

## Seven

### THE BEGINNING STAGE OF SUPERVISION

**A**ll supervisory relationships have a beginning, and all supervisors and supervisees whether they know each other or not share common concerns from the beginning about the future of that relationship. New supervisors will wonder if they have the skills and expertise to be successful. Supervisees will worry about being treated fairly and with respect. Each is asking, "Will I be heard and understood? Will my competencies be valued? Will I be safe? Is this experience going to be valuable?" Answering these needs in a positive manner is a necessary requirement for the beginning stage of supervision.

Supervisors must be active from the start to build a collaborative working relationship. Because the supervisory relationship is so central to a successful supervision experience, much time and attention must be given to cultivating it. Don't assume everyone, even a very experienced supervisee, knows why he or she is there and what is expected of him or her. Just as therapists have to explain to clients the therapeutic process in order to reduce client anxiety and ask clients what their goals are for therapy in order to build a working relationship, supervisors need to do the same thing with supervisees. Supervisors need to work resolutely at the beginning to build understanding and agreement concerning expectations and tasks, reduce anxiety, and create a safe place for supervision to take place.

### DON'T FORGET

Beginnings are important. If supervisors do not take time to establish the context for supervision, time and energy will be wasted as supervisees seek information and understanding about the goals and purpose of supervision.

The quality of the supervisory relationship is critical to the success of clinical supervision. It is more important to emphasize relationship issues rather than techniques, especially in the beginning of the supervisory relationship. Spend more time on developing skills and less time on managing.

### CAUTION

Before beginning supervision, it is important to review with supervisees the specific supervision requirements, such as licensure requirements, ethical codes and standards that apply, as well as the final evaluation forms.

To accomplish these objectives, the most important task for supervisors becomes setting the stage for supervision through orientation, where all supervisees are informed of the expectations, goals, requirements, tasks, structure, and timing for supervision; the procedures for evaluation and monitoring; and provisions to assure the safety of supervisees through ethical and fair treatment practices. Significant barriers to building trust, such as dual relationships, multicultural differences, and the evaluation process, should be discussed openly and in some detail during this orientation.

The supervision informed consent agreement and the supervision contract, or a combination of both, are basic tools for the building of the supervisory relationship (see Chapter 6 for a discussion and examples of an informed consent agreement and contracts for supervision). Additionally, during this introductory process, supervisors will need to use all of their rapport-building skills and relationship knowledge in order to establish an open and safe environment. Anderson et al. (2000) found the more open the supervisory environment, the more respect, support, and encouragement are communicated and the more available and involved the supervisor, the better the supervision experience. Rapid Reference 7.1 lists the tasks of the beginning stage of supervision.

One helpful approach to building an effective relationship is to use a developmental perspective. Following the premise that supervisor, supervisee, and the supervisory relationship will grow and change over the course of supervision and that inexperienced supervisees will have different needs than those more advanced, embracing the developmental perspective can be helpful in several ways. First, taking into account the developmental level of supervisees as to skill and experience will assist in goal setting, planning, selecting methods and techniques, evaluation procedures, time management, and monitoring. Inexperienced supervisees take more time and need more structure, direction, and close monitoring than experienced supervisees who will want more autonomy and self-monitoring. Second, understanding the changing relationship needs of supervisees as time passes will also help supervisors be more effective. For example, in the beginning of supervision, attention needs to be paid to establishing safety, whereas later in time, the focus shifts to challenging and giving corrective feedback. Last, the developmental perspective will aid supervisors with evaluation. Ownership and participation in the evaluation process shifts from supervi-

## Rapid Reference 7.1

### The Beginning Stage of Supervision

**Goal:** To establish an effective supervisory relationship with supervisees

#### Tasks for supervisors

- Build the working alliance
- Orient supervisees to supervision—the tasks, goals, and expectations
- Create a supportive environment and build a safe place to learn
- Work actively to reduce anxiety
- Discuss openly the barriers to trust (dual relationships, multicultural differences, and evaluation)
- Validate differences in perspective and approach
- Normalize mistake making and encourage risk-taking
- Focus on successes, not just failures

#### Tools

- Relationship- and rapport-building skills
- Informed consent agreement and supervision contract
- Orientation session

sor to supervisee as skill and experience level increases so that in the advanced stage, supervisees are involved in self-supervision and self-evaluation.

Developmental issues also come into play in the beginning of supervision from another direction, the developmental level and experience of the supervisor. If the supervisor is new to supervision or relatively new to the field, it can sometimes be difficult to establish expertise and authority. In fact, Rau (2002) recommended inexperienced supervisors should view themselves more in a collaborative role with supervisees and, in the beginning, seek to find a common ground, rather than attempt to establish their authority. What this tactic means is that new supervisors must acknowledge their newness to the role of supervisor, solicit support and cooperation at the start, and ask supervisees what they would like to get out of supervision rather than tell them what will happen.

### BUILDING THE WORKING ALLIANCE

The supervisory relationship, while similar in some ways to counseling and psychotherapy, is by its nature a different relationship with a different purpose. Although good counseling and psychotherapy skills are definitely an asset in

building rapport and creating a positive environment, supervision should not be confused with therapy. The term *supervisory working alliance* has been coined to capture the essence of the relationship (Bordin, 1983). The supervisory working alliance is a collaborative relationship of change based on a mutual agreement on the goals and tasks of supervision along with a strong emotional bond of caring, trust, and respect. Research findings suggest that the quality of the working alliance is correlated to greater supervisee satisfaction (Chen & Bernstein, 2000; Ladany et al., 1999). Further, and perhaps more important, a study by Patton and Kivlighan (1997) found that the quality of the supervisory working alliance was predictive of the supervisee's counseling alliance with his or her clients.

In order to move forward in the working alliance, the goals for supervision must be clearly delineated. Supervisees must understand the purpose of these goals and how mastering them will improve their own success and effectiveness as professionals. In other words, they need to understand what is going to happen and how they fit in. They must also develop trust in the supervisor and his or her willingness to provide for their safety while learning. Thus, establishing the working alliance is a critical part of the orientation and contracting phase of supervision. When there is disagreement on the tasks, a misunderstanding about the value of these tasks, a lack of trust, or any combination of these, it is hard to move forward in supervision.

A number of issues may adversely affect the development of the working alliance: distrust in the supervisor, dual relationship issues, role confusion and conflict, anxiety concerning evaluation procedures, and misunderstanding of the value of the goals and tasks required. A lack of investment by supervisors in supervision, a harsh and unfriendly style, and excessive criticalness and dogmatism also impact trust and the working alliance. It takes trust for supervisees to open themselves to supervision, to hear feedback, and to take risks, and it takes the supervisor's relationship skills and ability to convey understanding, caring, and respect to

### DON'T FORGET

Supervisors have to create an atmosphere of trust and a commonality of goals and purpose in order to be successful.

### DON'T FORGET

There are three elements important to build the working alliance:

- Explanation of tasks and goals for supervision
- An agreement on the meaning of these goals and tasks
- A sense of liking and caring between supervisor and supervisee

## Rapid Reference 7.2

### Tips for Building the Working Alliance

- Establish mutuality and collaboration to accomplish tasks
- Use self-disclosure to foster openness, honesty, and willingness to admit mistakes
- Talk openly about the hierarchy of power and the means available to resolve problems
- Include supervisees in setting goals, planning, and the evaluation process

### Anxiety and the Working Alliance

Anxiety is a natural response to supervision and may play a significant role in shaping the working alliance and the quality of the supervisory relationship (Bischoff et al., 2002; Campbell, 2000; Fitch & Marshall, 2002). Supervisors need to consider its impact on the supervisory relationship and how to best work with it. Supervisees may feel anxious about their performance and ability to be successful working with clients. Additionally, they may also be concerned about the quality of the relationship with the supervisor. "Will I be liked?" and "Will I be seen as competent by my supervisor?" are typical beginning concerns.

The supervisee's level of anxiety may vary depending on issues of power and choice, personality factors, developmental stage, the purpose of supervision, familiarity with the supervisor, and the importance of the evaluative component. For example, postdegree supervisees seeking licensure may experience supervision differently from those just starting out in the field. Postdegree supervisees who are also employees may be concerned about job safety and job performance along with anxiety about obtaining their license. They may experience low choice in selecting a supervisor and considerable role confusion. All of these considerations, if not addressed, can influence open communication, self-disclosure, and trust.

The hierarchical nature of supervision is another area that can create anxiety and interfere with the working alliance. Anxiety might also be fueled by the supervisee's previous experiences in supervision, confusion about his or her role

develop that trust. Having empathy and compassion for supervisees and a belief in supervisees' abilities and strengths to achieve mastery are all part of the formation of trust. In actual fact, Muse-Burke, Ladany, and Deck (2001) found across the board that facilitative conditions such as empathy, genuineness, warmth, trust, and positive regard are common to virtually all effective supervisors regardless of their theoretical model of practice.

