings in mental health care to address the spiritual and psychological needs of clients from Muslim backgrounds (Abu-Raiya & Pargament, 2015; Amer & Awad, 2016). Cultural competence and sensitivity are central to the model's theoretical underpinnings. The literature highlights the significance of cultural competence in mental health practice, emphasizing the need for psychologists to understand and respect diverse cultural beliefs, values, and practices (Fernando & Keating, 2008). Cultural sensitivity training is integrated into the supervision model to enhance supervisees' awareness, knowledge, and skills in working with clients from diverse cultural backgrounds, including Pakistani culture (Hodge & Nadir, 2008; Sue et al., 2009).

Recent studies have underscored the importance of cultural competence in clinical supervision, highlighting its impact on supervisee development, client outcomes, and the overall quality of mental health care (Bernard, J. M., & Goodyear, R. K., 2014). For example, a

recent meta-analysis by Stoltenberg et al. (2020) found that culturally competent supervision significantly enhances supervisee self-efficacy, multicultural counseling skills, and awareness of cultural issues in therapy.

Moreover, it is noted in the literature (Falender & Shafranske, 2008) that more emphasis has been placed on the integration of cultural competence into supervision standards, advocating for culturally responsive practices, ongoing training, and self-awareness among supervisors and supervisees. This aligns with the proposed study's focus on cultural sensitivity and the development of a supervision model tailored to the Pakistani context.

The integration of Islamic principles in mental health care has gained traction in recent literature, recognizing the importance of spirituality, faith, and cultural beliefs in therapeutic interventions. Most of the scholars highlighted the positive impact of religious coping, Islamic religiosity, and spirituality on psychological well-being among Muslim populations (Abu-Raiya & Pargament, 2015; Amer & Awad, 2016).

Furthermore, research by (Shehadeh et al., 2016) emphasizes the need for culturally adapted interventions that align with Islamic teachings and values, particularly in Muslim-majority countries like Pakistan (Al-Krenawi & Graham, 2000). This underscores the relevance of developing an indigenous clinical supervision model that incorporates Islamic principles, ethical guidelines, and cultural sensitivity for Pakistani psychologists.

Integration of Islamic Values into Clinical Supervision

Islamic teachings emphasize compassion and empathy, which are crucial in clinical assessments. According to (Al-Krenawi & Graham, 2000; Amer & Awad, 2016), Islamic principles encourage clinicians to show kindness and understanding, facilitating the building of trust and rapport with clients. Clinicians can integrate this principle into clinical assessments by maintaining a non-judgmental and supportive attitude. Furthermore, privacy is a significant aspect of Islamic values. (Khalifa et al., 2011) highlight that maintaining confidentiality and respecting clients' privacy are paramount in Islamic culture. Clinicians should ensure that all

personal information is kept confidential and that the assessment process respects the client's right to privacy.

Additionally, Islamic teachings advocate for justice and fairness. Clinicians should ensure that their assessments are fair and unbiased, as recommended by (Al-Krenawi & Graham, 2000). This involves using standardized tools and methods that have been validated for the specific population being assessed. In addition to justice, cultural competence is also crucial in clinical assessments. It involves understanding the cultural background and context of the client. According to (Sue et al., 2009), clinicians should be knowledgeable about the cultural norms, values, and practices of the client to provide culturally sensitive care. This includes being aware of specific cultural expressions of distress and health beliefs.

Effective communication is essential in addressing cultural sensitivities. Clinicians should use language that is understandable and respectful to the client. (Betancourt et al., 2003) emphasize the importance of avoiding medical jargon and using culturally relevant terms. In cases where language barriers exist, interpreters or culturally appropriate materials should be used. In many cultures, including Pakistani culture, family and community play a significant role in the individual's life. Clinicians should involve family members in the assessment process where appropriate, as suggested by (Bhugra & Becker, 2005). This can provide additional support to the client and help in understanding the client's situation better.

In order to understand the significance of the clinical assessment continuous training and education on cultural competence and Islamic values should be provided to the clinicians. This includes workshops, seminars and courses that focus on integrating cultural and religious values into clinical practice. According to Shepherd et al., 2019, ongoing education can help clinicians stay updated with best practices and emerging trends in culturally competent care.

In addition to the continuous training, there is a need for developing and validating assessment tools that are culturally adapted and relevant to the Pakistani context. Tools that consider cultural nuances and religious values can provide more accurate and meaningful

assessments. (Fazel & Betancourt, 2018) suggest that culturally adapted tools can improve the reliability and validity of clinical assessments. In this reference, collaborating with cultural and religious leaders can enhance the integration of cultural and religious values into clinical assessments. These leaders can provide valuable insights and guidance on culturally appropriate practices and help in building trust within the community, as highlighted by (Padela et al., 2012).

Islamic teachings emphasize compassion and empathy as fundamental virtues. According to (Abudabbeh & Hamid, 2001), incorporating these values into intervention skills can enhance the therapeutic relationship and foster trust with clients. Practitioners are encouraged to demonstrate kindness, understanding, and genuine concern for the well-being of their clients during interventions. Furthermore, respecting clients' autonomy and preserving their dignity are central tenets of Islamic ethics. (Khalifa et al., 2011) emphasize the importance of empowering clients to make informed decisions about their treatment and respecting their cultural beliefs and preferences. Therefore, the interventions may be tailored to honor client autonomy while upholding their dignity.

Islamic principles advocate for a holistic approach to healing that encompasses physical, psychological, and spiritual well-being. (Eck & Moon, 2002) suggest integrating holistic interventions that address clients' spiritual needs alongside conventional therapeutic techniques. This may involve incorporating prayer, mindfulness practices, or discussions on faith and resilience in interventions.

(Betancourt et al., 2003) highlight the importance of cultural humility and the ability to navigate cultural differences respectfully. Practitioners should be aware of cultural norms, values, beliefs, and practices that may impact intervention outcomes. Additionally, it is important to avoid jargon and use clear, concise language. In cases where language barriers exist, interpreters or culturally competent communication strategies should be utilized.

Islamic teachings emphasize the importance of treating others with respect and dignity. In interpersonal assessment, practitioners should uphold these values by maintaining a non-judgmental and empathetic approach towards clients, as highlighted by (Abudabbeh & Hamid, 2001). Respecting clients' autonomy and cultural beliefs is crucial for building trust and rapport. Furthermore, Islamic ethics stress the significance of confidentiality and privacy. Practitioners should ensure that client information is kept confidential and that assessments are conducted in private settings, as recommended by (Khalifa et al., 2011). Respecting clients' privacy enhances their sense of trust and security during the assessment process.

Empathy is a key aspect of Islamic values. Practitioners should demonstrate empathy and understanding towards clients' experiences, emotions, and cultural backgrounds, according to (Al-Krenawi & Graham, 2000). This includes validating clients' feelings and perspectives, which can facilitate open communication and accurate assessment outcomes.

Cultural competence is essential in interpersonal assessment. Practitioners should be aware of cultural nuances, communication styles, and social norms to conduct assessments sensitively (Betancourt et al., 2003). Understanding cultural diversity helps in building trust and establishing meaningful connections with clients.

Islamic values promote a holistic approach to understanding individuals, considering the interconnection between mind, body, and spirit. This perspective aligns with client conceptualization, which involves a comprehensive assessment of the client's experiences, emotions, thoughts, behaviors, and spiritual beliefs (Haque, 2004). Practitioners should incorporate spiritual and religious dimensions into their conceptualizations to fully understand the client's worldview and provide effective care.

Islam emphasizes the importance of ethical conduct, which is crucial in client conceptualization. Practitioners should ensure that their assessments and conceptualizations are conducted with honesty, integrity, and respect for the client's dignity (Tweed et al., 2010). This includes obtaining informed consent, maintaining confidentiality, and being transparent

about the assessment process. Islamic teachings highlight the importance of empathy and compassion in interactions with others. In client conceptualization, practitioners should demonstrate empathy by actively listening to the client's concerns, validating their experiences, and showing genuine care and compassion (Al-Krenawi & Graham, 2000). This approach fosters a trusting therapeutic relationship and enhances the accuracy of the conceptualization.

Islamic teachings emphasize the concept of Fitrah, which refers to the innate disposition of humans towards goodness and moral integrity (Keshavarzi & Haque, 2013). Recognizing and respecting this innate disposition in individuals can guide mental health practitioners to foster a deeper understanding of clients' intrinsic values and behaviours, ensuring that therapeutic interventions align with their natural inclinations and religious beliefs.

In Islam, the concept of Ummah underscores the significance of community and brotherhood. This collective identity is crucial in understanding the individual within the context of their cultural and social environment (Haque & Kamil, 2013). Practitioners should consider the influence of community dynamics and social support systems on the individual's mental health, thereby integrating a more holistic and culturally sensitive approach.

Islamic ethical principles, such as justice (Adl), compassion (Rahma), and trustworthiness (Amanah), are fundamental in addressing individual and cultural differences (Tweed et al., 2010). These principles can be integrated into clinical practice to ensure that the care provided is just, compassionate, and respects the trust placed by clients in their practitioners. This ethical framework supports a culturally congruent therapeutic relationship and enhances the client's comfort and engagement.

Collaboration with Islamic scholars and cultural experts can ensure that the integration of Islamic values and cultural sensitivities is accurate and respectful. These experts can provide guidance on religious practices, cultural norms, and ethical considerations, enhancing the cultural competence of practitioners (Al-Krenawi & Graham, 2000).

Islamic psychology offers a holistic approach to understanding human nature, integrating physical, emotional, mental, and spiritual dimensions (Haque, 2004) (Haque, 2004). This perspective aligns with the Quranic view of humans as complex beings with an innate disposition towards faith and morality (Fitrah). Incorporating this holistic understanding into theoretical orientations can enhance therapeutic practices by acknowledging and addressing the spiritual needs of clients alongside their psychological concerns.

Islam places significant emphasis on spirituality and faith as central components of mental well-being. The concept of Tawakkul (trust in God) and the practice of regular prayers (Salah) provide a framework for resilience and coping mechanisms in the face of life's challenges (Abu-Raiya & Pargament, 2011). Integrating these spiritual practices into therapeutic models can help clients draw on their faith as a source of strength and guidance, thereby enriching the therapeutic process.

Islamic teachings provide a robust ethical framework that can be integrated into theoretical orientations. Core values such as justice (Adl), compassion (Rahma), and trustworthiness (Amanah) are essential in guiding ethical clinical practice (Tweed et al., 2010). These values ensure that therapeutic interventions are conducted with integrity, respect, and sensitivity to the client's religious and cultural background.

Developing culturally relevant therapies involves adapting existing therapeutic models to align with the cultural and religious context of the client. For instance, Cognitive Behavioural Therapy (CBT) can be modified to include Islamic cognitive restructuring techniques, such as the use of Quranic verses and Hadiths to challenge negative thought patterns (Hodge & Nadir, 2008). This adaptation makes the therapy more relatable and effective for Muslim clients. Cultural competence is crucial for therapists to effectively engage with clients from diverse backgrounds. This involves understanding and respecting the client's cultural norms, values, and practices (Sue et al., 2009). For Pakistani clients, this might include

awareness of family dynamics, social roles, and community expectations, all of which influence the client's worldview and therapeutic needs.

Narrative therapy, which focuses on the stories clients tell about their lives, can be particularly effective when integrated with Islamic storytelling traditions. Islamic teachings often use stories (Qasas) from the Quran and Hadith to convey moral lessons and provide guidance (Abu-Raiya, 2012). Using these narratives in therapy can help clients reframe their experiences within a familiar and meaningful context.

There is a need for the development of therapies that are specifically based on Islamic principles and values. These therapies should be grounded in Islamic teachings and designed to address the unique needs of Muslim clients (Haque & Kamil, 2013; Keshavarzi & Haque, 2013). Collaborative efforts between Islamic scholars and mental health professionals can facilitate the creation of these culturally congruent therapeutic models.

Islamic teachings advocate for a holistic approach to well-being that encompasses physical, emotional, mental, and spiritual health (Haque, 2004). Treatment goals should therefore reflect this comprehensive understanding by addressing not only psychological symptoms but also spiritual needs. For instance, goals may include practices that enhance spiritual health such as regular prayers (Salah), recitation of the Quran, and engaging in community service (Ihsan).

Treatment goals and plans should align with core Islamic ethical principles such as justice (Adl), compassion (Rahma), and trustworthiness (Amanah). These principles can guide the therapeutic process, ensuring that interventions are respectful, fair, and considerate of the client's religious beliefs (Tweed et al., 2010). Goals might include actions that foster ethical behavior and interpersonal relationships grounded in Islamic values.

Islam provides specific coping mechanisms and practices that can be integrated into treatment plans. Concepts like Tawakkul (trust in God), Sabr (patience), and Shukr (gratitude) offer valuable tools for managing stress and adversity (Abu-Raiya & Pargament, 2011). These

can be translated into concrete therapeutic goals such as developing patience in the face of hardship or cultivating gratitude through daily reflections.

Treatment goals should be culturally sensitive and tailored to the client's specific socio-cultural context. This involves understanding the client's cultural background, family dynamics, and social roles, all of which influence their worldview and therapeutic needs (Sue et al., 2009). For Pakistani clients, it is essential to consider how cultural norms and values

Islam emphasizes justice and fairness in all aspects of life, including professional conduct. Islamic ethics advocate for equitable treatment of all clients, ensuring services are provided without discrimination based on race, ethnicity, gender, or socio-economic status (Tweed et al., 2010). This principle aligns with Western ethical standards but adds a religious imperative to uphold justice as a divine mandate.

Compassion is fundamental in Islamic teachings, with Quranic verses and Hadiths highlighting the importance of mercy and kindness in interactions. In professional ethics, this translates to a duty of care that extends beyond regulatory compliance to genuine concern for clients' well-being (Haque, 2004). Therapists are encouraged to exhibit empathy, patience, and a supportive attitude, fostering a compassionate therapeutic environment.

Trust is paramount in the client-therapist relationship, and maintaining confidentiality is essential in Islamic ethics. The concept of Amanah (trustworthiness) emphasizes the moral duty to protect clients' privacy and confidentiality. Breaches of confidentiality are not only professional failures but also violations of religious duty (Tweed et al., 2010). This underscores the ethical obligation to rigorously safeguard client information.

Incorporating cultural sensitivities into professional ethics involves respecting and understanding clients' cultural norms and values. For Pakistani clients, this includes considerations of family dynamics, gender roles, and social expectations. Ethical practice requires therapists to be culturally informed and adapt their approaches to honor these cultural contexts (Sue et al., 2009).

Family and community play significant roles in many Islamic cultures, including Pakistani culture. Ethical practice acknowledges the importance of these relationships and, when appropriate, involves family members in the therapeutic process (Carter & Rashidi, 2004). This can enhance intervention effectiveness and ensure cultural congruence.

Therapists must be sensitive to clients' religious practices and beliefs, which can significantly impact their mental health and treatment preferences. This includes accommodating prayer times, fasting during Ramadan, and other religious observances. Ethical practice requires flexibility and respect for these practices, integrating them into therapy in supportive and respectful ways (Hodge & Nadir, 2008).

Developing ethical guidelines tailored to Islamic values is necessary. These guidelines should offer detailed instructions on integrating Islamic principles into professional conduct, addressing areas such as confidentiality, informed consent, and dual relationships from an Islamic perspective (Keshavarzi & Haque, 2013).

Continuous training is essential for therapists to enhance their understanding of Islamic values and cultural sensitivities. Workshops, seminars, and certifications focusing on Islamic ethics and cultural competence help therapists remain updated on best practices for working with Muslim clients (Keshavarzi & Haque, 2013).

Ethical dilemmas should be approached collaboratively, involving input from Islamic scholars, community leaders, and stakeholders. This ensures ethical decisions are culturally sensitive and aligned with Islamic values (Betancourt et al., 2003; Shepherd et al., 2019). Collaboration enhances understanding of ethical issues and leads to culturally appropriate resolutions.

Regularly seeking feedback from clients regarding the assessment and intervention process and making necessary adjustments based on their input can lead to continuous improvement. This practice, as suggested by (Sue et al., 2009), ensures that the services remain client-centered and culturally sensitive.

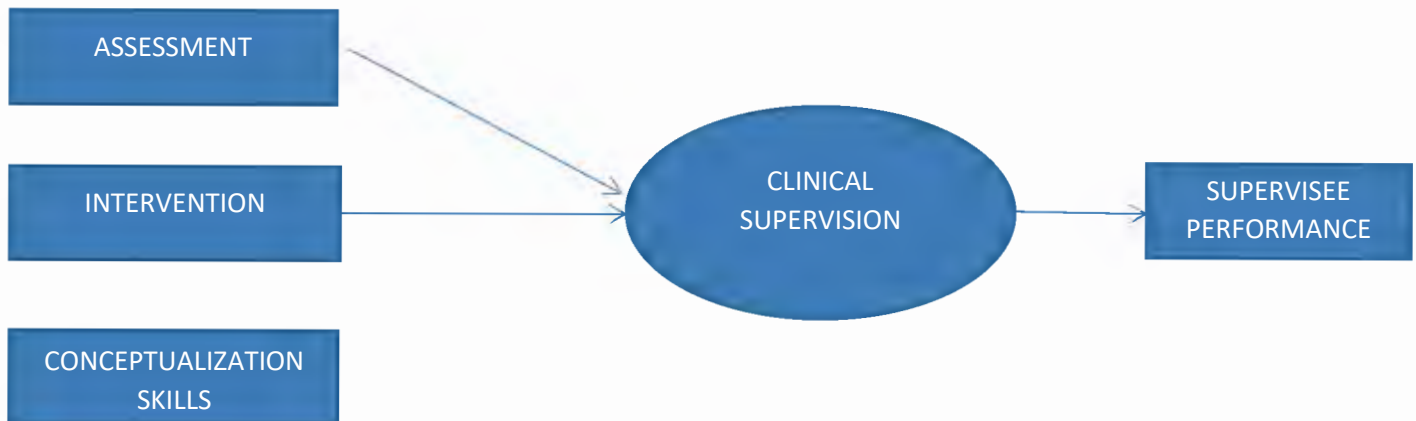
Rationale

Clinical supervision is an important part of clinical psychology training and clinical supervisors play a significant role in training a trainee psychologist or supervisee through hands-on training. Therefore, there are different approaches/strategies of clinical supervision available in the literature. However, the available clinical supervision is mostly based on the Western model perspective and ignores the importance of religious and cultural values in clinical supervision. It was found that currently there is no uniform or consistent clinical supervision approach available rather than using the principles of general supervision (Iqbal et al., 2020). It is worth mentioning here that there is a big difference between clinical supervision and general supervision in the context of therapeutic intervention.

This paradox generated a gap that necessitated the creation of a systematic and consistent clinical supervision protocol to ensure the provision of quality clinical psychological services aligned with the best practices.

Therefore, the current study aimed to develop an indigenous protocol of clinical supervision in light of Islamic teaching and training. This protocol was intended to assist supervisors in assessing the needs of supervisees and implementing appropriate supervision. Additionally, it aimed to evaluate the efficacy of supervision, rooted in Islamic values and international best practices.

Figure-A



Objectives

This study aims to develop and adapt a clinical supervision protocol grounded in Islamic psychology principles and cultural fabrics which enhances the three important skills in supervision such as assessment, intervention, and conceptualization of skills.

The objectives of the present study are as follows:

- To develop the indigenously adapted clinical supervision protocol for trainee psychologists.
- To train clinical psychologists by enhancing their cultural competency and sensitivity in clinical settings, focusing on Indigenous clinical supervision protocols.
- To assess the efficacy or effectiveness of the indigenous clinical supervision model.

Hypothesis

- The Indigenous clinical supervision model will enhance the clinical skills/competency of the trainee psychologists.
- Implementing an indigenous clinical supervision model will improve trainee psychologists' cultural competence and sensitivity in diverse clinical settings.
- The use of an indigenous clinical supervision model will improve effectiveness among clients served by trainee psychologists.

Method

Chapter II

Method

Clinical supervision is a foundation for the training and ongoing professional development of clinical psychologists. As the field evolves, the need for effective and structured protocols in clinical supervision becomes increasingly evident. Therefore, the current study is divided into two phases. In the first phase (Study I) specifically, the focus was on exploring the development process of such protocols and training of supervisors, and in the second phase (Study II) the focus was on implications within the realm of clinical psychology.

The development of the Indigenous clinical supervision protocol was based on a rigorous process following the Borg and Gall Model of instructional (Gall et al., 1996). This model is indeed primarily designed for educational purposes, specifically for developing instructional programs and materials. However, in the current study, the principles from the model were adapted and applied to the development of a clinical supervision model for psychologists. Following the development of the clinical supervision model, some key considerations were undertaken including need assessment, design, development, implementation, and evaluation.

While the Borg and Gall Model (Gall et al., 1996) may not directly map onto clinical supervision, its systematic approach to needs assessment, design, development, implementation, and evaluation can provide a framework for developing an effective clinical supervision model for psychologists. Therefore, the model was tailored to the unique context and goals of clinical supervision in psychology to ensure its relevance and effectiveness.

Needs Assessment: In this stage of the model the need assessment was performed to understand the specific needs and goals of clinical supervision in psychology, such as enhancing clinical skills, promoting reflective practice, and supporting professional development. This needs assessment was carried out during the Study-I phase of the current research.

Design: In this stage, a clear design was formulated to develop clear objectives for clinical supervision, including areas such as case conceptualization, treatment planning, therapeutic techniques, ethical considerations, and cultural competence. Designed supervision sessions and activities that align with these objectives. This was carried out during the Study-I phase of the current research.

Development: In this stage, the creation of supervision materials and resources, such as supervision protocols, case vignettes, assessment tools, and feedback mechanisms were formulated. This ensured that these materials were relevant, evidence-based, and tailored to the needs of psychologists and their clients. This was carried out during the Study-I phase of the current research.

Implementation: in this stage, the implementation of the clinical supervision model is considered. The implementation of clinical supervision in a structured and consistent manner, providing regular supervision sessions, feedback, and support to supervisees. Monitor the progress of supervisees and adjust the supervision approach as needed. This was carried out during the Study-I and study-II phase of the current research.

Evaluation: In this stage evaluation of the effectiveness of the clinical supervision model is assessed through structured questionnaires and feedback from supervisees, supervisors, and relevant stakeholders. Assess outcomes such as improved clinical skills, professional growth, client outcomes, and satisfaction with supervision. This was carried out during the study-II phase of the current research.

Study I

In this phase of the study, the development of the clinical supervision protocol was performed by following the Borg and Gall Model. At this phase of the study the initial four stages of the model are followed i.e. needs assessment, design, development, and implementation stages, as the researcher aimed to develop an indigenous protocol and train practicing clinical psychologists on the supervision protocol.

Consequently, a protocol was developed through a focus group and committee approach. Considering the diversity of the problem, the committee comprised experts from Islamic psychology and mental health, clinical psychology, and clinical supervision. Subsequently, a group of practicing clinical psychologists was trained on the indigenous clinical supervision protocol. In this regard, the following were the prerequisites for the participants.

Inclusion Criteria for Supervisors:

- Practicing clinical psychologists who are providing psychotherapy and have 5 years of supervision experience.

Exclusion Criteria for Supervisors:

- Those who are not practicing clinical psychologists and have less than 5 years' experience in supervision.

In the first phase of the study, the model was developed by following Borg and Gall Model. To perform the need assessment, the available literature was searched and a discussion was made with subject experts including practicing clinical psychologists. Following the need assessment, the design of the protocol was finalized through focus groups and in-depth interviews with the subject experts. Following this stage, the development of the clinical supervision protocol was finalized by inviting the different practicing psychologists to one table. Based on the initial literature review and the focus group discussion the initial draft of the protocol has been finalized. Subsequent to this phase the psychologists formed different organizations and Islamic scholars who knew the practice of psychologists were invited. Initially, all professionals were given the draft of the supervision protocol to read it. Before this; a complete briefing regarding the clinical supervision protocol was given and then told to read it and give their valuable suggestion. Then after a few times once they finished the reading they were told to ask questions to understand further. Then after that, they were told to give their suggestion to further improve the protocol and to make it more effective. They were asked

about the protocol section by section if they felt to change or replace any part of the protocol then give their suggestion. Their feedback and suggestions were recorded and subsequently, the suggestions were incorporated.

