

Clinical Supervision

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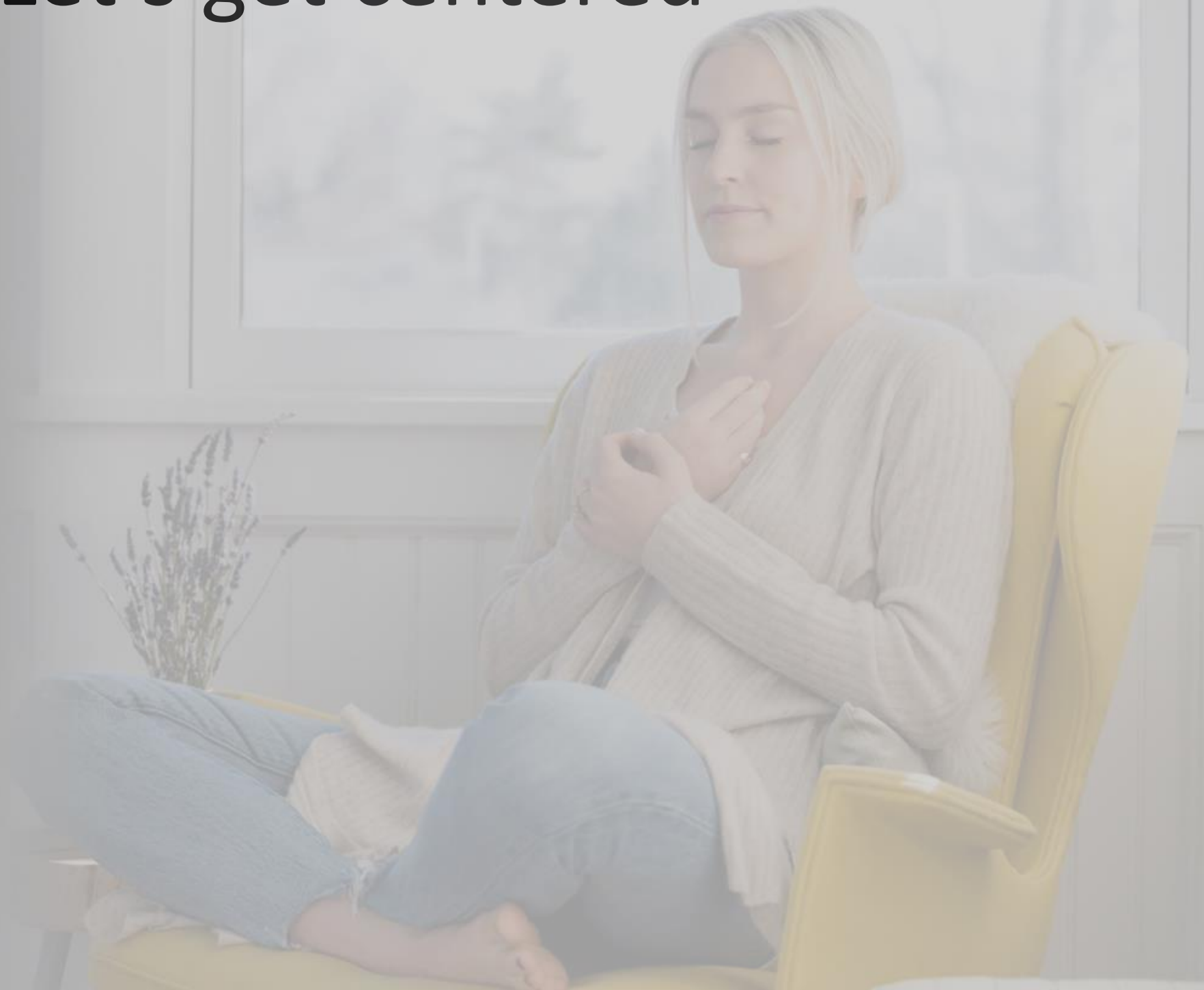
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Confidentiality

- We will respect the confidentiality of the individuals, groups, communities and organizations with whom we work.
- We will respect the confidentiality of our colleagues.
- We will not shame, blame or criticize anybody for their experiences, questions or comments.

Let's get centered



Think of your favorite supervisor.
Notice what you feel physically and emotionally.

What qualities contributed to this person being
your favorite?

How did you feel with this person?
How did this person help you grow as a
clinician?

A word cloud of positive traits. The words are arranged in a roughly triangular shape pointing to the right. The colors used are orange, teal, and dark grey. The words are: empathetic (top right, teal), nonjudgmental (second row, teal), available (third row, dark grey), aware (third row, teal), kind (fourth row, dark grey), smart (fourth row, teal), compassionate (fifth row, orange), connected (bottom row, teal), curious (vertical, orange), empathy (vertical, orange), nice (middle left, orange), and open (bottom left, dark grey).

What is clinical supervision?



From their mentors therapists need to learn how to weather the storm of negative feelings coming directly at them from miserable people, how to keep their self esteem when being relentlessly devalued, how to recognize and deal with the grain of truth when patients complain about them, how to handle the traumatic internal response to searing accounts of trauma, how to bear ugly and personally alien feelings in themselves, how to tolerate uncertainty, how to set boundaries with people who feel wounded by reasonable limits, how to maintain an unnatural level of secret keeping, how to find hope when clients fill their office with despair, how to manage anxieties that a patient may die by suicide and other emotionally taxing lessons. (Nancy McWilliams, 2021, Psychoanalytic Supervision)

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From their mentors therapists learn

*how to handle the traumatic internal response to searing
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how to tolerate uncertainty, how to set boundaries with people
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how to maintain an unnatural level of secret keeping,

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how to find hope when clients fill their office with despair, how to manage anxieties that a patient may die by suicide and other emotionally taxing lessons.