Rapid Reference 7.2 summarizes tips for building the working alliance.

as a supervisee, and the supervisor's expectations. The existence of multiple relationships, or role conflict, in clinical supervision on both the part of the supervisor and supervisee can also generate considerable anxiety and confusion (Bordin, 1983; Herlihy & Corey, 1997; Kaiser, 1997; Ladany & Friedlander, 1995; Ladany, Waterman, Molinaro, & Wolgast, 1999). For example, the clinical supervisor may also be the administrator or major professor of a graduate program. Supervisees may be former peers, colleagues, and, in some cases, especially in the substance abuse field, former clients.

Another contributing factor to anxiety is the fact that supervisees are encouraged to be open, honest, and truthful about their mistakes and to be willing to discuss their limitations at the same time their supervisor is evaluating their competence and suitability for the profession. Bordin (1983) called this *role ambiguity*. This same confusion may occur for supervisors as they try to avoid providing therapy to supervisees while being ethically bound to explore personal issues if they interfere with quality of care or are potentially harmful to clients. If areas of confusion about role and expectations are not addressed properly, the working alliance can suffer (Ladany & Friedlander, 1995).

Issues about privacy of communication can also contribute to anxiety. Privacy in clinical supervision may be limited. For example, when supervision is delivered in a job setting, supervisors are going to exchange information with administrators and other supervisors. If supervision is required for licensure, a final evaluation must be sent to a licensure board. Thus, supervisors need to think about the extent of privacy and strategize how to protect a supervisee's confidentiality to the best of their ability so as to create a safe environment for self-disclosure. This information should be part of orientation and included in the informed consent agreement for supervision.

### ORIENTATION

One of the best ways to minimize anxiety and improve the working alliance is to begin any supervisory relationship with a well-thought-out orientation experience that includes an open discussion of supervision goals, expectations, evaluation procedures, as well as plans to address any relationship problems as they arise. The use of a written informed

### DON'T FORGET

Three main responsibilities of supervisors in supervision:

- To protect clients from harm
- To actively participate in supervision
- To be open, honest, and truthful about what they don't know and forthcoming about mistakes

### Rapid Reference 7.3

#### Supervisee's Responsibilities in Clinical Supervision

This list could also be included as part of a supervision contract or informed consent agreement.

- To provide service to clients in an ethical manner and adhere to ethical standards of one's profession
- To seek to become the best professional possible
- To take supervision seriously; prepare, participate, attend
- To avoid all dual relationships with clients that may be harmful and to agree never to engage in a sexual relationship with clients
- To follow rules of confidentiality and protect clients from harm
- To work always within the limits of competency, skill, and training
- To seek supervision immediately in crisis situations
- To be honest reporting mistakes and identifying areas of bias or where one lacks competence
- To submit documentation of clinical work in timely and accurate form
- To be open to supervision, suggestions, and feedback
- To accept referral to outside help such as counseling, psychotherapy, support groups, or more training if need indicated
- To provide supervisor with honest feedback about supervision and supervisory process
- To seek consultation and guidance on how to proceed in cases of impairment or unethical behavior of supervisor

#### DON'T FORGET

When orienting supervisees to supervision, be sure to do the following:

- Discuss expectations, goals, needs, evaluation methods, and documentation
- Explain your role and function and that of supervisees
- Use an informed consent agreement and contract as basis of discussion
- Ask supervisees what they need and want from supervision

ered in the first session may be useful to avoid difficulties and overcome anxiety, especially for beginning supervisors.

#### Assessing Supervisees' Preparedness for Supervision

Because supervisees may come from a variety of backgrounds, the supervisor needs to take time to go over the supervisee's previous training and work experiences before the orientation. Moreover, with graduate interns and postdegree supervisees, it is important not to confuse experience or graduation from a highly regarded program with clinical competency. As a consequence, supervisors need to find ways to quickly establish a supervisee's actual baseline of skill and expertise. This necessity is further bolstered by the ethical and legal requirement that supervisees not be asked to function with clients outside the parameters of their knowledge and skill.

There are a number of sensible methods for assessing the supervisee's basic skills and knowledge base, the most common being a review of a supervisee's graduate school transcript or a resume of work background if the supervisee is more experienced. One other easy and effective method to quickly evaluate the knowledge level of new supervisees is to request a short, structured written summary of their education and experience. This summary could include the following: a brief description of their preferred theoretical model and philosophy of working with clients; a summary of the type of clients they have seen; a description of any specialized training or skills they've developed with particular populations; a summary of their previous supervision experience (good or bad); an assessment of strengths and weaknesses; and a statement of their goals and expectations for supervision. This assignment could easily be adapted for paraprofessionals and become part of the selection process.

Additional material could be collected from supervisees who have experience, such as a sample of client progress notes, a case review sheet, or an audio- or videotape. The snapshot technique described in Chapter 5 is also an excellent suggestion for

#### DON'T FORGET

Supervisors should be prepared the same as supervisees to share information about their background and experience, preferred model, and areas of expertise.

#### CAUTION

When supervising a known colleague or former peer, don't ignore the collection of background information or active review of knowledge and skills. It could prove harmful at a later date.

consent agreement, a supervision contract, or both might be a part of this introduction (see Chapter 6 for a complete discussion of informed consent agreements and contracts for supervision). Rapid Reference 7.3 outlines the main responsibilities for supervisees as they participate in clinical supervision.

Creating a structured orientation plan with an outline of introductory information to be obtained from any and all supervisees, regardless of experience, along with topics to be cov-

this purpose. The most practical suggestion, however, is to give prospective supervisees a written case vignette and ask them how they would address certain issues with this particular client scenario. If questions remain, these same supervisees could be asked to participate in a short role-play of a client situation, which should also be revealing.

### How to Structure Orientation

Because of time constraints and with so much material to cover, any orientation needs to be well planned and include both written materials as well as formal discussion. For example, during the screening stage, much of the background material suggested in the previous section could be collected. Supervisees could be given a packet of materials to review along with a copy of the informed consent agreement or supervision contract.

At the first meeting, supervisors need to go over the expectations, goals, tasks, ground rules, and structure for supervision, including record-keeping requirements, evaluation procedures, and the means available to supervisees for resolving problems. Thereafter, the focus of orientation will vary for each supervision setting based on client needs; organizational settings; role of the supervisee; and the supervisee's level of development, skills, and expertise. On-site supervisors may want to stress organization issues in contrast to those off-site who may need to thoroughly discuss procedures for communication and the handling of crises. Supervision of a colleague or coworker necessitates emphasis on dual relationship issues and evaluation procedures, whereas the focus with a graduate intern might be on program requirements. Depending on the educational level of supervisees, services provided, and the client population, a number of additional sessions may have to be devoted to a systematic review of the code of ethics, laws, and regulations. Rapid Reference 7.4 gives a step-by-step list of topics for the first supervision meeting.

### CAUTION

If you are promoted to clinical supervisor in your work setting and now you are supervising former peers, do not skip orientation and jump immediately into a review of cases. Take time to discuss the new state of affairs, and process everyone's thoughts and feelings about the new situation. Be sure to collect ideas from everyone on how to enhance the supervision experience.

### CREATING A SAFE PLACE

The basic ethical premise of clinical supervision is that supervisees will be open to supervision; they will seek guidance, be open to corrective feed-

### Rapid Reference 7.4

#### Preparing for the First Supervision Session

1. Discuss by phone or in person the purpose, requirements, needs, administrative details (i.e., logging, record keeping, evaluation), and expectations for clinical supervision.
2. Obtain information from supervisee. Request resume, transcripts, or other documents required by the graduate school, licensing board, or national certification organization, such as supervision contract, evaluation forms, logging forms for hours, license forms, etc.)
3. Read copies of ethical codes, standards, and requirements for particular license or discipline. Have supervisees do the same.
4. Describe your background and experience, including special skills and supervision model. Provide supervisees with a copy of your supervision certificate or credentials.
5. Discuss goals for supervision.
6. Explain time, location, frequency, methods, and fees, if any.
7. Review informed consent agreement or supervision contract or both; sign and date.
8. Obtain a copy of supervisee's malpractice insurance (if desired).
9. Discuss ethical issues as they relate to supervision (vicarious liability, negligence, monitoring, and confidentiality) and crisis management strategies.
10. Bring up areas of potential conflict such as dual relationships, monitoring needs, differences in discipline, model, or to client care and how to resolve them.
11. Provide supervisee with any necessary forms (evaluation forms, logs, sample record keeping, case review sheets, etc.).

back, and be honest and truthful in supervision, including admitting what they don't know, owning their mistakes, and be willing to make themselves vulnerable. This premise underlies most traditional supervision activities, specifically the heavy reliance on self-report in case consultation as the primary means for supervision. However, studies indicate that supervisees' willingness to be open and honest depend on a number of variables. For example, Ladany et al. (1996) found 44 percent of trainees surveyed withheld information about clinical mistakes due to

### DON'T FORGET

#### Golden Rule of Supervision

Treat supervisees in the same way you wish to be treated and the same way you wish them to treat clients.

concern about the supervisor's evaluation of their competence, whereas Webb and Wheeler (1998) found greater rapport with supervisors correlated to a willingness on the part of supervisees to self-disclose mistakes.

