



Clinical Supervision

A Framework for Action

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Sources

Clinical Supervision: A Competency-Based Approach by Carol A. Falender and Edward P. Shafranske (2004)

Supervision and the Clinical Social Worker, NASW Practice Update, Vol. 3, Number 2, June 2003.



Novice supervisor

- Significant entry role insecurity, manifested as rigidity
- Personalization of trainee performance, errors, and feedback
- Flip-flop between unforgiving, enthusiastic, and over-supervising
- Attend to superficial detail
- Project negative personal attributes onto trainees who experience difficulty



With time and effort . . .

- Confidence improves
- Personal identity as a supervisor consolidates
- Take appropriate responsibility
- Develop normative sense of trainee development
- Predictability of supervisory patterns
- Increased openness to learning



Experienced supervisor

- Generates more planning statements
- More verbal
- More self disclosing
- Provide more direct instruction in counseling skills
- Use humor more frequently
- More likely to attribute trainee problems to situational variables that can be affected



Progression requires action

- Advance planning of supervisory sessions
- Use of supervisory case notes to link goals to events and successful execution
- Live observation
- Consultation and peer review
- Modeling of effective supervision
- Review of session video / audio tapes



The secret to great supervision

The quality of the supervisory relationship!

Supportive relationship
+ strong working alliance
high quality supervision



How do we do it?



What is a framework for supervision?

1. Develop a strong supervisory relationship and working alliance
2. Create a supervisory plan
3. Allocate time and preserve sanctity of that time
4. Facilitate Learning
5. Provide ongoing evaluation and feedback
6. Document your supervisory work



#1 Supportive relationship

- Empathy, teamwork, affirmation, approachability and attentiveness, flexibility, genuineness, nonjudgmental stance
- Theory grounded practice
- knowledge and experience relevant to trainee
- encouragement of supervisee disclosure of actions, attitudes and conflict



Supportive relationship cont.

- Pre-determined procedure for providing regular feedback structured around agreed-upon goals.
- Identifying problems and initiating discussion of them.



Working alliance

- Mutually agreed upon goals and tasks
- Greater self disclosure by supervisor
- Conflict resolution initiated by supervisor
- Ongoing feedback

**** A strong alliance contributes to less role conflict and greater adherence to the intended treatment model ****



Supervisory disclosures

- Emotional reactions to clients, their own counseling struggles and successes, personal feedback on the supervisory relationship, general professional experiences
- Models and encourages trainee self-disclosure



Conflict Resolution

- Initiating discussions of conflict promotes trust, encourages trainees to self disclose clinical errors and conflicts, and models open confrontation of CT
- Waiting for the trainee to initiate discussion is not effective.

Research shows: supervisors don't see it
and trainees don't report it



Diversity

- Diversity issues specifically as they relate to the supervisor and trainee must be addressed in supervision.
- Concepts of time, views of authority, power dynamics, nonverbal communication, confrontation



Answer these questions . . .

- Who are you as a supervisor?
- How do you explain that to your trainees?



#2 Create a supervisory plan

- Assess competencies, developmental level of trainee, and goals
- Outline supervisory elements
 - Logistics of supervision
 - Your theoretical orientation
 - Methods of evaluation
 - Goals
 - Roles and expectations



Supervisory plan cont.

- Explain agency policies and procedures
- Explain legal and ethical issues
 - Confidentiality with supervision content
 - Setting limits
 - Accidental encounters with clients
 - Informed consent
 - Duty to warn



#3 Allocate time

- Preserve the sanctity of your supervisory time
- Formality and structure are important
- Set a regularly scheduled meeting at a mutually agreed upon time
- Conduct supervision in a comfortable, private place free from interruptions



Frequency

- NASW standards (most current 1991):

At least one hour of supervision for every 15 hours of face-to-face contact with a patient during the first two years of professional experience.



#4 Facilitate learning

- Engage the supervisee in a critical analysis of the work performed and the next planned steps
- Provide clear, objective, non-ambivalent feedback and resources that would help to improve work performance
- Reassess the initial educational assessment and modify as needed



#5 Provide feedback

- It is essential !!!
- Make it a routine part of your supervisory practice
- It communicates trust, teaches competency, and models appropriate self disclosure



#6 Document Your Work

■ Personal Log

- Dates & duration of face-to-face supervision
- Outline of each session : cases and issues presented, directives given, changes in diagnosis or treatment plan, case progress, termination summary
- Safety, legal, ethical concerns and resolution
- Audio, video, etc review and recommendations
- Cancellations
- Dates & nature of telephone and electronic contacts



Written Contract

- Explanation of the supervisory relationship
- Responsibilities and rights of each party
- Clarification of the authority of the supervisor
- Parameters of confidentiality



Written contract cont.

- Specification of who is responsible for payment and terms of payment
- Time frame for which agreement is made
- Process for termination of supervision