

Clinical Supervision: What Every Supervisor Should Know

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Objectives

**You
should
be
able
to:**

Discuss the impact of resistance on the supervisory process and acknowledge what contributions both the supervisee and supervisor make to these issues.

Identify factors that influence difficulties with a supervisee and explore signs that indicate such issues are present.

Discuss ways to address issues in supervision and work with the difficult supervisee.

Introductions

- Meet the presenters
- Introduce the room
 - Name
 - Where you're from
 - Job Position



Why is Supervision Important

Meet Michael and Susan

- ▶ Michael has recently begun to provide clinical supervision at his private practice. He is actively exploring how he wants to structure supervision sessions and interact with supervisees. He acknowledges that he is uncomfortable with this new role but feels that it is an important step in his own development. Michael decides that it is important to learn as he goes and expects his supervisees to be flexible and patient with his growth. Susan has been a supervisee for over a year in another clinical setting and decided to start working with Michael to gain skills in a private practice setting. She feels that she is developing strong clinical skills and does not believe that she requires a great deal of guidance at this point in her development. She is uncertain about the skills of her new supervisor and as a result, is not as engaged in the supervisory process as she has been in the past. Susan has built her own case load and while she actively participates in supervision, she does not often bring up issues that she has with her clients. She is not challenged by Michael to focus on concerns or to discuss legal and ethical issues as they pertain to the therapeutic process. After several months, Michael learns that Susan has been meeting her clients outside of therapy sessions for coffee and becomes concerned that she is becoming close with and spending time with a client's family outside of work. He becomes concerned about the liability that exists as a result of his supervisee's actions but is unsure about how to address his concerns.

Why is Supervision Needed

Allows a supervisee to learn and develop skills

Enables an individual to build on their knowledge and beliefs and enhance overall growth

Provides training about various issues that can be faced in practice

Allows for focus on areas of specialization a developing clinician may want to learn.

Types of Supervision: Administrative vs. Clinical



Clinical supervisors:

Focus on improving skills, knowledge, and performance.
 Build a supportive relationship.
 Provide supervision on a regular, scheduled basis.
 Routinely assess and evaluate clinical skills and progress.
 Ascertain that professional and ethical standards are met.



Administrative supervisors:

Focus on ensuring compliance with paperwork, policies, and procedures.
 Place emphasis on more task-oriented activities to ensure regulatory and agency standards are met (e.g., Make sure that supervisees follow agency policies and meet billing requirements.).
 Have supervision only on an as-needed basis.
 Are responsible for assessment of performance related to regulatory and agency standards including promotions and raises.

The Supervisor's Role

Teacher

Counselor

Consultant

Mentor

Role Model

The Supervisor's Role cont....

- ▶ Throughout Supervision the supervisor is responsible for these roles as well
 - ▶ Arrive on Time
 - ▶ Set the agenda
 - ▶ Make the environment safe and nonjudgmental
 - ▶ Assist in exploring feelings and perceptions
 - ▶ Give clear and helpful feedback
 - ▶ Address unethical codes of conduct and agency policy's
 - ▶ Address boundaries
 - ▶ Assist in the growth process
 - ▶ Discuss mandated reporting
 - ▶ Monitor workload and time management
 - ▶ Seek further training to help with competency

- ▶ Code of Ethics
- ▶ Informed Consent
- ▶ Confidentiality
- ▶ Boundaries and Dual Relationships
- ▶ Documentation

Special Ethical
and Legal
Considerations
to Consider to
Consider
during
Supervision



Expectations and Standards

Discussion of logistics, roles, and expectations of supervision.

Identification of duties of the supervisor which include protection of the client and gatekeeping for the profession.

Setting roles and expectations of the supervisee and the supervisor as well as goals for the supervisee.

Selecting criteria for evaluation and completion of clinical training and supervision.

Determining interventions that will occur if the supervisee does not meet performance or competency standards.

Focusing on expectations for supervisee preparation for supervision sessions and information that needs to be shared regarding high risk clients.

Exploring limits of confidentiality in both supervision and supervisee's work with clients and discussing when information would be shared to protect the well-being of a client.

Discussing legal and ethical issues that often arise in the supervisory process.

Focusing on how to deal with ethical issues.

► Review

Questions or Comments for this section

Resistance and Other Factors Influencing Difficulties in Supervision

What is Resistance

The refusal to accept or comply with something; the attempt to prevent something by action or argument



Supervisee Resistance

- ▶ Resistance is presented in various ways including:
 - ▶ Non-disclosure of information (e.g., not providing information about events in therapy or interactions with a client)
 - ▶ Power struggles (e.g., arguing about a case or suggestions made in supervision)
 - ▶ Coming late to or missing supervision sessions
 - ▶ Non-compliance with tasks (e.g., forgetting to record a session, not bringing a client's chart to supervision)
 - ▶ Not working on agreed upon goals
- ▶ Supervisee resistance can have a significant impact on interactions in supervision and the development of the supervisee.