Other studies point to the supervisors' sensitivity to needs and concerns of supervisees, their openness to consider different points of view or a low level of dogmatism and criticalness, as well as how important evaluation is to the relationship (graded internships) as significant factors that also influence supervisees' openness in supervision (Bischoff et al., 2002; Daniels & Larson, 2001; Fitch & Marshall, 2002; Halgrin, 2002; Magnuson et al., 2000; Steven et al., 1998).

Consequently, another task in building a successful working relationship with supervisees is to create a sense of safety and trust. Supervisees need to feel a sense of worth, belongingness, safety, and security. If they don't feel safe and don't trust the supervisor, then it is hard to build the working alliance. Likewise, if supervisees are afraid to make decisions or be honest, it is hard for them to learn and grow. Because supervision is a relationship of unequal power and supervisees, especially beginners, can be very anxious, supervisors need to focus considerable time and energy on a strategy to build trust and establish an atmosphere where supervisees feel free to take risks and discuss openly their deficits and problems with the work.

One easy place for supervisors to locate ideas on how to build a positive working relationship with supervisees is to review the work of Carl Rogers. Rogers believed that warmth, genuineness, empathy, positive regard, and unconditional acceptance are essential on the part of counselors in order to build trust with clients. "If I can provide a certain type of relationship, the other person will discover within himself or herself the capacity to use that relationship for growth and change, and personal development will occur" (Rogers, 1951, p. 33). His

## DON'T FORGET

Being supportive of supervisees and building trust does not mean supervisors must always be warm, fuzzy human beings who never disagree with supervisees or give them any corrective feedback. Instead, it refers to how supervisors relate to supervisees and how they give them feedback—that is, by showing a basic respect for the supervisees' needs and abilities.

ideas continue to receive validation through research in psychotherapy where these same relationship variables, called *common factors*, have been found to be vital to successful outcome with clients (Norcross, 2002). Supervisors need to use the same rapport-building skills to facilitate a positive outcome in supervision. For example, encouragers such as "Tell me more; I'm interested" or "Keep going; you're on target" are

simple ways to encourage discussion. Paraphrasing and summarizing are used to clarify understanding, while reflecting feelings and empathic responding usually indicate the supervisor is fully present in the relationship. Repeating significant words in a question, such as *no one? or the whole time?* helps elicit clarification of meaning. Most counselors and therapists learn early on in their training that open-ended questions are considered better than why questions because they sound less critical. The same is true for supervisors.

Rapid Reference 7.5 gives a list of supportive skills for supervisors.

Even though supervision is a different relationship from psychotherapy, research in supervision clearly supports the relevance of traditional rapport-building skills used in counseling and psychotherapy to supervision. If supervisors are open to supervisees' thoughts, feelings, experiences, and viewpoints; have compassionate and genuine regard; and are willing to offer support and encouragement, a more trusting relationship can be formed (Bischoff et al., 2002; Magnuson et al., 2000). The bottom line is that when supervisees feel heard and understood by their supervisors, they are more likely to be motivated and open to feedback.

Occasionally supervisors in organizational settings rebel at such suggestions. They see no value in pandering to peoples' need for encouragement and support. Instead, they think, "Why should I have to go out of my way to talk about successes or people's strengths or to thank people for their efforts? After all, we are all adults here. These people are not clients. Everyone knows what is expected. We all have a job to do so just do it. I don't have time for such nonsense." However, there is some danger in this attitude. Supervisees who do not feel appreciated or safe avoid supervision, withhold important information, and, in times of need, run the opposite way. Additionally, and perhaps most importantly, studies are beginning to show a positive relationship between the relationship with supervisors and the relationship with clients (Freitas, 2002; Patton & Kivlighan, 1997). Supervisors model by their behaviors with supervisees in

## Rapid Reference 7.5

### Supportive Skills

Attending	Summarizing	Agreeing
Paraphrasing	Clarifying	Encouraging
Reflecting feelings	Open questions	Empathic responding
Reinforcement	Self-disclosure	Behavioral descriptions

## CAUTION

Ignore supervisees' basic needs for safety and support at your own peril. You will not be able to rely on supervisees' willingness to come to you with mistakes or to pitch in and help when things get tough.

supervision how they wish them to behave with clients. For example, the more friendly and supportive supervisors were perceived to be by their supervisees, the less dominant and controlling supervisors were seen to be by their clients.

Supervisors are sometimes confused about what being supportive means in terms of actual supervisory behavior. They interpret the recommendation to mean that all interactions with supervisees should be warm and friendly and should contain only positives and praise, avoiding altogether any corrective feedback or challenge to supervisees' behavior with clients. These supervisors act as cheerleaders who continually repeat, "you are doing a great job" throughout supervision. While everyone likes to hear that they are doing a good job, most supervisees intuitively want more from supervision. They want to explore options and be challenged. Furthermore, a great number of outstanding supervisors are not particularly warm human beings but are still able to convey their appreciation for supervisees' needs.

Similar confusion exists about the term *unconditional positive regard*. Unconditional positive regard is another way of saying supervisors have respect for supervisees, valuing them as persons of worth regardless of whether they agree with them. A supervisor can have positive regard for supervisees without agreeing

## Putting It Into Practice

During a review of a client case, Maria's supervisor suggested she try something that did not sound right to her. She felt it would lead the client session in a different direction from where she wanted to go. With some trepidation, Maria inquired of her supervisor: "Don't you think that suggestion will take my client away from talking about her grief? I think she needs to do that."

**Bad supervision:** The following are examples of a supervisor's lack of positive regard: The supervisor responds defensively to this remark and says, "If you had received better training in graduate school, you would know this is not the time to do that." Or "Maria, I think you have problems with authority." Or "Well, you can disagree with me all you want, but I am telling you to do that."

**Good supervision:** The following are examples of a supervisor's positive regard: "Good point, not sure I agree, but tell me more. I am interested in your viewpoint." Or "Well, that is a good question. Why did I make this particular suggestion at this time with this client? Let me share my reasons with you, and then let me know what you think."

## Rapid Reference 7.6

### Creating a Safe Environment for Supervision

1. Be genuine, show respect, and be tolerant. For example, "I'm not sure I understand your approach to that client. Can you share with me more about your thoughts and feelings underlying that strategy?"
2. Be available, consistent, and reliable.
3. Focus on supervisees' strengths. Begin case consultation by asking for successes, not just problems. For example, "Tell me what went well for you this week."
4. Use empathic responding and express understanding. For example, "Working with this family is really going to be challenging. However, I think you are up to it."
5. Acknowledge the supervisee's efforts, and when they do something exceptional, point it out. Make a special effort to do so publicly or in writing. For example, "You did an amazing job with that client."
6. Normalize mistake making and support risk-taking. For example, "Even though what you did with that client didn't turn out as planned, I think you will really grow from the experience. Let's talk about it together and see what can be learned."
7. Address at the beginning of supervision the natural causes of anxiety, such as having to hear corrective feedback and being evaluated as to one's competency.
8. Offer hope for success.
9. Use humor.

with everything supervisees do or say or approving of their beliefs and values. Unconditional positive regard does not mean that supervisors cannot disagree with a supervisee or point out something they did wrong. Instead it describes how supervisors treat a supervisee and respond to differences of opinion when they occur.

Supervisors at all stages of development and experience need to pause and consider how to use their skills and knowledge to create a safe place for supervisees. Rapid Reference 7.6 presents a list of actions that will promote a safe environment in supervision.

### Normalize the Making of Mistakes While Learning

Undoubtedly the best approach is to talk openly at the beginning of supervision about the importance of safety and trust and the need for risk-taking and mistake-making as a part of the learning process. The supervisor's attitude toward

## DON'T FORGET

The role of clinical supervisor is to point out what went well, not just mistakes.

the making of mistakes would be reflected in the choice of words, tone of voice, and feedback style. Some supervisors do not even like the term *mistake* as to them, it implies criticism or an attack on a supervisee's self-esteem. Instead, they like to ask supervisees for ideas or options they could use with a particular client or circumstance rather than come out directly and say what they did was wrong.

Three techniques found helpful to reduce supervisees' anxiety about making mistakes include: *self-disclosure*, *empathic responding*, and *metaphors*. Self-disclosure along with empathic responding is a common method supervisors use to build rapport and create a sense of safety in supervision. By sharing their own mistakes, failures, and problems, supervisors model for supervisees that it is acceptable for them to talk about their own mistakes and misgivings in supervision. Many times this self-disclosure by supervisors mirrors the same thoughts and feelings of supervisees, which creates a sense of commonality that goes far toward building the working alliance (Baker, Exum, & Tyler, 2002; Ladany & Walker, 2003).

The use of metaphors is another way for supervisors to convey understanding and empathy and to make it safe for supervisees to explore issues in a deeper way (Tyddon, Clay, & Sparks, 2001). Metaphors are an easy way for supervisors to capture complex and difficult issues in a positive manner. Popular metaphors involve gardening, sports, and life experiences of real or fictional people. Mary Langan (Langan & Milioni, 2002) begins her practicum supervision using the metaphor of learning to ice-skate to describe the ups and downs of counselor training. She continues to refer to this metaphor throughout supervision by asking, "How is your skating going today?" as a means to check how learning is progressing.

