

Clinical Supervision From Two Perspective s

*...The Recipient &
the Provider*

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Clinical Supervision

Not to be mistaken for administrative supervision, clinical supervision is sometimes defined as

a working alliance between practitioners in which they aim to enhance clinical practice, to meet ethical, professional and best practice standards while providing support and encouragement in relation to professional practice and is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self assessment and analytical and reflective skills.

Clinical Supervision – What is it?

“Clinical supervision is the most appropriate learning medium for the counselor because it is a “learning by doing” process rather than a distant, classroom type of experience. Supervision provides us with an ongoing assessment of our skills and areas of clinical strengths and weaknesses.

Powell 1980

Clinical Supervision – What is it?

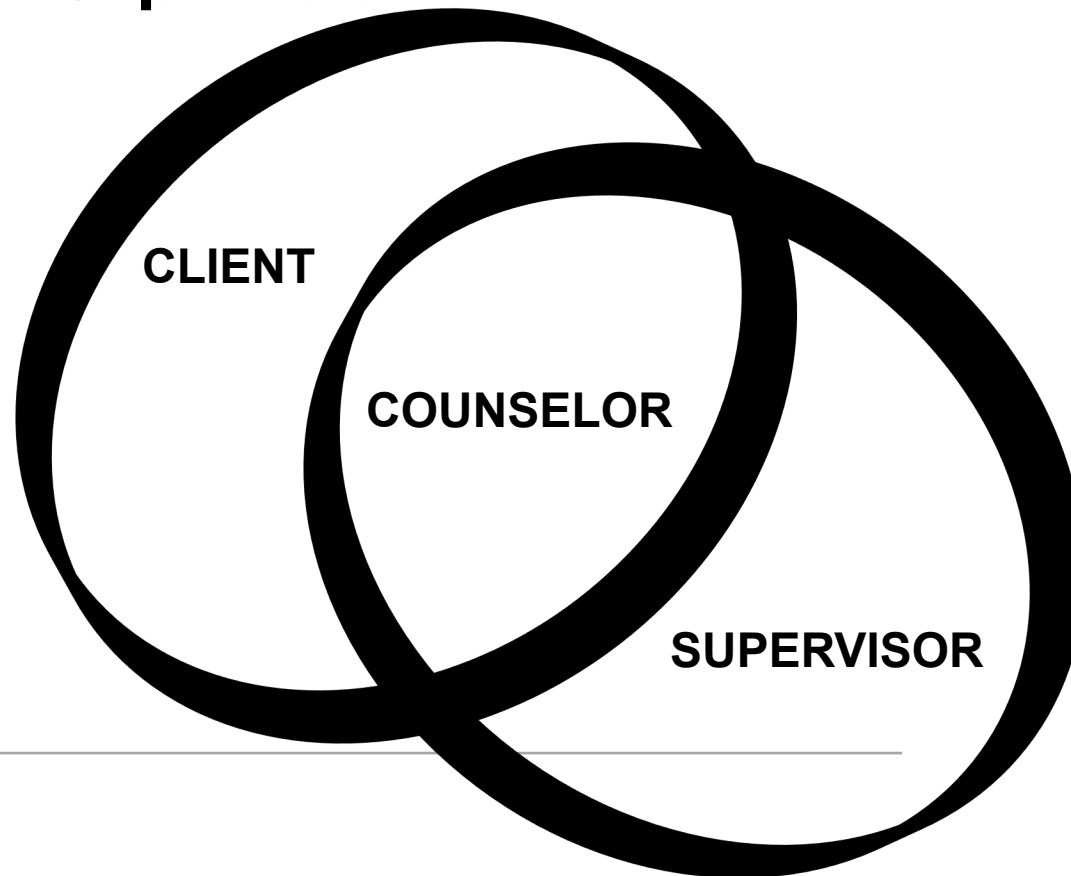
- An in-depth regular exploration of the supervisee's work with clients in a systematic & planned way

It integrates into practice:

- self-understanding
 - relevant theory
- up-to-date knowledge
 - skill development

Clinical Supervision

- **The Triad in Clinical Supervision**



Clinical Supervision – What it is not!