Research Design

This phase of the study was carried out through focus groups and in-depth interviews. We selected this methodology because focus groups are well-suited for investigating experiences, attitudes, and emerging ideas within a group (Wong, 2008). Additionally, we aimed to create an interactive environment where participants could discuss and comment on each other's experiences and viewpoints, thereby enriching the data quality. Generally, a sample size of ten participants is considered sufficient to provide a variety of perspectives and ensure adequate participation, while still being manageable for effective control (Masadeh, 2012).

Sample/ Participants

The focus group discussion comprised a sample of 12 experts from diverse fields, including Usul and Fiqh, mental health, clinical psychology, and clinical supervision. The selection of participants ensured a multidisciplinary perspective on the clinical supervision protocol. The participants for this study were collected using purposive sampling, which aims to seek diversity, depth, and richness of information rather than representativeness (Palinkas et al., 2015). Based on previous studies, a minimum sample size of 12 is recommended to reach data saturation for qualitative research (Clarke & Braun, 2013; Fugard & Potts, 2015).

Ethical Considerations

Ethical approval was obtained from the Ethical Review Board of the Department of Psychology at the International Islamic University Islamabad (IIUI), the Ethics Committee, and the heads of the institutes involved. In addition, informed consent was obtained from all participants, ensuring their privacy and confidentiality were maintained throughout the study.

Procedure

The group discussions were conducted in English, with each focus group discussion (FGD) session lasting two hours. The primary researcher (SHK, PhD candidate), who has received training in FGD moderation, led the discussions, assisted by BH (Lecturer, PhD). The permission to record the discussions was obtained from each participant and all participants completed a consent form before participating in the study.

A list of key questions was used to guide the discussion process. The FGDs began with participants reflecting on and briefly sharing their experiences in clinical supervision. This ensured that all participants had the opportunity to express their views. Following this introduction, the moderator's questions directed the subsequent group discussions.

All data were collected in September 2022. The recorded discussions were transcribed verbatim by the researcher and replayed once to verify accuracy and authenticity. To ensure confidentiality, any participant identifiers or other identifying information were removed from the data. The anonymized and validated transcripts were then analyzed using qualitative thematic analysis.

The focus group discussion comprised a sample of 12 experts from diverse fields, including clinical psychology, Islamic psychology, mental health, Usul, and Fiqh. The selection of participants ensured a multidisciplinary perspective on the clinical supervision protocol. The focus group aimed to gather insights on various themes, such as intervention skills competence, clinical assessment, interpersonal assessment, client conceptualization, individual and cultural differences, theoretical orientation, treatment goals and plans, and professional ethics.

In the above analysis for the Focus Group Discussion (FGD), the thematic analysis was conducted using a deductive method. This approach was chosen because the themes were predefined based on the research objectives and the specific areas of focus (e.g., intervention skills competence, clinical assessment, client conceptualization, etc.). (Clarke & Braun, 2013)

explained the deductive thematic analysis as “In deductive thematic analysis, the data is coded with specific themes or codes already in mind, often derived from existing theories or literature. This method provides a more structured approach, where the researcher specifically looks for data that aligns with these predefined themes.”

Based on the eight themes of the Developmental Model of Clinical Supervision by (Stoltenberg & Delworth, 1987), questions were designed for the focus group discussion.

Figure 1

Focus Group Themes and Questions

Themes		Questions
Intervention Competence	Skills	How do you assess competence in intervention skills among supervisees?
		What training or support is necessary to enhance intervention skills?
Clinical Assessment		What are the critical components of effective clinical assessment?
		How can supervisees be trained to improve their clinical assessment skills?
Interpersonal Assessment		What interpersonal skills are essential for effective clinical practice?
		How should these skills be evaluated during supervision?
Client Conceptualization		How do you ensure supervisees develop accurate client conceptualizations?
		What methods are most effective in teaching this skill?
Individual and Cultural Differences		How do you address individual and cultural differences in clinical supervision?
		What training is required to enhance cultural competence?
Theoretical Orientation		How important is theoretical orientation in clinical practice?

	How can supervisees be guided to develop a coherent theoretical orientation?
Treatment Goals and Plans	How should supervisees be taught to set and achieve treatment goals?
	What are the best practices for developing effective treatment plans?
Professional Ethics	What are the key ethical considerations in clinical practice?
	How can ethical behavior be modeled and reinforced in supervision?

The data gathered from the focus group discussions were meticulously recorded, interpreted, and reported to ensure a comprehensive understanding of the participants' insights. During the focus group sessions, detailed notes were taken, and the discussions were audio-recorded with the participant's consent to capture all relevant information accurately. The recordings were transcribed verbatim, and the transcriptions were carefully reviewed for accuracy. Thematic analysis was employed to interpret the data, allowing for the identification of recurring themes and patterns related to the challenges and gaps in current supervision practices, as well as suggestions for improvement.

The data were coded systematically, with key themes emerging around the need for structured supervision, enhanced cultural competence, consistent application of ethical guidelines, improved feedback mechanisms, and opportunities for professional development. These themes were categorized and summarized in a result table, highlighting both the identified challenges and the proposed solutions. The findings were then reported in a structured format, ensuring that the voices of the clinical psychologists and practicing psychologists were accurately represented. This thorough process of recording, interpreting, and reporting the data ensured the reliability and validity of the insights used to draft and refine the clinical supervision protocol.

The thematic map presented below outlines the main themes and subthemes derived from the qualitative data analysis conducted in this research. The data was collected through focus group discussions addressing key questions related to the assessment of competence, training needs, critical components of effective clinical practice, and ethical considerations in clinical supervision.

1. Intervention Skills Competence

- a. **Assessment of Competence:** This subtheme encompasses the methods and criteria used to assess the competence of supervisees in intervention skills.
- b. **Training and Support for Skills Enhancement:** Focuses on the identified training needs and supportive measures required to enhance intervention skills among supervisees.

2. Clinical Assessment

- a. **Critical Components of Assessment:** Identifies the essential components and processes involved in effective clinical assessment.
- b. **Training for Clinical Assessment Skills:** Explores the methods and strategies for training supervisees to improve their clinical assessment skills.
- c. **Evaluation of Assessment Skills:** Discusses the approaches and tools used to evaluate supervisees' proficiency in clinical assessment.

3. Interpersonal Skills

- a. **Essential Interpersonal Skills:** Outlines the interpersonal skills considered essential for effective clinical practice.
- b. **Evaluation of Interpersonal Skills:** Examines the methods and criteria used for evaluating supervisees' interpersonal skills during supervision.

4. Client Conceptualization

- a. **Developing Accurate Client Conceptualizations:** Focuses on how supervisees can be guided to develop accurate conceptualizations of clients.

- b. Effective Teaching Methods: Explores the most effective methods for teaching supervisees this critical skill.

5. Individual and Cultural Differences

- a. Addressing Individual Differences: Discusses strategies for addressing individual differences in clinical supervision.
- b. Cultural Competence Training: Explores the training required to enhance cultural competence among supervisees.

6. Theoretical Orientation

- a. Importance of Theoretical Orientation: Discusses the significance of having a coherent theoretical orientation in clinical practice.
- b. Guiding Supervisees in Developing Theoretical Orientation: Explores strategies for guiding supervisees to develop a coherent theoretical orientation.

7. Treatment Goals and Plans

- a. Setting and Achieving Treatment Goals: Discusses best practices for setting and achieving treatment goals in clinical practice.
- b. Best Practices for Treatment Plans Development: Explores effective approaches for developing treatment plans that align with client needs.

8. Professional Ethics

- a. Key Ethical Considerations: Identifies and discusses the key ethical considerations in clinical practice.
- b. Modelling and Reinforcement of Ethical Behaviour: Explores strategies for modelling and reinforcing ethical behavior among supervisees.

This thematic map offers a structured overview of the qualitative data analysis findings, emphasizing the main themes and subthemes pertinent to the evaluation of competence, training needs, clinical practice components, and ethical considerations in clinical supervision. The analysis of the focus group discussion revealed numerous key findings within the eight

thematic areas. These findings are elaborated upon in the challenges identified and the proposed solutions.

The results (Table 10) from the focus group discussions provide a comprehensive foundation for refining the clinical supervision protocol, ensuring it addresses the practical challenges and needs identified by experts in the field.

Identified challenges and proposed solutions for intervention skills competence

The focus group discussions revealed significant variability in intervention skills among supervisees. This inconsistency presents a challenge in ensuring that all supervisees possess a baseline level of competence necessary for effective clinical practice. Additionally, there is a recognized need for more hands-on training opportunities. Traditional didactic methods appear insufficient for imparting practical intervention skills, leading to gaps in supervisees' ability to apply theoretical knowledge in real-world scenarios.

To address these challenges, several practical solutions were proposed by the focus group participants. Firstly, organizing workshops focused on specific intervention techniques can provide supervisees with intensive, structured learning experiences. These workshops should include a combination of theoretical instruction and practical application.

Role-playing exercises emerged as a critical component of the proposed solutions. By simulating real-life scenarios, role-playing allows supervisees to practice and refine their intervention skills in a controlled, supportive environment. This method also facilitates immediate feedback from supervisors and peers, fostering a collaborative learning atmosphere.

Live demonstrations by experienced clinicians were also highlighted as an effective training tool. Demonstrations offer supervisees a clear example of how to implement various intervention strategies, bridging the gap between theory and practice. Observing skilled clinicians in action can provide valuable insights and serve as a model for supervisees to emulate.

Finally, incorporating regular feedback sessions into the supervision process was deemed essential. Constructive feedback helps supervisees recognize their strengths and identify areas for improvement. This iterative process of practice and feedback is crucial for developing competence in intervention skills.

Identified challenges and proposed solutions for clinical assessment

The focus group discussions identified significant challenges in the domain of clinical assessment. One major challenge is the inconsistency in assessment techniques used by supervisees. This variability can lead to discrepancies in the quality and reliability of clinical assessments, thereby impacting the overall effectiveness of clinical interventions. Additionally, there is a noted lack of standardized tools and resources available to supervisees, further contributing to the inconsistencies in assessment practices.

To address the challenges related to inconsistent assessment techniques and the lack of tools, the focus group proposed several solutions. A primary recommendation is the development and implementation of standardized assessment protocols. These protocols would provide supervisees with clear, consistent guidelines for conducting clinical assessments, ensuring uniformity and enhancing the reliability of assessment outcomes.

Training supervisees in the use of diverse assessment tools is also essential. This training should encompass a range of validated assessment instruments, enabling supervisees to select and apply the most appropriate tools for different clinical scenarios. By familiarizing supervisees with a variety of assessment methods, the training would enhance their flexibility and competence in clinical assessment practices.

Moreover, it was suggested that ongoing professional development opportunities be provided to keep supervisees updated on the latest advancements in assessment techniques and tools. Workshops, seminars, and continuing education courses can serve as platforms for disseminating new knowledge and refining existing skills.

Identified challenges and proposed solutions for interpersonal assessment

The focus group discussions highlighted the significant challenge of objectively assessing interpersonal skills among supervisees. Interpersonal skills, by their nature, are often subjective and context-dependent, making it difficult to evaluate them with precision and consistency. This difficulty can hinder the accurate identification of areas needing improvement and the provision of targeted feedback.

To address the challenge of objectively assessing interpersonal skills, the focus group proposed a multifaceted approach incorporating structured observation, feedback forms, peer reviews, and self-assessment.

Structured Observation: Implementing structured observation techniques allows supervisors to systematically evaluate supervisees' interpersonal interactions. By using predefined criteria and standardized observation protocols, supervisors can provide more objective and consistent assessments of interpersonal skills. Structured observation can be conducted during live sessions or through recorded interactions.

Feedback Forms: The use of detailed feedback forms can help capture various dimensions of interpersonal skills. These forms should include specific, behavior rating scales to evaluate different aspects of interpersonal competence. Feedback forms can be filled out by supervisors, peers, or clients, providing a comprehensive view of the supervisee's interpersonal abilities.

Peer Reviews: Encouraging peer reviews can offer valuable insights and foster a collaborative learning environment. Peers can observe and evaluate each other's interpersonal skills, providing constructive feedback based on their observations. This peer-to-peer evaluation process can help supervisees gain new perspectives and identify areas for improvement that might not be evident to supervisors alone.

Self-Assessment: Incorporating self-assessment allows supervisees to reflect on their interpersonal skills and identify their strengths and weaknesses. Structured self-assessment tools can guide supervisees in evaluating their interactions objectively and setting personal

development goals. Self-assessment also promotes self-awareness and encourages supervisees to take an active role in their professional growth.

Identified challenges and proposed solutions for client conceptualization

The focus group discussions identified a significant challenge in the integration of theory and practice in the context of client conceptualization. Supervisees often struggle to effectively apply theoretical frameworks to real-world clinical situations, which can impede their ability to develop accurate and comprehensive client conceptualizations. This gap between theoretical knowledge and practical application is a critical barrier to effective clinical practice.

To address the challenge of integrating theory and practice in client conceptualization, the focus group proposed several solutions, including the use of case studies, mentoring, and conceptualization templates.

Case Studies: Utilizing case studies in training can bridge the gap between theory and practice. By analysing detailed case studies, supervisees can see how theoretical concepts are applied in real clinical scenarios. This method provides practical examples of client conceptualization, helping supervisees to understand and internalize the application of theoretical frameworks. Discussions and exercises based on case studies can further enhance learning and comprehension.

Mentoring: Establishing a mentoring system where experienced clinicians guide supervisees through the process of client conceptualization can be highly effective. Mentors can provide personalized feedback, share insights from their practice, and demonstrate how to integrate theory with practical casework. This hands-on approach allows supervisees to learn directly from seasoned professionals, gaining confidence and competence in their conceptualization skills.

Conceptualization Templates: Developing and using standardized conceptualization templates can provide supervisees with a structured approach to client conceptualization. These templates

can include prompts and sections that guide supervisees through the process of integrating theoretical perspectives with clinical observations and client data. By following a consistent format, supervisees can ensure that they consider all relevant factors and apply their theoretical knowledge systematically.

Identified challenges and proposed solutions for individual and cultural differences

The focus group discussions highlighted a significant challenge in the realm of individual and cultural differences, specifically the inadequate training in cultural competence among supervisees. This lack of comprehensive cultural competence training can lead to misunderstandings, biases, and ineffective treatment strategies, ultimately impacting the quality of care provided to diverse client populations. Supervisees often feel unprepared to navigate the complexities of cultural diversity in clinical settings, which is a critical component of effective clinical practice.

To address the challenge of inadequate cultural competence training, the focus group proposed the implementation of cultural competence modules and cultural sensitivity workshops.

Cultural Competence Modules: Developing and integrating cultural competence modules into the training curriculum can provide supervisees with the foundational knowledge and skills necessary to understand and respect cultural differences. These modules should cover key concepts such as cultural awareness, cultural humility, and the impact of cultural factors on mental health and treatment outcomes. Interactive elements, such as case studies and scenario-based learning, can enhance the effectiveness of these modules by allowing supervisees to apply theoretical knowledge to practical situations.

Cultural Sensitivity Workshops: Organizing cultural sensitivity workshops can offer supervisees immersive learning experiences that foster greater empathy and understanding of diverse cultural perspectives. These workshops can include activities such as role-playing, group discussions, and guest speakers from various cultural backgrounds. By engaging in these

activities, supervisees can develop a deeper appreciation of cultural nuances and learn practical strategies for providing culturally responsive care. Workshops can also serve as a platform for addressing personal biases and fostering an inclusive clinical environment.

Identified challenges and proposed solutions for theoretical orientation

The focus group discussions revealed a significant challenge related to the lack of a clear theoretical framework among supervisees. This deficiency can hinder supervisees' ability to effectively guide their clinical practice and decision-making processes. Without a solid theoretical orientation, supervisees may struggle to integrate various therapeutic techniques and concepts coherently, leading to inconsistencies in their clinical work.

To address the challenge of developing a clear theoretical framework, the focus group proposed several solutions, including the exploration of models, guided reading, and discussion sessions.

Exploration of Models: Encouraging supervisees to explore various theoretical models can help them identify and adopt a framework that aligns with their clinical philosophy and practice style. This exploration should include an overview of major theoretical orientations, such as cognitive-behavioral, psychodynamic, humanistic, and systemic approaches. Supervisors can facilitate this exploration by providing resources, organizing presentations, and discussing the practical applications of different models.

Guided Reading: Implementing guided reading sessions can enhance supervisees' understanding of theoretical frameworks. Assigning key texts and articles that explain different theories in depth will allow supervisees to delve into the nuances of each approach. Supervisors can curate a reading list that covers foundational theories as well as contemporary developments in the field. Follow-up discussions and reflections on the readings can further consolidate supervisees' grasp of theoretical concepts.

Discussion Sessions: Organizing regular discussion sessions focused on theoretical orientation can provide supervisees with opportunities to articulate their understanding and receive

feedback. These sessions can include case discussions, where supervisees apply theoretical concepts to real or hypothetical cases, and debates on the merits and limitations of different theoretical approaches. Through these interactive discussions, supervisees can refine their theoretical orientation and learn to integrate theory with practice more effectively.

Identified challenges and proposed solutions for treatment goals and plans

The focus group discussions identified a significant challenge in the area of treatment goals and plans: supervisees often experience difficulty in setting realistic and achievable treatment goals for their clients. This challenge can lead to unrealistic expectations, frustration for both clinicians and clients and suboptimal therapeutic outcomes. The ability to set realistic goals is crucial for effective treatment planning and ensuring that therapeutic interventions are both practical and attainable.

To address the challenge of setting realistic treatment goals, the focus group proposed several solutions, including training in goal-setting techniques, regular review of goals, and providing feedback on goal attainment.

Goal-Setting Techniques Training: Implementing training sessions focused on goal-setting techniques can equip supervisees with the necessary skills to establish realistic and achievable treatment goals. This training should cover methods such as SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound), which provide a structured approach to goal setting. By learning these techniques, supervisees can improve their ability to create clear and manageable goals that align with clients' needs and capacities.

Regular Review of Goals: Establishing a system for the regular review of treatment goals can ensure that goals remain relevant and attainable as therapy progresses. Supervisors can schedule periodic check-ins to evaluate the progress toward goals and make necessary adjustments based on clients' evolving circumstances. This ongoing review process helps maintain the relevance of treatment plans and provides opportunities to celebrate progress and recalibrate goals as needed.

Feedback on Goals: Providing supervisees with consistent and constructive feedback on their goal-setting practices is essential for their professional development. Feedback should focus on the appropriateness, clarity, and attainability of the goals set by supervisees. By receiving detailed feedback, supervisees can refine their goal-setting skills and develop a more nuanced understanding of how to create effective treatment plans. Additionally, supervisors can model best practices in goal setting during feedback sessions, offering practical examples and guidance.

Identified challenges and proposed solutions for professional ethics

The focus group discussions revealed a significant challenge related to professional ethics in clinical supervision: there is often insufficient focus on addressing ethical dilemmas faced by supervisees. This challenge can lead to uncertainty, ethical breaches, and compromised client care. The ability to navigate complex ethical issues is essential for maintaining ethical standards and ensuring the welfare of clients and practitioners alike.

To address the challenge of insufficient focus on ethical dilemmas, the focus group proposed several solutions, including ethics training modules, ethical case discussions, and the integration of ethical guidelines into practice.

Ethics Training Modules: Developing and implementing ethics training modules can provide supervisees with the foundational knowledge and skills needed to navigate ethical dilemmas effectively. These modules should cover key topics such as confidentiality, informed consent, boundaries, cultural competence, and ethical decision-making frameworks. By engaging in structured ethics training, supervisees can develop a deeper understanding of ethical principles and their application in clinical practice.

Ethical Case Discussions: Organizing regular discussions focused on ethical case studies can offer supervisees practical insights into real-world ethical dilemmas. These discussions should involve analyzing complex cases, exploring ethical considerations, discussing potential courses of action, and evaluating the implications of different decisions. Supervisors can facilitate these

discussions, providing guidance, feedback, and ethical frameworks to assist supervisees in navigating ethical challenges.

Integration of Ethical Guidelines into Practice: Incorporating ethical guidelines and standards into everyday practice is crucial for promoting ethical behavior among supervisees. Supervisors can encourage the integration of ethical principles into treatment planning, decision-making processes, and client interactions. Emphasizing the importance of ethical reflection, self-awareness, and ethical self-regulation can further reinforce ethical conduct in clinical supervision.

The table 11 outlines the implementation plan for addressing the challenges identified in the focus group discussions regarding clinical supervision practices. The solutions are designed to enhance intervention skills competence, clinical assessment, interpersonal assessment, client conceptualization, individual and cultural differences, theoretical orientation, treatment goals and plans, and professional ethics.

Table 12 delineates the implementation plan, integrating Islamic teachings to address the challenges identified in the focus group discussions regarding clinical supervision practices. The solutions are crafted to enhance intervention skills competence, clinical assessment, interpersonal assessment, client conceptualization, individual and cultural differences, theoretical orientation, treatment goals and plans, and professional ethics.

Theme 1: Intervention Skills Competence

Challenges: Participants highlighted the variability in intervention skills among supervisees as a significant challenge. They expressed concerns about the effectiveness and consistency of interventions, which could impact the quality of therapy sessions. “A major challenge we face is the varying levels of intervention skills among supervisees. It affects the quality and outcomes of therapy sessions.”

Solutions: To address the challenge of intervention skills competence, participants proposed integrating Islamic teachings and Pakistani cultural examples into workshops and role-playing exercises. “We can enhance intervention skills by integrating Islamic teachings. Workshops incorporating Islamic counseling principles and cultural scenarios would be beneficial.”

Implementation Strategies: Develop Workshop Content: Create workshop content that includes intervention techniques modeled on Islamic counseling principles such as shura (consultation) and hikmah (wisdom).

Incorporate Cultural Scenarios: Design scenarios that reflect typical Pakistani cultural contexts, incorporating religious and cultural norms.

Model Interventions: Encourage supervisors to model interventions that incorporate religious guidance, using Islamic parables or teachings to support therapeutic goals.

Theme 2: Clinical Assessment

Challenges: Participants identified inconsistent assessment techniques as a significant challenge. They noted that existing assessment tools may not adequately account for cultural and religious nuances, leading to potential misunderstandings or inaccuracies in assessment outcomes. “We often face challenges with inconsistent assessment techniques. Cultural and religious factors are sometimes overlooked, affecting the accuracy of our assessments.”

Solutions: To address the challenge of inconsistent assessment techniques, participants proposed developing standardized assessment protocols that are culturally and religiously sensitive. “We need standardized protocols that consider cultural and religious aspects. This would ensure more accurate and relevant assessments.”

Implementation Strategies:

Develop Standardized Protocols: Create assessment protocols that include culturally relevant questions and indicators aligned with Islamic values. This may involve assessing spiritual well-being, religious coping mechanisms, and cultural beliefs related to mental health.

Educational Sessions: Conduct sessions to educate professionals on the importance of considering cultural and religious backgrounds in assessments. Highlight common psychological issues within the Pakistani context and how cultural factors can influence assessment outcomes.

Theme 3: Interpersonal Assessment

Challenges: Participants identified difficulty in objectively assessing interpersonal skills as a significant challenge. Cultural norms and values often influence interpersonal interactions, making it challenging to apply standardized assessment criteria. “We face difficulties in objectively assessing interpersonal skills, especially when cultural norms come into play. It's crucial to consider cultural nuances in these assessments.”

Solutions: To address the challenge of assessing interpersonal skills objectively, participants proposed using structured observation forms that account for cultural norms in interpersonal interactions. “We need structured observation forms that consider cultural norms. This would help us assess interpersonal skills more objectively and accurately.”

Implementation Strategies:

Develop Structured Observation Forms: Create observation forms with criteria for culturally appropriate behaviors, such as respectful communication and family dynamics common in Pakistani culture.

Cultural Training: Conduct training sessions for supervisors and peers on cultural nuances in interpersonal interactions. Emphasize the importance of respect, humility, and understanding familial roles in assessments.

Theme 4: Client Conceptualization

Challenges: Supervisees struggle with integrating theory and practice in client conceptualization. They often find it challenging to apply theoretical knowledge to real-world cases, especially when considering cultural and religious factors. “Supervisees face difficulties

in integrating theory and practice, particularly when cultural and religious elements are involved in client conceptualization.”