Who is a clinical supervisor?

- A supervisor is one who watches over the work of another with responsibility for its quality. (Kadushin & Harkness, 2002, p. 18-19)

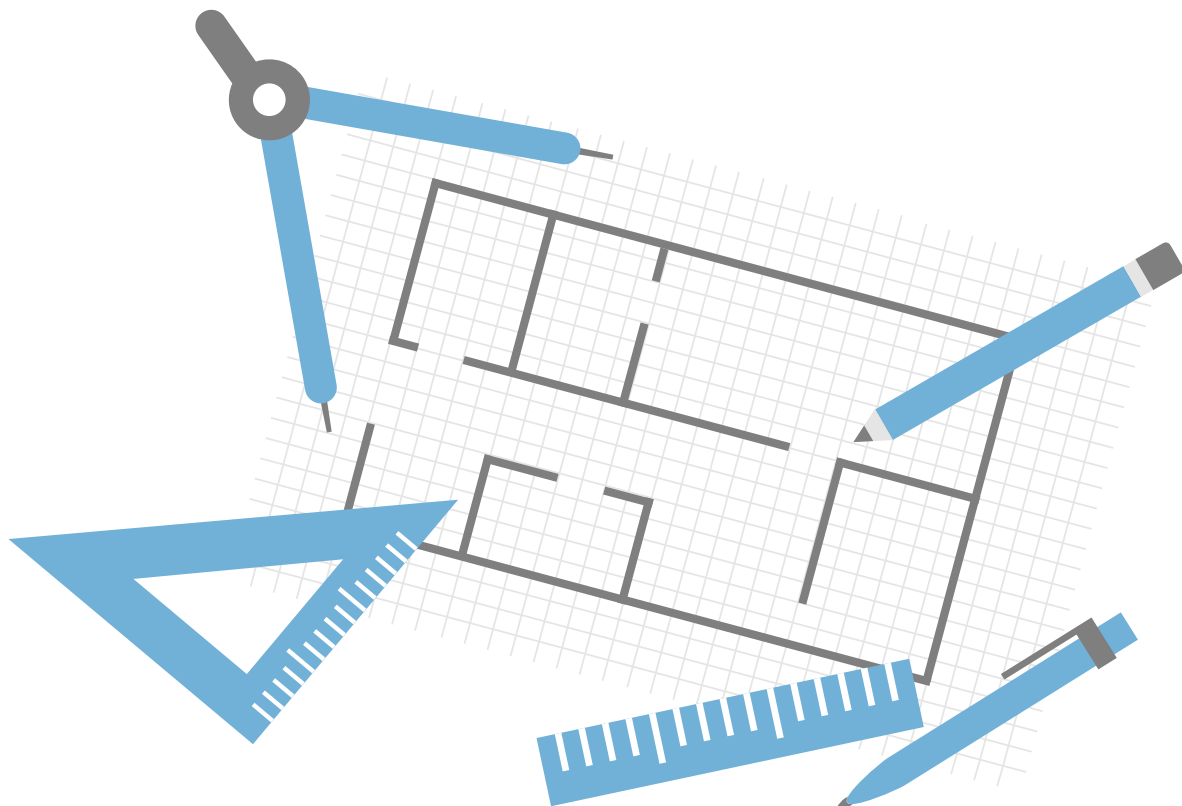
A clinical supervisor

- Is an experienced clinical social worker
 - Helping a less experience social worker develop their social work identity
 - Supporting that worker in developing clinical skills
 - Protect the public from substandard care and undesirable outcomes
-
- <https://www.abcsww.org/assets/Clinical%20Supervision.pdf>

Effective Supervision is:

- 1. Structured**
- 2. Regular**
- 3. Consistent**
- 4. Case oriented**
- 5. Evaluated**

Munson, 1993



A green rectangular box with a white border containing the text "Trauma Informed Care: Clinical Supervision" in white font.

Trauma
Informed Care:
Clinical
Supervision

- a. general case consultation
- b. specialized consultation in specific & unusual cases
- c. opportunities to process clients' traumatic material
- d. boundaries in the therapeutic supervisory relationship
- e. assessment of secondary traumatization
- f. counselor self care and stress management
- g. personal growth and professional development of the counselor