## DEVELOPING SELF-AWARENESS

One important aspect of clinical supervision is the development of personal self-awareness on the part of supervisees, with special attention given to how supervisees' personal issues, beliefs, assumptions, and attitudes—particularly gender, culture, and race—affect client care. Griffith and Frieden (2000) used the term *reflective thinking* to describe this as an active, ongoing process of self-examination whereby counselors and therapists explore theories, beliefs, and assumptions so as to better understand and respond to their clients.

## Putting It Into Practice

### Case Example

Martha had just been hired by an agency. She had almost no experience working in social service and was very worried about seeing her first clients. In fact, she had very little work experience except some babysitting and summer jobs at the mall. She wanted to do a good job and be seen as very competent because she was planning to apply to graduate school sometime in the next few years and needed a good reference from her supervisor. Martha was a top student and always had gotten A's in her classes, so doing well was of particular concern to her. She had majored in sociology and was aware of all the problems in society. She wanted to make a difference, not just sit on the sidelines. That is why she took this job.

She had no idea what supervision really was and what her role would be, so she was highly anxious at the first supervision session. Her supervisor, Mark, who had been at the agency for many years, knew this and wanted to put her at ease. He shared his own experiences starting out, his desire to help all the clients and to have all the clients like him, and how he came into the profession because he wanted to make a difference in the world. He saw himself as the great rescuer of these "poor people who life had treated unfairly." Following this self-disclosure, Martha felt immediately at ease with Mark and openly began to share her thoughts and concerns. As she spoke, Mark responded that these concerns were normal and natural and that was what he was there for—to help her as best he could to be successful in her job and to learn skills and develop competency. However, he also wanted to caution her about her mind-set and possibly distorted beliefs about helping, so he used a metaphor to describe the work at the agency as resembling mowing the grass to mean that there are a number of ways to help clients. Listening to the metaphor, a number of thoughts and questions began to swirl in Martha's head. It dawned on her that this job was going to be a real challenge to her personally, not just professionally, and that Mark was going to be a great resource of support as well as someone to teach her skills. Before the end of the first supervision session, Mark asked her about her goals, what she wanted to learn, what she thought were her strengths as well as weaknesses, and anything she might need from him to make the relationship go better. Because he had already talked about the role of corrective feedback and evaluation earlier in the meeting, she had already mentioned her perfectionist tendencies and how hard it was sometimes for her to hear feedback without getting upset, but, still, she wanted to make sure he understood this as an issue for her. Mark not only heard her, but he also said that was the hardest part of supervision for him in the beginning and that, frankly, it still was. Martha felt relieved and reassured and left her first supervision session eager for more time with Mark.

**Teaching Point:** Mark understood how important it was to start supervision by orienting supervisees, especially novice ones, to supervision in order to build a working alliance. He understood from his own experiences how natural it would be for Martha to be anxious about supervision, and so he used self-disclosure to create understanding. Mark also included a metaphor for as a means to normalize anxiety and bring a number of important topics quickly to the table. He also knew how important it was to have Martha, even when she was so green, participate in goal setting, planning, and have some input into evaluation in order to improve her motivation.



## DON'T FORGET

Supervisees should be advised at the beginning of supervision about the importance of self-awareness and ownership of problems such that if entrenched problematic patterns of responding are uncovered during supervision that could be harmful to clients and interfere with the quality of service and these problems are not successfully worked out in supervision, it is the supervisees' ethical duty to seek counseling, psychotherapy, coursework, or other means to resolve the problem.

self-awareness and to uncover any problem areas that could have a detrimental impact on supervisees' work with clients. William Glasser, in a panel discussion about excellent therapy practices, said the best advice he ever got from his supervisor was the "need to be in better shape than the client" (Glasser, 2004).

In fact, self-awareness is considered to be one of the cornerstones of ethical practice within all health disciplines, and all practitioners are reminded to know themselves, their limitations, and not let their personal problems or issues negatively impact their care of clients. Furthermore, if any mental health practitioner becomes aware of personal problems that might be detrimental or harmful to clients, they are admonished to take responsibility and seek help to resolve them.

The amount of emphasis placed on developing supervisees' self-awareness varies depending on the type of client services being provided. It probably is a more important supervision subject matter for psychologists, counselors, or psychotherapists, who are involved in intense interpersonal relationships with clients, than for case managers, nurses, and paraprofessionals, who are providing task or education services. However, some effort to include exploration of supervisees' mind-sets and basic attitudes and beliefs about people should be a part of everyone's clinical supervision plan.

Another issue is when to begin the process of exploring self-awareness. Stoltenberg and Delworth (1987), in their developmental model of supervision, suggest raising self-awareness should take place later in supervision after supervisees have been acclimated to the work and have seen a number of clients. However, others such as Kagan & Kagan (1997) with IPR believe this process should begin immediately after the first client session. It is this author's recommendation

Personal issues can limit the professional development and success

of supervisees within their chosen field. Such things as discomfort with intimacy and closeness or the expression of feelings by clients are a major factor in the building of rapport and creating an atmosphere of understanding and acceptance. Distorted or illogical thinking along with perfectionism on the part of supervisees can also limit effectiveness with clients. Thus, it is the ethical responsibility of all clinical supervisors to assist supervisees to grow in

## DON'T FORGET

It would be unethical not to challenge supervisees about issues that may be harmful or interfere in some manner with providing ethical client care.

that inserting thought-provoking questions that ask supervisees to put themselves in relationship to their clients should begin immediately. A straightforward inquiry about where the supervisee is in relationship to his or her client, or how connected he or she feels to the client, will start the process. As supervisees become more experienced and more comfortable, self-exploration questions can become more complex. Studies by Protinsky and Coward (2001) and Bischoff et al. (2002) of experienced clinicians indicated that it was this process in supervision of connecting oneself and one's thoughts and feelings to the client relationship that was most powerful in helping them develop competency.

### Differences between Supervision and Psychotherapy

One of the inherent struggles supervisors face in facilitating a supervisee's personal development is understanding and respecting the difference between supervision and personal counseling or psychotherapy. The key difference is when discussing personal issues with supervisees—the processing must remain anchored solely to the relationship between the supervisee and the client rather than probing deeply into the background facts or causes of a supervisee's specific issue or working with them to resolve background issues in supervision. Supervisors must understand that to go beyond this context may be unethical as it constitutes a dual relationship.

It is always a dilemma for supervisors as to how to raise supervisees' level of self-awareness without falling into the role of therapist. Having had a supervisor who was able to process personal issues in a helpful and ethical manner would certainly be advantageous. Moreover, it is undoubtedly easier to maintain good boundaries and encourage self-exploration on the part of supervisees when working with a group in

## CAUTION

For those working with a psychodynamic orientation, examination of transference and countertransference is an integral part of that model, and more permission is given supervisors to explore personal background issues with supervisees. However, even in these situations, supervisors will need to use caution to keep appropriate boundaries in supervision and to be clear that the purpose of any exploration of transference is the impact on client care.

## Rapid Reference 7.7

### A Three-Step Process for Ethical Self-Exploration with Supervisees

1. Promote self-exploration. Use a variety of methods and techniques to promote self-awareness on the part of supervisees in their relationship with clients, such as thought-provoking questions, a family genogram, experiential exercises, or audio- and videotaping.
2. Connect supervisees' self-awareness to their relationship with clients by asking supervisees to ponder how their family background and thoughts, feelings, beliefs, and attitudes about people might impact their relationship with clients in general or with one in particular. This could be both positive and negative. For example, the supervisor can inquire, "Is there anything about this client that makes you reluctant about confronting her? Anything in your background that might make you hesitate?"
3. Follow up any self-exploration experience by prompting supervisees to explore options for change as a result of their self-awareness. Ask "What will you need to do as a result of this awareness?" or "Let's explore together some ideas for what to do differently with this client as a result of this awareness."

supervision than in an individual session, especially if adopting a psychoeducational training perspective. However, self-exploration can be done successfully in any supervision format by practicing the following guideline: Keep the supervisee's self-exploration focused on the impact of their thoughts, feelings, and background on client care, and avoid an extraneous discussion of the roots and causes of such awarenesses in supervision to the fullest extent possible. Rapid Reference 7.7 summarizes the steps for ethical practice in regard to exploration of the self in supervision.

### How to Increase Self-Awareness in Supervision

There are numerous ways to bring the topic of self-awareness into supervision. Traditional techniques include journaling, process recording, genograms, experiential training exercises, and the employment of thought-provoking questions during case consultation. Other means to promote supervisees' self-exploration might be a discussion of parallel process or transference and countertransference within the context of case consultation, review of audio- and videotapes, psychodrama, role-play and role reversal, and the Gestalt empty chair, to name a few (Campbell, 2000; Griffith & Frieden, 2000; Rambo, Heath, & Chenail, 1993).

## Putting It Into Practice

### Case Example: How to Work with Supervisees' Self-Awareness

Patty had recently graduated with her master's degree in counseling and just began working at an agency that sees cancer patients and their families. Her supervisor is very concerned that Patty (as all counselors at the agency) explore her personal history of grief and loss because of the strong impact this history could have on how she responds to her clients.