Solutions: To address the challenge of integrating theory and practice, participants proposed using Islamic and cultural frameworks for case conceptualization. “We can enhance client conceptualization by using Islamic and cultural frameworks. This approach would help supervisees consider relevant factors in their analyses.”

Implementation Strategies:

Incorporate Case Studies: Include case studies in supervision sessions that involve religious and cultural elements. Teach supervisees to consider these factors in their conceptualization and treatment planning.

Provide Structured Templates: Offer structured templates or guidelines that prompt supervisees to include religious and cultural considerations in their case analyses. These templates can serve as a framework for comprehensive client conceptualization.

Theme 5: Individual & Cultural Differences

Challenges: Participants identified inadequate training in cultural competence as a significant challenge. Clinicians often lack the knowledge and skills to effectively navigate individual and cultural differences, leading to potential misunderstandings or ineffective interventions. “We face challenges due to inadequate training in cultural competence. It's crucial to enhance our understanding of individual and cultural differences.”

Solutions: To address the challenge of inadequate training, participants proposed developing comprehensive cultural competence modules that include Islamic teachings. “We can improve cultural competence through comprehensive modules covering Islamic ethical principles and cultural norms. This would enhance our ability to provide culturally sensitive care.”

Implementation Strategies:

Develop Training Modules: Create modules that cover Islamic ethical principles and cultural norms, such as modesty, family honor, and communal support. Incorporate case studies and examples to illustrate cultural nuances.

Conduct Workshops: Organize workshops to enhance understanding of Pakistani cultural practices and Islamic values. Use real-life examples and role-playing exercises to simulate cultural scenarios and promote empathy and cultural sensitivity.

Theme 6: Theoretical Orientation

Challenges: Supervisees often lack a clear theoretical framework, which can lead to confusion and inconsistency in clinical practice. “Many supervisees struggle with defining their theoretical orientation, which affects their clinical practice and interventions.”

Solutions: To address the challenge of a lack of a clear theoretical framework, participants proposed encouraging the exploration of Islamic psychological theories and their integration with Western models. “We can enhance theoretical orientation by exploring Islamic psychological theories and integrating them with Western models. This approach offers a comprehensive framework for clinical practice.”

Implementation Strategies:

Compile Reading Lists: Create reading lists that include both Islamic and Western psychological theories, allowing supervisees to explore diverse theoretical perspectives.

Hold Integration Sessions: Conduct sessions to discuss how Islamic principles can be integrated with different theoretical models. Encourage supervisees to apply these integrated frameworks in their clinical practice and interventions.

Theme 7: Treatment Goals & Plans

Challenges: Setting realistic and achievable treatment goals is often challenging, particularly when they do not align with cultural and religious values. “We face difficulties in setting treatment goals that are culturally sensitive and align with religious values. This can impact the effectiveness of interventions.”

Solutions: To address the challenge of setting realistic treatment goals, participants proposed aligning goals with Islamic values and cultural expectations. “We can improve goal-setting by aligning treatment goals with Islamic values and considering cultural expectations. This approach ensures goals are meaningful and relevant to clients.”

Implementation Strategies:

Discuss Culturally Sensitive Goals: Include discussions on how to set goals that are culturally sensitive and religiously appropriate. Encourage consideration of clients' cultural backgrounds and values in goal-setting.

Regularly Review Treatment Plans: Conduct regular reviews of treatment plans to ensure they respect religious practices and cultural values. Incorporate factors such as prayer times and family involvement into treatment plans to enhance cultural relevance.

Theme 8: Professional Ethics

Challenges: Ethical dilemmas are often not addressed sufficiently, leading to potential ethical lapses or uncertainties in decision-making. “We face challenges in addressing ethical dilemmas adequately. It's crucial to have a framework that guides ethical decision-making.”

Solutions: To address the challenge of insufficiently addressed ethical dilemmas, participants proposed integrating Islamic ethical principles into discussions of professional ethics. “We can improve ethical decision-making by integrating Islamic ethical principles. This approach provides a solid foundation for ethical reasoning.”

Implementation Strategies:

Develop Modules: Create modules covering Islamic ethical teachings, such as honesty, confidentiality, and justice. These modules should highlight how Islamic values guide ethical decision-making in mental health practice.

Discuss Ethical Dilemmas: Engage in discussions on ethical dilemmas with an emphasis on how Islamic values can guide decision-making. Encourage supervisees to consider religious implications in their ethical reasoning and decision-making processes.

The core principles of the Indigenous clinical supervision model include cultural sensitivity, ethical conduct, collaboration, and self-reflection. These principles guide supervisees and supervisors in navigating cultural complexities, fostering an inclusive and respectful therapeutic environment, and promoting culturally responsive interventions (Tummala-Narra, 2022). The model emphasizes the importance of understanding cultural nuances, communication styles, and help-seeking behaviors in clinical practice. The supervision structure outlines clear roles and responsibilities for supervisors (mentors) and supervisees (mentees). Supervision sessions are structured to include individual and group formats, case discussions, role-play exercises, and self-reflection activities. Supervisors are trained to provide objective feedback, guidance, and support while promoting supervisee autonomy and professional growth (Falender, 2018). Training programs are designed to educate supervisors and supervisees on the model's principles, assessment criteria, ethical guidelines, and cultural competence. Implementation involves a phased approach, including orientation sessions, ongoing training, and pilot testing to assess feasibility and effectiveness (Bernard & Goodyear, 1998). Continuous support, feedback mechanisms, and evaluation processes are integral to the implementation phase.

In the clinical supervision model implementation, Workshop and Role-Playing Exercise Forms were also developed. Each form is based on specific themes or descriptions and contains structured details including the Workshop Date, Facilitator, Participants, objectives, agendas, action items, Role-Playing Scenario, Feedback Form, and feedback questions for supervisors. This structure will be helpful in monitoring and evaluating the clinical supervision process. The format is designed to assess the effectiveness and fidelity of the supervision provided. A summary of the Workshop and Role-Playing Exercise Forms is provided in Figure 2 and the role-playing scenario template is in Figure 3.

Based on the clinical supervision model, brief clinical supervision implementation forms were developed for monitoring and evaluation. Each form is developed based on specific

themes or descriptions. The forms contain structured details of the objectives, agendas and action items for both supervisors and supervisees. This structure will be helpful in monitoring and evaluating the clinical supervision process. The format is designed to assess the effectiveness and fidelity of the supervision provided. A summary of the implementation forms is provided in Figure 4.

Figure 2**Clinical supervision implementation forms for supervisor**

Form Number	Theme	Objective	Agenda
Workshop Form 1	Intervention Skills Competence	Enhance intervention skills competence through practical exercises, integrating Islamic teachings and Pakistani cultural values.	<ol style="list-style-type: none"> 1. Welcome and Introduction 2. Islamic Counselling Principles 3. Practical Demonstration 4. Role-Playing Exercises 5. Feedback Session 6. Q&A and Discussion 7. Conclusion
Workshop Form 2	Clinical Assessment	Standardize assessment techniques incorporating Islamic and cultural considerations.	<ol style="list-style-type: none"> 1. Welcome and Introduction 2. Standardized Assessment Protocols 3. Practical Demonstration 4. Role-Playing Exercises 5. Feedback Session 6. Q&A and Discussion 7. Conclusion
Workshop Form 3	Interpersonal Assessment	Objectively evaluate interpersonal skills with cultural relevance	<ol style="list-style-type: none"> 1. Welcome and Introduction

			<ol style="list-style-type: none"> 2. Structured Observation and Feedback Forms 3. Peer Reviews and Self-Assessment 4. Role-Playing Exercises 5. Feedback Session 6. Q&A and Discussion 7. Conclusion
Workshop Form 4	Client Conceptualization	Integrate theory and practice with Islamic and cultural frameworks.	<ol style="list-style-type: none"> 1. Welcome and Introduction 2. Case Study Discussions 3. Mentoring on Theoretical Application 4. Structured Conceptualization Templates 5. Role-Playing Exercises 6. Feedback Session 7. Q&A and Discussion 8. Conclusion
Workshop Form 5	Individual & Cultural Differences	Enhance cultural competence and integrate Islamic values in clinical practice.	<ol style="list-style-type: none"> 1. Welcome and Introduction 2. Cultural Competence Modules 3. Cultural Sensitivity Workshops 4. Role-Playing Exercises 5. Feedback Session

			6. Q&A and Discussion
			7. Conclusion
Workshop Form 6	Theoretical Orientation	Encourage exploration of theoretical models with cultural and Islamic relevance.	<ol style="list-style-type: none"> 1. Welcome and Introduction 2. Exploration of Theoretical Models 3. Discussion Sessions 4. Role-Playing Exercises 5. Feedback Session 6. Q&A and Discussion 7. Conclusion
Workshop Form 7	Treatment Goals & Plans	Improve goal-setting techniques and plan treatments integrating Islamic and cultural values.	<ol style="list-style-type: none"> 1. Welcome and Introduction 2. Training in Goal-Setting Techniques 3. Review of Treatment Plans 4. Role-Playing Exercises 5. Feedback Session 6. Q&A and Discussion 7. Conclusion
Workshop Form 8	Professional Ethics	Enhance understanding and application of professional ethics integrating Islamic values.	<ol style="list-style-type: none"> 1. Welcome and Introduction 2. Ethics Training Modules 3. Ethical Case Scenarios 4. Role-Playing Exercises

-
5. Feedback Session
 6. Q&A and Discussion
 7. Conclusion
-

Figure 3**Role-Playing Scenario Template by Islamic and cultural considerations**

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
<i>1</i>	<i>Scenario Description</i>	<i>Ethical Focus</i>	<i>Relevant Islamic and Cultural Values</i>
<i>2</i>	<i>Scenario Description</i>	<i>Ethical Focus</i>	<i>Relevant Islamic and Cultural Values</i>

Figure 4**Clinical supervision implementation forms for supervisor and supervisee**

Form Number	Theme/ Description	Objective
Form 1	Intervention Skills Session Outline	Integrate Islamic teachings and cultural values into intervention skills practice.
Form 2	Clinical Assessment Session Outline	Standardize assessment techniques incorporating Islamic and cultural considerations.
Form 3	Interpersonal Assessment Session Outline	Objectively evaluate interpersonal skills with cultural relevance.
Form 4	Client Conceptualization Session Outline	Integrate theory and practice with Islamic and cultural frameworks.
Form 5	Individual & Cultural Differences Session Outline	Enhance cultural competence and integrate Islamic values in clinical practice.
Form 6	Theoretical Orientation Session Outline	Encourage exploration of Islamic psychological theories and integration with Western models.
Form 7	Treatment Goals & Plans Session Outline	Align treatment goals with Islamic values and cultural expectations.
Form 8	Professional Ethics Session Outline	Integrate Islamic ethical principles into professional ethics training.

Supervisors Training on Indigenously Developed Clinical Supervision Protocol

After the review and finalization of an indigenous clinical supervision model, six clinical psychologists were trained according to this newly developed model. These supervisors underwent ten days of training on how to implement the supervision model. During the ten

days, they were trained in eight different modules. Each module was delivered in a full-day training session, and the modules were covered over eight days.

The following two days were dedicated to simulation, where all supervisors engaged in hands-on practice through various case scenarios, discussions, and role plays. After completing the eight days of training, each supervisor completed an entire case practice session. Their competency and fidelity of implementation were subsequently assessed for effectiveness through the “Clinical Supervision Implementation Forms for Supervisor,” the “Role-Playing Scenario Template by Islamic and Cultural Considerations,” and the “Clinical Supervision Implementation Forms for Supervisor and Supervisee.”

Figure 5**Clinical supervision training modules for supervisor**

Module Number	Description	Objective
Module 1	Intervention Skills Session Outline	Enhance intervention skills competence through practical exercises, integrating Islamic teachings and Pakistani cultural values.
Form 2	Clinical Assessment Session Outline	Standardize assessment techniques incorporating Islamic and cultural considerations.
Form 3	Interpersonal Assessment Session Outline	Objectively evaluate interpersonal skills with cultural relevance
Form 4	Client Conceptualization Session Outline	Integrate theory and practice with Islamic and cultural frameworks.
Form 5	Individual & Cultural Differences Session Outline	Enhance cultural competence and integrate Islamic values in clinical practice.
Form 6	Theoretical Orientation Session Outline	Encourage exploration of theoretical models with cultural and Islamic relevance.
Form 7	Treatment Goals & Plans Session Outline	Improve goal-setting techniques and plan treatments integrating Islamic and cultural values.
Form 8	Professional Ethics Session Outline	Enhance understanding and application of professional ethics integrating Islamic values.

Study II

In this phase of the study, the supervisees were recruited for the study.

Inclusion Criteria for supervisees:

- Those students who have taught foundation courses in psychology.
- Postgraduate students in MS / M.phil, and ADCP.

Exclusion Criteria for supervisees:

- Those students who have not taught foundation courses in psychology.
- Graduate students were not taken.

Research Design

This study was carried out through Independent Experimental design. The participants were assigned into two groups (Control vs Experimental) by randomization.

Sample/ Participants

The sample comprised 60 postgraduate students studying in MS/MPhil and ADCP were taken from different hospitals (NIRM), universities (IIUI & FFU), psychology clinics (HRC), and addiction centers (IRC) of Islamabad and Rawalpindi. The duration of the study was extended from 6 months as per the suggestion of the experts of the board of faculty, International Islamic University Islamabad.

Operational Definition

Clinical Supervision

Clinical supervision is a term used to describe a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their practice, and enhance consumer protection and safety of care in complex situations (Bernard & Goodyear, 1998).

Instruments

1. Demographic Sheet

The demographic sheet contains the identifying information of the supervisee and information related to clinical placement which is necessary for clinical supervision.

2. Clinical Skills Assessment Rating Form (CSA-RF)

The CSA-RF is a supervisor rating scale that has a total of 32 items and consists of 5 subscales (Kaslow et al., 2009). This scale was primarily a measure of clinical competence and was developed at the University of Leicester for Clinical Psychology Programs. This scale is recommended for face-to-face clinical supervision and has acceptable internal consistency (Tweed et al., 2010).

Ethical Considerations

Ethical approval was attained from the Ethical Review Board, Department of Psychology, IIUI, and Ethics Committee, along with the head of the institutes. In addition, informed consent was taken from the participants and ensured regarding privacy and confidentiality to the matters, etc.

Procedure

The first phase (study I) of this study involved developing the clinical supervision protocol and training six experienced clinical supervisors. In the second phase (study II), the effectiveness and acceptability of the newly developed supervision model were assessed through an experimental design. The study consisted of two groups: an experimental group and a control group, with a total of 60 participants (supervisees) recruited for the study.

An independent person with a clinical psychology background, who was not part of the research, was asked to divide the supervisees into two groups. The experimental group comprised 30 participants (supervisees), and the control group also comprised 30 participants (supervisees). The experimental group received clinical supervision from supervisors trained in the indigenously developed clinical supervision model. These supervisors provided regular supervision to the supervisees over a period of six months. In contrast, the control group participants received clinical supervision according to routine clinical practices.

The effectiveness of the clinical supervision for both groups was assessed using the Clinical Skills Assessment Rating Form (CSA-RF). The CSA-RF is a 32-item scale designed to measure the effectiveness of the protocol in five domains: demonstrating professional therapeutic engagement, creating a secure base, formulation, facilitating mutual understanding, and session structure.

The two groups did not interact with each other at any stage and were unaware of the nature of their supervision. Pre- and post-assessments were conducted using the CSA-RF to compare the supervision outcomes.

Results

Chapter III

Results

Statistical Package for Social Sciences Version 29 (SPSS 29.0) was used for data analysis. Moreover Descriptive (table 1-9 and inferential statistics (table 10-21) were also used. Initially, means (SD) were calculated for quantitative variables and frequencies (%) for categorical variables. Independent sample t-tests were performed to evaluate if there were any significant differences in the supervision conditions. The design of the study consisted of two groups i.e. experimental and control group. Before running independent sample tests, several procedures were carried out to ensure all assumptions were met. This includes visualization of histograms to determine the extent of skewness and kurtosis and boxplots to detect any substantial outliers. Shapiro-Wilk test was used to statistically test that distribution of the sample across different variables was not significantly different from a normal distribution. Homogeneity of variance was assessed by using the Levene's test. All these tests yielded non-significant results which indicate that assumptions are not violated.

Table 1

Characteristics of the Participants for Focus Group Discussion (N = 12)

Variable	f	%
Gender		
Male	10	83.33
Female	2	16.66
Age		
26-30	1	8.33
31-35	2	16.66
36-40	6	50
41-45	1	8.33
46-50	1	8.33
55-60	1	8.33
Profession		
Clinical Psychologist	4	33.33
Islamic Psychologist	3	25
Psychiatrist	2	16.66
Islamic Scholar	2	16.66
Medical Doctor	1	8.33
Work experience (in years)		
6-10	1	8.33
11-15	4	33.33
16-20	4	33.33
21-25	1	8.33

26-30	1	8.33
31-35	1	8.33
Clinical Supervision Experience (in years)		
1-5	1	8.33
6-10	1	8.33
11-15	5	41.66
16-20	2	16.66

Table 1 demonstrates the sociodemographic characteristics of 12 participants. Furthermore, the majority of the experts were male accounting for 10 (83.33%) individuals, compared to 2 females (16.66%). Findings revealed that the age of the participants of FGD ranges from 26 – 60. where 1 participant 26 - 30 (8.33%), 2 participants 31-35 (16.66%), 6 participants 36-40 (50%), 1 participant 41-45 (8.33%), 1 participant 46-50 (8.66%) and 1 participant 55-60 (8.66%). The table also tells about the profession of the FG where we have 4 clinical psychologists (33.33%), 3 Islamic psychologists (25%), 2 psychiatrists (16.66%), 2 Islamic scholars (16.66%) and 1 medical doctor (8.33%) with the experience range of 6-30 years, where 1 participant 6-10 (8.33%), 4 participants 11-15 (33.33%), 4 participants 16-20 (33.33%), 1 participant 21-25 (8.33%), 1 participant 26-30 (8.33%) and 1 participant 31-35 (8.33%). Moreover, 9 participants of the FG have clinical supervision experience ranging from 1 to 20 years, where 1 participant 1-5 (8.33%), 1 participant 6-10 (8.33%), 5 participants 11-15 (41.66%) and 2 participants 16-20 (16.66%).

Table 2

Demographics of the supervisors (N = 6)

Variable	Category	<i>N</i>	%	<i>M</i>	<i>SD</i>
Gender	Male	3	50		
	Female	3	50		
Age	32	1	16.66	36.33	3.93
	33	1	16.66		
	35	1	16.66		
	36	1	16.66		
	40	1	16.66		
	42	1	16.66		
Qualification	MS/MPhil	6	100		

Table 2 represents the demographics of the 6 supervisors. Based on gender 3 males (50%) and 3 females (50%) with the age of mean of 36.33 and standard deviation of 3.93. Furthermore, the table shows that the minimum age of the supervisor is 32 and the maximum is 42. The qualification of 6 supervisors is MS/MPhil (100%).

Table 3

Demographics of the supervisee (N = 60)

Variable	Category	<i>n</i>	%	<i>M</i>	<i>SD</i>
Gender	Male	28	46.7		
	Female	32	53.3		
Age	21	36	60.0	21.93	1.30
	22	4	6.7		
	23	12	20.0		
	24	4	6.7		
	25	4	6.7		
Qualification	ADCP*	44	73.3	16.60	0.89
	MS/MPhil	16	26.7		

**Note: ADCP = Advance Diploma in Clinical Psychology*

Table 3 represents the demographic of 60 supervisees. Based on gender 28 males (46.7%) and 32 females (53.3%) with the age range >21 to <25 with the mean of 21.93 and standard deviation (1.30). Furthermore, the qualification of 44 supervisees are from ADCP and 16 supervisees are from MS/MPhil with a mean of (16.60) and standard deviation (0.89).

Table 4*Psychometric Properties of the Pre-test (clinical baseline) Study Scale (N=60)*

<i>Scales</i>	<i>k</i>	<i>α</i>	<i>Range</i>		<i>M</i>	<i>SD</i>	<i>Skew</i>	<i>Kurt</i>
			<i>Potential</i>	<i>Actual</i>				
Clinical Competence	32	0.83	0-96	9-19	13.62	2.45	0.36	0.50
Demonstrating Professional Therapeutic Engagement	13	0.87	0-39	01-10	6.11	1.28	1.76	0.25
Creating a Secure Base	07	0.86	0-21	02-07	4.08	1.14	0.61	0.28
Formulation	05	0.78	0-15	0-2	1.47	0.89	1.08	0.86
Facilitating Mutual Understanding	04	0.76	0-12	0-4	1.1	0.99	0.67	0.49
Session Structure	03	0.83	0-09	0-1	0.85	0.37	0.90	0.95

Table 4 shows the psychometric properties of the measured at clinical baseline in supervision. The Cronbach's α value for Clinical Competence was 0.83 ($>.80$) which indicate high internal consistency. Demonstrating Professional Therapeutic Engagement was .87 ($>.80$) which indicate high internal consistency. Cronbach's α value of Creating a Secure Base was .86 ($>.80$) which indicate high internal consistency. , Formulation .78 ($>.70$), Facilitating Mutual Understanding .76 ($>.70$) which indicate moderate internal consistency. Cronbach's α value of Session Structure was .83 ($>.80$) which indicate high internal consistency.

Table 5*Psychometric Properties of the post-test (clinical outcome) Study Scale (N=60)*

<i>Scales</i>	<i>k</i>	<i>α</i>	<i>Range</i>		<i>M</i>	<i>SD</i>	<i>Skew</i>	<i>Kurt</i>
			<i>Potential</i>	<i>Actual</i>				
Clinical Competence	32	0.82	0-96	33-90	59.6	21.77	0.19	1.83
Demonstrating Professional Therapeutic Engagement	13	0.83	0-39	13-39	24.61	8.82	0.20	1.69
Creating a Secure Base	07	0.89	0-21	7-21	12.70	5.32	0.16	1.77
Formulation	05	0.75	0-15	5-14	9.18	3.54	0.08	1.85
Facilitating Mutual Understanding	04	0.77	0-12	4-12	7.43	1.54	0.17	1.49
Session Structure	03	0.86	0-09	3-9	5.66	1.90	0.03	1.50

Table 5 Table 4 shows the psychometric properties of the measured at clinical outcome in supervision. The Cronbach's α value for Clinical Competence was 0.82 (>.80) which indicate high internal consistency. Demonstrating Professional Therapeutic Engagement was .83 (>.80) which indicate high internal consistency. Cronbach's α value of Creating a Secure Base was .89 (>.80) which indicate high internal consistency. , Formulation .75 (>.70), Facilitating Mutual Understanding .77 (>.70) which indicate moderate internal consistency. Cronbach's α value of Session Structure was .86 (>.80) which indicate high internal consistency.

Table 6

Mean and standard deviation of clinical baseline data (n=60)

Variables	Theme	Experimental Group		Control Group		t	p
		M	SD	M	SD		
Overall Supervision	Clinical Competence	13.73	2.53	13.50	2.40	0.36	0.72
Domain One	Demonstrating Professional Therapeutic Engagement	6.46	1.19	5.76	1.27	2.19	0.33
Domain Two	Creating a Secure Base	3.90	1.12	4.26	1.14	1.25	0.21
Domain Three	Formulation	1.46	0.89	1.46	0.89	0.01	1.00
Domain Four	Facilitating Mutual Understanding	1.10	0.99	1.10	0.99	0.01	1.00
Domain Five	Session Structure	0.80	0.40	0.90	0.30	1.07	0.28

Table 6 represents the result of independent sample t-tests, conducted to assess significant differences in *clinical baseline data* among the supervision conditions. Prior to performing these independent sample t-tests, several steps were taken to ensure that all assumptions were met. These steps included examining histograms to assess skewness and kurtosis and boxplots to detect any substantial outliers. Shapiro-Wilk test was

applied to statistically evaluate whether the distribution across the different variables significantly deviated from a normal distribution! Additionally, Levene's test was used to assess the homogeneity of variance. Importantly, all these tests yielded non-significant results, indicating that assumptions were not violated.