SAMHSA TIP57, Trauma Informed Care, p. 193

Supervision is concerned with

Best interest of the client

The growth and development of the supervisee

Sound ethical practice

Agency policy and procedures

State and federal laws and regulations



Think About



**Client's
Situation**

**Helpful
interventions**

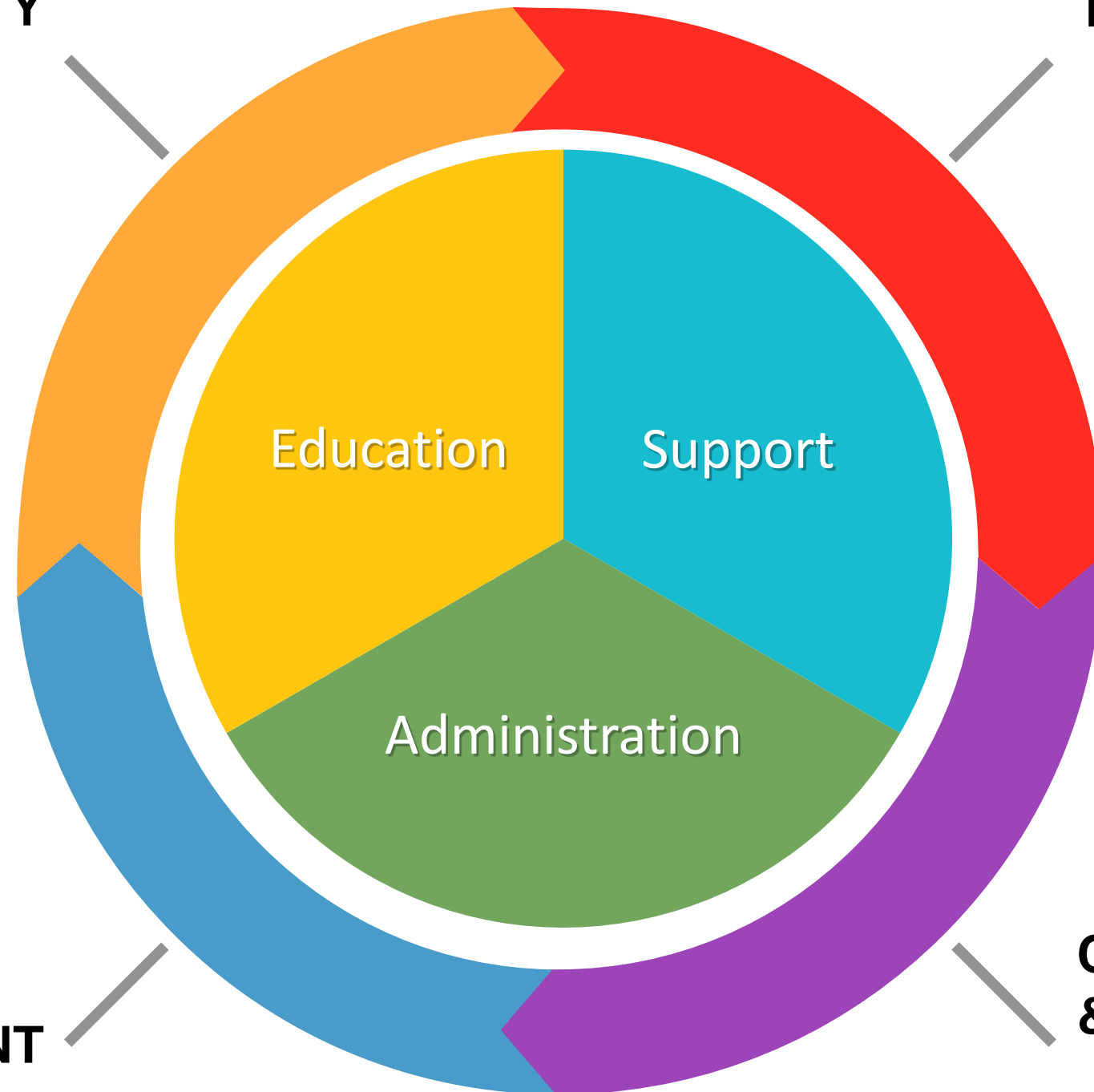
Supervisory Goals and Roles

- Goals:
 1. Develop supervised self-awareness
 2. Teach the supervised how to be therapeutic with others
- Roles
 1. Manager
 2. Facilitator of professional growth

