Purpose & Objectives

Identify components of the Supervisory Relationship

Best Practices

Supervision Expectations

Barriers to Effective Supervision
INTRODUCTION

Supervisory Relationship

- Trust
- Accepting Feedback
- Professionalism
- Respect
- Ambivalence
- Attending to Developmental Needs
- Clinical Growth

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Supervisee Needs

- Role Clarification
- Clinical/Theoretical Growth
- Finding their “Niche”
- Resolving Ethical Concerns
- Case Conceptualization
- Modeling

Supervisee Traits

- Empathic
- Familiar with Current Trends
- Promote autonomy
- Knowledgeable
- Active
- Advocate

Ethics: In Section C of the American Counseling Association’s (ACA) Code of Ethics (2014), counselors are responsible for knowing the limits of their professional competence, “counselors practice only within the boundaries of their competence, based on their education, training, supervised experience...” (p. 8).

This is not limited to clinical practice, as it applies to supervisory role as well, “counselors are trained in supervision methods and techniques...pursue continuing education activities, including both counseling and supervision topics and skills” (p. 13).
Supervisee Needs: Clinical Development

Stoltenberg (2005) posits that adopting a developmental approach to supervision will allow the supervisee to first focus on their own behavior, thoughts, and emotions prior to focusing on the client. It is through this self-awareness that confidence in skills is fostered until the supervisee has achieved the ability to attend to their own insight while attending to the clients.

The role of the supervisor in IDM is not one of a collaborator but rather a facilitative one because counselor development is assumed to excel through stages of professional growth toward integration while evolving three tenants marking this progress. These tenants are self-other awareness, motivation, and autonomy (Bernard & Goodyear, 2009).
Supervisee Needs: Clinical Development

The supervisor is able to achieve success in supervision through utilizing facilitative, prescriptive, conceptual, confrontive, or catalytic interventions depending upon the particular developmental stage of the supervisee (Stoltenberg, 2005).

As the supervisee gains insight into their own awareness, the supervisor is then tasked with providing them with more responsibility, and allowing the supervisee to improve their practice (and not only knowledge) of autonomy.

Supervisee Needs: Discriminatory Approach

Operating under this model, the supervisor will act as a teacher, counselor, and consultant while simultaneously attending to intervention, conceptualization, and personalization skills of the supervisee (Bernard & Goodyear, 2009).

Home-based counselors have been found to hold multiple roles; mentor, social worker, and therapist (Cortes, 2004), which can become overwhelming and confusing. Having a supervisor model the managing of multiple roles for them may be beneficial for ongoing growth.
Supervisee Needs: Discriminatory Approach

Intervention, conceptualization, and personalization skills require the supervisor to be familiar with counseling technique and strategy; each of these categories requires implementation rather than planning (Nelson et al., 2000).

Evaluation of a discriminatory model often requires direct observation of skills, as the premise for this model is to relate the immediate needs of the supervisee into the supervision session (Bernard & Goodyear, 2009).

COMPETENCIES
Supervision Competencies

- ACA Code of Ethics
  - Competence
  - Distance Supervision
  - Counselor Educator Responsibilities

- ACES Best Practices
  - Competence
  - Diversity and Cultural Competence

- AMHCA Codes of Ethics
  - Competence
  - Informed Consent

The Supervisory Relationship
ACES Best Practices
The Supervisory Relationship

a. The supervisor operates with an awareness that the supervisory relationship is key to the effectiveness of supervision as well as the growth and development of the supervisee.
   i. The supervisor operates within the supervisory relationship with emotional intelligence, maturity, flexibility, humility, and transparency.
   ii. Within appropriate professional boundaries, the supervisor is accessible to the supervisee.
   iii. The supervisor continually seeks to enhance his/her self-awareness around supervisor traits/characteristics/factors that influence the supervisory relationship (e.g., cultural sensitivity, attachment style), based on current literature.
Supervision Best Practices Guidelines (ACES)

The Supervisory Relationship

• The supervisor intentionally engages with the supervisee to facilitate development of a productive supervisory relationship and working alliance.
  
i. The supervisor gives deliberate attention to creating a safe environment that fosters mutual trust.