Table 7

Mean and standard deviation of clinical supervision 6-months outcome data (n=60)

Variables	Theme	Experimental Group		Control Group		t	p
		M	SD	M	SD		
Overall Supervision	Clinical Competence	80.56	6.91	38.6	2.59	31.09	0.001
Domain One	Demonstrating Professional Therapeutic Engagement	32.96	3.53	16.26	1.33	24.18	0.001
Domain Two	Creating a Secure Base	17.80	1.84	7.60	0.62	28.68	0.001
Domain Three	Formulation	12.60	1.03	5.76	0.56	31.64	0.001
Domain Four	Facilitating Mutual Understanding	9.80	1.03	5.06	0.69	20.89	0.001
Domain Five	Session Structure	7.40	0.72	3.93	0.78	17.78	0.001

Table 7 present the results of independent sample t-tests, which were conducted to assess the differences in *clinical supervision data* between the supervision conditions at the 6-months outcome. Independent sample t-test were employed to identify differences in 6-months outcomes between the control group and the experimental groups.

The results revealed that the experimental group exhibited a significant increase in clinical competence ($M = 80.56, P < 0.001$) on the overall supervision scale of clinical skills assessment rating form (CSA-RF) when compared to the control group ($M = 38.6$). Additionally, there were significant increase in the demonstrating professional therapeutic engagement ($M = 32.96, P < 0.001$) when compared to the control group ($M = 16.26$), creating a secure base ($M = 17.80, P < 0.001$) when compared to the control group ($M = 7.60$), and formulation ($M = 12.60, P < 0.001$) when compared to the control group ($M = 6.76$), and facilitating mutual understanding ($M = 9.80, P < 0.001$) when compared to the control group ($M = 5.06$), and session structure ($M = 7.40, P < 0.001$) when compared to the control group ($M = 3.93$).

Figure 5

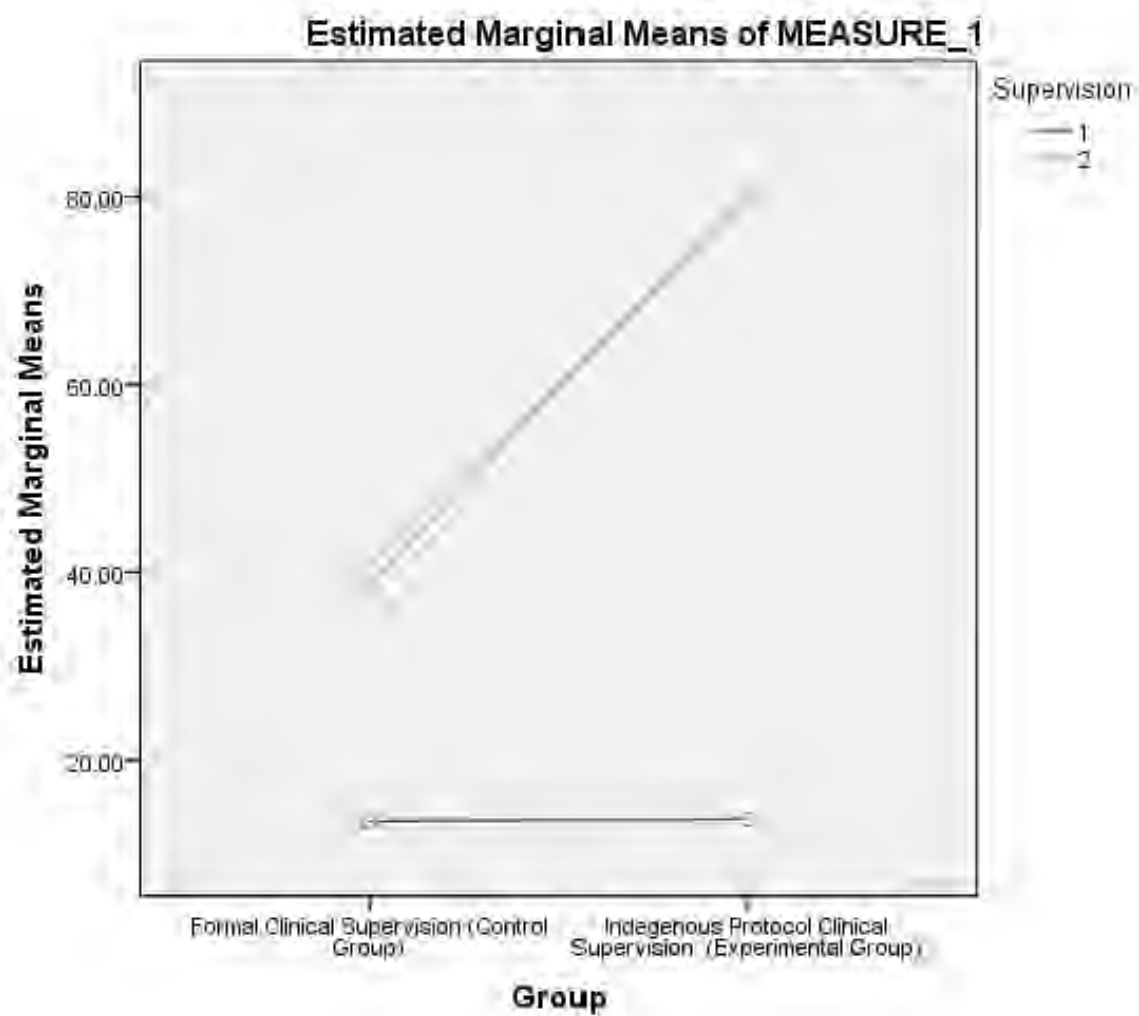


Table 8**Role-Playing Scenario by Islamic and cultural considerations**

Themes/ Scenario	Description	Key Focus	Islamic and Cultural Considerations
Intervention Skills Competence	A young woman struggling with anxiety after experiencing domestic violence	CBT techniques	Emphasis on respect, dignity, and cultural sensitivity
	A middle-aged man dealing with substance abuse and feeling alienated from his family and community.	SFBT techniques	Focus on community support and faith-based interventions
	A teenage boy exhibiting signs of depression due to academic pressure and parental expectations.	MI techniques	Importance of compassion and understanding parental roles
Clinical Assessment	Assessment of a young woman experiencing anxiety post-domestic violence	Comprehensive assessment	Sensitivity to family honor and privacy
	Evaluating a teenage boy with depression due to academic and familial pressure	Use of diverse tools	Respect for parental authority and educational expectations

Interpersonal Assessment	Assessing interpersonal skills in a young woman post-domestic violence	Objective assessment	Respect for personal boundaries
	Evaluating interpersonal dynamics in a teenage boy under academic pressure	Peer review and self-assessment	Importance of family roles and peer relationships
Client Conceptualization	Conceptualizing anxiety in a young woman post-domestic violence	Integrating theory and practice	Family dynamics and privacy
	Conceptualizing depression in a teenage boy due to academic pressure	Applying theoretical concepts	Educational pressures and family expectations
Individual & Cultural Differences	Addressing anxiety in a young woman post-domestic violence	Cultural competence	Family honor and privacy
	Addressing depression in a teenage boy due to academic and familial pressure	Sensitivity to individual needs	Respect for family roles and educational pressures
Theoretical Orientation	Applying CBT to anxiety in a young woman post-domestic violence	Theoretical application	Respect for family dynamics
	Applying MI to depression in a teenage boy due to academic pressure	Exploring theoretical models	Parental expectations and educational pressures.
Treatment Goals & Plans	Setting goals for anxiety treatment in a young woman post-domestic violence	Goal-setting techniques	Family honor and realistic expectations

	Setting goals for depression treatment in a teenage boy due to academic pressure	Achieving treatment plans	Parental involvement and educational pressures
Professional Ethics	Handling confidentiality issues in a young woman post-domestic violence	Ethical decision-making	Respect for family privacy and Islamic teachings on confidentiality
	Managing dual relationships in a small community setting	Professional boundaries	Community ties and Islamic principles on trust and integrity

Table 9

Identified challenges in clinical supervision and proposed solutions by the practitioner

Category	Identified Challenges	Proposed Solutions
Structured Supervision	Lack of consistent supervision sessions	Establish regular, structured supervision sessions with clear agendas and objectives
Cultural Competence	Insufficient training on cultural issues	Implement training programs focused on cultural competence and the integration of Islamic principles
Ethical Guidelines	Inconsistent application of ethical standards	Develop standardized ethical guidelines and incorporate them into the supervision process
Feedback Mechanisms	Inadequate feedback and evaluation processes	Introduce objective assessment tools and regular feedback sessions to monitor and enhance supervisee progress
Professional Development	Limited opportunities for continuous learning	Encourage reflective practice, self-assessment, and continuous professional development activities

Table 10

Identified Challenges and Proposed Solutions

Theme	Challenges Identified	Proposed Solutions
Intervention Skills Competence	Variability in skills, need for hands-on training	Workshops, role-playing, live demonstrations, and feedback
Clinical Assessment	Inconsistent techniques, lack of tools	Standardized assessment protocols, diverse assessment tool training
Interpersonal Assessment	Difficulty in objective assessment	Structured observation, feedback forms, peer reviews, self-assessment
Client Conceptualization	Integration of theory and practice	Case studies, mentoring, conceptualization templates
Individual & Cultural Differences	Inadequate cultural competence training	Cultural competence modules, cultural sensitivity workshops
Theoretical Orientation	Lack of clear theoretical framework	Exploration of models, guided reading, discussion sessions
Treatment Goals & Plans	Difficulty in setting realistic goals	Goal-setting techniques training, regular review, feedback on goals
Professional Ethics	Insufficient focus on ethical dilemmas	Ethics training modules, ethical case discussions, integration of ethical guidelines into practice

Table 11

Implementation plan for addressing the challenges

Theme	Challenges	Solutions	Implementation
Intervention Skills Competence	Variability in intervention skills among supervisees	Organize regular workshops that focus on practical intervention techniques.	<ul style="list-style-type: none"> - Schedule monthly workshops led by experienced clinicians. - Collect feedback from supervisees after each session to ensure continuous improvement.
	Need for hands-on training	Include role-playing exercises where supervisees can practice skills in a simulated environment.	<ul style="list-style-type: none"> - Arrange for supervisors to demonstrate techniques in live sessions. - Develop role-playing scenarios and assign roles to supervisees.
Clinical Assessment	Inconsistent assessment techniques	Develop and implement standardized assessment protocols to be used by all supervisees.	<ul style="list-style-type: none"> - Form a committee to create standardized assessment protocols. - Conduct quarterly training sessions on different assessment tools.
	Lack of comprehensive assessment tools	Provide training sessions on various assessment tools to ensure	<ul style="list-style-type: none"> - Distribute assessment protocols and tools to all supervisees.

		supervisees are well-versed in multiple methods.	- Monitor and review the use of these protocols in practice.
Interpersonal Assessment	Difficulty in assessing interpersonal skills objectively	Create structured observation and feedback forms to objectively evaluate interpersonal skills.	- Develop structured observation and feedback forms. - Train supervisors and peers on how to use these forms.
		Implement peer review processes and self-assessment exercises to provide additional perspectives on interpersonal skills.	- Integrate peer review sessions into the supervision schedule. - Encourage supervisees to complete self-assessment exercises regularly.
Client Conceptualization	Supervisees struggle with integrating theory and practice	Incorporate case study discussions into supervision sessions to bridge theory and practice.	- Schedule bi-weekly case study discussion sessions. - Match supervisees with mentors based on their theoretical interests.
		Assign mentors to supervisees to guide them in applying theoretical concepts to real cases.	Develop and distribute structured conceptualization templates

		Provide templates to help supervisees systematically conceptualize cases.	Review case conceptualizations during supervision sessions.
Individual & Cultural Differences	Inadequate training in cultural competence	Develop and include cultural competence modules in training programs	<ul style="list-style-type: none"> - Create cultural competence training modules. - Integrate these modules into the initial training curriculum for new supervisees.
	Difficulty in addressing diverse client needs	Conduct ongoing workshops to enhance cultural sensitivity and awareness.	<ul style="list-style-type: none"> - Organize semi-annual cultural sensitivity workshops. - Evaluate the effectiveness of these trainings through supervisee feedback and client outcomes.
Theoretical Orientation	Supervisees often lack a clear theoretical framework	Encourage supervisees to explore various theoretical models through guided reading and discussion.	<ul style="list-style-type: none"> - Compile a reading list of key theoretical texts. - Schedule monthly discussion sessions on different theoretical models.
		Hold regular discussion sessions where supervisees can discuss the application of different theoretical orientations.	<ul style="list-style-type: none"> - Encourage supervisees to present on their preferred theoretical orientations. - Provide opportunities for supervisees to apply these models in case presentations.

Treatment Goals & Plans	Supervisees have difficulty setting realistic and achievable treatment goals	Provide training on how to set and achieve treatment goals.	<ul style="list-style-type: none"> - Develop a training module on goal-setting techniques. - Include goal-setting training in the initial supervision curriculum.
		Regular Review of Treatment Plans: Implement a process for regularly reviewing treatment plans and providing feedback	<ul style="list-style-type: none"> - Schedule regular review sessions for treatment plans. - Provide constructive feedback on treatment plans during supervision.
Professional Ethics	Ethical dilemmas are often not addressed sufficiently in supervision	Develop comprehensive training modules on professional ethics.	<ul style="list-style-type: none"> - Create training modules covering key ethical issues. - Integrate ethics training into the supervision program.
		Incorporate discussions of ethical case scenarios into supervision sessions	<ul style="list-style-type: none"> - Schedule regular sessions for discussing ethical case scenarios. - Encourage supervisees to bring forward ethical dilemmas for group discussion.

Table 12

Integration of Islamic teaching

Theme	Challenges	Solutions	Implementation
Intervention Skills Competence	Variability in intervention skills among supervisees	Integrate Islamic teachings and Pakistani cultural examples into workshops and role-playing exercises.	<p>-Develop workshop content that includes intervention techniques modeled on Islamic counseling principles such as shura (consultation) and hikmah (wisdom).</p> <p>-Create scenarios that reflect typical situations in Pakistani cultural contexts, incorporating religious and cultural norms.</p> <p>-Supervisors can model interventions that incorporate religious guidance, such as using Islamic parables or teachings to support therapeutic goals.</p>
Clinical Assessment	Inconsistent assessment techniques	Develop standardized assessment protocols that are culturally and religiously sensitive.	- Include culturally relevant questions and indicators that align with Islamic values, such as assessing spiritual well-being and religious coping mechanisms.

			<p>-Conduct sessions on the importance of considering religious and cultural background in assessments, highlighting common psychological issues within the Pakistani context.</p>
Interpersonal Assessment	Difficulty in assessing interpersonal skills objectively	Use structured observation forms that account for cultural norms in interpersonal interactions.	<p>-Develop observation forms that include criteria for culturally appropriate behaviors, such as respectful communication and family dynamics common in Pakistani culture.</p> <p>-Train supervisors and peers on cultural nuances in interpersonal interactions, emphasizing respect, humility, and familial roles.</p>
Client Conceptualization	Supervisees struggle with integrating theory and practice	Use Islamic and cultural frameworks for case conceptualization	<p>-Incorporate case studies that involve religious and cultural elements, teaching supervisees to consider these factors in their conceptualization.</p> <p>-Provide structured templates that prompt supervisees to include religious and cultural considerations in their case analyses.</p>

Individual & Cultural Differences	Inadequate training in cultural competence	Develop comprehensive cultural competence modules that include Islamic teachings	<p>-Create training modules that cover Islamic ethical principles and cultural norms, such as modesty, family honor, and communal support.</p> <p>-Conduct workshops to enhance understanding of Pakistani cultural practices and Islamic values, using real-life examples and role-playing exercises.</p>
Theoretical Orientation	Supervisees often lack a clear theoretical framework	Encourage exploration of Islamic psychological theories and integration with Western models.	<p>-Compile reading lists that include both Islamic and Western psychological theories.</p> <p>-Hold sessions to discuss how Islamic principles can be integrated with different theoretical models, encouraging supervisees to apply these in practice.</p>
Treatment Goals & Plans	Difficulty in setting realistic and achievable treatment goals	Align treatment goals with Islamic values and cultural expectations.	<p>-Include discussions on how to set goals that are culturally sensitive and religiously appropriate.</p> <p>-Regularly review treatment plans to ensure they respect religious practices and cultural values, such as incorporating prayer times and family involvement.</p>

Professional Ethics	Ethical dilemmas are often not addressed sufficiently	Integrate Islamic ethical principles into the discussion of professional ethics.	-Develop modules that cover Islamic ethical teachings, such as honesty, confidentiality, and justice. -Discuss ethical dilemmas with an emphasis on how Islamic values can guide decision-making, encouraging supervisees to consider religious implications in their ethical reasoning.
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Based on above table, a clinical forms prepared and the integrated strategy ensured that Islamic teachings and Pakistani cultural values are respected and utilized throughout the clinical supervision process, enhancing both the cultural relevance and effectiveness of supervision.

Table 13

Stakeholder perspectives

Theme	Supervisor Comment	Supervisee Comment
Feedback and Evaluation	“The protocol includes regular feedback and evaluation mechanisms, which are essential for tracking progress and providing targeted support to supervisees.”	“Receiving timely and constructive feedback has been instrumental in identifying areas for improvement and enhancing my clinical skills.”
Goal Setting and Progress Monitoring	“The protocol emphasizes setting clear goals and monitoring progress, ensuring supervisees are on track with their professional development.”	“Having defined goals and regular progress checks has helped me stay focused and motivated in my learning journey.”
Reflective Practice	“The protocol encourages reflective practice, promoting critical thinking and self-awareness among supervisees.”	“Engaging in reflective practice has deepened my understanding of client interactions and improved my decision-making abilities.”
Culturally Competent Practice	“The protocol emphasizes cultural competence, equipping supervisees with the skills to provide culturally sensitive and inclusive care.”	“Learning about cultural nuances and incorporating them into my practice has enhanced my ability to connect with clients from diverse backgrounds.”
Ethical Dilemmas and Decision-Making	“The protocol addresses ethical dilemmas and supports ethical decision-making, ensuring supervisees adhere to professional standards and ethical guidelines.”	“Having guidance on ethical decision-making has increased my confidence in handling challenging situations ethically and responsibly.”

Table 14

Acceptability of Clinical Supervision Protocol: Supervisor Feedback

Aspect	Comments
Clarity of Protocol Guidelines	“The protocol guidelines are clear and easy to follow, which helps in structured supervision.”
Integration of Islamic Principles	“The integration of Islamic principles adds depth to the supervision process and enhances cultural sensitivity.”
Effectiveness in Skill Development	“We have observed significant improvement in the skills and knowledge of supervisees since implementing the protocol.”
Support for Ethical Decision-Making	“The protocol supports ethical decision-making by incorporating Islamic ethical principles into discussions.”
Overall Satisfaction	“Overall, I am highly satisfied with the clinical supervision protocol. It has been effective in enhancing supervisee development.”

Overall the supervisors commented that “The protocol guidelines are clear and easy to follow, which helps in structured supervision.”

Table 15

Acceptability of Clinical Supervision Protocol: Supervisee Feedback

Aspect	Comments
Clarity of Protocol Expectations	“The protocol outlines clear expectations, making it easier to understand and implement during supervision sessions.”
Cultural Relevance	“The protocol's focus on cultural relevance, including Islamic teachings, has been beneficial in understanding diverse client needs.”
Skill Development Opportunities	“The protocol provides ample opportunities for skill development, including role-playing exercises and case studies.”
Support for Ethical Decision-Making	“I appreciate the emphasis on ethical decision-making, which aligns with Islamic values and promotes professional integrity.”
Overall Satisfaction	“The clinical supervision protocol has exceeded my expectations and has been instrumental in my professional growth.”

Overall the supervisees commented that “The protocol outlines clear expectations, making it easier to understand and implement during supervision sessions.”

Discussion

Chapter IV

Discussion

Clinical supervision provides an opportunity for psychology students to obtain essence of the psychotherapeutic process as it is articulated and modeled by the clinical supervisor and to recreate it in the therapeutic relationship (Ebing, 2019; Scaife, 2013). There are different models of clinical supervision and the development model of supervision is one of the most practical models developed by Stoltenberg and Delworth (Stoltenberg & Delworth, 1987). The developmental models of clinical supervision define the progressive stages of supervisee development from the beginning to the professional stage; each stage involves distinct knowledge and skills. A supervisee at the end of supervision has the potential to develop good problem-solving skills and be reflective of the therapeutic process (Corey et al., 2020).

Accurate recognition of supervisee knowledge and skills is significant in the development approach. It guides the supervisor in tailoring the learning set by providing feedback and appropriate support to the supervisee to progress to the next stage (Stoltenberg & Delworth, 1987). This approach is commonly referred to as “scaffolding” (Zimmerman & Schunk, 2003), which facilitates the supervisee in enhancing new learning by using prior knowledge and skills. The supervisor in the scaffold gradually incorporated knowledge and skills at each stage. This approach not only helps to develop mastery of the supervisee at each stage, but the collaboration between supervisor and supervisee also helps to promote the development of advanced critical thinking skills in a therapeutic setting (Degeneffe, 2006).

Furthermore, the available literature has a dearth of knowledge in explaining the impact of supervision in a therapeutic setting. This is primarily because most studies lack the assessment of the effectiveness of supervision through validated assessment scales (Corey et al., 2020; Reiser & Milne, 2014; Winstanley, 2000).

Furthermore, the available clinical supervision models are mostly based on the Western model perspective. It ignores the importance of religious and cultural values in clinical supervision (Saged et al., 2020), which are equally important during clinical training, particularly in religious states like Pakistan.

Therefore, the current study was designed to develop and adapt a clinical supervision protocol grounded in Islamic psychology principles and cultural fabrics. The goal was to enhance three important skills in supervision: assessment, intervention, and conceptualization of skills. As these skills are important in clinical psychology, therefore it is significant to ensure that trainee psychologists develop the necessary competencies to effectively engage in therapeutic practice (Powell et al., 2003). The target audience for this supervision model was Pakistani psychologists working in hospital settings with patients with mental health conditions. Considering the significance of cultural competence in mental health practice, the cultural sensitivity training is integrated into the supervision model to enhance supervisees' awareness, knowledge, and skills in working with clients from diverse cultural backgrounds, including Pakistani culture (Hodge & Nadir, 2008; Sue et al., 2009).

This study was conducted following the Borg and Gall Model of educational materials development, implementation, and evaluation. Consequently, the study was carried out in two phases. In the first phase, an indigenous clinical supervision model was developed, and six clinical psychologists were trained according to this newly developed model. These supervisors underwent ten days of training on how to implement the supervision model. Their competency and fidelity of implementation were subsequently assessed for effectiveness. Following the successful completion of the ten days of training, they began providing clinical supervision in their respective hospitals. In the second phase of the study, the effectiveness and acceptability of the newly developed supervision model were assessed through an experimental design. The

study consisted of two groups: an experimental group and a control group. In total, 60 participants (supervisees) were recruited for the study.

The development of the clinical supervision protocol followed a multi-phase approach involving collaboration with clinical psychologists and academic experts. Participants, comprising both novice and experienced psychologists, engaged in a series of focus groups and interviews to identify key components necessary for an effective supervision protocol. Ethical considerations were paramount throughout the process, ensuring confidentiality and voluntary participation. Finally, developed the conceptual model, considering the theories of learning, counselling and professional development that align with the goals of supervision that guides the supervision process.

The focus group discussion was audio-recorded and transcribed verbatim. Deductive Thematic analysis was employed to interpret the data, identifying key themes and patterns across the discussion. Data were coded systematically, and recurring themes were highlighted to inform the development of the clinical supervision protocol.

In this research, a deductive thematic analysis was employed to analyse the data collected from the Focus Group Discussion (FGD). The deductive approach was chosen due to its structured nature, which aligns well with the predefined themes derived from the research objectives and existing literature (Braun & Clarke, 2006; Palinkas et al., 2015). These themes included "Intervention Skills Competence," "Clinical Assessment," "Client Conceptualization," "Individual & Cultural Differences," "Theoretical Orientation," "Treatment Goals & Plans," and "Professional Ethics." By utilizing a deductive method, the analysis focused on specific areas relevant to integrating Islamic teachings into clinical supervision within Pakistani culture. This approach allowed for a systematic examination of the data, ensuring that the analysis remained aligned with the research questions and objectives, thereby facilitating the

identification of relevant challenges, solutions, and implementation strategies within the predefined thematic framework.