Common Reasons for Resistance



Lack of trust



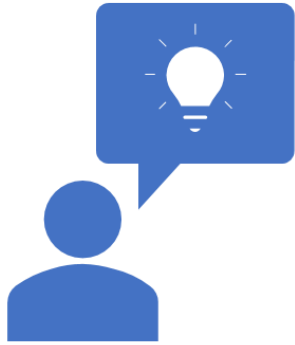
**Shame
avoidance**



Anxiety



Transference



Responding to Resistance

Understanding that it is normal

Use the resistance as a tool in their growth

It is beneficial to deal directly with the problem.

Be empathetic to their feelings

Developing a trusting and respectful relationship

Dual Relationships and Boundary Issues within the Supervisory Relationship



- ▶ The American Counseling Association has developed guidelines for best practices in dealing with boundary issues and dual relationships in supervision which includes (ACES, 2011):
 - ▶ The supervisor does not compromise the supervisory relationship by engaging in relationships with supervisees that are considered inappropriate.
 - ▶ The supervisor does not engage in multiple relationships with supervisees nor with supervisees' significant others.
 - ▶ The supervisor attends to power issues with the supervisee to prevent harmful non-sexual and sexual relationships.
 - ▶ The supervisor explains to the supervisee the appropriate parameters around addressing the supervisee's personal issues in supervision and acts accordingly.
 - ▶ If the supervisor plays several roles, such as that of the administrative and clinical supervisor, the supervisor needs to be aware of potential issues that can arise and discuss these issues openly with the supervisee.

- ▶ It is important that that the supervisor focuses on the following components in order to provide effective supervision around multicultural issues:
 - ▶ To develop competency in multicultural issues and work with the supervisee to develop these skills.
 - ▶ To consider the impact of multicultural issues on the assessment and treatment of the client.
 - ▶ To provide feedback and training to the supervisee when they appear to lack understanding or competency in multicultural issues.
 - ▶ To empower the supervisee to address multicultural issues and to reflect on different perspectives that might exist in supervision or therapeutic interactions with clients.
 - ▶ To work with the supervisee to identify professional standards and ethical practices that will increase the impact of dealing with multicultural issues.

Multicultural Issues

Personal of Life Issues

- ▶ Helping the supervisee address any personal issues that they may be dealing with in dealing with clients
- ▶ Encouraging them to seek therapy
- ▶ Having appropriate boundaries by not working as their therapist, but as their supervisor
- ▶ Help them bring awareness to their personal issues and how it can affect their clients
- ▶ Discuss transference and countertransference
 - ▶ Transference: when a client redirects their feelings from a significant other or person in their life to the clinician.
 - ▶ Countertransference: when you as the clinician transfer your feelings onto your client.

Burnout, Compassion Fatigue and Vicarious Trauma (BCV)



Burnout

Gradual physical, mental, emotional erosion due to long-term involvement in emotionally demanding or unfulfilling situations:

- Exhaustion: physically, mentally drained
- Depersonalization: feeling hardened or numb
- Achievement Void: reduced accomplishment, satisfaction



Compassion Fatigue

Compassion Fatigue has been described as the “cost of caring” for others in emotional and physical pain. (Figley, 1982)

- It is characterized by deep physical and emotional exhaustion and a pronounced change in the helper’s ability to feel empathy for their patients, their loved ones and their co-workers.



Vicarious Trauma

Vicarious trauma is different from burnout and is associated with issues related to emotional difficulties that develop due to clinical work with individuals that have in some way experienced traumatic events.

- While the supervisee is never exposed to the trauma directly, the clinician often is negatively impacted leading to difficulties such as avoidant behaviors, negative thoughts about the traumatic events, problems sleeping, and increased anxiety.