Ideally, clinical supervision does not seek to meet administrative or managerial goals beyond achieving ‘best practice’

- strict confidentiality applies (with the usual mandatory reporting requirements re imminent harm)
- the supervisee is not accountable operationally or professionally to the supervisor

To emphasise the distinction:

“...clinical supervision focuses on the development of the supervisee specifically as an interpersonally effective clinician.”

Implications of Clinical Supervision for the AOD field

- Benefits
 - less staff 'burn-out'
 - higher job satisfaction
 - higher quality of practice
- Potential to reach most AOD workforces
 - clinical supervision is very topical
- Increased professionalism
- Straddles organizational & clinical AOD practice in an integrated manner
- Helps to operationalize workforce development

Tangible Benefits of Supervision

- Improved service to clients
- Higher practitioner job satisfaction
- Less burnout
- Decreased staff turnover
- Lower administration costs
- New skills learned
- Improved staff communication
- Improved client outcomes? – some preliminary research available.

Common Barriers to Supervision

- Managers who do not understand the benefits
- Supervisors who are not trained/experienced
- Supervision program not articulated/written
- Confusion of clinical & managerial supervision
- Lack of common understanding of concepts & terminology
- Inadequately funded
- Access difficult

Developing a Supervision Policy

An organization needs to develop a supervision policy in conjunction with its workers to ensure:

- Common understanding of the purpose & process of supervision to mutually benefit the worker & their organization (consistent with the organization's overall philosophy and development program)
- Clear & consistent goals
- Structure stated – how, when, where, how often
- Removal of barriers to supervision

Learning via Modelling & Guided Practice ⁽¹⁾

1. Discussion of the need for further knowledge and skill in an area of AOD work, usually in relation to current clients
 - i.e. there is a current & meaningful context to enhance learning & recall
2. A demonstration of the skill is arranged
 - direct learning is superior to indirect & modelling is a powerful form of learning

Learning via Modelling & Guided Practice

(2)

3. Supervisee is observed practising the skill ASAP
 - self-critique & feedback occurs immediately
 - supervisee applies skill to a client ASAP (ideally observed)
4. Skill acquisition enhanced with delivery over repeated sessions (rather than in one or two concentrated episodes)

A Developmental Perspective: (1)

Tailoring sessions to the experience of the supervisee

Novice	Requires much support, guidance, structure, modelling, practice & feedback
Journey person	Confident of skills but occasionally overwhelmed by complexity/difficulty of AOD work; supervision may focus on feelings & coping with impediments
Independent craftsperson	Assured in skills; supervision largely an exploratory exchange of ideas for further development
Expert	Functions autonomously and knows his/her limits; will largely set the supervision agenda to increase self-reflective practice

A Developmental Perspective: (2)

Learning to be a Supervisor

Tentative	Anxious; too little or too much structure; closely replicates own experience as a supervisee; overly-critical self-appraisal
Feeling legitimate	Establishing own supervisory style; more responsive to supervisee's needs; appropriate degree of structure; helpful self-disclosure
Assured	Enjoys sessions, stimulated; highly flexible; integrates theory & practice seamlessly; a consultant to self-directed learning

Preparing the Supervisee



Supervisees need to know

- Why supervision is necessary ('building belief')
- What to expect from supervision
- Characteristics of a good supervisor & supervisee
- Their work-related goals (see Career Worksheet handout)
- How to help plan supervision (related to goals)
- The range of training & observation techniques
- Procedures for resolving disputes with a supervisor
- The option & process of remote supervision

Building Belief in Supervision ⁽¹⁾

Some workers will be sceptical and/or anxious, particularly if new to supervision:

- Supervisees may feel they are
 - losing independence & autonomy
 - being scrutinised, spied on, interrogated
 - open to criticism
- Supervisors should respond by
 - acknowledging concerns
 - giving relevant information & specifically addressing concerns
 - dispelling myths

Building Belief in Supervision (2)

- Use active listening to explore resistance
- The reassuring technique of “feel, felt, found” may help