Supervision

SAFETY

TRUSTWORTHINESS



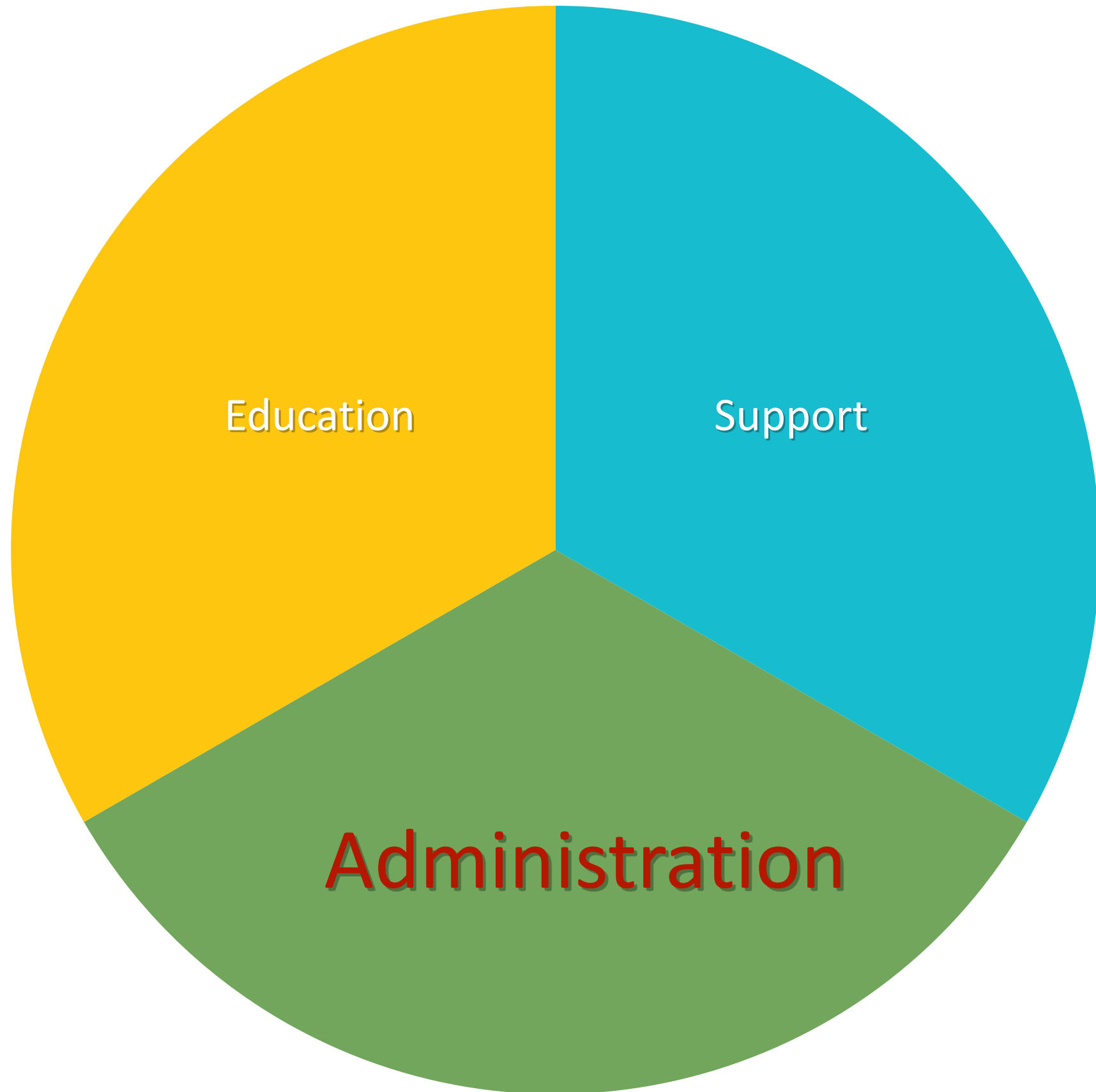
Education

Support

Administration

EMPOWERMENT

**CHOICE
& COLLABORATION**





Administrative piece of the pie

What are administrative functions of being a supervisor?

What percentage of a day/week do you think is spent doing administrative tasks?

Administrative Function of Supervision

- 50%-80% of the tasks performed by supervisors are administrative (Kadushin & Harkness, 2002; Munson, 1993; Shulman, 1982)

Administrative Function



Evaluation

What has been helpful for you both as somebody who has been evaluated and as an evaluator or work performance?

Evaluation

1

Meet regularly

2

Discuss and agree upon goals

3

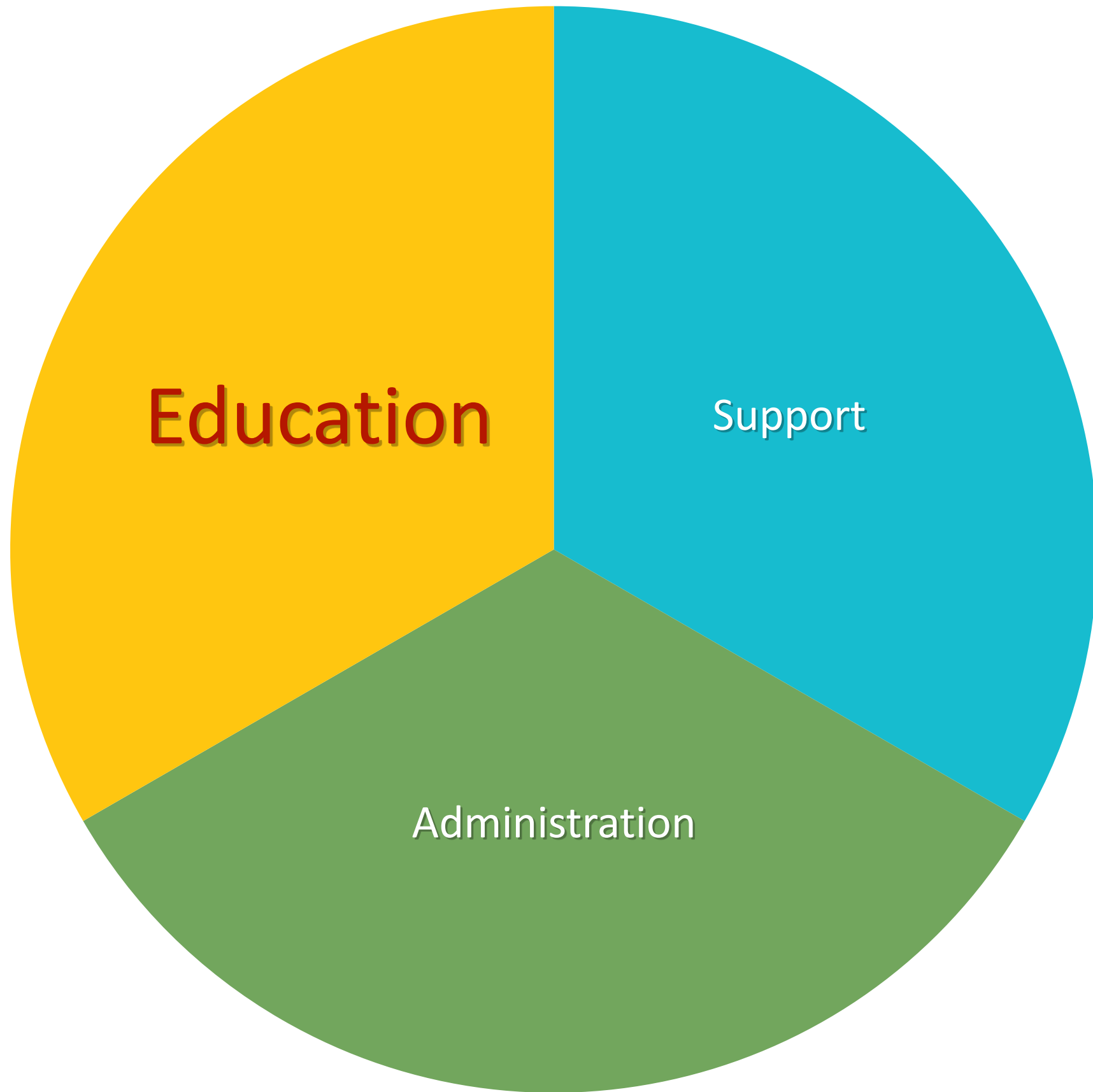
Define success

4

Document noteworthy incidents/events

“Anyone who has never made a mistake has
never tried anything new”

–Albert Einstein



Educational Function

Transform:

Information into knowledge
Knowledge into understanding
Understanding into action

Kadushin & Harkness, 2002



What do supervisors teach?