Signs and Symptoms of BCV

- ▶ Researchers have discovered that helpers, when they are overtaxed by the nature of their work, begin to show symptoms that are very similar to their traumatized clients. These symptoms can negatively affect the workplace and create a toxic work environment.
 - ▶ Difficulty concentrating
 - ▶ Intrusive imagery
 - ▶ Feeling discouraged about the world
 - ▶ Hopelessness
 - ▶ Exhaustion and irritability
 - ▶ High attrition (helpers leaving the field)
 - ▶ Negative outcomes (dispirited, cynical workers remaining in the field, boundary violations)
 - ▶ Reduced ability to feel sympathy and empathy
 - ▶ Increased use of alcohol and drugs
 - ▶ Dread of working with certain clients/patients
 - ▶ Diminished sense of enjoyment of career
 - ▶ Disruption to world view,
 - ▶ Heightened anxiety or irrational fears
 - ▶ Hypersensitivity or Insensitivity to emotional material
 - ▶ Difficulty separating work life from personal life
 - ▶ Absenteeism - missing work, taking many sick days
 - ▶ Impaired ability to make decisions and care for clients/patients
 - ▶ Problems with intimacy and in personal relationships

Examples of BCV

- ▶ If my job as an administrative assistant to a parole officer is to read the files of violent sex offenders, I may be secondarily traumatized and deeply disturbed by the content of what I read. This may, in turn, affect my sex life, my feelings of safety for my children or my ability to watch television (**Vicarious Trauma**). However, I may not necessarily feel too tired to talk to my friend who is going through a difficult time at home, and I may not find that this has caused me to feel deeply exhausted in my interaction with colleagues. But then again I may experience all of the above (**Vicarious Trauma and Compassion Fatigue**).
- ▶ If I work as a nurse in palliative care, helping patients who are dying of cancer, I may feel incredibly drained, fatigued, unable to give any more and/or unable to stop thinking about my patients when I go home (**Compassion Fatigue**). I may also find that I have become very preoccupied with death, dying and end of life issues. Over time, these may affect my world view and beliefs about ageing, cancer or similar issues (**Vicarious Trauma**).
- ▶ Compassion fatigue and Vicarious Trauma are much more complicated than just being tired and overworked. They are often caused by a conflict between our deepest values and the work that we are required to do, a phenomenon which is called **moral distress**.

▶ Review

Questions or Comments for this section

Dealing with Difficulties in Supervision

- Giving Constructive Criticism
- Repairing a Damaged Relationship
- Involuntary Termination of a Supervisee
- Supervision of the Supervisor

Constructive Criticism

- ▶ Good Feedback is important
- ▶ There are several strategies and components which improve the effectiveness of feedback provided, resulting in a higher likelihood the information will be accepted:
 - ▶ The supervisee needs to be an active participant
 - ▶ Provide clear and descriptive feedback
 - ▶ Ensure that feedback is appropriate to developmental level of supervisee
 - ▶ Emphasize strengths and positive traits
 - ▶ Be firm and honest, not harsh and judgmental
 - ▶ Supervisees often feel uncomfortable or defensive when receiving constructive feedback and criticism about their clinical work. Therefore, it is important to place an emphasis on continued development of the supervisory relationship, as well as an awareness about how the supervisee feels about the feedback that is being provided.
 - ▶ Directly address any concerns or anxiety which may arise and encourage a dialogue throughout.

Repairing Damaged Relationships in Supervision

- ▶ Notice/attend to the damage
- ▶ Engage in an internal review
- ▶ Make a decision on whether or not to act on observed marker
- ▶ Acknowledge and reflect on the damage with the supervisee
- ▶ Acknowledge the contribution of the supervisor
- ▶ Explore links to other occurrences and client treatment
- ▶ Collaborate and agree on action to be taken
- ▶ Make the environment comfortable enough for discussion

Involuntary Termination

- ▶ Verbalize in detail the issues as soon as they arrive.
- ▶ Consult with other professionals
- ▶ Exhaust all options before the termination process
- ▶ Review initial plan and goals and discuss unmet expectations
- ▶ Review supervisee strengths
- ▶ Ensure that they have written copies of all documentation pertaining to their supervision
- ▶ Contact the licensing board to make them aware of the issues.

Supervision of the Supervisor

- ▶ Reasons for Supervisor to continue ongoing supervision
 - ▶ To continue to develop, and grow their supervisory knowledge and skills. It is important that focus is placed on the cultivation of supervisory skills throughout the time that a clinician maintains the supervisory role and that the supervisor ensures that training is ongoing and deliberate (Watkins, 2012).
 - ▶ To understand the impact of their own beliefs and personal issues on the supervisee's work with clients. There may be specific topics or problems presented by a client which are difficult for a supervisor to work with and could have a negative impact on the relationship or the supervisee's learning.
 - ▶ To maintain a healthy supervisory relationship. It is necessary to identify any issues that could negatively impact interactions between the supervisor and supervisee. These problems need to be actively addressed and done so in an open and supportive manner.
 - ▶ To seek guidance regarding specific topics which are unfamiliar to the supervisor. There are times when a supervisor needs to obtain supervision about how to support a supervisee in dealing with therapeutic issues or populations with which the supervisor has limited experience.

▶ Review

Questions or Comments for this section

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Questions