The feedback from these focus groups highlighted several critical issues, including the need for more structured supervision sessions, enhanced cultural competence, and better integration of ethical guidelines. Based on these insights, an initial draft of the clinical supervision protocol was developed. This draft was subsequently submitted to subject matter experts for further review. Through a series of in-depth interviews with these experts, additional refinements were made, resulting in the finalization of the protocol. This iterative process ensured that the protocol was robust, comprehensive, and aligned with the practical needs of clinical supervisors and supervisees.

For the needs assessment, data was gathered from Pakistani psychologists working in hospital settings to understand their current challenges, gaps in supervision practices, and areas for improvement. This was achieved through interviews, focus groups and consultation with stakeholders including academia and trainers.

Conducted the needs assessment by gathering data through literature review, interviews, focus groups. Through this need assessment, identified the current challenges, gaps and areas for improvement in existing clinical supervision practices. In this regard inputs from stakeholders such as supervisors, supervisees and clients were noted to understand their perspectives, preferences and priorities regarding supervision. Ethical principles derived from Islamic teachings, such as honesty, compassion and integrity, guide professional conduct and decision-making in supervision and clinical practice.

Following the need assessment, the clinical supervision protocol framework was designed that outlines the content areas to be covered during supervision. Include topics such as clinical skills, cultural competence, ethical decision-making, evidence-based practices, and professional development. Subsequently the learning resources were identified and developed

learning resources, materials and tools to support supervision, such as case studies, training modules and assessment instruments.

The model fosters a collaborative learning environment where supervisors and supervisees engage in open dialogue, mutual respect, and shared decision-making. Collaboration promotes knowledge sharing, skill development, and continuous improvement. Self-reflection is encouraged as a means of personal growth, professional development, and spiritual introspection. Supervisees are guided to reflect on their clinical practice, ethical dilemmas, and personal beliefs to enhance self-awareness and authenticity.

Developed methods for assessing and evaluating supervisee progress, competence and outcomes. Considered using self-assessment tools, feedback, clinical evaluations and outcome measures.

Trained supervisors on the new supervision model, its principles, processes and expectations. Provide guidance on how to conduct supervision sessions effectively and ethically. Following the training the conducted a testing of the supervision model with a group of supervisees to assess its feasibility, acceptability and effectiveness. To assess the impact of the supervision model on supervisee outcomes the standardized tools used.

In the context of enhancing clinical supervision practices, we have developed a structured procedure that integrates several supervisory approaches to foster comprehensive professional growth among supervisees. First, the case-based learning approach is implemented, where supervision sessions involve detailed case presentations, discussions, and analyses of clinical cases. This method facilitates the application of theoretical knowledge, hones problem-solving skills, and ensures the integration of Islamic principles into clinical decision-making processes. Second, reflective practice is encouraged, allowing supervisees to delve into their thoughts, feelings, and actions during clinical encounters. This practice promotes self-awareness, critical thinking, and experiential learning. Third, objective feedback

mechanisms are established through the use of standardized assessment tools designed to evaluate knowledge, skills, and treatment fidelity. These feedback sessions emphasize the identification of strengths, areas needing improvement, and the establishment of professional growth goals. Lastly, supervisors undergo cultural competence training to enhance their effectiveness in working with diverse client populations and to adeptly navigate the cultural complexities inherent in clinical practice. This training includes a thorough understanding of religious beliefs, communication styles, and cultural norms pertinent to Pakistani clients. Together, these approaches aim to create a robust supervisory framework that supports the development of competent, culturally sensitive, and reflective practitioners.

In our research, we delineate the specific supervisory roles, formats, and assessment mechanisms integral to our supervision framework, designed to support and enhance clinical practice. The supervisory roles are bifurcated into the Supervisor (Mentor) and Supervisee (Mentee). The Supervisor provides guidance, mentorship, and support, facilitating learning and skill development while integrating Islamic principles into clinical practice. They conduct supervision sessions, offer feedback, and evaluate supervisee progress, modelling ethical behaviour, cultural competence, and professionalism. Conversely, the Supervisee actively engages in supervision sessions, presents cases, seeks feedback, and integrates Islamic principles, cultural sensitivity, and ethical considerations into their clinical work. They engage in self-reflection, goal setting, and continuous learning, implementing feedback to demonstrate competence and adhere to professional standards.

The supervision format encompasses Individual and optional Group Supervision Sessions. Individual sessions allow for personalized feedback, focused discussions, and tailored guidance, facilitating in-depth exploration of cases, ethical dilemmas, and professional development. Group sessions, conducted with multiple supervisees, promote peer learning, collaboration, and knowledge sharing, encouraging diverse perspectives and mutual support.

Assessment and evaluation are critical components, utilizing Objective Assessment Tools to develop standardized assessments aligned with Islamic principles and cultural competence. These include rubrics, rating scales, and checklists for evaluating competencies in assessment, intervention, conceptualization, ethical decision-making, and cultural sensitivity. Regular feedback sessions are conducted using these tools to provide objective feedback, focusing on strengths, areas for improvement, and goal setting for professional growth. Clear evaluation criteria based on Islamic ethics, cultural competence, clinical competence, and professional conduct are established to evaluate supervisee progress and adherence to ethical guidelines. Continuous evaluation throughout the supervision process ensures the tracking of supervisee progress, identification of improvement areas, and adjustment of supervision strategies, promoting collaborative learning and development. This structured approach aims to cultivate competent, culturally sensitive, and reflective practitioners in the clinical setting.

Data collection involved qualitative analyses of discussions and quantitative assessments of interview responses. Rigorous analysis methods, including thematic coding and statistical analysis, were employed to derive conclusive outcomes.

Further, assessed the effectiveness of an indigenously developed clinical supervision protocol, which was based on the general guidelines of the development model of supervision. Furthermore, the effectiveness of the protocol was measured by a CSA-RF, which is a validated assessment scale for the clinical supervision. It facilitated the quantitative measurement of the effectiveness of the protocol in the domain of demonstrating professional therapeutic engagement, creating a secure base and formulation, and facilitating mutual understanding and session structure (Kaslow et al., 2009). In comparison, previous studies measured the effectiveness of clinical supervision using a qualitative design (Green, 1999; Kelly et al., 2001; Teasdale et al., 2001). Therefore, using a robust assessment tool is very important for the

assessment of the effectiveness of clinical supervision, which enables high-quality research on the effects of clinical supervision. The findings of the study revealed that indigenously developed clinical supervision has significantly contributed to enhancing the therapeutic skills of the supervisee. Furthermore, the results for each domain indicated a significant improvement in supervisee competence. These findings are consistent with those of the previous studies (Edwards et al., 2005).

The findings of this study align with existing literature on the importance of structured supervision in fostering professional development among psychologists. The implications of these results underscore the potential for enhancing the quality and efficacy of clinical supervision practices. However, limitations such as the sample size and the need for further longitudinal studies to assess the long-term impact of the developed protocol on supervisee outcomes were noted. Nevertheless, the study illuminates' avenues for refining existing supervision practices and underscores the need for continued research in this domain.

The results of the study revealed a consensus among participants regarding the essential elements of an effective clinical supervision protocol. These elements encompassed structured goal-setting, regular feedback mechanisms, case conceptualization frameworks, and ethical decision-making models. Data analysis indicated a significant preference for a hybrid approach combining both directive and non-directive supervision techniques. Visual representations, including diagrams and tables, elucidated the identified components and their interrelationships, providing a comprehensive view of the protocol development process.

Limitation

The current study adopted a non-randomized pre-test and post-test design to assess the effectiveness of the indigenously developed clinical supervision protocol and did not include a control group. Second, the sample size of the supervisees was small and third, there was no follow-up for the retention of knowledge and skills.

Conclusion:

In summary, the development of a structured clinical supervision protocol holds immense promise in augmenting the quality and effectiveness of supervision in clinical psychology. This study contributes a foundational framework for such protocols, emphasizing the necessity of integrating structured elements into the supervision process. Future research should focus on longitudinal studies to assess the sustained impact of these protocols and explore additional components that may further optimize clinical supervision practices.

Clinical supervision is generally accepted as a basic prerequisite for high-quality healthcare, particularly in psychotherapeutic settings. Cultural and religious factors are important to address during supervision. Furthermore, the findings of the current study showed that the indigenously developed clinical supervision protocol addressed the religious needs of the supervisee. Additionally, it is effective in enhancing the knowledge and skills of the supervisee in therapeutic settings. These findings have significant implications for mental health organizations and for the extension of mental health services to improve therapeutic outcomes. Significance of well-designed clinical supervision protocols and their impact on enhancing psychological practice.

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Appendices

Annexure - A

Clinical Skills Assessment Rating Form (CSA-RF)

REVISED CSA-RF*

Trainee:

Submission date:

Cohort / Year:

Examiner:

Recorded By:

OVERALL MARK (Based on Domain ratings)	PASS	BORDERLINE	FAIL
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Domain One: Demonstrating Professional Therapeutic Engagement

Item	Yes – exceeded	Yes – expected	No – somewhat below	No – far below	Unable to Rate
Tick most appropriate column for each item.					
1 Does the trainee appear genuine?					
2 Does the trainee listen actively?					
3 Is the trainee empathic?					
4 Does the trainee use an appropriate tone of voice?					
5 Is the trainee curious?					
6 Does the trainee use open questions?					
7 Does the trainee demonstrate an appropriate professional demeanour?					
8 Does the trainee use appropriate posture?					
9 Does the trainee reflect back to the client?					
10 Is the trainee responsive to the client? <i>E.g. the client's emotional state, readiness to change, etc.</i>					
11 Does the trainee try and find out what matters to the client?					
12 Does the trainee explore the client's concerns?					
13 Does the trainee facilitate emotional expression?					
Other (please name)					

DOMAIN ONE RATING (Based on items 1-13)	GOOD PASS	PASS	BORDERLINE	FAIL
COMMENTS				

Domain Two: Creating a Secure Base

Item Tick most appropriate column for each item	Yes - exceeded	Yes - expected	No - somewhat below	No – far below	Unable to Rate
14 Does the trainee create a safe environment for the client?					
15 Is the trainee able to manage and contain their own feelings in response to the material presented by the client?					
16 Is the trainee able to manage and contain their own feelings in response to the therapeutic relationship?					
17 Does the trainee demonstrate appropriate pacing for the session?					
18 Does the trainee provide time for the client's questions?					
19 Does the trainee use appropriate eye contact?					
20 Does the trainee demonstrate an appropriate use of silence?					
Other (please name)					

DOMAIN TWO RATING (Based on items 14-20)	GOOD PASS	PASS	BORDERLINE	FAIL
COMMENTS				

Domain Three: Formulation

Item Tick the most appropriate column for each item		Yes - exceeded	Yes - expected	No - somewhat below	No - far below	Unable to Rate
21	Does the trainee offer hypotheses or interpretations to the client in an appropriate and useful way?					
22	Does the trainee share her/his own thoughts? <i>E.g. offering a psychological perspective</i>					
23	Does the trainee elicit the client's strengths and assets?					
24	Does the trainee make links between the past and the present?					
25	Does the trainee identify patterns and themes which are pertinent to the current situation?					
	Other (please name)					

DOMAIN THREE RATING

(Based on items 21-25)

GOOD**PASS****PASS****BORDERLINE****FAIL****COMMENTS****Domain Four: Facilitating Mutual Understanding**

Item Tick most appropriate column for each item		Yes - exceeded	Yes - expected	No - somewhat below	No - far below	Unable to Rate
26	Does the trainee check that the client understands?					
27	Does the trainee express non-contingent warmth?					
28	Does the trainee facilitate disclosure?					
29	Does the trainee summarise?					
	Other (please name)					

DOMAIN FOUR RATING

(Based on items 26-29)

GOOD**PASS****PASS****BORDERLINE****FAIL**

COMMENTS**Domain Five: Session Structure**

Item Tick most appropriate column for each item	Yes - exceeded	Yes - expected	No - somewhat below	No – far below	Unable to Rate
30 Does the trainee clearly explain his/her role?					
31 Does the trainee provide a framework for the session?					
32 Does the trainee observe appropriate timekeeping?					
Other (please name)					

DOMAIN FIVE RATING

(Based on items 30-32)

**GOOD
PASS****PASS****BORDERLINE****FAIL****COMMENTS****GENERAL COMMENTS (optional)**

Annexure - B**INDIGENOUS ACCLIMATISATION OF CLINICAL SUPERVISION
PROTOCOL FOR TRAINEE PSYCHOLOGISTS AND ITS
EFFECTIVENESS****Clinical Supervision Model Protocol**

This comprehensive protocol ensures that participants not only learn intervention skills but also understand how to integrate Islamic teachings and Pakistani cultural values into their clinical practice.

(Focus Group)

Identified following themes based on developmental models of supervision (STOLTENBERG, C. D., & DELWORTH, U. (1987). Supervising counselors and therapists. San Francisco: Jossey-Bass)

1. Theoretical orientation:

This means that the supervisor encourages the supervisee to know what their chosen theoretical orientation assumes.

2. Individual and cultural differences:

Supervisors must train the supervisee so that his or her personal preference is not seen as training. Supervisors must tell their supervisees that during their interaction with clients, the therapist must not identify their differences or impose their likeness on the client.

3. Treatment goals and plans:

Supervisors help supervisees develop treatment goals and plans compatible with their clients.

4. Professional ethics:

Supervisors must train supervisees with ethical guidelines and codes that pertain to treatment.

5. Client conceptualization:

The supervisor enhances the supervisee's ability to understand and interpret a client's issues, behaviors, and needs within their therapeutic approach and the theoretical framework they are working. It involves the process of making sense of a client's presenting problems and developing a coherent understanding of the client that can guide treatment planning, interventions, and the therapeutic relationship

6. Assessment / Interpersonal assessment:

Assessment is an important tool for treating and influencing the client, so the supervisor must be trained so that he or she can professionally guide the supervisee. Supervisors facilitate supervisees, and they influence clients' assessments.

7. Intervention skills competence:

It means that someone becomes involved in a particular issue or problem. The supervisor must be competent enough that he or she can efficiently guide the supervisee.

Introduction:

- Briefly explain the importance of integrating spirituality and religion in clinical supervision.
- Emphasize the need for a supportive and inclusive environment that respects diverse spiritual and religious perspectives.
- Explain the Clinical Supervision Model, sections
 1. Establish a supportive and inclusive environment
 2. Explore the supervisee's spiritual and religious background
 3. Recognize the impact of spirituality on clinical practice
 4. Address ethical considerations
 5. Provide education and training
 6. Support self-reflection and exploration
 7. Collaboratively discuss client spirituality
 8. Draw from spiritual resources and practices
 9. Seek consultation and guidance
 10. Emphasize self-care and well-being

Section 1: Establishing a Supportive and Inclusive Environment

- Create a safe and non-judgmental space for supervisees to discuss their spirituality and religious beliefs.
- Provide guidelines on fostering cultural competence and sensitivity towards different spiritual and religious backgrounds.

Section 2: Exploring the Supervisee's Spiritual and Religious Background

- Outline strategies for supervisors to initiate discussions about the supervisee's spiritual and religious beliefs and experiences.
- Offer reflective questions and exercises to help supervisees explore their spirituality and its impact on their clinical practice.

Section 3: Recognizing the Impact of Spirituality on Clinical Practice

- Discuss how spirituality and religion can influence therapeutic approaches and client issues.
- Provide case examples or vignettes to illustrate the integration of spirituality into clinical practice.

Section 4: Addressing Ethical Considerations

- Explore ethical implications, including the boundaries of disclosure, neutrality, and the influence of the therapist's beliefs.
- Provide guidelines for navigating sensitive topics related to spirituality and religion in therapy.

Section 5: Providing Education and Training

- Offer resources, recommended readings, and online courses on integrating spirituality and religion in clinical practice.
- Provide information on different spiritual and religious traditions to enhance cultural competence.

Section 6: Supporting Self-Reflection and Exploration

- Offer reflective exercises and journaling prompts to help supervisees reflect on their own spiritual and religious beliefs.
- Guide identifying and resolving personal biases and values conflicts.

Section 7: Collaboratively Discussing Client Spirituality

- Provide strategies for supervisors and supervisees to discuss clients' spiritual and religious backgrounds sensitively and ethically.
- Highlight the importance of active listening and respecting clients' autonomy and choices in matters of spirituality.

Section 8: Drawing from Spiritual Resources and Practices

- Introduce a range of spiritual resources, such as prayers, mindfulness exercises, or scripture readings, that can be integrated into supervision sessions when appropriate and aligned with supervisee and client beliefs.
- Provide examples of how spiritual resources can be utilized to support the supervisee's growth and well-being.

Section 9: Seeking Consultation and Guidance

- Encourage supervisees to seek consultation or guidance from religious leaders, experts, or professionals experienced in integrating spirituality and psychology.
- Offer guidance on navigating complex ethical and cultural considerations related to spirituality and religion.

Section 10: Emphasizing Self-Care and Well-being

- Discuss the importance of self-care, including spiritual self-care, for both supervisees and clients.
- Provide self-care strategies and activities that incorporate spiritual practices.

Introduction:

Importance of integrating spirituality and religion in clinical supervision.

- i. **Foundational Principles:** Ground the model in Islamic principles, including the belief in the oneness of God, the pursuit of justice, compassion, and the well-being of others. Emphasize the importance of aligning professional roles with Islamic values and ethics.
- ii. **Spiritual Integration:** Incorporate spirituality into the supervisory relationship by recognizing the significance of spirituality in clinical practice. Encourage supervisors and supervisees to explore and integrate spirituality within their professional roles, fostering a holistic approach to therapy.
- iii. **Islamic Ethics and Values:** Integrate Islamic ethics and values, such as honesty, integrity, empathy, and respect, into the supervision process. Emphasize the application of Islamic ethical principles to address complex ethical dilemmas and cultural considerations in clinical practice.
- iv. **Religious and Cultural Diversity:** Address religious and cultural diversity by promoting a supportive and inclusive environment where supervisees can explore their own religious and cultural backgrounds. Provide guidance on navigating diverse beliefs and practices, fostering cultural sensitivity and competence.
- v. **Self-Reflection and Personal Development:** Foster self-reflection and personal development by encouraging supervisees to reflect on their personal beliefs, biases, and values related to spirituality and religion. Facilitate ongoing self-awareness and self-improvement to enhance professional competence and ethical practice.
- vi. **Holistic Well-being:** Emphasize holistic well-being by addressing the physical, mental, and spiritual dimensions of supervisees' lives. Promote self-care practices, stress management, and work-life balance to support their overall well-being.
- vii. **Integration of Islamic Knowledge and Resources:** Integrate Islamic knowledge and resources into the supervision process. This can include incorporating relevant verses from the Quran, prophetic traditions (Hadith), and Islamic teachings to enhance understanding and application within the context of clinical practice.
- viii. **Cultural and Religious Competence Training:** Provide cultural and religious competence training to equip supervisees with the knowledge and skills necessary to

work effectively with diverse clients from Islamic backgrounds. This includes understanding Islamic beliefs, practices, and cultural nuances.

- ix. **Ongoing Professional Development:** Encourage ongoing professional development through continuous learning, attending relevant workshops, conferences, and staying updated with current research and advancements in Islamic psychology and clinical practice.
- x. **Feedback and Consultation:** Foster a culture of feedback and consultation, where supervisees can seek guidance and support from the supervisor and engage in collaborative discussions to enhance their professional growth and ethical decision-making.
- Supportive and inclusive environment that respects diverse spiritual and religious perspectives.

The spiritual well-being of a supervisee can have various impacts on their clinical practices. Here are some key ways in which spiritual well-being can influence the clinical work of a supervisee:

- i. **Therapeutic Presence:** A supervisee's spiritual well-being can enhance their ability to be fully present with clients. When a supervisee is spiritually grounded, they are more likely to embody qualities such as empathy, compassion, and non-judgment, creating a safe and supportive therapeutic environment.
- ii. **Values Alignment:** Spiritual well-being involves having a clear sense of personal values and a connection to something greater than oneself. When supervisee's values align with their clinical practice, they are more likely to provide care that is congruent with their beliefs, leading to a deeper sense of authenticity and integrity in their work.
- iii. **Emotional Resilience:** Spiritual well-being can contribute to emotional resilience, allowing supervisees to navigate the challenges and complexities of the therapeutic process with greater strength and equanimity. This resilience helps prevent burnout and facilitates sustained engagement and effectiveness in clinical work.
- iv. **Meaning-Making:** Spirituality often involves a search for meaning and purpose in life. Supervisees who have a strong sense of meaning are better equipped to help

- clients explore existential questions, cope with adversity, and find a sense of purpose and fulfillment.
- v. **Transcending Cultural Boundaries:** Spirituality can provide a common ground for connecting with clients across diverse cultural and religious backgrounds. A supervisee's spiritual well-being can facilitate a deeper understanding and appreciation of clients' spiritual and religious beliefs, promoting culturally sensitive and inclusive clinical practices.
 - vi. **Self-Reflection and Growth:** Spiritual well-being encourages self-reflection, introspection, and personal growth. A supervisee who engages in regular self-reflection can gain insights into their own biases, countertransference, and personal challenges, leading to enhanced self-awareness and improved therapeutic skills.
 - vii. **Ethical Considerations:** Spirituality can influence ethical considerations in clinical practice. A supervisee with a strong spiritual foundation is more likely to adhere to ethical principles, such as respect for autonomy, confidentiality, and the well-being of clients. They are also more attuned to potential ethical dilemmas related to spirituality and religion and can navigate them with greater sensitivity. The theoretical framework for an Islamic Clinical Supervision model can be based on integrating Islamic principles, values, and teachings with the core elements of clinical supervision. Here is a proposed framework:
 - viii. **Foundation in Islamic Principles:** Ground the model in Islamic principles of justice, compassion, ethical conduct, and the pursuit of holistic well-being. Integrate Islamic teachings and values, such as Tawheed (Oneness of God), Ihsan (excellence in conduct), and the Maqasid al-Shariah (objectives of Islamic law), into the supervision process.
 - ix. **Spiritual Integration:** Incorporate spirituality into the supervisory relationship, recognizing the importance of the supervisee's spiritual well-being and its impact on their clinical practice. Encourage the use of spiritual resources, such as prayer, mindfulness, and reflection, to enhance self-awareness, self-reflection, and personal growth.
 - x. **Cultural and Religious Competence:** Address religious and cultural diversity, acknowledging the diversity of religious beliefs and practices among supervisees and

- clients. Provide training on cultural and religious competence, equipping supervisees with the knowledge and skills to work effectively with diverse populations.
- xi. **Ethical Considerations:** Highlight ethical considerations related to spirituality and religion, including issues of confidentiality, informed consent, boundaries, and the avoidance of imposing personal beliefs on clients. Support the supervisee in understanding how to navigate complex ethical and cultural considerations related to spirituality and religion.
 - xii. **Self-Reflection and Personal Development:** The religious perspectives of a supervisee can have significant impacts on their clinical practices. Here are some key ways in which religious perspectives can influence the clinical work of a supervisee:
 - xiii. **Worldview and Belief System:** Religious perspectives shape an individual's worldview and belief system, including their understanding of human nature, purpose in life, and concepts of well-being. These beliefs can influence how supervisees perceive and approach client issues, as well as their understanding of the sources of distress and potential avenues for healing.
 - xiv. **Values and Ethics:** Religion often provides a set of moral and ethical guidelines for believers. The religious perspectives of supervisees can influence their values, ethical decision-making, and the conduct of their clinical practice. These perspectives can inform their views on issues such as confidentiality, boundaries, the nature of relationships, and the pursuit of justice and compassion in therapy.
 - xv. **Cultural Sensitivity:** Religious perspectives are closely tied to culture, and understanding a supervisee's religious background can enhance cultural sensitivity in clinical practice. It allows supervisees to appreciate the influence of cultural and religious factors on clients' lives, including rituals, practices, and beliefs that may impact their mental health and well-being.
 - xvi. **Client-Therapist Relationship:** A supervisee's religious perspectives can influence their approach to the client-therapist relationship. For example, if the supervisee and client share the same religious background, it can create a sense of rapport and trust. Alternatively, a supervisee's religious perspectives may require them to navigate potential differences with clients who hold different religious beliefs or no religious affiliation.