Cultural awareness

Skills

Values

Ethical & legal practice

Self care & balance

Agency & organization administration

Community resources

Theory & it's applications

Self awareness

How do we teach?

- Use multiple modalities
 - Role plays
 - Reading
 - Discussion
 - Films



How do we teach?



- Our supervisees are always watching. They will learn from what we do, not necessarily what we say.

*“I've learned that people will forget what you said,
people will forget what you did, but people will
never forget how you made them feel.”*

–Maya Angelou

Unconscious incompetence

You don't know that you don't know

1



2

Conscious incompetence

You know that you don't know



Unconscious competence

You know how to do something through unconscious habit

4



3

Conscious Competence

You know how to do something conscious involvement

3 roles of clinical supervisors

Teacher

Counselor

Consultant

**Bernard, J. M., & Goodyear, R. K. (2014). Fundamentals of clinical supervision (5th ed.).
Upper Saddle River, NJ: Pearson Education**

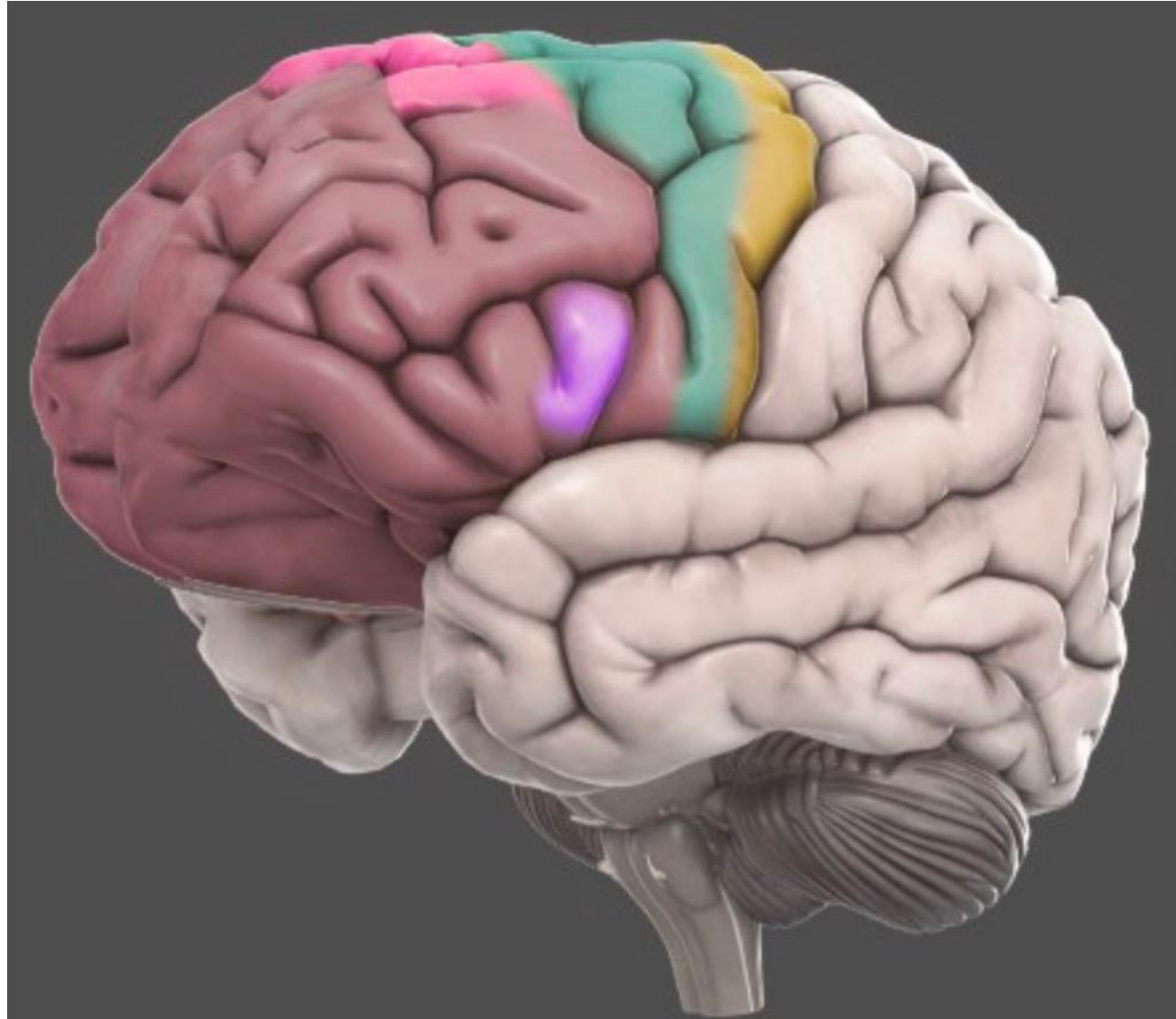
- What do I do when????
 - A supervisee is resistant?