**Supervisor:** One issue that is important for you to explore in supervision before too much time passes is your own history of grief and loss, what types of losses you have had in your lifetime, and what happened as a result of those losses. I have found over the years that a person's history of loss will powerfully influence what happens with clients during counseling.

**Patty:** I know right now one experience I have had that may be really significant in my work; my mother died of cancer five years ago. It is part of my desire to work here, to help family members deal with cancer and loss.

**Supervisor:** I am glad you shared that with me. Sounds as if it will be important to explore this issue more deeply. Can you share with me more about the loss of your mother? Let us start with what you took away from the experience.

**Patty:** Well, one thing I learned from my mother's death is that talking about your feelings is important. It is important to let them all out, to cry, to get angry, and if you don't do that, then grief will fester and may lead to depression or worse.

**Supervisor:** Take a look at what you just said from the aspect of how these thoughts may impact your work with clients here at the agency. Can you think of anything that you just said that might interfere with your hearing a client?

**Patty:** Absolutely. As I spoke my thoughts, I realize how strongly I believe in the importance of expressing feelings out loud. However, I may have a client who doesn't express their feelings openly. As a result of my belief, I may see something wrong with that and start to demand that he or she do grief my way. Wow, I wouldn't want to do that. I will really have to be vigilant and will need your help to make sure this doesn't happen with any my clients.

**Supervisor:** Sounds like a really good awareness to have at this point. I have some ideas about things you can do to keep your personal material out of your counseling sessions. Why don't we talk about one of your cases where you think this issue of your experiences with loss might be present? Anyone you are struggling with?

**Mary:** It just occurred to me how frustrated I feel with Mr. Jones. He comes to counseling, but I have so much trouble getting him to talk about his feelings. He told me he hasn't shed one tear yet over his wife's death; he didn't even cry at his wife's funeral! I have thought he obviously didn't care about his wife. Now, I am wondering about my assessment of the situation and how I am approaching him. Any ideas on something different I might try?

## DON'T FORGET

A supportive environment is a necessary prerequisite for open and effective self-exploration by supervisees.

## DON'T FORGET

A series of thought-provoking processing questions should be included with any self-awareness exercise to boost the learning curve.

consultant-style process questions appropriate for supervision.

One of the oldest and best-known means to encourage self-exploration on the part of supervisees is the requirement of a personal journal. Journals are cus-

## Rapid Reference 7.8

### Processing Questions for Supervisors

- "Where are you with this client? Any buttons being pushed?"
- "How does it feel to be with this client?"
- "What is the client doing or saying that causes you to feel this way?"
- "Why do you think you feel this way? Does this client remind you of another person or situation?"
- "Is there anything happening in your life right now that may be contributing to your response to this client?"
- "As a result of this discussion, what might you want to do differently with this client?"

For example, to highlight the impact of personal issues on therapeutic effectiveness, the supervisor might require supervisees to tape one of their client sessions and then review the tape together in supervision applying IPR.

To accomplish this difficult task of maintaining boundaries and to keep the focus on training, it is best if supervisors see themselves in a consultant role to the supervisees' self-exploration. Rapid Reference 7.8 furnishes a number of examples of supervision.

One of the oldest and best-known means to encourage self-exploration on the part of supervisees is the requirement of a personal journal. Journals are customarily made use of in graduate programs as a private venue for supervisees to explore emotions without fear of censorship as well as a means to track events, make sense of experiences, and organize thoughts and integrate learning. Particular questions or exercises, such as a genogram, are often assigned to help structure the journal and increase learning. Supervisors do not as a matter of course ask supervisees to share the actual journal with them, thereby circumventing any problems with dual relationships. Rather, most supervisors usually request supervisees share only insights or concerns that could potentially affect their work with clients. Asking supervisees to keep such a journal has numerous benefits. However, in certain circumstances, such an idea

## Putting It Into Practice

### Case Example

After several months working with the probation department as a case manager David told his supervisor that he disliked one of his clients, Mr. Donothing. The supervisor asked David, "What does Mr. Donothing do that makes you dislike him?" To that question, David launched into a description of his client's behavior during their first meeting. In response to this question, David inquired if Mr. Donothing reminded David of anyone. To this question, David looked blank and then suddenly said, "He reminds me of my no-good younger brother. He never took responsibility for anything he did. Any mistake was always someone else's fault. No wonder I don't like Mr. Donothing." At this admission, his supervisor thanked him for his openness, telling him that making these kinds of connections is very important to ethical practice. Then the supervisor asked, "So, now that you have made this connection, what do you think you will have to do with to work with Mr. Donothing?" Whereupon David began to talk through his ideas with the supervisor.

**Teaching Point:** The supervisor in this instance maintained good boundaries with his supervisee and avoided any dual relationship by keeping the focus on David's relationship with his client, rather than spending time in supervision on David's relationship with his brother.

may not be feasible because of legal and regulatory parameters.

Whatever method or technique is chosen, supervisors need to be fully trained and competent in its usage before application to supervision.

Learning new methods and techniques for supervision can be rewarding and invigorating. It is also suggested that supervisors first practice on themselves or with a colleague before using any self-awareness exercises with supervisees.

### Application of the Family Genogram for Developing Self-Awareness in Supervision

The use of genograms in psychotherapy is based on the premise that past relationship patterns affect current personal and family functioning. Thus, generational issues and patterns of conflict, distancing, boundary setting, and triangulation can be explored using a genogram (McGoldrick & Gerson, 1985). In supervision,

## DON'T FORGET

The end point of any self-exploration on the part of supervisees is to help them make any changes necessary to protect their clients from harm.

a genogram can provide an excellent source of family background information that can be used to explore the effect of those experiences on supervisees' current work with clients, such as transference reactions, parallel process, anxiety, and other relationship difficulties (Kuehll, 1995). The cultural genogram (Hardy & Laszloffy, 1995) and the spiritual genogram (Frame, 2000) supply additional means to help supervisees explore their cultural and religious heritage and the impact of these variables on present behavior. Topics such as grief and loss, substance abuse, sexuality, intimacy, gender roles, divorce, stepfamilies, social support, and family resources can all be explored via the genogram (Magnuson & Shaw, 2003). A study of seasoned therapists found that exploration of their own family of origin was a significant part of their professional development and an excellent bridge between the personal and professional self (Protinsky & Coward, 2001).

To use a genogram in supervision, the supervisor may first request supervisees to make a genogram of their family and then answer a series of written questions designed to get them to identify family patterns of coping with such topics as anxiety, anger, loss, or conflict. After responding to the questions, supervisees then would be asked to think through how any of these recognized family patterns might present themselves in their current relationships with clients. Afterward, the material could be processed further in supervision by application to particular client cases. Supervisors can add the use any number of action techniques, such as role-playing, role reversal, psychodrama, and Gestalt empty chair, to facilitate the processing and integration of material by supervisees. Adler's lifestyle inventory could also be easily included with the genogram exercise (Campbell, 2000). See Rapid References 7.9 and 7.10 for an example of how to use genograms in supervision.

One specific area where using a genogram is especially helpful in supervision is the role of the supervisees' family history in how they respond to clients' expressions of feelings. For instance, those supervisees who saw their role in the family as peacemaker will often struggle to confront clients. Teyber (1997) termed a person's dominant mode of responding to life situations as the *affective constellation*, a sequence of interrelated feelings such as anger, sadness, and guilt that repeatedly recur throughout one's lifetime. The affective constellation develops through experiences in one's family of origin and is seen to mask deeper feelings of pain, hurt, or shame. Helping supervisees uncover their affective constellations and dominant mode of responding to life events can increase understanding of their responses (transference) to certain clients and client problems.

### Rapid Reference 7.9

#### Making a Genogram

A genogram is a pictorial representation of family relationships across several generations.

Male  Female  Miscarriage or abortion

Sex unknown  Adopted  or  Death  or

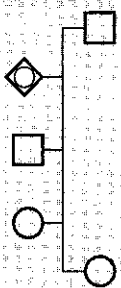
Twins   Marriage

Separation or divorce   Living together but not married

Death

Living together but not married

Children are denoted by vertical lines. Place oldest on the left and youngest on the right.



Ages are written inside the squares or circles.

37

32

Names can be written inside or outside the squares or circles.

41 Jill

41 Jill

If desired, include marriage, separation, and divorce dates on the horizontal line.

m. 11-16-85  d. 5-26-94

Additional information may include vocations, temperament, hobbies, or other pertinent attributes about each person.

37 Julie Doctor  29 Sam Alcoholic

Genograms may also include "feeling faces" such as happy, sad, angry, numb, and scared.