Supervisee: *I don't like the idea of supervision because it makes me feel like I'm being interrogated.*

Supervisor: *I know how you **feel** because I **felt** the same way when I was first supervised. I was working on placement in the local drug service and I **found** that supervision helped me a lot. I learnt skills faster and had support when things didn't go so well...*

- But don't fake it: if you have never been concerned about receiving supervision, then use a third-party example

Characteristics of Successful Supervisors

The “Super-Supervisor” will be:

“...ethical, well-informed, knowledgeable in his/her theoretical orientation, clinically skilled, articulate, empathic, a good listener, gentle, accepting, challenging, stimulating, provocative, reassuring, encouraging, possess a good sense of humour, a good sense of timing, be innovative, solid, exciting, laid back – but not all at the same time.”

Kaslow 1986

Successful Supervisors are...

Available	Emotionally available - open, receptive, trusting, non-threatening
Accessible	Easy to approach and converse with, centred on the supervisees (who are more satisfied if they are given space to develop their own style)
Able	Skilful and an ability to impart current knowledge
Affable	Pleasant, friendly, reassuring

Powell & Brodsky 1998

Successful Supervisors know...

- How people change (esp. in relation to AOD use)
- The crucial variables in training & supervision
- How to measure success in supervision
- How to contribute to that success
- Learning objectives and techniques for achieving their objectives

Powell & Brodsky 1998

The Supervisor's Roles: skill development

The supervisor as a teacher, mentor, role model, trainer/instructor:

- Evaluates clinical interactions
- Identifies and reinforces effective actions
- Teaches and demonstrates counselling techniques
- Explains the rationale for strategies and interventions
- Interprets significant events

The Supervisor's Roles: Support

Encourages, reduces feelings of isolation, normalises the difficulty of AOD work and feelings of professional uncertainty

“The supportive functions of clinical supervision include handholding, cheerleading, coaching, morale building, burnout prevention, and encouragement of personal growth. In certain respects the supervisor may be said to be-friend the supervisee, although the boundaries of the professional situation make a close personal relationship between the two inappropriate.”

Powell 1980

The Supervisor's Roles:

Administrative

- Keeps (confidential) notes relating to the sessions
- Confirms to management that supervision did take place according to schedule and that supervision has conformed to the agencies guidelines
- Notifies relevant authorities of potential for imminent harm and unethical conduct as per mandatory reporting requirements

The Supervisor's Role: Evaluative

- Assesses & monitors worker's skills & development
- Clarifies clinical performance standards
- Negotiates goals & monitors achievement
- Provides clear & constructive feedback
 - focus on strengths unless dangerous, unethical behaviour
 - workers are often anxious re their supervisor's evaluation; the supervisor needs to be skilled in their evaluation and feedback so that it increases motivation and empowers the supervisee

Training & Observation Methods: Intensive case review & analysis

- Mostly by case presentation

“the case presentation format should be built around problem-and-solution oriented questions ... and should move from client information to dynamics, prognosis and treatment plan”

Powell & Brodsky 1998

- Supervisors can model/demonstrate a case presentation

Training & Observation Methods:

Sample open-ended questions

- What do you wish you had said to her?
- How do you think she would have reacted if you had said that?
- What would have been risky about saying that?
- If you had the chance now, what would you tell her about the way you are thinking?
- Were there any other thoughts going through your mind?
- How did you want the client to perceive you?
- What did you want her to tell you?
- What do you think she wanted from you?

