Effective clinical supervision: making supervision work for supervisor and supervisee

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Program

1. Some beginning concepts
2. Preparation for supervision
3. Structuring supervision sessions
4. Feedback
5. Reflective practice
6. How to be an excellent supervisor

Defining good supervision

- Roles and responsibilities are discussed and made explicit
- Focused, with clear goals
- Supervision contract
- Strong alliance between members
- Facilitative style
- Available with no interruptions
- Developmentally appropriate
- Regular and clear feedback
- Balance of tasks, methods within the session
- Addresses concerns/conflicts

Good supervision continued

- Motivated to be part of supervision
- Patience and persistence
- Sufficient experience
- Self-awareness
- Clear boundaries
- Ability to deal with challenges
Supervision is not...

- Checking up on supervisee
- Puppet therapy – tell me what to do
- Prioritising caseloads or monitoring work performance as the main focus (more administrative supervision)
- The supervisor’s agenda
- An accidental or chance meeting
- Appraisal or judgemental
- A process that can be imposed on all staff
- A form of personal therapy or counselling

As a supervisor you should

- Always be aware of the supervisee’s readiness to take in new information AND to be able to apply it accordingly
- Provide a forum for sharing information relevant to work
- Work at the current developmental level but encourage to explore/think beyond

An Ethical Supervisor is...

- Confidential
- Able to work with alternative perspectives
- Be aware of session boundaries
- Should not have dual roles – personal and/or administrative relationships
- If you are both administrative supervisor have clear boundaries
- Differentiating supervision from counseling
- Lead by example with excellent communication and people skills
- Abide by code of conduct
- Be up to date
- Evidence based and recovery focused
- Know your limits

What makes a good supervisor

- Broad knowledge of theory
- Can apply theory to a variety of clinical contexts
- Encourage reflective practice
- Allows for mindful practice (to sit and observe what is happening)
- Can quickly assess the needs (look beyond what is asked for)
- Can offer clear advice & direction when needed
- Adaptable – can think quickly & problem solve
- Credible
- Clear boundaries & set limits in supervision
- Good interpersonal skills
- Be able to ask for and respond appropriately to feedback
- Not a rescuer
- Not afraid to make the supervisee work
Ask yourself...

- How would I rate my current style/ability to supervise?
- What are the practical issues that I need to consider to improve how I supervise?
- Have I clearly articulated my expectations?
- What is my structural/organisational approach to supervision? How do I communicate this?
- What is my role as a clinical supervisor? Does it alter dependent on who I supervise?
- What are my strengths/restraints as a supervisor?
- What is my orientation? How do I communicate this – has it changed over time?
- What do I feel confident/comfortable to offer in supervision?
- If I was being supervised by me would I be happy with the supervision I am receiving?

What makes a good supervisee

- Is a ‘customer’ for supervision
- Open to feedback
- Takes responsibility for own learning – comes prepared
- Willing to learn & work on issues that come up in supervision (which may be ‘self issues’)
- Organised
- Sets limits on self within both the clinical & the supervision context
- Clear boundaries – uses supervision effectively
- Develops and integrates what is discussed over time

Models of supervision

- Therapy based models
  o Cognitive-behavioural, schema, constructivist, strength-based, be a recovery focused practitioner
- Developmental models – working at the level of the supervisee
  o Intervention skills, assessment techniques, interpersonal assessment; client conceptualisation, individual difference, theoretical orientation, treatment goals, professional ethics – working at the level of the participants
- Social role approaches
  o Tasks of supervision including monitoring/evaluating
For supervision to work well you need to consider:

- Needs/expectations as a supervisee
- Needs/expectations as a supervisor
- Conduct a pre-supervisory discussion and build in reviews; informal process and evaluative
- Negotiate goals, tasks for supervision
- Be able to address issues in supervision
- Regular
- Organised
- Rewarding – knowledge, skills and self issues

Reflect on….

1. What have been your experiences of supervision?
2. How have you dealt with ‘problem areas’ when they have arisen in supervision?
3. What have you learnt from these experiences and what changes have you made to the supervision you provide?

Some Effective Supervision Methods

- Supervision diary
- Case discussion methods
  - Ideally incorporating role play, video, audio review
- Reflective Practice
- Supervisee Self reflection

Supervision diary

1. Supervisee Responsibility
2. Used to monitor progress
3. Supervisor and supervisee can reflect on process issues (often overlooked in supervision) as focus can be more on practical skills and intervention
4. Diary teaches supervisees to notice all aspects of their clinical work
5. Allows the supervisee to develop skills of ‘self supervision’: critical self reflection on their experience
6. Allows for review of core themes presented in supervision which can then be further developed.
Reflective Supervision

Frameworks to consider
Bennett-Levy et al 2009

• Focus on the moment (pick a slice of interaction)
• Emotional reactions (self vs. client vs. different contexts) – when else have you felt this way
• Cognitive reactions (expectations, theory)
• Behavioural reactions (intent vs. actual behaviour; helpful and unhelpful)

Some reflective questions (Attachment 2)
1. Describe the event(s), clinical issue, case.
2. What is your question about this event/clinical issue/case?
3. What were you thinking at the time?
4. What were you feeling?
5. How do you understand those feelings now?
6. Consider your own actions during this part of the session. What did you hope for at this point of the session?
7. What was the interaction like between you and the client? What were the results of your actions?
8. Reflecting back – why do you think ‘X’ happened? What would have liked to occur (etc.)