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## Rapid Reference 7.10

### Employing the Family Genogram in Supervision

1. Make a genogram of your family going back three generations. See Rapid Reference 7.9 for instructions on how to make a genogram.
2. Look at the genogram, noticing relationship patterns in your family of origin:
  - Do you see significant patterns of loss or connection?
  - Next consider multicultural issues such as interracial marriage, gay or lesbian members, adoption, or changes in the socioeconomic status in your family of origin.
3. Explore the genogram more deeply with a series of thought-provoking questions:
  - How was anger handled in your family? What were typical patterns of responding to conflict? Was there any difference in how it was handled between generations? Certain people?
  - What does the genogram tell you about the role of loss in your family? What type of losses occurred, and what happened to family members as a result of these losses?
  - What did you learn in your family of origin about people of a different race (ethnicity, gender, socioeconomic status)? (Hardy & Laszloffy, 1995)
  - What was it like to grow up in your family? Did you feel acceptance and caring? Did your parents give feedback in a way that was reassuring, or was it painful?
4. How might your family of origin impact your work with clients?
  - For example, do you see a relationship with your model or approach to clients? Your choice of population or problems with which to work?
  - How might family patterns of coping with events and feelings influence your response now to a client's expression of intense feelings or your assessment of a client's problems or personality?
5. Answer the same in terms of supervision.
  - Any thoughts on how your family history may come into play in your relationship with supervisors (i.e., transference)? For example, experiences with critical parents may spill over into supervision.

### Challenging Distorted and Illogical Thinking

Another fruitful subject for supervision is distorted and illogical thinking such as a tendency toward perfectionist thinking on the part of supervisees, especially in the early stage of development. Thoughts such as "I can never do enough" or "I can never do it right" usually lead to feelings of guilt and self-doubt or a sense of failure and incompetence. Before endeavoring to help others, supervisees must be able to accept their own mistakes and imperfections and to believe that even though they are not perfect, they are also not failures. Demands for perfection can also play a significant role in how supervisees respond to corrective feedback in

## Putting It Into Practice

### Case Example

Sarah was a new supervisor in an agency that specialized in victims of violence and sexual trauma. After reviewing cases with George, a therapist who had been at the agency for a number of years, Sarah began to suspect the presence of some personal history that was affecting how George interacted with his clients. Recognizing the touchiness of the situation given that she was new, she wanted to go slowly. Remembering how effective making a family genogram had been for her when an intern, she decided to ask all of her supervisees to do the same exercise. She couched this suggestion by talking about her own experiences and the usefulness of such an exercise. As expected, George balked, saying he did not see any need for any such thing. "I have been working here for eight years, and no one has ever demanded we get so personal. It sounds more like therapy to me, and I know my rights. No one is going to snoop into my past." In response, Sarah reiterated her reasons for the exercise and reassured everyone that she would not ask to see anyone's genogram. "All she was interested in as a clinical supervisor was any connections they made between themselves and their past to their current practice with clients and then for them to look for as many ideas as possible to correct any problems that might affect clients. After all, one of the main ethical guidelines for all mental health practitioners is to know themselves and their limitations and not work out their own personal issues with clients. Sarah said to George, "I know you care deeply about your clients and what happens to them, so I am rather surprised at your response. Because you are the senior therapist, and using genograms with our clients is standard, I just assumed you would be open to this suggestion as I know you believe how important self-awareness is in ethical practice with clients. Maybe I wasn't very clear about how I envision using a genogram in supervision. It is different than the way we use them with clients. However, if you are so uncomfortable with my suggestion to make a personal genogram, it's okay by me to back off." George was silent for a long period of time and then said hesitantly, "I guess it might be a good idea. We can try it and see how it goes. Maybe something good will come out of making a genogram and examining the past. I just want to be sure this doesn't turn into therapy." Sarah responded reassuringly, "I will make my best effort not to cross over the line. However, I am going to count on you to keep me straight if for some reason what I ask seems inappropriate. How does that sound?"

**Teaching Point:** Sarah felt the need for all her supervisees, regardless of years of experience, to continue to grow in self-awareness. She was clear the purpose of the genogram in supervision was different than in therapy, thus avoiding a dual relationship with her supervisees. When George objected, rather than becoming defensive she showed positive regard for his thoughts and feelings and so opened the door for him to reconsider his objections.

## Rapid Reference 7.11

### Challenging Distorted Thinking on the Part of Supervisees

1. Make a list of distorted and illogical thoughts or beliefs prevalent to novice supervisees. For example, the need to be liked, the need to be needed, the need to have all clients change in order to feel successful, and the need to be 100 percent available in order to be helpful. Be sure to include generalizations such as *always*, *never*, *everyone*, or *no one* that indicate irrational thinking.
2. Review the list with supervisees and have them identify which of the listed beliefs or illogical thoughts they commonly have, noting any that they believe are especially significant in their work with clients.
3. Take these hot thoughts and work with supervisees to create a list of statements to dispute each one.
4. Have supervisees write them down and practice saying these new thoughts out loud.
5. To reinforce the learning on this topic, take a typical client case scenario (or just make a list of client requests that typically trigger illogical thoughts) and then do a role-play with supervisees. As the client, act or do things that normally will trigger illogical thinking on the part of supervisees—such as unreasonable requests for attention, changes in the way things are done, desire for outside contact, and so on. Have supervisees respond to the client requests and then correct themselves if any illogical thoughts appear in the role-play. This would be an excellent activity for group supervision.
6. Ask supervisees to pay attention to the existence of distorted or illogical thinking as they talk about client cases in supervision. Do they use words such as *always*, *never*, or *everyone*? Do they hear themselves use a number of *shoulds* or exhibit perfectionist thinking?
7. Make note of supervisees' favorite illogical thoughts, and watch for their appearance during case consultation. When noted, ask supervisees on the spot to dispute their illogical thoughts. "What are you saying to yourself right now that leads you to this evaluation of your work with this client?"

## Putting It Into Practice

### Case Example

Joy was reviewing a case involving a mother who had just been referred to hospice. As she talked, tears formed in her eyes, and then she began to sob. Her supervisor sat quietly, letting Joy cry. But after several minutes, when Joy did not seem to be able to stop crying and the sobs were more intense, the supervisor reached out and took Joy's hand, murmuring comforting words. Slowly, Joy returned to the present, and her crying stopped. After blowing her nose, Joy said in a quiet voice, "I thought I was over my grief, that I had worked it all out, but something with this client just got to me. I keep seeing my mother. I don't know

what to do now." Her supervisor responded, "This often happens to counselors here. Many times old grief will well up unexpectedly. I still sometimes have the same response to my client's pain. Out of nowhere the tears come. My first concern now is to check to be sure you are okay, and then we can talk about your client. Is there anything you need from me right now?" Joy thanked her supervisor for her concern and her sharing how normal crying was at the agency. However, Joy also stated that she realized that if she was to continue working with cancer patients, she was going to have to go back and do some more therapy around her mother's death. "Somehow what you said makes me feel stronger. I think your being real with me gives me courage to do what I need to do."

**Teaching Point:** In this example the supervisor stayed with the supervisee in the here and now and responded to her with caring. Through self-disclosure, she normalized the expression of intense affect in that setting and thereby gave Joy permission to be open about her feelings in supervision. However, the supervisor did not attempt to become Joy's therapist nor did she tell Joy what to do but instead allowed Joy to come up with her own solution to the problem. supervision. They may have trouble hearing positive feedback or may be deflated if supervisors suggest any changes to their work with clients. Perfectionism can be an underlying factor as well in patterns of overfunctioning with clients. For example, if supervisees believe that they can never do enough, it will lead them to difficulties in setting realistic boundaries with clients. Rapid Reference 7.11 describes a strategy for exploring distorted thinking in supervision.

## COMMON PROBLEMS TO ADDRESS IN THE BEGINNING STAGE OF SUPERVISION

### Dress and Appearance

Dress and general appearance are one area of difficulty that is quite common with beginning supervisees, especially younger ones. In today's world of casual

## CAUTION

Many times there are established rules in an organizational setting, such as mode of dress, that are not open to change in an organizational setting, regardless of the supervisee's personal feelings. However, clinical supervisors should still want to help supervisees see a relationship between their behavior and client outcome. By holding a focused discussion that validates supervisees' thoughts and feelings but encourages them to connect their behavior, such as their dress, to their goals for clients, accommodation and compliance are more likely to be the outcome rather than continuing conflict and bickering about rules and regulations.

dress and hip style, supervisors may find themselves having to bring up this issue with increasing frequency. Some organizational settings, such as hospitals, may require uniforms and hence avoid some problems in this arena. However, the concept of professional dress can be very broad in its interpretation depending on the client population and setting. What is considered acceptable in one setting might be problematic in another.

The easiest strategy is to ask supervisees at the beginning of supervision how they see dress (hairstyle, exposed tattoos, body piercing, jewelry, etc.) coming into play in building their relationship with clients, looking at both the positive and negative aspects. If a dress code were in place, it still would be beneficial to process the role of dress in professional demeanor. This type of discussion, however, requires supervisors to be open and tolerant of a variety of thoughts and feelings on the topic and willing to hear what supervisees have to say. Supervisors who are playful by nature could lend some humor to the conversation by putting on several different outlandish outfits for a counselor, nurse, case manager, or therapist and then have supervisees role-play being clients in such circumstances. For example, the supervisor could state "Your hair length, styles of dress, and jewelry all come into play in building relationships with clients. They make an important statement. How does your dress [hairstyle, jewelry] help you accomplish your goals with clients? How does it get in the way? If it is having a negative effect, what can you do about it?" Rapid Reference 7.12 provides suggestions for initiating a sensitive discussion, such as personal appearance, with supervisees.