Training & Observation Methods:

Skill rehearsal & role modeling

Skill rehearsal of a set of skills via role play
(basic skills for the inexperienced, advanced techniques for the experienced)

- Establish a clear & realistic clinical scenario
- Do not construct extreme scenarios/emotions
- Swap roles so the supervisee has turns at being a client & counsellor
- Always debrief & give feedback
- End with summary statement of concepts covered

Training & Observation Methods:

Co-facilitation

The supervisor attends & contributes to (but does not take over) a live session

- Chose a client that seems robust enough to cope with two counsellors (with fully informed client consent)
- Particularly useful in early stages of a supervisory relationship & when the supervisee is acquiring new skills
- Have a plan (albeit flexible) for the session
- A powerful learning technique (provided that the supervisee does not feel intimidated/interrogated)

Training & Observation Methods:

Indirect observation – filming a session

- Clear goals of inquiry established before taping the session
- The supervisee speaks to the therapeutic context of the tape
- The supervisee selects segments of the tape for viewing
- Tape erased after supervision (as indicated to the client)

Game Playing in Supervision



Essentially there are three main elements involved in a Game :

- 1. A continuing sequence of mutual interchanges which appear reasonable on the social stage.***
- 2. There is a hidden agenda/motive beneath the interchange which***
- 3. Contains a predictable payoff, which ends the game and provides the purpose for the game.***

Eric Berne - Transactional Analysis

The Signs of a Game are:

- ***Feeling uncomfortable regularly with a particular person or group of persons.***
- ***A sense that you are involved in a NO WIN situation and that negotiation is futile.***
- ***No matter what you do to help you feel as if you are being kicked in the teeth.***
- ***You do not get the opportunity to say what you really want, or you find that what you say is twisted or misinterpreted***

Characteristics of a Game :

- ***Uncandid communication.***
- ***A lack of specificity, with statements tending to be generalisations.***
- ***Withholding or the holding back of vital information.***
- ***Evasion of the issue(s).***
- ***Emotional volatility.***
- ***Little or no progress towards a satisfactory outcome.***
- ***An assignment of blame - It's their fault or it's my fault.***
- ***Denial of feelings.***
- ***Denial of needs/wants and vulnerability.***
- ***Conflict between what is disclosed and what is held back.***
- ***Incongruence between verbal and non-verbal behaviour.***

Games Played by Supervisees:

Kadushin (1992) groups the games played by supervisees in terms of their similar tactics.

Manipulating Demand Levels

- Games of this type include: "Seducing for subversion" (eg. Management is treating you terribly!), "Two against the Service", (eg. We both know that the service requirements are ridiculous don't we?), "Be nice to me because I am nice to you" (eg. I wish I knew as much as you did.). These games are played to reduce the level of demand the supervisor places on the supervisee

Games Played by Supervisees:

Redefining the relationship

- Games of this type include: "Treat me don't beat me" (eg. My personal life is a mess and I am finding it hard to cope.). Here the supervisee would rather expose them self than their work. Another game is "Evaluation is not for friends". In this game the relationship is redefined as a social one.

Games Played by Supervisees:

Reducing the Power disparity

- Games of this kind include: "If you knew the DSM IV TR like I do..." Here the supervisee to use knowledge that the supervisor does not have, to be-little and expose the supervisor and thereby place the supervisee in the expert position. Another game is "So what do you know about it?" This game is usually played by experienced and senior practitioners who will let you know that they have been in the service for 20 years and this is the best way do things etc...

Games Played by Supervisees:

Controlling the situation

- Games of this kind include: "I have a little list". Here the supervisee sets the agenda by repeatedly putting questions to the supervisor for an answer, so that they can avoid having their work discussed. "Yes but", "I'm fragile", "I did as you told me and it didn't work" and "I'm confused" are also games which supervisees use to control the situation.