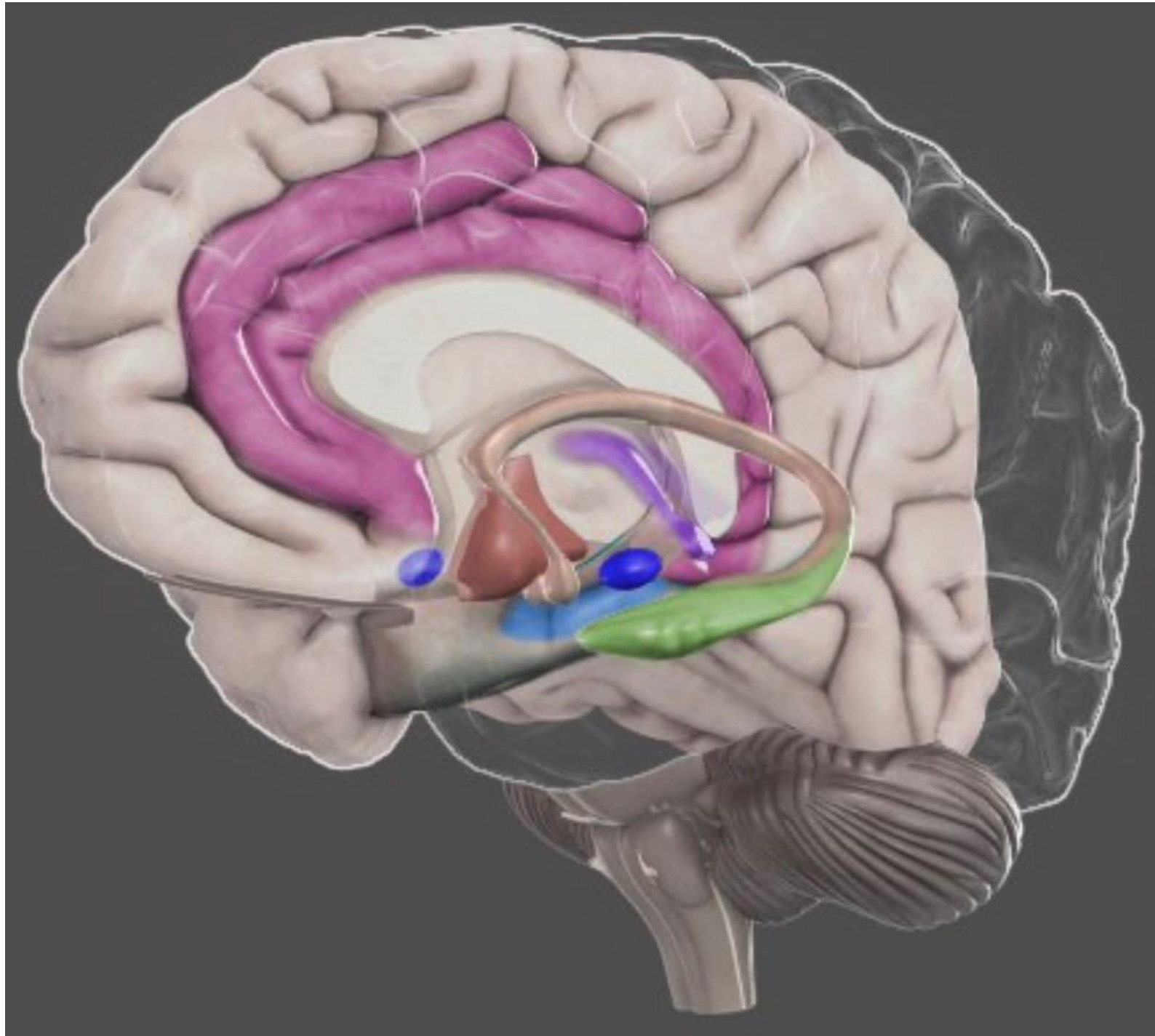
What is “resistance”?

When exploring resistance ask:

- What is my supervisee avoiding?
- How is he/she avoiding?
- Why is she/he avoiding?