- xvii. **Integration of Faith and Practice:** Some supervisees may seek to integrate their religious beliefs and practices into their clinical work. They may incorporate prayer, spiritual interventions, or discussions of faith into therapy sessions when deemed appropriate and agreed upon with clients. This integration can provide a unique framework for understanding and addressing clients' concerns.
- xviii. **Countertransference and Biases:** A supervisee's religious perspectives can influence their countertransference and biases. They may project their own religious beliefs, expectations, or biases onto clients, potentially impacting their ability to provide unbiased and culturally sensitive care. Supervision can help supervisees identify and address these biases to ensure client-centered and culturally competent practice. Foster a culture of self-reflection and personal development among supervisees, encouraging them to explore their own beliefs, values, and biases related to spirituality and religion. Provide guidance and support in addressing personal challenges, biases, and countertransference related to spirituality and religion.
- xix. **Integration of Islamic Knowledge and Resources:** Integrate Islamic knowledge and resources into the supervision process, incorporating relevant verses from the Quran, Prophetic traditions (Hadith), and Islamic literature. Explore how Islamic teachings can inform clinical practice, including concepts of forgiveness, resilience, compassion, and hope.
- xx. **Ongoing Professional Development:** Emphasize the importance of ongoing professional development, including staying updated with the latest research, attending relevant workshops and conferences, and engaging in continuous learning related to Islamic psychology and clinical supervision.
- xxi. **Feedback and Consultation:** Encourage the supervisee to seek feedback and consultation from supervisors, colleagues, and Islamic scholars to enhance their clinical competence and ensure adherence to Islamic principles. Provide a supportive environment where supervisees can openly discuss challenges, seek guidance, and engage in collaborative problem-solving. In Islamic teachings, personal factors are recognized as influential elements that can impact the professional role of a person, including clinical psychologists. Islam emphasizes the importance of self-awareness, self-reflection, and aligning one's personal values and beliefs

with ethical and moral principles in all aspects of life, including professional endeavors. Here are some key points from an Islamic perspective:

- a. **Intention (Niyyah):** Islam emphasizes the intention behind one's actions. The personal factors that shape an individual's intentions, such as beliefs, values, and biases, can influence their professional role. Muslims are encouraged to purify their intentions, aligning them with the pursuit of justice, compassion, and the well-being of others.
- b. **Moral Character (Akhlāq):** Islam emphasizes the cultivation of good moral character and ethical conduct. Personal factors, including one's upbringing, beliefs, and values, play a role in shaping an individual's moral character. A person's character should reflect the values of integrity, honesty, empathy, and respect, which are fundamental in the professional role of a clinical psychologist.
- c. **Spiritual Connection:** Islam recognizes the importance of spirituality in all aspects of life. A person's spiritual connection, including their relationship with God and their understanding of Islamic teachings, can influence their worldview and approach to their professional role. It can provide a foundation for ethical decision-making, empathy, and the pursuit of holistic well-being for clients.
- d. **Self-Accountability:** Islam emphasizes self-accountability and the continuous process of self-reflection and self-improvement. Muslims are encouraged to regularly assess their actions, intentions, and the impact they have on others. Personal factors that may hinder professional growth or compromise ethical conduct should be acknowledged and addressed through introspection, seeking guidance, and making necessary changes.
- e. **Cultural Sensitivity:** Islam promotes respect for diverse cultures and values the importance of understanding and embracing differences. Personal factors, including cultural and social identity, can influence how a person perceives and interacts with others. In the professional role of a clinical psychologist, being aware of personal cultural biases and promoting cultural sensitivity are essential for providing inclusive and effective care.
- f. **Balance and Self-Care:** Islam emphasizes the importance of balance and well-being in all aspects of life. Personal factors, such as self-care practices, managing stress, and maintaining work-life balance, are crucial for the professional role of a clinical psychologist. Taking care of one's physical, mental, and spiritual well-being enables

psychologists to provide the best care for their clients. It is important for clinical psychologists who identify with Islamic teachings to integrate these principles into their professional roles, aligning their personal factors with Islamic values and ethics. Seeking knowledge, guidance from Islamic scholars, and engaging in self-reflection can help individuals navigate the influence of personal factors and ensure that their professional practice is consistent with Islamic teachings.

Integrating different learning preferences, such as symbolic, iconic, and enactive methods, in a clinical supervision model from an Islamic perspective can enhance the effectiveness of the learning process. Here are some ways to incorporate these learning preferences:

Symbolic Methods:

Utilize symbols and metaphors from Islamic teachings to illustrate concepts and ideas. For example, using stories from the lives of Prophets or parables from Islamic literature to convey important lessons and principles.

Encourage supervisees to explore and discuss the symbolic meanings of verses from the Quran or Hadith related to clinical practice, fostering a deeper understanding and application of Islamic principles.

Iconic Methods:

Incorporate visual aids, such as diagrams, infographics, and illustrations, to present information in a visual and easily understandable format.

Use visual representations of therapeutic techniques or models that align with Islamic principles, providing supervisees with a visual framework for understanding and applying the concepts.

Enactive Methods:

Engage in experiential learning activities where supervisees actively participate and practice clinical skills under supervision. This can include role-plays, case studies, and simulations.

Encourage supervisees to apply Islamic values and principles in their clinical work through practical exercises, such as ethical dilemmas discussions or guided reflections on incorporating spirituality into therapy sessions.

Incorporating these learning preferences can help cater to the diverse learning styles and preferences of supervisees. It allows for a more engaging and meaningful learning experience, promoting deeper understanding, and facilitating the application of knowledge and skills in clinical practice.

Case vignettes inspired by Islamic teachings and values that can be used to illustrate concepts and facilitate learning through symbolic methods:

Case Vignette 1: The Parable of the Garden

Ahmed, a supervisee, is struggling with the concept of patience and perseverance in therapy. He finds it challenging to maintain hope and motivation when progress seems slow. The supervisor shares the parable of the Garden from Islamic teachings:

"In the story of the Garden, a man plants seeds and diligently tends to his garden, patiently watering and nurturing the plants. Despite his efforts, the garden does not bloom immediately. However, the man continues to have faith and remain steadfast in his care. Eventually, the garden flourishes, and its beauty becomes evident to all."

This parable serves as a symbolic representation of the therapeutic journey, emphasizing the importance of patience, consistency, and faith in the process, even during challenging times. Ahmed can reflect on this parable and apply its lessons to his own practice, understanding that growth and positive change may take time.

Case Vignette 2: The Story of Prophet Musa (Moses)

Fatima, a supervisee, is struggling with addressing power dynamics and authority in therapy sessions. The supervisor shares the story of Prophet Musa, who was chosen by Allah to confront Pharaoh, a powerful and oppressive ruler:

"In the story of Prophet Musa, we see an example of standing up against injustice and speaking truth to power. Despite facing resistance and immense challenges, Prophet Musa remained steadfast and relied on Allah's guidance to fulfill his mission."

This story serves as a symbolic representation of the importance of advocating for justice and using one's position to address power imbalances in therapy. Fatima can reflect on this story and draw inspiration from Prophet Musa's courage and reliance on divine guidance, applying these principles to her therapeutic practice.

Case vignettes inspired by Islamic teachings and values that can be used to facilitate learning through iconic methods:

Case Vignette 1: The Journey of Hajj (Pilgrimage)

Amir, a supervisee, is struggling with the concept of self-reflection and personal growth in therapy. The supervisor presents an iconic representation of the journey of Hajj, utilizing visual aids such as images or diagrams depicting the different stages of the pilgrimage:

"The journey of Hajj is a profound experience for Muslims, symbolizing purification, self-reflection, and spiritual growth. Each stage of the pilgrimage represents a unique aspect of the believer's journey towards Allah, from the circumambulation of the Kaaba to the standing on the plains of Arafat."

Using iconic methods, the supervisor can guide Amir to explore the symbolism behind each stage of the Hajj, discussing the significance of self-reflection, repentance, and seeking forgiveness. This iconic representation can help Amir better understand the process of personal growth and transformation in therapy.

Case Vignette 2: The Prophetic Model of Compassion

Sara, a supervisee, is struggling with developing empathy and compassion towards her clients. The supervisor presents iconic representations of Prophet Muhammad's acts of compassion and mercy towards others:

"The life of Prophet Muhammad serves as a powerful example of compassion and empathy. We can visualize his iconic actions, such as comforting the grieving, caring for the vulnerable, and showing kindness to children and animals."

Through visual representations, such as illustrations or photographs depicting these acts of compassion, the supervisor helps Sara internalize and understand the importance of empathy in therapy. They can discuss how Sara can emulate the Prophetic model of compassion in her interactions with clients.

Case vignettes inspired by Islamic teachings and values that can be used to facilitate learning through enactive methods:

Case Vignette 1: Practicing Forgiveness

Ali, a supervisee, is struggling with the concept of forgiveness in therapy. The supervisor suggests an enactive exercise where Ali engages in a forgiveness ritual inspired by Islamic teachings:

"Take a moment to reflect on someone you need to forgive. In alignment with Islamic teachings, engage in an inactive exercise of forgiveness, such as writing a forgiveness letter or performing a specific prayer seeking forgiveness for that person."

Through this enactive method, Ali can actively engage in the process of forgiveness and experience its transformative effects firsthand. The supervisor can guide Ali through the exercise, providing support and discussing the emotional and psychological impact of forgiveness on both the forgiver and the therapeutic relationship.

Case Vignette 2: Embracing Gratitude

Aisha, a supervisee, is struggling with maintaining gratitude and positivity in therapy. The supervisor suggests an enactive exercise of gratitude inspired by Islamic teachings:

"Every day, take a few moments to engage in an enactive practice of gratitude, such as reciting specific supplications of gratitude or keeping a gratitude journal, where you write down three things you are grateful for."

Through this enactive method, Aisha can actively cultivate a grateful mindset and experience the transformative effects of gratitude on her own well-being and therapeutic practice. The supervisor can discuss the importance of gratitude in Islamic teachings and encourage Aisha to reflect on how gratitude can enhance her therapeutic approach and connection with clients.

These vignettes involve enactive methods that encourage supervisees to actively participate in exercises and practices inspired by Islamic teachings. By engaging in these enactive experiences, supervisees can deepen their understanding of key concepts and values and apply them to their clinical practice. The supervisor's role is to guide and support supervisees throughout the enactive exercises, facilitating reflection and discussion on the impact of these practices on their personal growth and therapeutic work.

Section 1: Establishing a Supportive and Inclusive Environment

Objective:

To equip trainees with the knowledge and skills necessary to establish a supportive and inclusive environment in clinical supervision, where trainees feel safe and comfortable discussing their spirituality and religious beliefs.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Understand the importance of creating a supportive and inclusive environment in clinical supervision.
- Demonstrate strategies for fostering a safe and non-judgmental space for discussing spirituality and religion.
- Identify ways to promote cultural competence and sensitivity towards diverse spiritual and religious backgrounds.
- Apply effective communication techniques to encourage open dialogue and active listening in supervision sessions.

Class Activities:

Icebreaker: "Circle of Trust"

Begin the session with a trust-building activity, where participants form a circle and share a personal value or belief that is important to them. This sets the tone for creating a supportive and inclusive environment.

Presentation: "Establishing a Supportive and Inclusive Environment"

- Provide a presentation that covers the importance of a supportive and inclusive environment in clinical supervision.
- Highlight the benefits of creating a safe space for discussing spirituality and religion.
- Discuss the challenges and barriers that may arise when establishing such an environment.
- Small Group Discussions: "Sharing Personal Experiences"
 - Divide participants into small groups and provide a series of prompts to facilitate discussions about personal experiences related to spirituality and religion in clinical practice.
 - Encourage participants to share their perspectives, challenges, and successes in creating a supportive and inclusive environment.
 - Facilitate group discussions to share insights and lessons learned.

Case Studies: "Navigating Challenging Conversations"

- Present case studies that depict challenging scenarios where trainees need to address sensitive spiritual or religious matters in supervision.
- Ask participants to analyze the cases and discuss possible approaches to establish a supportive and inclusive environment while navigating these conversations.
- Facilitate a group discussion to share different perspectives and strategies.

Role-Playing: "Practicing Active Listening"

- Divide participants into pairs and assign them roles as a supervisor and a trainee.
- Provide a scenario where the trainee shares their spiritual or religious beliefs, and the supervisor practices active listening and demonstrates a supportive and inclusive response.
- After the role-play, encourage feedback and discussion on effective communication techniques and ways to create a safe and supportive environment.

Guided Reflection Exercise: "Exploring Personal Biases"

- Distribute a worksheet or journaling prompts that encourage participants to reflect on their own biases and assumptions related to spirituality and religion.
- Ask participants to consider how these biases may impact their ability to establish a supportive and inclusive environment.
- Provide time for individual reflection, followed by optional sharing and discussion in pairs or small groups.

Wrap-Up and Action Planning:

- Facilitate a group discussion to summarize key takeaways from the training session.
- Invite participants to share specific strategies or actions they will implement in their clinical supervision practice to establish a supportive and inclusive environment.
- Encourage participants to create an action plan outlining steps they will take to further develop their skills in this area.

Section 2: Explore the supervisee's spiritual and religious background

Objective:

To enable trainees to effectively explore the supervisee's spiritual and religious background in clinical supervision, fostering a deeper understanding of how these aspects influence their clinical practice.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Recognize the importance of exploring the supervisee's spiritual and religious background in clinical supervision.
- Apply effective techniques for initiating discussions about spirituality and religion with supervisees.
- Demonstrate active listening skills to facilitate open and non-judgmental conversations about supervisees' spiritual and religious beliefs.
- Identify ways to integrate the supervisee's spirituality and religious background into their professional development and clinical practice.

Class Activities:

Icebreaker: "Spiritual Self-Reflection"

Begin the session with an icebreaker activity that prompts participants to reflect on their own spiritual and religious background.

Encourage participants to share their reflections in pairs or small groups, fostering an atmosphere of openness and self-awareness.

Presentation: "Exploring the Supervisee's Spiritual and Religious Background"

- Provide a presentation that outlines the significance of exploring the supervisee's spirituality and religion in clinical supervision.
- Discuss the potential impact of spiritual and religious beliefs on supervisees' clinical practice and professional growth.

Guided Discussion: "Creating a Safe Space"

- Facilitate a group discussion on the importance of creating a safe and non-judgmental space for supervisees to explore their spiritual and religious background.
- Encourage participants to share their experiences, challenges, and strategies for establishing a supportive environment.

Case Studies: "Initiating Discussions about Spirituality and Religion"

- Present case studies that depict scenarios where supervisors need to initiate conversations about the supervisee's spiritual and religious beliefs.

- Divide participants into small groups to analyze the cases, discuss appropriate approaches, and share their insights and perspectives.

Role-Playing: "Active Listening and Non-Judgmental Inquiry"

- Pair participants and assign them roles as a supervisor and a supervisee.
- Provide role-play scenarios where the supervisor practices active listening and asks open-ended, non-judgmental questions to explore the supervisee's spiritual and religious background.
- After each role-play, allow time for feedback and group discussion to identify effective communication techniques and areas for improvement.

Small Group Exercise: "Exploring Personal Biases"

- Divide participants into small groups and provide a set of reflective questions to explore their own biases and assumptions related to spirituality and religion.
- Encourage participants to share their reflections and engage in open and respectful dialogue to deepen their understanding of their own biases.

Group Sharing: "Supervisee's Experiences and Perspectives"

- Facilitate a group discussion where participants share their experiences of exploring supervisees' spiritual and religious backgrounds in supervision.
- Encourage participants to discuss the impact of these explorations on the supervisees' self-awareness, clinical work, and professional development.

Reflection and Action Planning:

- Allocate time for individual reflection on the training session, focusing on key insights, challenges, and action points.
- Facilitate a group discussion to share reflections and encourage participants to identify specific strategies they will implement in their future clinical supervision practice.

Section 3: Recognize the impact of spirituality on clinical practice

Objective:

To enhance trainees' understanding of the impact of spirituality on clinical practice and equip them with the knowledge and skills to recognize and address spiritual aspects in their work.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Recognize the influence of spirituality on clients' well-being and the therapeutic process.
- Identify signs and indicators of spiritual distress or resilience in clients.
- Demonstrate sensitivity and competence in integrating spiritual dimensions into clinical assessment and intervention.
- Apply appropriate ethical guidelines and boundaries when addressing spiritual issues in clinical practice.

Class Activities:

Icebreaker: "Personal Reflection on Spirituality and Clinical Practice"

Begin the session by asking participants to reflect on how their own spirituality or beliefs may influence their clinical practice.

Encourage participants to share their reflections in pairs or small groups, fostering self-awareness and creating an open dialogue.

Presentation: "The Impact of Spirituality on Clinical Practice"

- Provide a presentation that explores the ways in which spirituality can impact clients' mental health and well-being.
- Discuss research findings and case examples that illustrate the significance of addressing spiritual aspects in clinical practice.

Case Studies: "Recognizing Signs of Spiritual Distress or Resilience"

- Present case studies that depict clients experiencing spiritual distress or displaying resilience in the face of spiritual challenges.
- Divide participants into small groups to analyze the cases and identify signs or indicators of spiritual distress or resilience.
- Facilitate group discussions to share insights and explore possible interventions or support strategies.

Guided Discussion: "Ethical Considerations in Addressing Spirituality"

- Engage participants in a guided discussion about ethical considerations when integrating spirituality into clinical practice.

- Discuss potential challenges, boundaries, and professional guidelines that inform the ethical provision of spiritual support.
- Encourage participants to share their perspectives and experiences related to ethical dilemmas they may have encountered.

Skill-Building Exercise: "Assessment of Spiritual Needs"

- Provide a framework or tool for assessing clients' spiritual needs or beliefs.
- Conduct a role-play exercise where participants practice using the assessment tool to explore a client's spiritual dimensions.
- Facilitate feedback and discussion on effective questioning techniques and strategies for eliciting meaningful information.

Group Activity: "Integrating Spirituality in Treatment Planning"

- Divide participants into small groups and assign them specific client case scenarios.
- Instruct each group to develop a treatment plan that integrates appropriate spiritual interventions or considerations.
- Allow groups to present their treatment plans, followed by a group discussion on the benefits and challenges of integrating spirituality in treatment.

Experiential Activity: "Personal Spiritual Self-Care"

- Facilitate an experiential activity where participants engage in a guided meditation, prayer, or mindfulness exercise relevant to their own spiritual traditions.
- Provide time for personal reflection and encourage participants to discuss the impact of these practices on their own self-care as clinicians.

Reflection and Action Planning:

- Allocate time for individual reflection on the training session, focusing on key insights and personal growth related to the impact of spirituality on clinical practice.
- Facilitate a group discussion to share reflections and encourage participants to identify specific strategies they will incorporate into their future clinical work to recognize and address spiritual aspects.

Section 4: Address ethical considerations

Objective:

To equip trainees with the knowledge and skills to address ethical considerations related to spirituality and religion in clinical supervision, ensuring the provision of ethical and culturally sensitive care.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Understand the ethical considerations that arise when addressing spirituality and religion in clinical supervision.
- Apply ethical guidelines and principles to navigate potential dilemmas and challenges in integrating spirituality and religion in clinical practice.
- Demonstrate cultural competence in addressing diverse spiritual and religious beliefs.
- Engage in self-reflection and professional growth regarding personal biases and limitations when addressing ethical considerations.

Class Activities:

Icebreaker: "Ethical Dilemmas Discussion"

- Begin the session by presenting participants with ethical dilemmas related to addressing spirituality and religion in clinical supervision.
- Divide participants into small groups and ask them to discuss their thoughts, perspectives, and potential solutions to these dilemmas.
- Encourage group discussions to share insights and foster critical thinking about ethical considerations.

Presentation: "Ethical Considerations in Addressing Spirituality and Religion"

- Provide a presentation that outlines the ethical considerations that arise when integrating spirituality and religion in clinical supervision.
- Discuss relevant ethical guidelines, codes of conduct, and professional standards in the field.
- Explore case examples or research findings that highlight the importance of ethical awareness and sensitivity in addressing spirituality and religion.

Case Studies: "Applying Ethical Principles"

- Present case studies that depict scenarios where trainees need to navigate ethical considerations related to spirituality and religion.
- Divide participants into small groups and ask them to analyze the cases, identify the ethical principles at stake, and propose appropriate actions or interventions.
- Facilitate group discussions to share different perspectives and solutions.

Group Discussion: "Cultural Competence in Addressing Spiritual Diversity"

- Engage participants in a group discussion about the importance of cultural competence when addressing diverse spiritual and religious beliefs.
- Facilitate a dialogue on the potential biases, assumptions, or stereotypes that may arise and impact the ethical provision of spiritual support.
- Encourage participants to share strategies for developing cultural competence and creating an inclusive environment.

Role-Playing: "Navigating Challenging Conversations"

- Divide participants into pairs and assign them roles as a supervisor and a trainee.
- Provide role-play scenarios that involve challenging conversations about spirituality and religion, where ethical considerations come into play.
- Participants should practice applying ethical principles, effective communication skills, and cultural sensitivity in these role-plays.
- Encourage feedback and reflection on the ethical aspects of the role-plays.

Self-Reflection Exercise: "Exploring Personal Biases and Limitations"

- Distribute a worksheet or journaling prompts that prompt participants to reflect on their own biases, limitations, and areas for growth when addressing ethical considerations related to spirituality and religion.
- Allow time for individual reflection, followed by optional sharing and discussion in pairs or small groups.

Ethical Decision-Making Framework: "Ethics Case Analysis"

- Provide participants with an ethical decision-making framework relevant to addressing spirituality and religion in clinical supervision.
- Present a case study and guide participants through the process of analyzing the case using the framework to arrive at an ethically sound resolution.
- Facilitate a group discussion to compare and discuss the different approaches and ethical considerations identified by participants.

Wrap-Up and Action Planning:

- Facilitate a group discussion to summarize key takeaways from the training session regarding ethical considerations in addressing spirituality and religion in clinical supervision.
- Invite participants to share specific strategies or actions they will implement in their own clinical supervision practice to ensure ethical and culturally sensitive care.
- Encourage ongoing self-reflection, professional growth, and seeking consultation or supervision when faced with complex ethical dilemmas.

Section 5: Provide education and training

Objective:

To equip trainees with the knowledge and skills to provide effective education and training in clinical supervision, enhancing their ability to facilitate the professional growth and development of supervisees.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Understand the principles and techniques of effective education and training in clinical supervision.
- Design and deliver educational content that meets the specific needs of supervisees.
- Employ interactive and engaging teaching methods to enhance learning and skills development.
- Provide constructive feedback and support supervisees' professional growth and development.

Class Activities:

Icebreaker: "Sharing Experiences as Educators"

- Begin the session by inviting participants to share their experiences as educators or trainers in clinical supervision or related fields.
- Encourage participants to discuss their strengths, challenges, and goals in providing education and training.

Presentation: "Principles of Effective Education and Training in Clinical Supervision"

- Provide a presentation that outlines the key principles and strategies for effective education and training in clinical supervision.
- Discuss the importance of individualized learning, active engagement, and fostering a supportive learning environment.

Group Discussion: "Identifying Supervisee Needs and Learning Objectives"

- Facilitate a group discussion on the process of identifying supervisee needs and setting learning objectives in clinical supervision.
- Discuss methods for assessing supervisees' knowledge, skills, and areas for development.
- Encourage participants to share their experiences and insights related to setting specific and achievable learning goals.

Designing Educational Content: "Creating Customized Learning Materials"

- Divide participants into small groups and assign them specific topics or areas for which they need to develop educational content.
- Instruct each group to create customized learning materials, such as handouts, case studies, or interactive exercises that align with the assigned topic.
- Allow groups to present their materials, followed by a group discussion on their strengths, applicability, and potential improvements.

Interactive Teaching Methods: "Engaging Activities for Skills Development"

- Introduce participants to a variety of interactive teaching methods, such as role-plays, case discussions, and group exercises.
- Provide examples and demonstrations of how these methods can be used to enhance skills development and knowledge acquisition in clinical supervision.
- Engage participants in a hands-on activity where they practice using an interactive teaching method relevant to their own training needs.

Feedback and Coaching: "Providing Constructive Feedback"

- Discuss the importance of providing constructive feedback to support supervisees' professional growth.
- Share strategies and techniques for delivering feedback effectively, emphasizing the use of specific examples, active listening, and a strengths-based approach.
- Conduct role-plays or case-based discussions where participants practice providing feedback to each other, followed by group reflection and feedback on the feedback process.