Some more questions……
9. To what degree do you understand this interaction as similar to the client’s interactions in other relationships?
10. What theories do you use to understand what is going on?
11. What past professional or personal experiences affect your understanding?
12. How else might you interpret the event and interaction in the session?
13. How might you test out the various alternatives?
14. What will you need to ask…to do…who else can help you within the unit/setting that you currently work?
Potential difficulties

• Can be mechanistic
• Pushing – not dealing with readiness
• Can make the supervisee defensive
• Balance between maximised learning (what the supervisee needs to know NOW)
• In groups – need for common focus

Self Supervision (attachment 3)

• Develops independent thinking
• Encourages reflective thinking
• Develops problem solving
• Considers relationship issues within the therapy session
• Lessens urgency for supervision
• Can be used at any stage of supervisee development
• Provides a basis for discussion when in supervision

Special considerations

1. Individual/Group/Peer

2. Potential difficulties
   1. Dual relationships
   2. Apathetic/burnt out

3. Monitoring performance

Mode of Delivery

• Individual Supervision: Supervisor-Supervisee (you are the designated senior and will be expected to structure the meeting and provide direction)
• Peer/Co-Supervision (shared roles and responsibilities)
• Group Supervision (what is your size limit and group composition requirements with designated supervisor)
• Peer Group (shared responsibility)
• Eclectic Methods (some people will opt to attend a number of different types of supervision – establish clear rules)
Group supervision

Issues to consider

• Spectators vs co-supervisors or supervisor
• Striking a balance between group work and supervision
• Group needs vs individual needs

• Advantages: get different input, supervisees feel supported, economical, help with ‘blind spots’, can allow opportunities for role plays and sharing resources

• Disadvantages: not enough time, safety, competition, varying skill level and orientations

Ways to deal with open groups

• Set an agenda for each meeting
• Start with successes for the week
• Ask each member to reflect on one aspect of the day/week that was a challenge
• Employ reflective questioning – create questions to stimulate thinking and discussion
• Real practice technique – give each member of the group something to focus on in the discussion
• Create a topical focus for supervision

Individual supervision

• Role of “structural power” in relationship – oversee, evaluate and report
  • Make it transparent
  • Fully negotiate how external arrangements will be met
  • Maximise choice within the constraints of external requirements

• Advantages: can give full time to supervisee, provides confidentiality for supervisee, can examine closely clinical issues presented

• Disadvantages: don’t get input from others, can’t compare with colleagues, may be ‘too close’ in thinking regarding clinical issues with supervisee son limited input.

Peer/co-supervision

• Advantages: similar orientations and backgrounds which can aid understanding, easy to get together, expert role is minimised

• Disadvantages: no one has the final say regarding treatment of choice, may minimise or ‘ignore’ issues that impact on supervision process, if not very skilled then supervisees may leave the session more confused
Dual relationships

- Administrator and clinical supervisor
  - Specific and explicit expectations
  - Clear boundaries
- Colleague – peer
  - Embarrassed
  - Too casual
  - "you know... I have talked about this client before...
  - Lack of structure

Working with apathetic, uninvolved or burned out supervisees – Campbell, 2006

- Refocusing
  - Even though all your clients are going O.K., is there any client you wish you did have a better relationship with?
- Changing/reframing the question
  - Can we get more specific? Give me some examples of your work that show you that everything is O.K.
- Unpacking/Being inquisitive
  - Not sure what you mean that everything is O.K.
- Honouring their resistance
  - I'm interested in how you do that. So what will we spend our time talking about today?
- Changing the session focus
  - Tell me how you manage to keep on top of things? I'm interested in how you do that. So what will we spend our time talking about today?
- Suggesting a new role
  - Perhaps we should look at how you can use your expertise on the ward to mentor some of the other staff. What ideas do you have that might be useful for other staff?

Feedback and Evaluation

- Ongoing process feedback
- Regular scheduled review
- Adapting supervision to incorporate feedback
- End of contract/yearly supervision review
- Evaluation and feedback for both roles

Dilemmas in supervision

- Always wanting approval from supervisor
- Not listening- coming back to supervision with the same issue
- "I don't really have anything to talk about today- no real problems"
- Always problems
- Self issues
- Others?
My tips to being an excellent supervisor……

- A conversational communication approach
- Strengths approach
- Awareness of language
- Awareness of emotions
- Explicit awareness of agenda? For supervisee/organisation
- Prepare a reflective space
- Allow for a mindful space
- Balance support (information) and challenge (careful not to be too nice)
- Ask questions – wonder/speculate
- Be aware of and practice self care
- Have a plan for the contract and for the session
- AVOID the case conference mode – especially in groups

References

- Cate, D., & Schene, F. 2015. Competency-Based Postgraduate Training: Can We Bridge the Gap between Practice and Clinical Practice, 85, 420 – 427.