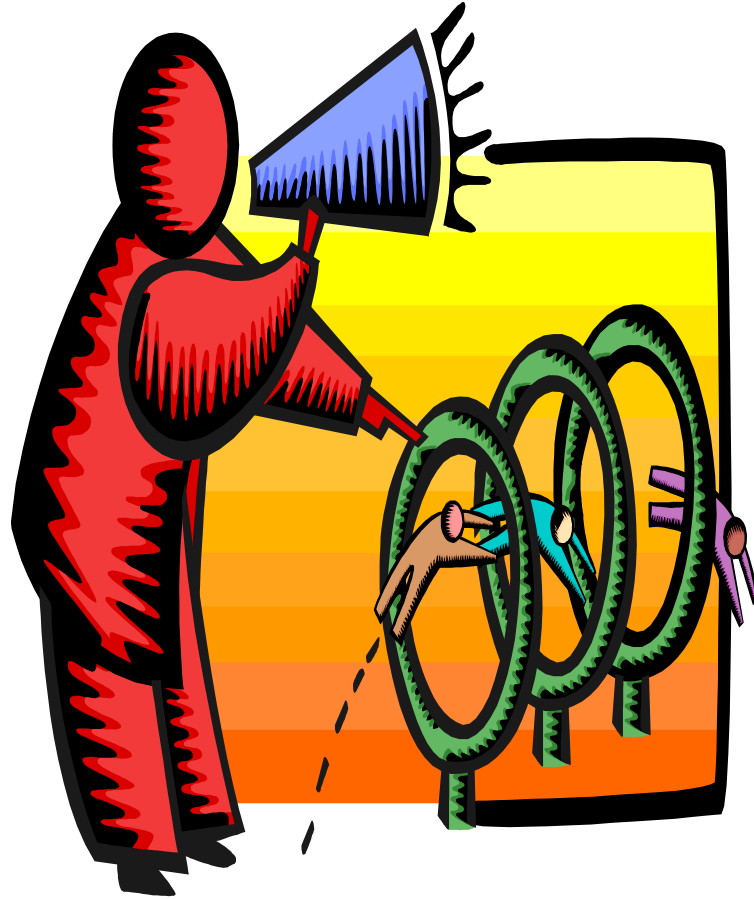
Games Supervisors Play

- ***" Supervisors play games for the same reasons that supervisees play. The games are methods of adjusting to stresses encountered in performing their role. Supervisors play games out of the felt threats to their position in the hierarchy, uncertainty about their authority, reluctance to use their authority, a desire to be liked, a need for the supervisees' approval- and out of some hostility to supervisees that are inevitable in such a complex, close relationship. "***

- Kadushin 1992

The Games Supervisors Play

Games Of Power



“Remember who’s boss”

“I’ll tell on you”

“I’m only trying to help
you”

The Games Supervisors Play

Games Of Abdication

“They won’t let me”

“Poor me”

“I’m really one of
you”



More Games Supervisors Play

- **" I wonder why you really said that"**
**In which honest disagreement is
turned into a resistance
to be explored and analyzed.**

More Games Supervisors Play

- **" One good question deserves another"**

-Where questions asked by supervisees are met with another question in an attempt to avoid letting the supervisee know that you don't know the answer. Usually characterized by "What do you think?"

