

SERIES 20

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Clinical Supervision - Part 2

What Happens In Good Supervision?

*"We cannot hold a torch to
light another's path without
brightening our own."*

~ Ben Sweetland ~

Supervision is an intervention that extends over time. This distinguishes it from trainings and workshops, which may be brief. The fact that it is on-going allows the supervisor-supervisee relationship to grow and develop. A high-quality supervisory relationship entails a combination of facilitating attitudes, behaviors and practices. Understanding what factors contribute to high-quality in the supervisory relationship is the focus of this issue of the Addiction Messenger.

A Supportive Relationship

Falander and Shafranske (2004) state that facilitating attitudes consist of supervisor empathy toward the supervisee's developmental process and the creation of a sense of teamwork between them. Facilitating behaviors from the supervisor include warmth, understanding, affirmation, acceptance, and respect along with a non-judgemental outlook. Practices that facilitate supervision and the supervisee's learning include encouragement to explore and experiment as well as establishing a comfort level with the supervisee that allows for disclosures of actions,

feelings, and conflicts.

Although supervisors and supervisees may look at supervision differently, it's generally agreed that the amount and quality of supervision are important. Often, supervisors think of good supervision as being based on feedback to the supervisee (cognitive structuring behaviors), while supervisees valued being directly taught in a supportive and facilitative relationship (autonomy-giving behaviors).

Supervisory Agreement

The supervision contract helps prepare the supervisee for the supervisory experience. Contracts are created by the primary supervisor, together with the supervisee, and are designed to orient the supervisee to supervision as well as to serve as a roadmap for the entire experience. Contracts can highlight and clarify mutual goals and minimize differing agendas.

Osborn and Davis (1996) recommend that supervision contracts include the following:

Purpose, goals, and objectives. The guiding principle here is promoting supervisee development and safeguarding clients.

Context of services. This part defines when and where supervision will take place, the type of monitoring and supervision model that will be used.

Evaluation. It is important to identify the criteria to be used in assessing performance plus the evaluation methods, instruments, and schedules that will be followed.

Duties and responsibilities of the supervisor and supervisee. This section out-

lines the actions that both the supervisor and supervisee are committed to in order to make supervision successful.

Procedural considerations. At a minimum the agency's emergency procedures and record keeping format need to be clarified. An additional statement could be added that defines how conflicts within supervision will be resolved.

While supervision contracts establish explicit tasks and responsibilities for the supervisor and supervisee, there is also an implicit Supervisee Bill of Rights, which Munson (2002) describes as:

1. A supervisor who supervises consistently and at regular intervals,
2. Growth-oriented supervision that respects personal privacy,
3. Supervision that is technically sound and theoretically grounded,
4. Criteria that are made clear in advance, and evaluations based on actual observation of performance, and
5. A supervisor who is adequately skilled in clinical practice and trained in supervisory methods.

Goals and Objectives

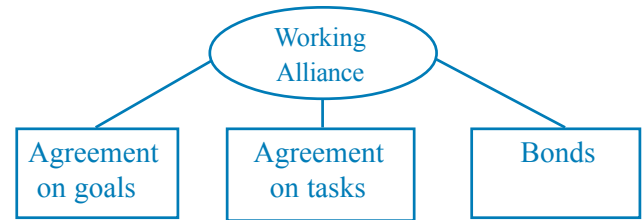
Bernard and Goodyear (2004), propose that supervision has two central purposes:

1. **To foster the supervisee's professional development**
The supervisor and supervisee should have a set of precise and concrete goals to accomplish during their time together. Goals should be derived from the supervisor's observations, agency requirements, and the supervisee's developmental needs and wishes. Supervisees early in their career will be developing skills and competencies needed for licensure or certification. Others with more experience will be moving along the continuum of clinical proficiency and enhancing autonomy.

2. **To ensure client welfare**

As a supervisor, it is crucial to monitor client care as an essential supervision goal. Although the supervisor is an ally of the supervisee, action must be taken in situations involving potential harm to the client. The concept of *vicarious liability* means that the supervisor can be held liable for any harm done by the supervisee.

Through establishing supervision goals, objectives and addressing supervisee needs, a working alliance can be developed. Three elements compose the alliance: the extent to which the supervisor and supervisee *agree on goals*, the extent to which they *agree on the tasks* necessary to achieve the goals, and *the bond* of trust and caring that develop between them.



With regard to "Agreement on Goals" it is valuable to clarify both goals and expectations in supervision - expectations can be viewed as a person's "anticipatory beliefs about the nature and outcome of supervision". Sometimes the supervisor and supervisee can have differing expectations due to the supervisee being uninformed about roles they need to assume in supervision. Using the supervision contract will facilitate clarification and further the congruence of expectations.

What Makes Supervision High Quality?

When conflict resolution, open disclosure, mentoring, culture, and gender are willingly addressed the ingredients are present for a high quality supervisory experience.

Conflict Resolution

Conflicts regarding style (direction and support) of supervision are more easily resolved than conflicts over theoretical orientation or therapeutic approaches, while conflicts involving personality issues were the most challenging. All, however, need to be dealt with. Supervisors need to identify problems and initiate a discussion of them, rather than waiting for the supervisee. It is critical for supervisors to respond nondefensively to negative feedback or disagreements experienced by the supervisee.