### Sexual Attraction to Clients

Fiducial codes for all of the mental health disciplines are very clear that sexual relationships with clients are harmful and should be avoided at all cost. Yet statistics across the board for all disciplines indicate that sexual relationships with clients is still a top ethical complaint and one of the leading causes of malpractice suits.

A number of studies have indicated that feelings of sexual attraction to clients is perhaps more common than realized (Cardona, Brock, & Sandberg, 2002; Ladany et al., 1997). In fact, sexual attraction is a normal and natural phenomenon experienced by human beings, so it is only to be expected that sexual attraction will emerge in therapeutic relationships that are emotionally intense. However, few participants in these studies reported discussing the subject of attraction to clients with their supervisor. In fact, a study by Harris (2001) found that most graduate students were reluctant to discuss the issue of attraction to clients for fear of being seen as maladjusted or perverted by their supervisor.

Furthermore, only a small number of clinical supervisors report they received any training in this topic while they were in supervision (Campbell, 2001–2005, informal

### Rapid Reference 7.12

#### How to Talk to a Supervisee about Problems with Dress

**Own your own feelings:** "It makes me uncomfortable to talk to you about this issue."

**Remind supervisee of goals for supervision:** "I know you shared with me at the beginning of supervision your deep desire to help our clients, how you wanted to learn to be the best counselor possible. That is why I am going to say this to you."

**Use empathic responding:** "You may hear this feedback as critical or maybe think I am too conservative and out of date."

**State the problem clearly from your perspective. Stay away from character or motive:** "I am concerned that the way you dress is interfering with your effectiveness as a counselor. I am not sure it is having a positive effect on your groups, and, in fact, from my observation, it is actually distracting the men from the purpose of the group."

**Give specific behavioral examples:** "When you wear really short skirts that hitch up above your knee when you sit down, attention is drawn to your legs rather than what you are saying. I don't think you want that. And when you wear low cut blouses that accent your breasts, the same thing happens."

**Ask supervisee to own the problem:** "I wonder what your thoughts on this are? Have you thought about how you present yourself and how it may be helping or hindering your counseling relationships?"

feedback, supervision workshops; Cardona et al., 2002; Nickel, Hecker, Ray, & Bercik, 1995). The exception to this statement comes from practitioners with a psychodynamic orientation where examination of transference and countertransference reactions is an integral part of training. Coming from the perspective of transference and countertransference, it is an easy step for supervisors to introduce the topic of personal attraction to clients into supervision. When reviewing cases, the subject of personal feelings toward clients would be considered a normal topic for discussion.

At this point, even as professional ethical codes and standards warn about inappropriate personal relationships with clients, when attraction occurs, it is usually left up to the practitioner to manage the situation in a way that is not harmful to the client.

### CAUTION

Not all feelings of attraction to clients are sexual. Similarity in life experiences, upbringing, interests, as well as analogous problems can lead unwary practitioners into less easily identified inappropriate dual relationships with clients. Supervisor's need to explore the whole issue of attraction and friendship as a general topic of intimacy, closeness, and how a sense of similarity with clients can lead supervisees to boundary violations with clients.

Obviously, there is a need for a different approach, and that task falls squarely on the shoulders of clinical supervisors. Not just sexual attraction to clients, but feelings of attraction in general are important but frequently overlooked training issues that need to be given more attention by every clinical supervisor, no matter the circumstance. It is critical that supervisees are able to recognize situations where issues of attraction might be present and be prepared to handle them appropriately. Supervisors need to educate and normalize attraction as a therapeutic issue and promote ethical responses to such situations. Rather than treating the topic as taboo, this is an issue that needs to be on the forefront of clinical supervision, regardless of degree, education, or experience. Housman and Strake (1999) found overwhelmingly that those therapists who did discuss attraction to clients with their supervisors felt more comfortable and better able to cope with such a situation. What is at stake here is how supervisors handle the topic so as to encourage openness and promote ethical practice. Rapid Reference 7.13

### *Rapid Reference 7.13*

#### **Responding to the Topic of Personal Attraction to Clients**

**Supervisor:** How comfortable do you feel with this client?

**Supervisee:** I don't feel very comfortable working with him. I find myself having problems concentrating during the session.

**Supervisor:** Can you identify anything the client is doing that makes you feel uncomfortable?

**Supervisee:** Well, it's hard to talk about. I feel embarrassed. You probably will think it's my fault and that something is wrong with me, but actually I find myself attracted to him. He reminds me of my first high school boyfriend. I know this is wrong, and, of course, I wouldn't do anything, be assured of that, but, still, it makes me uncomfortable to work with him.

**Supportive Supervisor**

"Thanks for letting me know how you feel. I appreciate your honesty. This type of situation crops up occasionally in our work with clients, and it is good to talk about it without feeling ashamed. We are just people, not robots, and most everyone, myself included, have had this happen at one time or another. Let's explore this situation in more depth and see what actions need to be taken. I want to be sure you receive whatever support you need from me to act ethically here."

**Punishing Supervisor**

"Well, this is a very serious problem, and you can bet your bottom dollar, you won't do anything with this client. I am going to refer him to another therapist immediately. I thought you had better training than this. I am really disappointed in you. From now on, I will have to think about whether I will allow you to work with any other young male client."

supplies an example of both a supportive as well as a punishing approach by supervisors to the subject of supervisees' personal attraction to clients.

#### **Documentation of Client Care**

A great deal of documentation is now required in the mental health field, and teaching proper paperwork has become one of the main clinical supervisory tasks. Good documentation is considered fundamental to ethical practice as well as necessary to meet numerous regulatory guidelines. All mental health professionals are expected to document what services were rendered to clients and the effectiveness of those services. In spite of the importance of good documentation of client services, Prieto and Scheel (2002) noted the absence of much literature or information about structured methods for case notes to use to teach counselors and therapists, except for the SOAP model. While the SOAP model for client record keeping is probably the most well-known structured method to help beginners learn the correct way to keep client progress notes (see Rapid Reference 7.14), it is derived from the medical field, and some question its application to counseling or case work in organizational settings. Further, there are many details and dos and don'ts attached to the SOAP model so that supervisors would need to be very well versed in the method themselves in order to meet all ethical and legal guidelines and requirements (Cameron & turtle-song, 2002).

In some instances, for teaching or training purposes, it might be easier for supervisors to collect outstanding examples of required paper work from their setting, such as client intakes, progress notes, charting, and documentation of crisis situations, and make those available to supervisees as models. Of course, in such instances all clients' identifying data would be removed.

Structured forms are another excellent training vehicle to increase success of supervisees with documentation and paperwork. Possibilities include a sample case review form (see example in Chapter 5), a sample intake form, or forms for treatment plans, charting, progress notes, or any other sample of the documentation required of supervisees in that setting. In actuality, many forms as well as the responses to questions on the forms are now so standard-

### *Rapid Reference 7.14*

#### **The SOAP Model for Client Record Keeping**

<b>Subjective:</b>	Quotes from client
<b>Objective:</b>	Data collected by therapist
<b>Assessment:</b>	Include suicide lethality check here
<b>Plan of action:</b>	Recommendations and follow-up



## DON'T FORGET

Remind supervisees of the following:

- Client progress notes and charts are public record and can be subpoenaed.
- Don't write anything down that you don't want to be read in court.
- At the same time, good progress notes are an important part of ethical practice. They assure quality of care so that in an emergency another person would be able to continue the treatment. They are also necessary to show what services were rendered to the client and the quality of those services.
- Don't leave important information out or change the diagnosis to help clients or to collect insurance (this is fraud).
- Use behavioral descriptors, and avoid emotions or subjective impressions that cannot be substantiated.
- Remind supervisees to write clearly, accurately, and succinctly in black ink, not pencil; avoid abbreviations and codes that cannot be understood.
- Be brief and concise. Avoid excessive quotes and lengthy detailed description of a session.
- Don't write disparaging statements about clients, their lifestyle, parentage, cultural or racial origin, or diagnosis.
- Try to make notes immediately after each client session.
- Always keep client files in a locked place. If kept on a computer, follow security procedures to protect confidentiality. Control access to files by unauthorized personnel.
- When using computers and other forms of electronic communication, use caution to protect client privacy.
- Be up to date on record keeping requirements and procedures, laws, and regulations.
- Follow HIPAA rules and regulations when applicable.
- Periodically make a random check of supervisee's progress notes, intakes, charting, or other client documentation.

ized and repetitive that supervisors may well save time and energy by constructing fill-in-the-blank samples to acclimatize supervisees to requirements of the setting.

Providing structured forms may also assist those supervisors who struggle with the written word. Another helpful proposal is for supervisors to break larger, more complex questions found on forms down into simpler questions that lead up to the more complex answer or create a basic outline to guide supervisees' thinking.

Taking time to think through typical problems that novice supervisees may face with regard to paperwork and being ready with a few solutions is worth the effort. Rapid Reference 7.15 lists popular strategies for helping supervisees with paperwork problems (Campbell, 2001–2005).