Peer Supervision: "Supervision of Supervision"

- Divide participants into pairs or small groups and assign them roles as a supervisor and a supervisee.
- Participants take turns playing the roles of supervisor and supervisee, providing an opportunity for peer supervision and skills practice.
- Encourage participants to apply the knowledge and skills learned in the training session and provide feedback to each other on their supervision techniques.

Action Planning:

- Allocate time for individual reflection and action planning based on the training session.
- Participants should identify specific strategies they will implement in their own clinical supervision practice to enhance their education and training skills.
- Encourage ongoing self-reflection, seeking feedback from supervisees, and continuous professional development in the area of education and training.

Section 6: Support self-reflection and exploration

Objective:

To enable trainees to understand the importance of self-reflection and exploration in clinical supervision and develop skills to support supervisees' self-reflection and personal growth.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Recognize the significance of self-reflection and exploration in clinical supervision.
- Facilitate a supportive environment for supervisees' self-reflection and personal growth.
- Utilize effective questioning and active listening techniques to promote self-reflection.
- Guide supervisees in exploring their values, beliefs, and professional identities.
- Support supervisees in setting goals and identifying strategies for personal and professional development.

Class Activities:

Icebreaker: "Exploring Personal Motivations"

- Begin the session by inviting participants to reflect on their personal motivations for engaging in clinical supervision and their own experiences with self-reflection.
- Encourage participants to share their insights in pairs or small groups, fostering a sense of connection and openness.

Presentation: "Understanding Self-Reflection and Exploration in Clinical Supervision"

- Provide a presentation that explains the concept of self-reflection and its role in personal and professional growth within the context of clinical supervision.
- Discuss the benefits and challenges of self-reflection and explore relevant theoretical frameworks or models.

Group Discussion: "Creating a Supportive Environment"

- Engage participants in a group discussion on the importance of creating a supportive and non-judgmental environment for supervisees' self-reflection.
- Discuss strategies for building trust, empathy, and safety within the supervisory relationship.
- Encourage participants to share their experiences and insights on creating supportive environments.

Active Listening Exercise: "Deepening Understanding through Active Listening"

- Conduct an activity where participants practice active listening skills in pairs or small groups.
- Provide prompts or case scenarios related to supervisees' concerns or areas for development.

- Participants take turns actively listening to their partners' reflections and summarizing key points.

Guided Self-Reflection Exercise: "Exploring Values, Beliefs, and Professional Identities"

- Facilitate a guided self-reflection exercise where participants reflect on their own values, beliefs, and professional identities.
- Provide a series of reflective questions or prompts related to these topics, allowing participants time to journal or think deeply about their responses.
- Encourage participants to share their reflections in pairs or small groups, promoting a supportive and non-judgmental environment.

Case Study Analysis: "Supporting Self-Reflection in Supervision"

- Present case studies that depict supervisees facing challenges or dilemmas that require self-reflection.
- Divide participants into small groups and assign them a case study to analyze.
- Participants discuss how they would support supervisees' self-reflection in each case and identify effective questioning techniques or interventions.

Goal-Setting and Action Planning: "Supporting Professional Development"

- Introduce participants to the process of goal-setting and action planning in clinical supervision.
- Discuss the importance of helping supervisees identify specific goals and develop strategies for their personal and professional development.
- Provide examples and templates for goal-setting and action planning exercises.
- Engage participants in a hands-on activity where they practice facilitating goal-setting discussions and supporting supervisees in developing action plans.

Wrap-Up and Reflection:

- Facilitate a group discussion to summarize key takeaways from the training session regarding supporting self-reflection and exploration in clinical supervision.
- Invite participants to reflect on their own learning and identify specific strategies they will implement in their supervision practice to support self-reflection.
- Encourage ongoing self-reflection and exploration as a part of their own professional development as supervisors.

Section 7: Collaboratively discuss client spirituality

Objective:

To enable trainees to understand the importance of collaboratively discussing client spirituality in clinical supervision and develop skills to address the spiritual dimension in therapy effectively.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Recognize the significance of client spirituality in therapy and its impact on well-being.
- Create a safe and non-judgmental space to collaboratively discuss client spirituality.
- Develop skills in exploring and assessing client spirituality.
- Integrate client spirituality into the therapeutic process while maintaining ethical boundaries.
- Support supervisees in addressing client spirituality and incorporating it into their therapeutic approaches.

Class Activities:

Icebreaker: "Personal Reflection on Spirituality"

- Begin the session by inviting participants to reflect on their personal understanding and experiences with spirituality.
- Encourage participants to share their reflections in pairs or small groups, fostering an open and respectful dialogue.

Presentation: "Understanding the Role of Spirituality in Therapy"

- Provide a presentation that explores the role of spirituality in therapy, including its impact on client well-being and the therapeutic process.
- Discuss different perspectives on spirituality and its relevance in diverse cultural and religious contexts.

Group Discussion: "Creating a Safe and Non-judgmental Space"

- Engage participants in a group discussion on the importance of creating a safe and non-judgmental space to discuss client spirituality.
- Explore strategies for fostering an open and accepting environment that respects clients' beliefs and values.
- Encourage participants to share their experiences and challenges related to discussing spirituality in therapy.

Skills Practice: "Exploring and Assessing Client Spirituality"

- Introduce participants to effective techniques for exploring and assessing client spirituality, such as open-ended questions, active listening, and empathetic responses.

- Provide case scenarios or role-plays where participants can practice engaging in conversations about client spirituality.
- Encourage participants to reflect on the impact of their communication style and the effectiveness of their assessment techniques.

Ethical Considerations: "Maintaining Boundaries in Discussing Spirituality"

- Discuss ethical considerations and boundaries related to discussing client spirituality in therapy.
- Review guidelines and professional codes of ethics that address issues of cultural sensitivity, respect, and confidentiality.
- Engage participants in group discussions or case-based activities to explore ethical dilemmas related to addressing client spirituality.

Case Study Analysis: "Integrating Spirituality into the Therapeutic Process"

- Present case studies that involve clients with spiritual concerns or needs.
- Divide participants into small groups and assign them a case study to analyze.
- Participants discuss how they would address the client's spirituality in the therapeutic process, considering goals, interventions, and potential challenges.

Supervision Role-Play: "Supporting Supervisees in Addressing Client Spirituality"

- Conduct role-plays where participants take turns playing the role of supervisor and supervisee.
- Participants practice discussing and exploring client spirituality in a supervision context.
- Encourage participants to provide constructive feedback and guidance to each other on incorporating client spirituality into therapy.

Wrap-Up and Reflection:

- Facilitate a group discussion to summarize key takeaways from the training session regarding collaboratively discussing client spirituality in clinical supervision.
- Invite participants to reflect on their own learning and identify specific strategies they will implement in their supervision practice to support supervisees in addressing client spirituality.
- Encourage ongoing exploration of cultural and religious diversity and continuous professional development in addressing client spirituality.

Section 8: Draw from spiritual resources and practices

Objective:

To equip trainees with knowledge and skills to draw from spiritual resources and practices in clinical supervision, enhancing their ability to support supervisees' spiritual well-being and incorporate spirituality into therapeutic approaches.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Understand the role of spirituality as a resource in the therapeutic process.
- Identify and utilize appropriate spiritual resources and practices in clinical supervision.
- Guide supervisees in incorporating spirituality into their therapeutic work ethically and effectively.
- Foster self-awareness and personal growth through engagement with spiritual resources and practices.
- Support supervisees in accessing and utilizing spiritual resources for their own well-being.

Class Activities:

Icebreaker: "Exploring Personal Spiritual Resources"

- Begin the session by inviting participants to reflect on their personal spiritual resources, such as prayer, meditation, or other practices.
- Encourage participants to share their experiences and insights in pairs or small groups, fostering a sense of connection and openness.

Presentation: "Understanding the Role of Spiritual Resources in Clinical Supervision"

- Provide a presentation that explores the role of spiritual resources and practices in clinical supervision and therapy.
- Discuss how spirituality can enhance well-being, resilience, and the therapeutic relationship.
- Introduce various spiritual resources and practices that can be drawn upon, such as mindfulness, gratitude, or reflective writing.

Group Discussion: "Identifying Relevant Spiritual Resources"

- Engage participants in a group discussion on the importance of identifying and utilizing relevant spiritual resources in clinical supervision.
- Explore different spiritual practices and resources that can be meaningful for both supervisees and clients.
- Encourage participants to share their own experiences or insights on utilizing spiritual resources.

Guided Activity: "Exploring Personal Connection to Spiritual Resources"

- Facilitate a guided activity where participants reflect on their personal connection to spiritual resources and practices.
- Provide prompts or questions to guide their exploration, such as the significance of spirituality in their lives and how they have integrated it into their professional work.
- Encourage participants to journal or share their reflections in pairs or small groups.

Case Study Analysis: "Integrating Spiritual Resources into Supervision and Therapy"

- Present case studies that highlight opportunities for incorporating spiritual resources into supervision and therapy.
- Divide participants into small groups and assign them a case study to analyze.
- Participants discuss how they would guide supervisees in utilizing spiritual resources to enhance the therapeutic process and address client needs.

Skill-Building Exercise: "Guiding Supervisees in Utilizing Spiritual Resources"

- Introduce participants to strategies for guiding supervisees in accessing and utilizing spiritual resources in their work.
- Conduct role-plays or small group activities where participants practice providing guidance and support to supervisees in incorporating spiritual resources and practices.
- Encourage participants to share feedback and insights on effective ways to integrate spirituality into supervision.

Self-Reflection and Personal Growth: "Engaging in Spiritual Practices for Supervisors"

- Discuss the importance of self-reflection and personal growth for supervisors through engagement with spiritual practices.
- Introduce different spiritual practices, such as meditation, contemplative reading, or self-compassion exercises.
- Lead participants in a guided activity or meditation session to experience a spiritual practice firsthand.

Wrap-Up and Reflection:

- Facilitate a group discussion to summarize key takeaways from the training session regarding drawing from spiritual resources and practices in clinical supervision.
- Invite participants to reflect on their own learning and identify specific strategies they will implement in their supervision practice to incorporate spirituality.
- Encourage ongoing exploration of spiritual resources and practices, promoting personal well-being and enhancing the supervision process.

Section 9: Seek consultation and guidance

Objective:

To familiarize trainees with the importance of seeking consultation and guidance in clinical supervision and equip them with the knowledge and skills to effectively engage in consultation processes.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Recognize the value of seeking consultation and guidance in clinical supervision.
- Understand the principles and ethics of consultation in a supervisory role.
- Identify appropriate sources and individuals for consultation and guidance.
- Effectively engage in consultation processes to enhance their clinical supervision practice.
- Support supervisees in seeking consultation and utilizing guidance resources for professional growth.

Class Activities:

Icebreaker: "Reflecting on Consultation Experiences"

- Begin the session by inviting participants to reflect on their past experiences with seeking consultation in their professional practice.
- Encourage participants to share their insights and lessons learned from those experiences, fostering a sense of shared understanding.

Presentation: "Understanding the Role of Consultation in Clinical Supervision"

- Provide a presentation that explores the role and benefits of consultation in clinical supervision.
- Discuss the ethical considerations and guidelines for seeking consultation in a supervisory role.
- Highlight the importance of consultation in enhancing clinical skills, addressing challenges, and ensuring ethical practice.

Group Discussion: "Identifying Sources and Individuals for Consultation"

- Engage participants in a group discussion on the various sources and individuals available for consultation and guidance.
- Explore different options, such as experienced supervisors, colleagues, professional networks, or experts in specific areas.
- Encourage participants to share their own experiences and insights regarding effective consultation resources.

Case Study Analysis: "Applying Consultation Principles"

- Present case studies that involve challenging or complex situations in clinical supervision.
- Divide participants into small groups and assign them a case study to analyze.
- Participants discuss how they would seek consultation and apply consultation principles to address the presented challenges effectively.

Ethical Considerations: "Maintaining Confidentiality and Boundaries in Consultation"

- Discuss ethical considerations related to seeking consultation and maintaining confidentiality and professional boundaries.
- Review guidelines and professional codes of ethics that address issues of privacy, consent, and the appropriate use of consultative feedback.
- Engage participants in group discussions or case-based activities to explore ethical dilemmas related to consultation.

Skill-Building Exercise: "Engaging in Consultation Conversations"

- Provide participants with scenarios or role-plays that simulate consultation conversations.
- Participants practice engaging in consultation dialogues, including active listening, seeking advice, and integrating consultation feedback into their practice.
- Encourage participants to provide constructive feedback to one another on their consultation skills.

Resource Exploration: "Identifying Relevant Consultation Resources"

- Introduce participants to online platforms, professional organizations, and literature that provide consultation resources and guidance.
- Allow time for participants to explore and familiarize themselves with these resources, emphasizing their relevance to their specific clinical supervision context.

Wrap-Up and Reflection:

- Facilitate a group discussion to summarize key takeaways from the training session regarding seeking consultation and guidance in clinical supervision.
- Invite participants to reflect on their own learning and identify specific strategies they will implement in their supervision practice to enhance consultation processes.
- Encourage ongoing engagement in consultation, fostering a culture of continuous learning and professional growth.

Section 10: Emphasize self-care and well-being

Objective:

To emphasize the importance of self-care and well-being in the context of clinical supervision and equip trainees with knowledge and skills to prioritize and promote their own self-care and well-being, as well as support supervisees in doing the same.

Learning Outcomes:

By the end of the training session, participants will be able to:

- Understand the significance of self-care and well-being in clinical supervision.
- Identify signs of burnout and compassion fatigue and their impact on supervision effectiveness.
- Implement self-care strategies to enhance personal well-being and resilience.
- Support supervisees in developing self-care practices and promoting their well-being.
- Integrate self-care discussions and activities into clinical supervision sessions effectively.

Class Activities:

Icebreaker: "Self-Care Check-In"

- Begin the session by inviting participants to engage in a self-care check-in activity.
- Ask participants to share one self-care practice they have engaged in recently or one intention they have for self-care during the training session.
- Encourage participants to actively listen to one another's self-care experiences and insights.

Presentation: "Understanding the Importance of Self-Care and Well-being in Clinical Supervision"

- Provide a presentation that highlights the significance of self-care and well-being for clinical supervisors and the impact on supervisee outcomes.
- Discuss the common challenges and stressors faced by supervisors and the potential consequences of neglecting self-care.
- Present research and evidence-based strategies that support the integration of self-care into supervision practices.

Group Discussion: "Recognizing Signs of Burnout and Compassion Fatigue"

- Facilitate a group discussion on the signs and symptoms of burnout and compassion fatigue in the context of clinical supervision.
- Encourage participants to share their experiences and insights related to the impact of these factors on their supervisory role.
- Discuss strategies to identify and address burnout and compassion fatigue both for themselves and their supervisees.

Self-Care Assessment: "Reflecting on Personal Self-Care Practices"

- Provide participants with a self-care assessment tool or questionnaire to evaluate their current self-care practices and identify areas for improvement.
- Allocate time for participants to complete the assessment individually.
- Facilitate a guided reflection where participants can share their self-assessment findings and discuss their strengths and areas of growth in self-care.

Skill-Building Exercise: "Developing Personalized Self-Care Plans"

- Guide participants through a self-care planning exercise where they identify and prioritize self-care practices that align with their needs and preferences.
- Encourage participants to set realistic goals and create actionable plans to integrate self-care into their daily lives.
- Provide a template or worksheet to assist participants in structuring their self-care plans.

Role-Play Activity: "Supporting Supervisees in Self-Care"

- Divide participants into pairs or small groups and assign them roles as supervisors and supervisees.
- Participants engage in role-plays where supervisors address and support their supervisees in implementing self-care practices.
- Encourage participants to provide constructive feedback to one another on their supportive and empathetic communication skills.

Collaborative Brainstorming: "Integrating Self-Care Discussions into Clinical Supervision"

- Facilitate a group brainstorming session where participants collectively generate ideas and strategies for integrating self-care discussions and activities into clinical supervision sessions.
- Encourage participants to share their experiences, best practices, and creative approaches to incorporating self-care into supervision.

Wrap-Up and Reflection:

- Facilitate a group discussion to summarize key takeaways from the training session regarding emphasizing self-care and well-being in clinical supervision.
- Invite participants to reflect on their learning and identify specific

INDIGENOUS ACCLIMATISATION OF CLINICAL SUPERVISION PROTOCOL FOR TRAINEE PSYCHOLOGISTS AND ITS EFFECTIVENESS

Workshop Contents



This comprehensive workshop content ensures that participants not only learn intervention skills but also understand how to integrate Islamic teachings and Pakistani cultural values into their clinical practice.

Session	Intervention Skills Competence
Objective:	Enhance intervention skills competence through practical exercises, integrating Islamic teachings and Pakistani cultural values.

1. Welcome and Introduction

- Duration: 15 minutes
- Content:
 - Welcome Address: Introduction of facilitators and participants.
 - Objective Overview: Explanation of the workshop's goals, emphasizing the integration of Islamic values and Pakistani cultural norms in intervention practices.
 - Importance of Cultural Sensitivity: Brief discussion on the significance of cultural and religious values in clinical interventions.

2. Islamic Counseling Principles

- Duration: 30 minutes
- Content:
 - Core Islamic Principles: Presentation on key Islamic principles relevant to counseling, such as compassion, respect, and integrity.
 - Cultural Relevance: Discussion on how these principles align with Pakistani cultural norms.
 - Application in Practice: Examples of how to apply these principles in clinical interventions.

3. Practical Demonstration

- Duration: 45 minutes
- Content:
 - Demonstration: Live demonstration of intervention techniques by experienced clinicians.

- Techniques Covered: Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Solution-Focused Brief Therapy (SFBT).
- Cultural Adaptation: How these techniques can be adapted to respect Islamic teachings and Pakistani cultural values.

4. Role Playing Exercises

- Duration: 60 minutes
- Content:
 - Group Division: Participants divided into small groups.
 - Scenario Distribution: Each group receives a scenario reflecting a common clinical situation in Pakistan.
 - Role-Playing: Groups perform role-playing exercises, incorporating intervention techniques and cultural considerations.

Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	A young woman struggling with anxiety after experiencing domestic violence	CBT techniques	Emphasis on respect, dignity, and cultural sensitivity
2	A teenage boy exhibiting signs of depression due to academic pressure and parental expectations.	MI techniques	Importance of compassion and understanding parental roles
3	A middle-aged man dealing with substance abuse and feeling alienated from his family and community.	SFBT techniques	Focus on community support and faith-based interventions

5. Feedback Session

- Duration: 30 minutes
- Content:
 - Group Presentations: Each group presents their role-playing exercise.
 - Facilitator Feedback: Constructive feedback provided by facilitators, focusing on the integration of Islamic values and cultural competence.
 - Peer Feedback: Participants provide feedback to each other, fostering a collaborative learning environment.

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

1. How well did the intervention techniques align with Islamic teachings?
Answer: The techniques should incorporate compassion, respect for the individual, and ethical considerations from an Islamic perspective.
2. Were the cultural considerations appropriately addressed?
Answer: Yes, the scenarios and interventions reflected an understanding of Pakistani family dynamics, societal norms, and cultural sensitivities.
3. Suggestions for better integration of Islamic and cultural values?
Answer: Greater emphasis on community and family involvement, as well as incorporating faith-based coping strategies.
4. Additional comments?
Answer: Participants found the role-playing exercises highly beneficial for practical learning and cultural adaptation of intervention techniques.

6. Q&A and Discussion

- Duration: 30 minutes
- Content:
 - Open Floor: Participants ask questions and discuss challenges faced during the exercises.
 - Facilitator Input: Facilitators provide insights and strategies to overcome these challenges while maintaining cultural and religious sensitivity.

7. Conclusion

- Duration: 15 minutes
- Content:
 - Summary: Recap of key takeaways from the workshop.
 - Next Steps: Information on upcoming training sessions and additional resources.
 - Feedback Collection: Participants fill out feedback forms.

Reading Material

1. Books:

- Ahmed, S., & Amer, M. M. (Eds.). (2013). *Counseling Muslims: Handbook of mental health issues and interventions*. Routledge.
- Rassool, G. H. (2015). *Islamic counselling: An introduction to theory and practice*. Routledge.

2. Articles:

- Hinton, D. E., & Patel, A. (2017). Cultural adaptations of cognitive behavioral therapy. *Psychiatric Clinics*, 40(4), 701-714.
- Mir, G., Ghani, R., Meer, S., & Hussain, G. (2019). Delivering a culturally adapted therapy for Muslim clients with depression. *The Cognitive Behaviour Therapist*, 12, e26.

3. Online Resources:

- Articles and webinars from the American Muslim Health Professionals (AMHP).
- Resources from the International Institute of Islamic Thought (IIIT) on psychology and counseling.

Session	Clinical Assessment
Objective:	Enhance clinical assessment skills, incorporating Islamic teachings and Pakistani cultural values.

1. Welcome and Introduction

- Duration: 15 minutes
- Content: Overview of workshop goals and importance of culturally sensitive clinical assessment.

2. Islamic Counseling Principles in Assessment

- Duration: 30 minutes
- Content: Discussion on integrating Islamic principles like justice and empathy in clinical assessments.

3. Practical Demonstration

- Duration: 45 minutes
- Content: Demonstration of standardized assessment protocols.

4. Role-Playing Exercises

- Duration: 60 minutes
- Content: Small groups practice assessment scenarios reflecting Pakistani cultural contexts.

Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	Assessment of a young woman experiencing anxiety post-domestic violence	Comprehensive assessment	Sensitivity to family honor and privacy
2	Evaluating a teenage boy with depression due to academic and familial pressure	Use of diverse tools	Respect for parental authority and educational expectations

5. Feedback Session

- Duration: 30 minutes
- Content: Group presentations and feedback focusing on cultural competence.

Feedback Form

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

- How well were Islamic values integrated into the assessment?
- Were cultural sensitivities appropriately addressed?
- Suggestions for improvement in integrating cultural and religious values?

6. Q&A and Discussion

- Duration: 30 minutes
- Content: Open discussion on challenges and strategies.

7. Conclusion

- Duration: 15 minutes
- Content: Summary and feedback collection.

Session	Interpersonal Assessment
Objective:	Improve interpersonal assessment skills with an emphasis on cultural and religious sensitivity

1. Welcome and Introduction

- Duration: 15 minutes
- Content: Overview of workshop goals and the importance of assessing interpersonal skills.

2. Islamic and Cultural Principles in Interpersonal Assessment

- Duration: 30 minutes
- Content: Discussion on principles like respect and trust in relationships.

3. Practical Demonstration

- Duration: 45 minutes
- Content: Demonstration of structured observation and feedback forms.

4. Role-Playing Exercises

- Duration: 60 minutes
- Content: Practice interpersonal assessment scenarios.

Role-Playing Scenario Template

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	Assessing interpersonal skills in a young woman post-domestic violence	Objective assessment	Respect for personal boundaries
2	Evaluating interpersonal dynamics in a teenage boy under academic pressure	Peer review and self-assessment	Importance of family roles and peer relationships

5. Feedback Session

- Duration: 30 minutes

- Content: Group presentations and feedback focusing on interpersonal skills.

Feedback Form

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

- How effectively were interpersonal skills assessed?
- Were cultural and religious sensitivities considered?
- Suggestions for better integration?

6. Q&A and Discussion

- Duration: 30 minutes
- Content: Open discussion on challenges and strategies.

7. Conclusion

- Duration: 15 minutes
- Content: Summary and feedback collection.

Session	Client Conceptualization
Objective:	Enhance skills in client conceptualization, integrating theoretical knowledge with cultural and religious considerations

1. Welcome and Introduction

- Duration: 15 minutes
- Content: Overview of workshop goals and importance of client conceptualization.

2. Islamic and Cultural Considerations in Client Conceptualization

- Duration: 30 minutes
- Content: Discussion on integrating Islamic values and cultural norms.

3. Practical Demonstration

- Duration: 45 minutes
- Content: Demonstration of case study discussions and conceptualization templates.

4. Role-Playing Exercises

- Duration: 60 minutes
- Content: Practice client conceptualization scenarios.

Role-Playing Scenario Template

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	Conceptualizing anxiety in a young woman post-domestic violence	Integrating theory and practice	Family dynamics and privacy
2	Conceptualizing depression in a teenage boy due to academic pressure	Applying theoretical concepts	Educational pressures and family expectations

5. Feedback Session

- Duration: 30 minutes
- Content: Group presentations and feedback.

