



## CLINICAL SUPERVISION: AN OVERVIEW

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This course is designed to provide an overview of clinical supervision and also serve as a renewal course for those supervisors who need three hours of continuing education in supervision.

### DEFINITION OF SUPERVISION

Webster (1966) defines supervision as *overseeing*, while Levenson (1984) says it is the “Monday morning quarterback.” Hart (1982) says supervision is “an ongoing educational process in which one person in the role of the supervisor helps another person in the role of the supervisee acquire appropriate behavior through an examination of the trainee’s professional activities.” Whichever definition is adapted it seems that everyone will agree that supervision involves one person who is more experienced helping a less experienced person learn to become a competent counselor/marriage and family therapist.

### The Purposes of Supervision

The purposes of supervision are to foster the supervisee’s professional development and to ensure client welfare (Bernard and Goodyear, 2004). The first purpose can be accomplished through both the supervisor and the supervisee setting goals, both short and long-term.

Supervisors must always be aware of the second purpose, monitoring client welfare and making sure that no harm comes to clients. This gatekeeping function is needed for both the development



of the supervisee and any clients that they may see.

### Supervisor's Roles

A supervisor wears many *hats*. The supervisor is a teacher and imparts knowledge about the profession, ethical and legal issues, and shares resources on clinical issues. Another role (one which supervisors usually like least) is that of an evaluator. Ongoing evaluation and summative evaluation is an integral part of the supervision process. A supervisor serves as a consultant, usually in the later stages of the supervisory relationship. Mentoring is a crucial role for supervisors. They help to guide supervisees into the profession and serve as a role model.

## ORGANIZING THE SUPERVISION EXPERIENCE

### The Interview

It is suggested that any supervisor/supervisee meet in person for an in-depth interview prior to agreeing to establish a supervision contract/relationship. Some of the questions a supervisor will want to ask are:

1. What prior clinical experiences has this person had, including crisis situations?
2. Are there certain clinical issues that the person has a comfort/discomfort with either based upon personal/professional values or experiences?
3. A supervisor will want to examine the person's academic transcript, paying close attention to the grades from practicum/internship classes. If the grades are lower than what one would expect, a supervisor may want to get permission to



speak with the professors of those courses.

4. Has this person identified a theory or theories that he/she wants to use in counseling?

5. Most importantly, the supervisor will want to pay attention to the interpersonal dynamics that are occurring during the interview. When a supervisor makes the commitment to supervise, it for a long period of time. The question to ask is if this is someone you will want to spend one hour a week with for the next two years? If the answer is no, the supervisor needs to step back and try and figure out what is causing those feelings of discomfort.

The supervisee will also want to be prepared for the interview with the following areas of discussion:

1. What experience does the supervisor have in supervising people for licensure?
2. How is supervision conducted, individual or a combination of individual and group? Will the supervisee be forced to participate in group supervision?
3. What clinical theory does the supervisor use and does he/she have a comfort level with the theories I have chosen?
4. What emergency procedures are in place and how can I contact a supervisor after hours?
5. What supervision fees are involved and are these fees typical for the area?



What payment arrangements are there?

6. As in #5 above for the supervisor, the supervisee will want to be sure that this will be a good *fit*.

### The Contract

If the supervisor and supervisee agree to work with each other, the next step will be filling out the required paperwork. The state paperwork is standardized, but the supervisor and supervisee will be expected to have a separate contract that outlines their responsibilities to each other and the supervision process.

The supervisor will want to include the following components in the contract:

1. When and where supervision will take place.
  
2. The policy on missed/cancelled sessions. Be sure the supervisee understands that direct hours cannot be counted when the supervisee misses a supervision session.
  
3. How the supervisee will be evaluated, formal versus informal evaluation and feedback.
  
4. Duties/responsibilities of the supervisor:
  - a. Monitor supervisee skills and techniques.



- b. Encourage supervisee involvement in professional development growth activities.
- c. Monitor client welfare at all times.
- d. Provide guidance on ethical and legal issues and ensure that standards are adhered to.
- e. Provide resources to the supervisee and encourage research.
- f. Describe the supervisor's availability in crisis situations.

5. Duties/responsibilities of the supervisee:

- a. Know the ethical and legal guidelines for the profession and agree to follow the professional standards.
- b. Be prepared for supervision; be ready to discuss clinical issues and ask questions; be an active participant in the supervision process.
- c. Be able to justify the use of techniques and explain the reasons for providing clinical diagnoses.
- d. Be willing to implement the supervisor's suggestions and provide follow-up as to the results of those suggestions.

Depending upon the setting of the supervisor and the supervisee, there may be additional areas that need to be covered in the contract. Signatures and dates will be needed to finalize the contract.



## Recordkeeping

Recordkeeping is an important component in the supervision process, on both the part of the supervisee and the supervisor. The supervisor will want to keep notes of each supervision sessions and stress to the supervisee the confidentiality of the supervisor's notes. Included in those notes will be any instructions the supervisor provides or homework assignments.

The supervisee is responsible for maintaining a log of all professional activities, both for indirect and direct hours. It is also the responsibility of the supervisee to bring those logs to supervision on a regular basis and have them signed by the supervisor. The supervisor will want to read case notes/reports and make suggestions to the supervisee, so these are items that need to be brought to supervision for review.

The author has constructed a basic chart that is used by supervisees for weekly sessions. The first column has the client's name, the second is the diagnosis, the third is for treatment, and the fourth is for risk assessment. The supervisee either puts a yes or no in this last column. If a client has a *yes* in the risk factor column, supervision commences with that client.