Disclosure With Supervisors

The trust and communication, essential to the supervisory alliance, are greatly influenced by disclosures by both parties. Supervisor disclosures can encourage and be a model for supervisee disclosures. Supervisor self-disclosures should focus on observations of the supervisee, emotional reactions, accounts of personal counseling struggles and successes, and other feedback.

Mentoring

As a mentor, the supervisor serves as a teacher, advisor, and role model. Mentoring can be sought out by the supervisee (protege), or develop as the supervisory relationship evolves into a working alliance.

Culture

Culture and diversity issues are addressed in high quality supervision and guided by an attitude of discovery, exploration, and critical thinking. Supervisees will appreciate openness, support, and not being stereotyped. Clinical work is challenging, especially when cultural issues are present. Super-

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vision that addresses cultural implications as a two-way dialogue is often valued by supervisees.

Gender

Male supervisees may respond more to supervisors that place an emphasis on evaluation and peer observation, while for females, the absence of sexist language and attitudes are important (Falander and Shafranske, 2005). Supervisors are not as valued by male supervisees when they feel they have to compete for their attention with other supervisees, when they are not taught practical skills, and where exploration is not encouraged. Female supervisees have an unfavorable reaction when sexist language is used, stereotypes are upheld, and when they feel devalued based on their sex within the supervisory relationship.

Important Characteristics

In summary, characteristics of healthy supervisory relationships include:

- Bidirectional trust, respect and facilitation,
- A commitment to enthusiasm and energy for the relationship,
- An adequate amount of time committed to supervision,
- Sensitivity to supervisee's developmental needs,
- Encouragement of autonomy,
- Sense of humor,
- Comfort in disclosing and discussing perceived errors,
- Clarity of expectations, and regular feedback,
- A nondefensive supervisory style, and
- A clear understanding of the rights and responsibilities of both the supervisee and supervisor.

Competencies for healthy and effective supervision include:

- Capacity to enhance supervisees self-confidence through

support, appropriate autonomy, and encouragement,

- Capacity to model strong working alliances and develop strong supervisory alliances with supervisee,
- Ability to dispense feedback, give constructive criticism, and provide formative and summative evaluation,
- Knowledge of multiple formats of supervision and skill in each format,
- Adaptability and flexibility,
- Excellent communication of case conceptualization, with a strong theoretical stance,
- Ability to maintain equilibrium and, as appropriate, a sense of humor, even in the face of crisis,
- Ability to identify and bring up potential conflict situations or areas of discomfort with the supervisee, and
- Openness to self-evaluation and to evaluation by supervisees and peers.

SAMHSA's Center for Substance Abuse Treatment is preparing a more complete set of Clinical Supervision Competencies which will be published in a Technical Assistance Publication (TAP). Look for that document to be available in 2006.

Next Issue:

“Creating A Learning Environment”

Sources:

Falander, CA and Shafranske, EP (2005) **Clinical Supervision: A Competency-based Approach**. American Psychological Association. Washington, DC

Bernard, JM and Goodyear, RK (2004) **Fundamentals of Clinical Supervision**. Pearson Education, Inc. Boston, MA

Osborn, CJ and Davis, TE (1996) **The Supervision Contract: Making it Perfectly Clear**. *Clinical Supervisor*, 14(2), pages 121-134.

Munson, CE (2002) **Handbook of Clinical Social Work Supervision** (3rd ed.) New York: Haworth Press.

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PRE - TEST Series 20

- #1
The supervisory agreement should involve:
a. Purposes, goals and objectives.
b. Self-disclosure.
c. Context of services and evaluation.
d. "a" and "c".
- #2
The Integrated Development Model of clinical supervision includes 8 Stages.
True False
- #3
A healthy supervisory relationship includes:
a. supervision scheduled on an "as need" basis.
b. trust on the part of the supervisee.
c. limiting self-disclosure.
d. none of the above.
- #4
An example of a supervisory intervention at the Level 1 of the Integrated Development Model would include _____
_____ (fill in the blank).
- #5
Supervisors should clarify with supervisees that the supervisory relationship will include open communication and two-way feedback, and therapy.
True False
- #6
Quality supervision is based on a relationship that is respectful, is clear regarding authority and accountability, and involves clear expectations for each person..
True False
- #7
The role of the Supervisee includes: respect for boundaries with clients, staff and others in the setting,, record keeping, prepared audio- and videotapes, adhering to requirements regarding attendance, cancellations, and re-scheduling, and an openness and receptiveness of feedback.
True False
- #8
An example of a supervisory intervention at the Level 2 of the Integrated Development Model would include:

_____ (fill in the blank).
- #9
Which of the following make supervision high-quality:
a. Conflict resolution skills.
b. Disclosure with supervisors.
c. Mentoring, culture and gender.
d. all of the above are ingredients of high-quality supervision experience when they are willingly addressed in the supervisory experience.
- #10
A new Technical Assistance Publication (TIP) on Clinical Supervision Competencies, from SAMHSA will be published in 2006..
True False

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