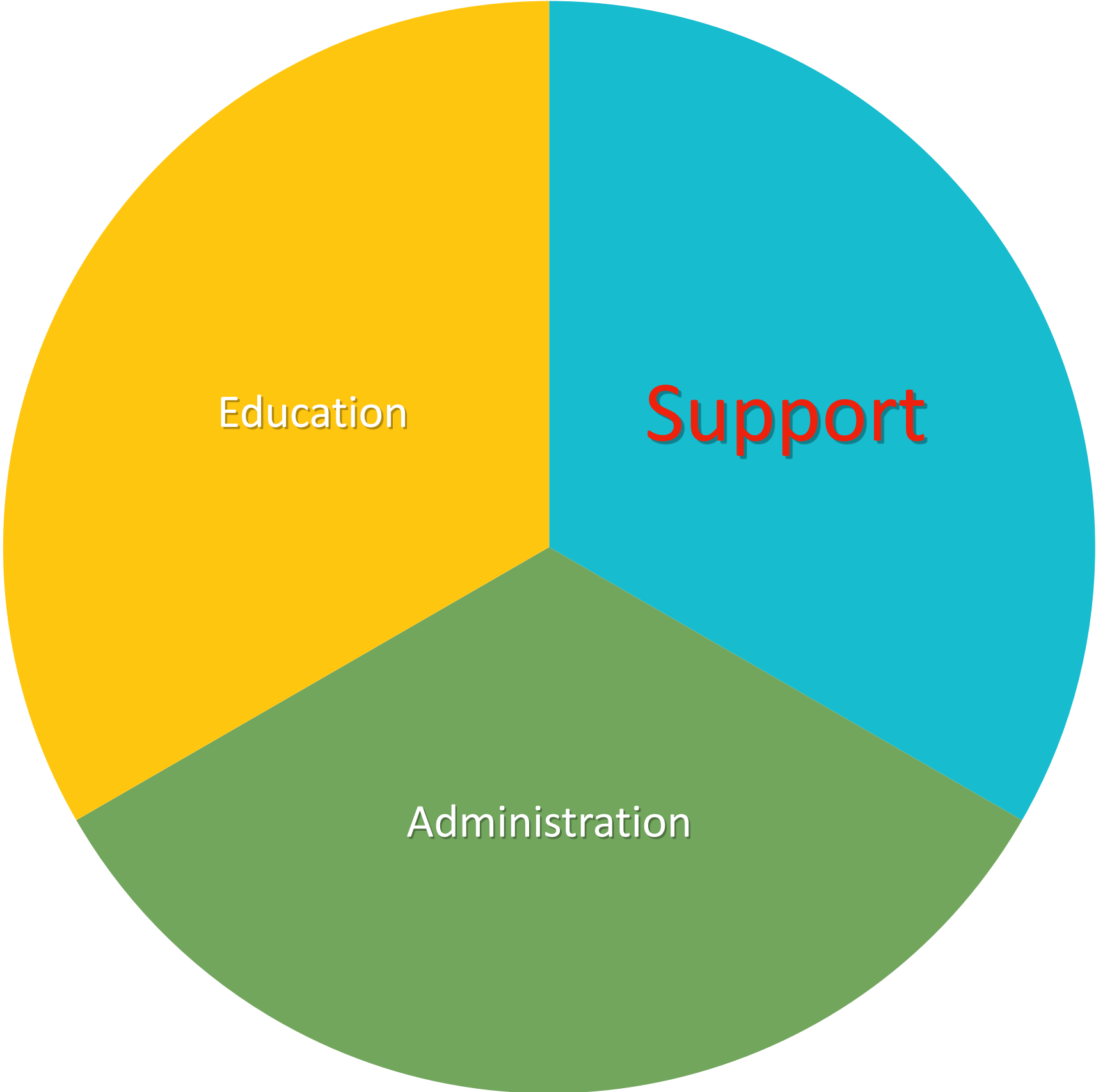


As a supervisor what do we want to know about our supervisee's anxiety

What is provoking the anxiousness?

How does it show itself?

How does the supervisee try get relief from the anxiety?





Why support supervisees?

- High caseloads
- Growing complexity of problems faced by clients
- Fewer resources

**IT'S OUR LATEST CASELOAD
MANAGEMENT SYSTEM...WE JUST
KEEP ADDING FILES UNTIL HE
FALLS OVER!**





Supportive Function

- When support is provided there is often:
 - Decrease in stress
 - Increase in motivation
 - Intensification of commitment

“In supervision the clinician should experience firsthand the interest, empathy, acceptance, freedom and openness from the supervisor that he or she is expected to deliver to clients.”