The supervisee is responsible for bringing a sample of their professional disclosure statement to the supervisor for review. On it, the supervisee should state that they are under supervision, and then put the name of the supervisor and a contact phone number. Clients have the right to contact the supervisor if they have any questions about their clinician's work.

## THE DEVELOPMENTAL MODEL OF SUPERVISION

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While there are other developmental models available in the literature, for this course, the Integrated Developmental Model by Stoltenberg, McNeill and Delworth (1998) will be reviewed. All the material discussed in this section is from their model.

These authors break the model down into three levels, with Level One as the beginning stage where counselors exude trust and hope. Level Two is the confusion stage when conflict can occur more frequently as the counselor struggles for independence yet is dependent on the supervisor. Level Three follows the storm and counselors are able to display professional development. As with most developmental models, counselors usually proceed through the stages in a relatively stable pace, but regression can occur if new treatment areas are approached. An example of this would be a counselor who has always done individual work and now must start conducting groups, an unfamiliar treatment approach. The counselor may regress until a comfort level develops with group work.

Aside from these three stages, the above authors have identified three structures that occur in each of the stages. These are self and other awareness, motivation, and autonomy.

Self and other level awareness in Level One is described as the counselor who is concerned about using the right skills, doing the *right* thing. The focus is more on the self than the client. In Level Two the counselor begins to become aware of the clients and their emotional and cognitive experiences. In Level Three the counselor examines how the client can have an impact on him/her and how the counselor is having an impact on the client. This natural



progression through the stages is assisted by the counselor=s increase in comfort level in working with clients. The more clients they work with, the more they can become more comfortable with their skills and abilities to help clients.

Motivation is the second structure observed through the three stages. In Level One motivation is usually high as counselors are excited about helping people. Level Two begins to see a decrease in motivation as counselors realize that they cannot help everyone and may begin to question themselves as helpers. In Level Three, counselors recognize their strengths and weaknesses and can accept that they cannot help everyone and even acknowledge that it is ok to make referrals for clients.

The last structure is autonomy through the three stages. Counselors are very dependent on their supervisors in Level One and will regularly seek advice and specific information. In Level Two or the storming stage, the counselor may be caught in the independent/dependent mode with the supervisor. Level Three sees the counselor consulting on clinical issues and having greater confidence in the ability to handle clinical issues.

Aside from the three stages and the three structures of this model, there are assessment areas that are conducted at each Level or stage. These are:

1. Intervention Skills Competence
2. Assessment Techniques
3. Interpersonal Assessment



4. Client Conceptualization
5. Individual Differences
6. Theoretical Orientation
7. Treatment Plans and Goals
8. Professional Ethics

A supervisor may want to construct a chart for each supervisee which contains all of the components listed above - the three stages, the three structures in each of the stages and the eight assessment areas for each stage. By placing each supervisee in a section of the chart, the supervisor is able to assess what interventions are necessary for each supervisee.

#### Ethical and Legal Issues in Supervision

The last part of the course will examine the ethical and legal issues in supervision. The Association for Counselor Education and Supervision (ACES) has established *Ethical Guidelines for Counseling Supervisors* (1995).

The following material is from the ACES Guidelines.

The first section looks at client welfare and rights and covers the integrity and welfare of the client, the supervisee's responsibility to convey to clients their supervised status, the assurance of confidentiality throughout the supervisory process, and the proper handling of all notes, recordings, etc. in supervision. Also discussed is the supervisor's responsibility to adhere to legal and ethical guidelines for any research.



Section two is titled *supervisory role*. The expectations of the supervisor have already been discussed in the contract section of this course. Other points covered are training for people to become supervisors, the expectation that supervisors will pursue professional development, and the supervisor's responsibility to make supervisees aware of the ethical and legal standards for the profession and monitor their adherence to the standards. An area also covered is the avoidance of dual roles with supervisees, both sexual and nonsexual. Gatekeeping is also addressed. This includes the supervisor's responsibility to provide remedial assistance to those not meeting the requirements for certification/licensure as well as the duty to not endorse supervisees when there is doubt about the supervisee's abilities to meet counseling standards.

There is a third section, Program Administration Role, which does not apply to the clinical supervisor and instead pertains to counselor education academic programs.

In terms of legal issues in supervision, the supervisor needs to check the malpractice insurance policy to be sure that the practice of supervision is covered. It is also the responsibility of the supervisor to make sure that the supervisee has malpractice insurance. It is wise to ask the supervisee to bring in a copy of the policy and keep it in the supervision file.

There are two types of liability for the supervisor, direct liability and vicarious liability (Bernard and Goodyear, 2004). If the supervisor is at fault for something then that would be labeled as direct liability. An example of this would be if the supervisor fails to meet with the supervisee or does not correct an ethical or legal issue that surfaces in supervision. Vicarious



liability can occur even when the supervisor has no knowledge of what the supervisee has done. The supervisee may not disclose something to the supervisor but the supervisor is still responsible for everything that the supervisee does.

Interviews were conducted with 11 clinical/counseling supervisors, and they were asked what was their main ethical concern when working with supervisees. The response mentioned most was working with an impaired/incompetent supervisee. They said that supervisees did not appear to know what they were doing and supervisees would open cases but then never work on them. The next highest issue was conflict within the system (acting like an arbitrator) and the next mentioned was dual relationships. Supervisors saw problems if they were supervising someone who was the same age and also supervising former peers/colleagues. Other issues were conflicts with supervisees who could not take feedback and supervisees who were not following ethical guidelines.

This course is in no way a comprehensive discussion of supervision, but hopefully, it will serve as a reminder of the important components of the supervision process.

## References

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