Feedback Form

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

- How well were theoretical concepts applied?
- Were cultural and religious sensitivities considered?
- Suggestions for improvement?

6. Q&A and Discussion

- Duration: 30 minutes
- Content: Open discussion on challenges and strategies.

7. Conclusion

- Duration: 15 minutes
- Content: Summary and feedback collection.

Session	Individual & Cultural Differences
Objective:	Enhance understanding and sensitivity to individual and cultural differences in clinical practice

1. Welcome and Introduction

- Duration: 15 minutes
- Content: Overview of workshop goals and importance of cultural competence.

2. Islamic and Cultural Principles in Addressing Individual Differences

- Duration: 30 minutes
- Content: Discussion on Islamic values like justice and empathy.

3. Practical Demonstration

- Duration: 45 minutes
- Content: Demonstration of cultural competence modules and sensitivity workshops.

4. Role-Playing Exercises

- Duration: 60 minutes
- Content: Practice scenarios addressing cultural and individual differences.

Role-Playing Scenario Template

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	Addressing anxiety in a young woman post-domestic violence	Cultural competence	Family honor and privacy
2	Addressing depression in a teenage boy due to academic and familial pressure	Sensitivity to individual needs	Respect for family roles and educational pressures

5. Feedback Session

- Duration: 30 minutes
- Content: Group presentations and feedback.

Feedback Form

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

- How effectively were cultural differences addressed?
- Were individual needs and sensitivities considered?
- Suggestions for better integration?

6. Q&A and Discussion

- Duration: 30 minutes
- Content: Open discussion on challenges and strategies.

7. Conclusion

- Duration: 15 minutes
- Content: Summary and feedback collection.

Session	Theoretical Orientation
Objective:	Enhance understanding and application of various theoretical orientations in clinical practice

1. Welcome and Introduction

- Duration: 15 minutes
- Content: Overview of workshop goals and importance of theoretical orientation.

2. Exploration of Theoretical Models

- Duration: 30 minutes
- Content: Discussion on key theoretical models and their relevance to Islamic and Pakistani cultural contexts.

3. Practical Demonstration

- Duration: 45 minutes
- Content: Demonstration of theoretical application in case studies.

4. Role-Playing Exercises

- Duration: 60 minutes
- Content: Practice applying different theoretical models to case scenarios.

Role-Playing Scenario Template

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	Applying CBT to anxiety in a young woman post-domestic violence	Theoretical application	Respect for family dynamics
2	Applying MI to depression in a teenage boy due to academic pressure	Exploring theoretical models	Parental expectations and educational pressures.

5. Feedback Session

- Duration: 30 minutes
- Content: Group presentations and feedback.

Feedback Form

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

- How effectively were theoretical models applied?
- Were cultural and religious sensitivities considered?
- Suggestions for improvement?

6. Q&A and Discussion

- Duration: 30 minutes
- Content: Open discussion on challenges and strategies.

7. Conclusion

- Duration: 15 minutes
- Content: Summary and feedback collection.

Session	Treatment Goals & Plans
Objective:	Enhance skills in setting and achieving realistic and culturally sensitive treatment goals.

1. Welcome and Introduction

- Duration: 15 minutes
- Content: Overview of workshop goals and importance of treatment planning.

2. Islamic and Cultural Considerations in Goal Setting

- Duration: 30 minutes
- Content: Discussion on integrating Islamic values and cultural norms.

3. Practical Demonstration

- Duration: 45 minutes
- Content: Demonstration of goal-setting techniques and review processes.

4. Role-Playing Exercises

- Duration: 60 minutes
- Content: Practice setting and reviewing treatment goals.

Role-Playing Scenario Template

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	Setting goals for anxiety treatment in a young woman post-domestic violence	Goal-setting techniques	Family honor and realistic expectations
2	Setting goals for depression treatment in a teenage boy due to academic pressure	Achieving treatment plans	Parental involvement and educational pressures

5. Feedback Session

- Duration: 30 minutes
- Content: Group presentations and feedback.

Feedback Form

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

- How effectively were treatment goals set and reviewed?
- Were cultural and religious sensitivities considered?
- Suggestions for better integration?

6. Q&A and Discussion

- Duration: 30 minutes
- Content: Open discussion on challenges and strategies.

7. Conclusion

- Duration: 15 minutes
- Content: Summary and feedback collection.

Session	Professional Ethics
Objective:	Enhance understanding and application of professional ethics in clinical practice, incorporating Islamic teachings and cultural values

1. Welcome and Introduction

- Duration: 15 minutes
- Content: Overview of workshop goals and importance of professional ethics.

2. Islamic Principles in Professional Ethics

- Duration: 30 minutes
- Content: Discussion on integrating Islamic ethical principles like integrity, honesty, and confidentiality.

3. Practical Demonstration

- Duration: 45 minutes
- Content: Demonstration of ethical case scenarios.

4. Role-Playing Exercises

- Duration: 60 minutes
- Content: Practice handling ethical dilemmas in clinical settings.

Role-Playing Scenario Template

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	Handling confidentiality issues in a young woman post-domestic violence	Ethical decision-making	Respect for family privacy and Islamic teachings on confidentiality
2	Managing dual relationships in a small community setting	Professional boundaries	Community ties and Islamic principles on trust and integrity

5. Feedback Session

- Duration: 30 minutes
- Content: Group presentations and feedback.

Feedback Form

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions

- How effectively were ethical principles applied?
- Were cultural and religious sensitivities considered?
- Suggestions for better integration?

6. Q&A and Discussion

- Duration: 30 minutes
- Content: Open discussion on challenges and strategies.

7. Conclusion

- Duration: 15 minutes
- Content: Summary and feedback collection.

INDIGENOUS ACCLIMATISATION OF CLINICAL SUPERVISION PROTOCOL FOR TRAINEE PSYCHOLOGISTS AND ITS EFFECTIVENESS

Workshop and Role-Playing Exercise Forms



These forms provide a structured approach to integrating Islamic teachings and Pakistani cultural values into various themes of clinical supervision, ensuring a comprehensive and culturally sensitive training program.

Workshop and Role-Playing Exercise Forms

Session	Intervention Skills Competence
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Enhance intervention skills competence through practical exercises, integrating Islamic teachings and Pakistani cultural values.
Agenda:	<ol style="list-style-type: none"> 1. Welcome and Introduction <ul style="list-style-type: none"> • Overview of workshop objectives and schedule. • Importance of integrating Islamic values and Pakistani cultural norms in interventions.
	<ol style="list-style-type: none"> 2. Islamic Counseling Principles <ul style="list-style-type: none"> • Presentation on core Islamic principles related to intervention. • Discussion on integration into practice.
	<ol style="list-style-type: none"> 3. Practical Demonstration <ul style="list-style-type: none"> • Live demonstration of culturally sensitive intervention techniques. • Focus on techniques aligning with Islamic teachings and Pakistani values.
	<ol style="list-style-type: none"> 4. Role-Playing Exercises <ul style="list-style-type: none"> • Participants divided into groups. • Scenarios reflecting common clinical situations in Pakistan. • Scenarios incorporate Islamic values and cultural sensitivity.
	<ol style="list-style-type: none"> 5. Feedback Session <ul style="list-style-type: none"> • Groups present role-playing exercises. • Facilitator and peers provide feedback on integration of Islamic principles and cultural competence.
	<ol style="list-style-type: none"> 6. Q&A and Discussion <ul style="list-style-type: none"> • Open floor for questions and discussion on challenges. • Strategies to overcome challenges while maintaining cultural and religious sensitivity.
	<ol style="list-style-type: none"> 7. Conclusion

	<ul style="list-style-type: none"> • Summary of key takeaways. • Collection of participant feedback.
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Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	<i>[Scenario Description]</i>	<i>[Intervention Skill Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
2	<i>[Scenario Description]</i>	<i>[Intervention Skill Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
3	<i>[Scenario Description]</i>	<i>[Intervention Skill Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How well did the intervention techniques align with Islamic teachings?
2. Were the cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

Workshop and Role-Playing Exercise Forms

Session	Clinical Assessment
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Standardize assessment techniques incorporating Islamic and cultural considerations.
Agenda:	<p>1. Welcome and Introduction</p> <ul style="list-style-type: none"> • Overview of workshop objectives. • Importance of standardized assessment protocols in culturally diverse settings.
	<p>2. Standardized Assessment Protocols:</p> <ul style="list-style-type: none"> • Presentation on development and implementation of protocols. • Training on culturally and religiously relevant assessment tools.
	<p>3. Practical Demonstration</p> <ul style="list-style-type: none"> • Live demonstration of assessment techniques. • Focus on cultural and Islamic relevance.
	<p>4. Role-Playing Exercises</p> <ul style="list-style-type: none"> • Group scenarios reflecting diverse clinical situations in Pakistan. • Emphasis on using standardized protocols with cultural sensitivity.
	<p>5. Feedback Session</p> <ul style="list-style-type: none"> • Groups present assessment exercises. • Facilitator and peers provide feedback on techniques and cultural relevance.
	<p>6. Q&A and Discussion</p> <ul style="list-style-type: none"> • Open floor for questions. • Discussion on integrating Islamic values and overcoming challenges.
	7. Conclusion

	<ul style="list-style-type: none"> • Summary of key points. • Collection of participant feedback.
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Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	<i>[Scenario Description]</i>	<i>[Assessment Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
2	<i>[Scenario Description]</i>	<i>[Assessment Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
3	<i>[Scenario Description]</i>	<i>[Assessment Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How effectively were the assessment techniques aligned with Islamic teachings?
2. Were cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

Workshop and Role-Playing Exercise Forms

Session	Interpersonal Assessment
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Objectively evaluate interpersonal skills with cultural relevance
Agenda:	<p>1. Welcome and Introduction</p> <ul style="list-style-type: none"> • Overview of workshop objectives. • Importance of objective interpersonal assessment in clinical practice.
	<p>2. Structured Observation and Feedback Forms</p> <ul style="list-style-type: none"> • Presentation on structured observation and feedback forms. • Training on the use of these forms.
	<p>3. Peer Reviews and Self-Assessment:</p> <ul style="list-style-type: none"> • Implementation of peer review processes. • Training on self-assessment exercises.
	<p>4. Role-Playing Exercises</p> <ul style="list-style-type: none"> • Group scenarios focusing on interpersonal skills. • Integration of Islamic and cultural considerations.
	<p>5. Feedback Session</p> <ul style="list-style-type: none"> • Groups present exercises. • Facilitator and peers provide feedback on interpersonal skills and cultural relevance.
	<p>6. Q&A and Discussion</p> <ul style="list-style-type: none"> • Open floor for questions. • Discussion on integrating Islamic values and overcoming challenges..
	<p>7. Conclusion</p> <ul style="list-style-type: none"> • Summary of key points. • Collection of participant feedback.

Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
<i>1</i>	<i>[Scenario Description]</i>	<i>[Interpersonal Skill Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>2</i>	<i>[Scenario Description]</i>	<i>[Interpersonal Skill Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>3</i>	<i>[Scenario Description]</i>	<i>[Interpersonal Skill Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How effectively were interpersonal skills aligned with Islamic teachings?
2. Were cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

Workshop and Role-Playing Exercise Forms

Session	Client Conceptualization
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Integrate theory and practice with Islamic and cultural frameworks.
Agenda:	1. Welcome and Introduction <ul style="list-style-type: none"> • Overview of workshop objectives. • Importance of integrating theory and practice in client conceptualization.
	2. Case Study Discussions <ul style="list-style-type: none"> • Presentation of case studies with cultural and Islamic considerations. • Group discussions on integrating theory and practice.
	3. Mentoring on Theoretical Application <ul style="list-style-type: none"> • Assigning mentors to supervisees. • Guidance on applying theoretical concepts to real cases.
	4. Structured Conceptualization Templates <ul style="list-style-type: none"> • Providing templates for systematic case conceptualization. • Training on using these templates.
	5. Role-Playing Exercises: <ul style="list-style-type: none"> • Group scenarios focusing on client conceptualization. • Emphasis on integrating Islamic and cultural values.
	6. Feedback Session <ul style="list-style-type: none"> • Groups present conceptualization exercises. • Facilitator and peers provide feedback on integration of theory and practice.
	7. Q&A and Discussion <ul style="list-style-type: none"> • Open floor for questions. • Discussion on integrating Islamic values and overcoming challenges.
	8. Conclusion

	<ul style="list-style-type: none"> • Summary of key points. • Collection of participant feedback.
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Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
1	<i>[Scenario Description]</i>	<i>[Conceptualization Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
2	<i>[Scenario Description]</i>	<i>[Conceptualization Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
3	<i>[Scenario Description]</i>	<i>[Conceptualization Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How effectively was the client conceptualization aligned with Islamic teachings?
2. Were cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

Workshop and Role-Playing Exercise Forms

Session	Individual & Cultural Differences
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Enhance cultural competence and integrate Islamic values in clinical practice.
Agenda:	1. Welcome and Introduction <ul style="list-style-type: none"> • Overview of workshop objectives. • Importance of cultural competence and Islamic values in clinical practice.
	2. Cultural Competence Modules <ul style="list-style-type: none"> • Presentation on cultural competence. • Training on Islamic ethical principles and Pakistani cultural norms.
	3. Cultural Sensitivity Workshops <ul style="list-style-type: none"> • Ongoing workshops on cultural sensitivity and awareness. • Practical exercises and role-plays.
	4. Role-Playing Exercises <ul style="list-style-type: none"> • Group scenarios focusing on cultural competence. • Integration of Islamic and cultural considerations.
	5. Feedback Session <ul style="list-style-type: none"> • Groups present exercises. • Facilitator and peers provide feedback on cultural competence and relevance.
	6. Q&A and Discussion <ul style="list-style-type: none"> • Open floor for questions. • Discussion on integrating Islamic values and overcoming challenges.
	7. Conclusion <ul style="list-style-type: none"> • Summary of key points. • Collection of participant feedback.

Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
<i>1</i>	<i>[Scenario Description]</i>	<i>[Cultural Competence Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>2</i>	<i>[Scenario Description]</i>	<i>[Cultural Competence Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>3</i>	<i>[Scenario Description]</i>	<i>[Cultural Competence Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How effectively were cultural competence skills aligned with Islamic teachings?
2. Were cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

Workshop and Role-Playing Exercise Forms

Session	Theoretical Orientation
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Encourage exploration of theoretical models with cultural and Islamic relevance.
Agenda:	<p>1. Welcome and Introduction</p> <ul style="list-style-type: none"> • Overview of workshop objectives. • Importance of theoretical orientation in clinical practice.
	<p>2. Exploration of Theoretical Models</p> <ul style="list-style-type: none"> • Presentation on various theoretical models. • Guided reading and discussion on Islamic and cultural perspectives.
	<p>3. Discussion Sessions</p> <ul style="list-style-type: none"> • Regular sessions on theoretical application. • Focus on integrating Islamic and cultural values.
	<p>4. Role-Playing Exercises</p> <ul style="list-style-type: none"> • Group scenarios focusing on theoretical orientation. • Emphasis on integrating Islamic and cultural considerations.
	<p>5. Feedback Session</p> <ul style="list-style-type: none"> • Groups present exercises. • Facilitator and peers provide feedback on theoretical orientation and relevance.
	<p>6. Q&A and Discussion</p> <ul style="list-style-type: none"> • Open floor for questions. • Discussion on integrating Islamic values and overcoming challenges.
	<p>7. Conclusion</p> <ul style="list-style-type: none"> • Summary of key points. • Collection of participant feedback.

Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
<i>1</i>	<i>[Scenario Description]</i>	<i>[Theoretical Orientation Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>2</i>	<i>[Scenario Description]</i>	<i>[Theoretical Orientation Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>3</i>	<i>[Scenario Description]</i>	<i>[Theoretical Orientation Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How effectively was the theoretical orientation aligned with Islamic teachings?
2. Were cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

Workshop and Role-Playing Exercise Forms

Session	Treatment Goals & Plans
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Improve goal-setting techniques and plan treatments integrating Islamic and cultural values.
Agenda:	<ol style="list-style-type: none"> 1. Welcome and Introduction <ul style="list-style-type: none"> • Overview of workshop objectives. • Importance of realistic and achievable treatment goals.
	<ol style="list-style-type: none"> 2. Training in Goal-Setting Techniques: <ul style="list-style-type: none"> • Presentation on goal-setting techniques. • Emphasis on aligning with Islamic values and cultural norms.
	<ol style="list-style-type: none"> 3. Review of Treatment Plans: <ul style="list-style-type: none"> • Process for regularly reviewing treatment plans. • Providing constructive feedback.
	<ol style="list-style-type: none"> 4. Role-Playing Exercises <ul style="list-style-type: none"> • Group scenarios focusing on goal-setting and treatment planning. • Integration of Islamic and cultural considerations.
	<ol style="list-style-type: none"> 5. Feedback Session <ul style="list-style-type: none"> • Groups present exercises. • Facilitator and peers provide feedback on goal-setting and treatment planning.
	<ol style="list-style-type: none"> 6. Q&A and Discussion <ul style="list-style-type: none"> • Open floor for questions. • Discussion on integrating Islamic values and overcoming challenges.
	<ol style="list-style-type: none"> 7. Conclusion <ul style="list-style-type: none"> • Summary of key points. • Collection of participant feedback.

Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
<i>1</i>	<i>[Scenario Description]</i>	<i>[Goal-Setting and Treatment Planning Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>2</i>	<i>[Scenario Description]</i>	<i>[Goal-Setting and Treatment Planning Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How effectively were the goal-setting and treatment planning techniques aligned with Islamic teachings?
2. Were cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

Workshop and Role-Playing Exercise Forms

Session	Professional Ethics
Workshop Date:	
Facilitator:	
Participants:	
Objective:	Enhance understanding and application of professional ethics integrating Islamic values.
Agenda:	<ol style="list-style-type: none"> 1. Welcome and Introduction <ul style="list-style-type: none"> • Overview of workshop objectives. • Importance of professional ethics in clinical practice.
	<ol style="list-style-type: none"> 2. Ethics Training Modules <ul style="list-style-type: none"> • Presentation on key ethical issues. • Training on Islamic ethical principles and cultural norms.
	<ol style="list-style-type: none"> 3. Ethical Case Scenarios <ul style="list-style-type: none"> • Discussion of ethical case scenarios. • Emphasis on integrating Islamic and cultural values.
	<ol style="list-style-type: none"> 4. Role-Playing Exercises <ul style="list-style-type: none"> • Group scenarios focusing on ethical dilemmas. • Integration of Islamic and cultural considerations.
	<ol style="list-style-type: none"> 5. Feedback Session <ul style="list-style-type: none"> • Groups present exercises. • Facilitator and peers provide feedback on ethical considerations.
	<ol style="list-style-type: none"> 6. Q&A and Discussion <ul style="list-style-type: none"> • Open floor for questions. • Discussion on integrating Islamic values and overcoming challenges.
	<ol style="list-style-type: none"> 7. Conclusion <ul style="list-style-type: none"> • Summary of key points. • Collection of participant feedback.

Role-Playing Scenario Template:

Scenario Number	Description	Key Focus	Islamic and Cultural Considerations
<i>1</i>	<i>[Scenario Description]</i>	<i>[Ethical Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>2</i>	<i>[Scenario Description]</i>	<i>[Ethical Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>
<i>3</i>	<i>[Scenario Description]</i>	<i>[Ethical Focus]</i>	<i>[Relevant Islamic and Cultural Values]</i>

Feedback Form:

Participant Name	Group Number	Scenario Number	Feedback

Feedback Questions:

1. How effectively were the ethical considerations aligned with Islamic teachings?
2. Were cultural considerations appropriately addressed?
3. Suggestions for better integration of Islamic and cultural values?
4. Additional comments?

Supervisor Signature: _____

Date: _____

INDIGENOUS ACCLIMATISATION OF CLINICAL SUPERVISION PROTOCOL FOR TRAINEE PSYCHOLOGISTS AND ITS EFFECTIVENESS

Clinical Supervision Implementation Forms



These forms provide a structured approach to integrating Islamic teachings and Pakistani cultural values into the clinical supervision process, ensuring that both supervisors and supervisees can practice effectively within this context.

Form 1: Intervention Skills Session Outline

Date:	Supervisor:	Supervisee:
Objective: Integrate Islamic teachings and cultural values into intervention skills practice.		
Agenda:		
1. Overview of Islamic counseling principles		
2. Practical demonstration of culturally sensitive intervention techniques		
3. Role-playing exercises with feedback		
Action Items:		
1. Develop role-playing scenarios reflective of Pakistani culture and Islamic values.		
2. Schedule regular workshops and collect feedback for continuous improvement.		
Supervisor Signature: _____	Date: _____	

Form 2: Clinical Assessment Session Outline

Date:	Supervisor:	Supervisee:
Objective: Standardize assessment techniques incorporating Islamic and cultural considerations.		
Agenda:		
1. Introduction to standardized assessment protocols		
2. Training on culturally and religiously relevant assessment tools		
Action Items:		
1. Develop and distribute culturally sensitive assessment protocols.		
2. Conduct regular training sessions on diverse assessment tools.		
Supervisor Signature: _____	Date: _____	

Form 3: Interpersonal Assessment Session Outline

Date:	Supervisor:	Supervisee:
Objective: Objectively evaluate interpersonal skills with cultural relevance.		
Agenda:		
1. Overview of structured observation and feedback forms		
2. Training on the use of these forms		
3. Implementation of peer review and self-assessment exercises		
Action Items:		
1. Develop structured observation and feedback forms.		
2. Train supervisors and peers on the use of these forms.		
3. Integrate peer review sessions into the supervision schedule.		
Supervisor Signature: _____	Date: _____	

Form 4: Client Conceptualization Session Outline

Date:	Supervisor:	Supervisee:
Objective: Integrate theory and practice with Islamic and cultural frameworks.		
Agenda:		
1. Case study discussions incorporating religious and cultural elements		
2. Mentoring on theoretical application		
3. Use of structured conceptualization templates		
Action Items:		
1. Schedule bi-weekly case study discussion session		
2. Match supervisees with mentors based on theoretical interests.		
3. Develop and distribute structured conceptualization templates.		
Supervisor Signature: _____	Date: _____	

Form 5: Individual & Cultural Differences Session Outline

Date:	Supervisor:	Supervisee:
Objective: Enhance cultural competence and integrate Islamic values in clinical practice.		
Agenda:		
1. Overview of cultural competence and its importance		
2. Training on Islamic ethical principles and Pakistani cultural norms		
3. Practical exercises and role-plays		
Action Items:		
1. Develop comprehensive cultural competence training modules.		
2. Schedule semi-annual workshops and evaluate their effectiveness.		
Supervisor Signature: _____	Date: _____	

Form 6: Theoretical Orientation Session Outline

Date:	Supervisor:	Supervisee:
Objective: Encourage exploration of Islamic psychological theories and integration with Western models.		
Agenda:		
1. Compilation and discussion of key theoretical texts		
2. Monthly discussion sessions on different theoretical models		
3. Presentations by supervisees on their preferred theoretical orientations		
Action Items:		
1. Compile a reading list of key theoretical texts.		
2. Schedule monthly discussion sessions.		
3. Provide opportunities for supervisees to apply these models in case presentations.		
Supervisor Signature: _____	Date: _____	

Form 7: Treatment Goals & Plans Session Outline

Date:	Supervisor:	Supervisee:
Objective: Align treatment goals with Islamic values and cultural expectations.		
Agenda:		
1. Training on goal-setting techniques within cultural and religious contexts		
2. Regular review of treatment plans		
3. Providing constructive feedback on treatment plans		
Action Items:		
1. Develop a training module on goal-setting techniques.		
2. Include goal-setting training in the initial supervision curriculum.		
3. Schedule regular review sessions for treatment plans.		
Supervisor Signature: _____	Date: _____	

Form 8: Professional Ethics Session Outline

Date:	Supervisor:	Supervisee:
Objective: Integrate Islamic ethical principles into professional ethics training.		
Agenda:		
1. Review of key ethical principles from an Islamic perspective		
2. Discussion of ethical case scenarios with religious implications		
Action Items:		
1. Develop ethics training modules covering key ethical issues.		
2. Integrate ethics training into the supervision program.		
3. Schedule regular sessions for discussing ethical case scenarios.		
Supervisor Signature: _____	Date: _____	