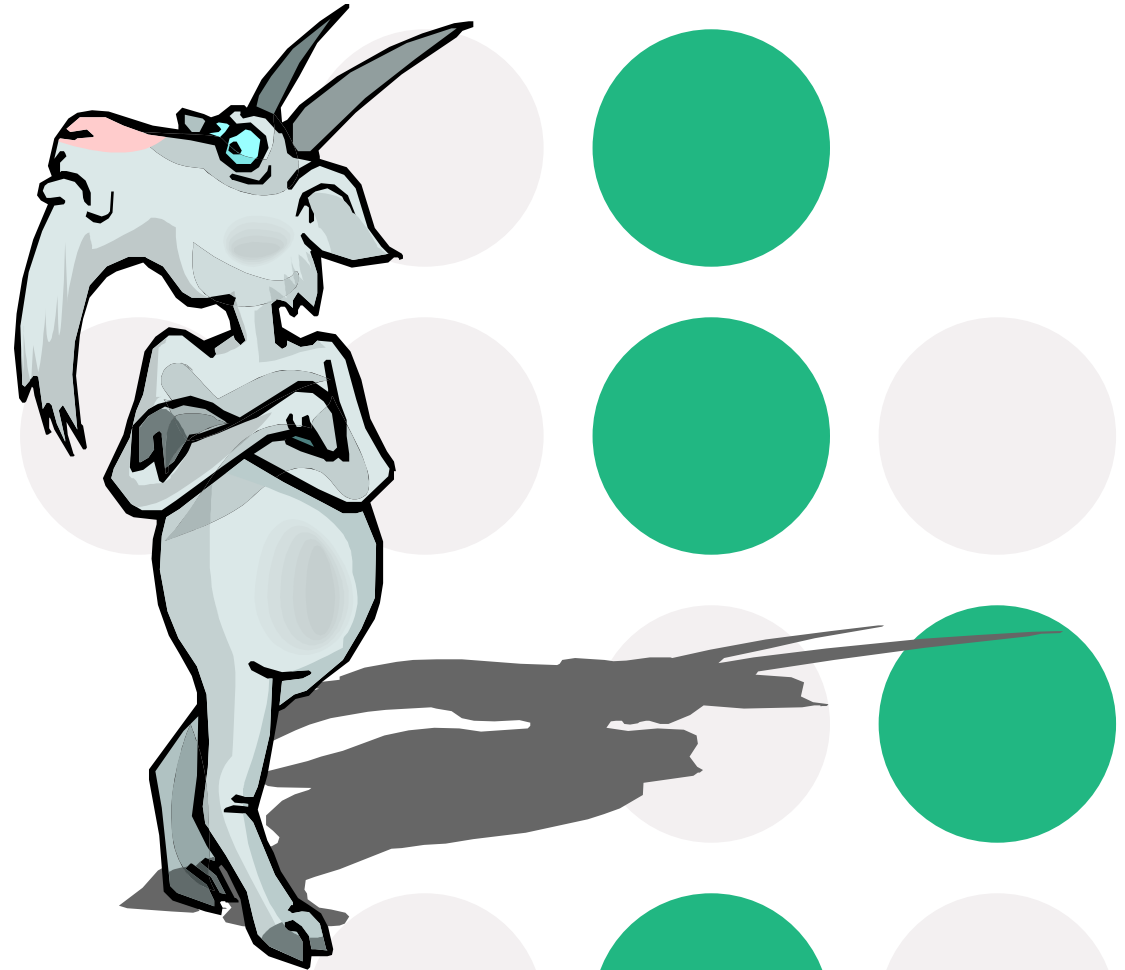
The consequences of Games are:

- **Prevention of change.**
- **Avoidance of responsibility.**
- **Discrimination, disempowerment and distorted thinking.**
- **Inability to empathize with others, avoidance of feelings.**
- **Dangerous and destructive behavior.**
- **Poor decision-making.**

Morrison, T, (1993) Staff Supervision in Social Care,
An Action Learning Approach

Breaking Up the Games

*(Without Threatening to
Take Your Bat and Ball)*



Breaking up the game...

- Refuse to play

This requires the supervisor to be ready and able to forfeit self-advantages. In declining to play games the supervisor denies themselves sweet taste of flattery, the joys of omniscience, the pleasures of acting as a therapist and the gratification that goes with being liked. Refusing to play demands a supervisor who is aware of and, comfortable in what he/she is doing and who accepts their strengths and weaknesses.

Breaking up the game...

- Confrontation

Confrontation implies a refusal to accept the game being posed. Instead, the supervisor attempts to expose & make explicit what the supervisee is doing and may be implicit. However, a caveat must be noted here - confrontation requires compassionate caution, a sense of timing and an understanding of degree.

Breaking up the game...