## Rapid Reference 7.15

### Ideas to Help Supervisees Solve Paperwork Problems

- Problem:** Supervisee has a hard time completing progress notes.
- Solution:** Suggest supervisee spend three minutes between each appointment jotting down a few sentences about each client visit.
- Problem:** Supervisee has difficulty finding time for paper work.
- Solution:** Have supervisee set time in the morning to do paperwork before meeting first client. Whenever a cancellation occurs, use the available time for paperwork.
- Problem:** Supervisee is not sure what to say in the progress notes.
- Solution:** Provide supervisees with a list of important questions to answer and several examples of correct progress notes.
- Problem:** Supervisee has trouble getting paperwork done because of phone interruptions.
- Solution:** Suggest supervisee put phone on voice mail. Ask receptionist to hold calls for short periods. Move self to a place away from phone, such as a conference room.
- Problem:** Supervisor has difficulty finding time to do paperwork because of interruptions.
- Solution:** Close door and explain to everyone when door is shut, you need quiet to do paperwork. Put sign on door saying how long you will be unavailable. Find a place to go hide and do paperwork if asking people not to interrupt you doesn't work.
- Problem:** Everyone is overwhelmed by too much paperwork.
- Solution:** Get together as a team for an hour on Friday afternoon and do paperwork together as a group. Include treats.
- Problem:** Supervisee dislikes doing paperwork.
- Solution:** Suggest supervisee reward self when paperwork is complete.
- Problem:** Supervisor is desperate to get supervisee's completed paperwork because of important deadlines.
- Solution:** Use negative reinforcement. When it is not done, make supervisees stay until it is done.
- Problem:** Supervisee has poor writing skills and must fill out the same paperwork repeatedly.
- Solution:** Give supervisee a fill-in-the-blank form to use with this type of documentation.
- Problem:** Supervisee is trying hard to get caught up but not making much progress and supervisor has run out of ideas and patience.
- Solution:** Assign a mentor who can offer support and suggestions.
- Problem:** Supervisee admits not liking to do paperwork.
- Solution:** Ask the supervisee "How do you get yourself to do something you don't like to do?"

an open discussion about the contents of each document and be open to the possibility of changes in each one.

**Informed Consent Agreement for Supervision**

The content and structure of an informed consent agreement may vary across disciplines and circumstances. However, incorporating some of the following information is suggested. First, supervisors should want to include a short paragraph or two about their background, training, credentials, approach to supervision, and model of practice. Next, in order to ensure a common understanding about the supervisory process, include a statement about the ethical guidelines for supervision along with a description of the structure, goals, tasks, responsibilities, and evaluation procedures. Issues such as dual relationships, multicultural differences, and means available to resolve disagreements could also be covered. Finally, a summary statement of agreement to follow ethical guidelines and standards for practice should be signed and dated by both supervisor and supervisee. A suggested list of content areas to cover in an informed consent agreement for supervision can be found in Rapid Reference 6.8. A sample copy of an informed consent form for postdegree supervision appears in Rapid Reference 6.9.

**Rapid Reference 6.8**

**Content of the Supervision Informed Consent Agreement**

**Professional disclosure:** Include a description of your background, licensure, areas of professional competency, supervision training, and experience.

**Practical issues:** Include when you will meet, where, and payment (if applicable) as well as how to contact you in case of emergency.

**Supervision process:** Include the purpose of supervision, your model of supervision, and methods and techniques for supervision.

**Administrative tasks:** Include record keeping, logs, evaluation methods, and means for feedback.

**Ethical and legal issues:** Include limits to supervision (i.e., explanation of supervision is not therapy), dual relationship issues, limits to confidentiality of information, procedures for handling difficulties should they arise, a statement concerning the importance of seeking help if personal issues impair judgement or the ability to serve clients in ethical manner.

**Evaluation procedures:** Include a description of methods, timing, and protection of confidentiality of information.

**Means to resolve difficulties:** Include a statement of how disagreement will be resolved and what options are available to the supervisee.

(continued)

**Statement of agreement:** Include an agreement to follow the ethical codes and standards for the profession.

**Signatures and date of the agreement:** Include here an agreement for supervisees to follow the ethical codes and standards for their discipline and especially not to engage in any kind of a harmful dual relationship with clients. Supervisees should also be honest and open with mistakes and seek help if personal difficulties impair their ability to practice ethically with clients.

Sources: McCarthy et al. (1995); Remley and Herlihy (2005); Todd and Storm (1997).

**DON'T FORGET**

The informed consent form is an ethical statement of your practice as supervisor. It should be open to discussion, clarification, and change. While not required, it can prevent misunderstandings and future problems.

**Rapid Reference 6.9**

**Sample Informed Consent Agreement for Postdegree Supervision**

**Purpose**

The purpose of this form is to provide you with essential information about supervision and give structure to your experience in order to ensure a common understanding about the supervision process. More about these guidelines will be discussed at our introductory meeting and I welcome your comments and questions.

**Professional disclosure**

I earned my doctorate in counseling psychology from the University of Houston and a master's degree from Portland State University. I am licensed as a psychologist in the state of Texas, and I am a clinical member of AAMFT as well as an NBCC-approved clinical supervisor. I have been in the field of mental health for over 35 years and have worked in a variety of settings. The primary focus of my private practice work was women, couples, life transitions, and grief. I now practice a blended, technically, eclectic model that combines Rogerian, humanistic, and strength-based philosophy with systems and cognitive thinking. I have been a clinical supervisor for over 15 years, providing individual and group supervision to both doctoral- and masters-level interns as well as postdegree licensure candidates. I have taught the mandatory 40-hour course in clinical supervision in the state of Texas and am still involved in a supervision-of-supervision group to continue my growth and training. I am the author of *Becoming an Effective Supervisor: A Workbook for Counselors and Psychotherapists* (2000), which will be used extensively in our supervision time together.

**Practical issues**

In order to fulfill the supervision requirements for \_\_\_\_\_, we will meet for 1 hour, once a week, on \_\_\_\_\_ in my office. If a circumstance arises that makes it impossible for you to attend a scheduled session, contact me as soon as you know that you will miss the session in order to reschedule. If you need to speak to me between sessions, please call my office or my cell phone in case of an emergency.

**Supervision process**

My primary role is to help you master the skills necessary to become independent ethical practitioners and obtain the highest level of competence possible. At the same time, I have the ethical and legal responsibility for all your actions with clients while you are in supervision with me. Therefore, the success of supervision will depend on the development of a trusting, working relationship between us based on a mutual understanding of the goals and purpose of supervision and a willingness on your part to be open to review your work with clients and hear corrective feedback from me about that work in order to learn and improve. On my part, I will take responsibility to create a supportive environment, give timely and helpful feedback, and be available as needed. As a supervisee, you will be expected to be an active participant in the supervision process; be open to feedback; be truthful and share mistakes; take responsibility for correcting any deficits that could harm clients; be prepared and on time for each session; keep proper client documentation, including a log of your supervision; and complete all other work in a timely manner.

It is understood that occasionally as supervision continues, there may be some times of tension in our supervisory relationship, particularly discomfort generated by feedback or disagreement over suggested strategies and interventions. Hopefully, any relationship problems can be solved in a professional manner through open discussion. If not, an outside consultation may be sought. More details about settling problems and grievances are included in the attached supervision contract.

**Administrative tasks and evaluation**

As your supervisor, I will be providing you with both formal and informal evaluative feedback throughout supervision. At the same time, I also will be seeking your evaluative feedback about supervision and ideas for improvement. A formal evaluation will be conducted quarterly, and at the end of your \_\_\_\_\_ hours there will be a final evaluation. Evaluation will be based on the goals established at the beginning of supervision and will include oral case presentations, written case notes, live observation, taping, and any other material that you may wish to include.

**Legal or ethical issues**

It is important that you agree to act in an ethical manner as outlined by the \_\_\_\_\_ codes and standards for your profession, not engage in harmful dual relationships with clients, follow laws of confidentiality, and, at all costs, avoid acting in any way injurious to clients. It is understood that as your supervisor, I agree to follow the ethical codes and standards for my profession and treat you with dignity and respect.

(continued)

It is also important that you understand that supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise that interfere with or negatively impact client care, you hereby agree to seek counseling or other means to immediately resolve these problems as outlined by your professional ethical code.

The content of our sessions and evaluations will be confidential, except for the following: (1) the return of the final evaluation form to \_\_\_\_\_; (2) any instance where treatment of a client violates the legal or ethical standards set forth by professional associations and government agencies; (3) any situation when problems between us do not seem resolvable and an outside consultation would be ethically necessary; and (4) situations where termination of supervision is being considered.

**Statement of agreement**

I have read and understand the information contained in this document and agree to participate in supervision according to these guidelines.

Supervisee signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

*Rapid Reference 6.12*

**Possible Topics for the Supervision Contract**

- Logistics of supervision: how often to meet, where, when, cost, cancellations
- Clarification of responsibilities
- Outline of dual relationship issues and measures to protect supervisee from harm
- Description of
  - Goals and expectations
  - Requirements
  - Methods, models, and techniques of supervision
  - Evaluation procedures
- Gatekeeping responsibilities
- Procedures for feedback and evaluation of supervisor
- Actions and procedures to resolve grievances and terminate the relationship if unsatisfactory
- Delineate ethical code and standards and impact on supervision

Note: See Remley and Herlihy (2005); Suttler et al. (2002).