Fox, 1989, *Relationship: The Cornerstone of Clinical Supervision*

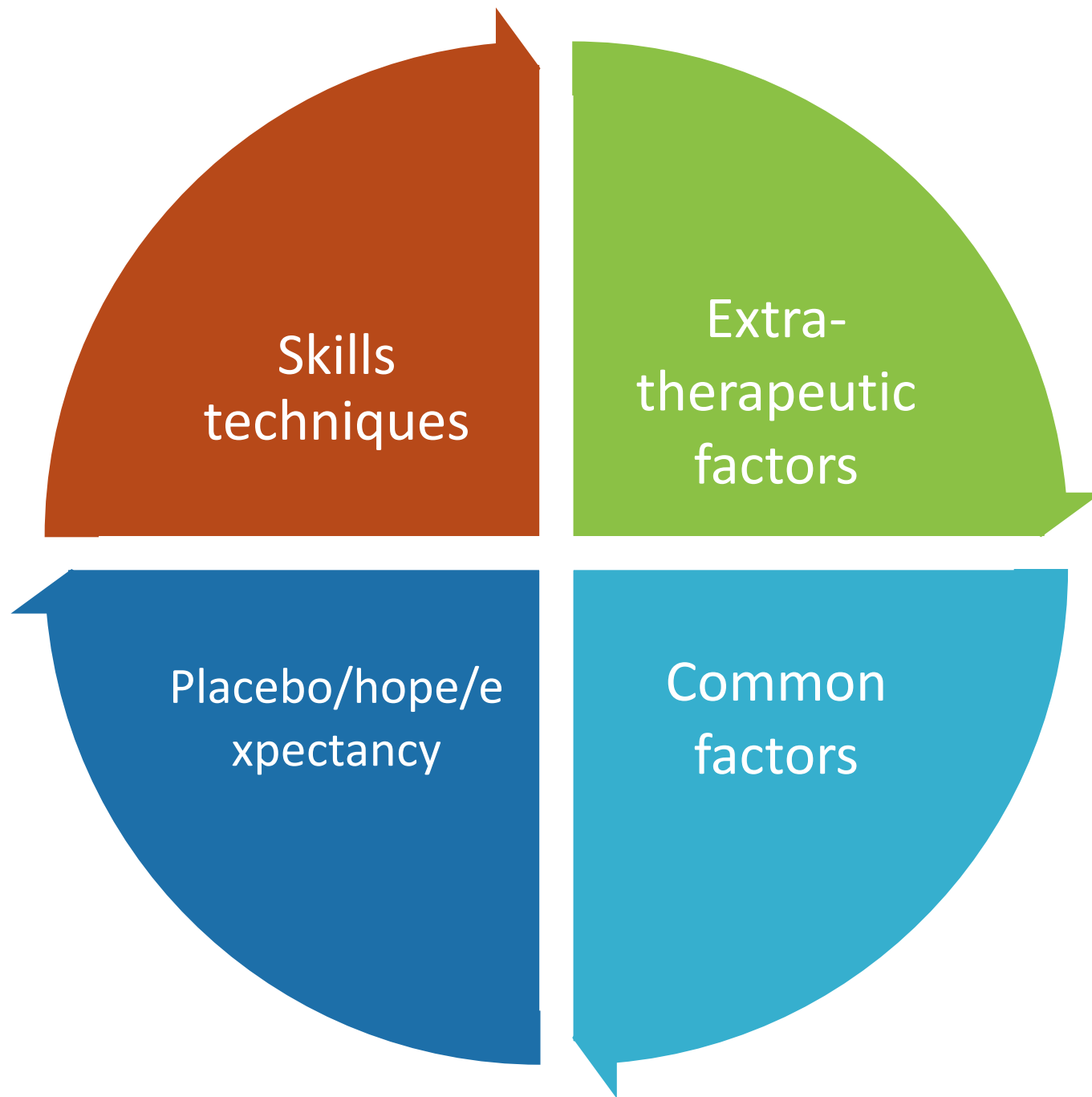
Supervisory relationship Dynamics

Supervisors/supervisees may encounter:

- Transference
- Countertransference
- Parallel process

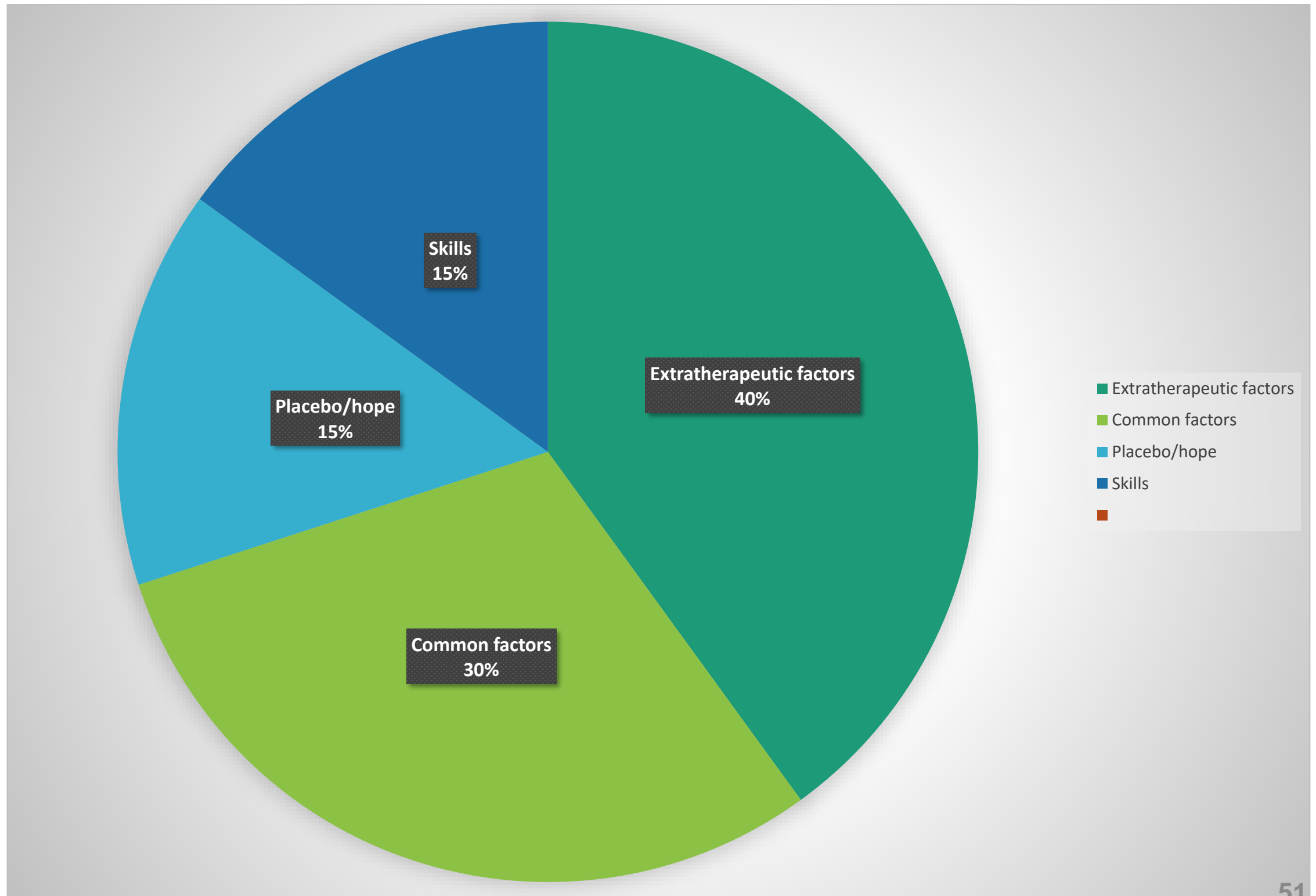
Parallel Process

- Parallel process refers to the simultaneous emergence of similar emotional difficulties in the relationship between the supervised and the client; the supervised and the supervisor
- Problems between a supervisor and supervisee may mirror problems the supervised is having with clients



Lambert and Barley (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy*, 38, 357–361.

Factors shared among therapeutic approaches



*I have learned that people will forget what
you said, they will forget what you did, but
people will never forget how you made
them feel.*

Maya Angelou



Paperwork

- Agreement for clinical supervision
- Clinical supervision progress report
- Documentation of hours
- Client release of information
- Agreement for out of agency supervision

Supervisory Questions:

What do you like about the client?

What do you think the client likes about you?

How much of yourself do you see in the client?

What do you feel when you are with the client?

What would you like to do with these feelings?

What is the theoretical basis or what you have said about the client?

What led you to use the techniques you used in the session?

What was the focus of the session? What were the themes?

What worries you about this case?

What are you going to do next?