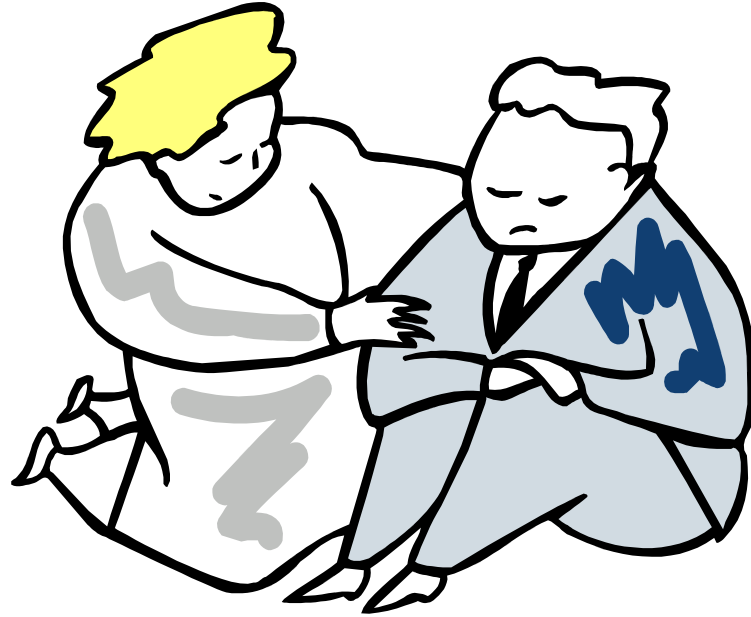
- Point out the Disadvantages

Sharing with the supervisee the disadvantages of game playing can be a way of discouraging the non-productive use of supervision. Game playing denies the supervisee one of the basic purposes of supervision, helping him grow personally and professionally. By playing games the supervisee undermines the achievement of these objectives.

Areas of concern worthy of clinical supervision...

Here are a few notable
areas wherein clinicians
in D&A treatment can
get into trouble.

Areas For Concern in the D & A Treatment Field



physical

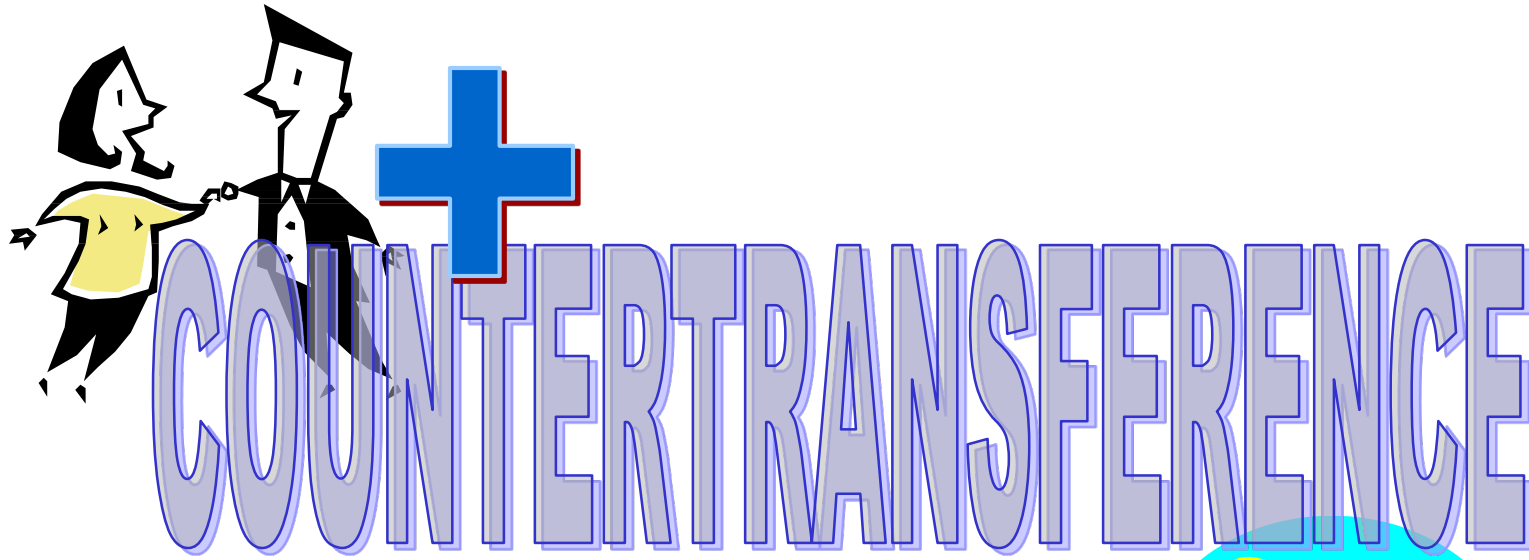
contact

Areas For Concern in the D & A Field

Self - Disclosure



Areas For Concern in the D & A Field



Areas For Concern in the D & A Field



The End

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