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Supervision Best Practices Guidelines (ACES)

The Supervisory Relationship

ii. The supervisor views supervisee resistance as a normal response to challenge, growth, and change.

iii. The supervisor deals with supervisee resistance in productive ways, using culturally appropriate strategies to guide, challenge, and encourage supervisees.

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Supervision Best Practices Guidelines (ACES)

The Supervisory Relationship

i. The supervisor seeks to lessen supervisee anxiety that is detrimental to supervision while recognizing that some anxiety is inevitable, normal, and positively related to supervisee growth. At the same time, the supervisor does not take responsibility for supervisee anxiety that is based in the supervisee’s personality (e.g., perfectionism), but helps the supervisee take ownership of that anxiety and find ways to manage it productively in counseling and supervision sessions.

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ii. The supervisor encourages the supervisee to work outside her/his comfort zone by taking clinically appropriate risks and expanding his/her counseling approaches.

iii. The supervisor encourages the supervisee to be aware of her/his comfort level regarding working with clients from various populations, to challenge perceived limitations, and expand his/her comfort zone.

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Supervision Best Practices Guidelines (ACES)

The Supervisory Relationship

i. The supervisor recognizes that *some level of conflict is inevitable in the supervisory relationship* and helps the supervisee understand this as well; the supervisor deals with conflict in productive ways.

ii. The supervisor attends to strains, gaps, and/or ruptures to the working alliance and/or conflicts in the supervisor relationship in ways that create an opportunity for learning and growth for both the supervisor and supervisee. Importantly, the supervisor takes responsibility for his/her own contribution to the rupture or conflict.

iii. The supervisor elicits and is open to candid and ongoing feedback from the supervisee.

iv. The supervisor addresses parallel process issues and transference and countertransference issues in ways that are developmentally appropriate and productive for supervisee learning and growth.
d. The supervisor does not compromise the supervisory relationship by engaging in relationships with supervisees that are considered inappropriate.
Ethical Considerations

a. The supervisor conveys to the supervisee that both the supervisor and supervisee are expected to adhere to the ethical codes and guidelines endorsed by the American Counseling Association, the Association for Counselor Education and Supervision and other ACA divisions, relevant credentialing bodies, and models of ethical behavior.

b. The supervisor continually monitors his/her own level of competence in providing supervision and acts accordingly.
c. The supervisor understands that client welfare is his/her first and highest responsibility and acts accordingly.

d. The supervisor does not compromise the supervisory relationship by engaging in relationships with supervisees that are considered inappropriate.
Ethical Considerations

e. The supervisor provides ongoing performance assessment and evaluation of the supervisee, including the supervisee’s strengths and limitations. *(See also Evaluation section.)*
ACA Code of Ethics: Section F: Supervision, Training, and Teaching

F.1. Clinical Supervision and Client Welfare

a. A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees’ work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the ACA Code of Ethics.

F.2. Counselor Supervision Competence

a. Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.
F.5. Student and Supervisee Responsibilities

a. Impairment:
   • Students and supervisees monitor themselves for signs of impairment from their own [physical, mental, or emotional problems] and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.
Professional Barriers
AMHCA Code of Ethics

3.A. Relationships with Students, Interns, & Employees
- 1. Mental health counselors recognize the influential position they have with regard to both current and former supervisees, students and employees, and avoid exploiting their trust and dependency.
- 5. Mental health counselor supervisors advise their supervisees, students and employees against holding themselves out to be competent to engage in professional services beyond their training, experience, or credentials.

3.B. Commitment for Clinical Supervision
- Clinical supervision is a part of the treatment process, and therefore all of the clinical information shared between a supervisee and supervisor is confidential. Clinical supervisors do not disclose supervisee confidences regarding client information except:
  - e) In educational or training settings where only other professionals who will share responsibility for the training of the supervisee are present, and formal written client consent has been obtained for such disclosures for training purposes.

2.k. Consultation for the Supervisor
- Whenever a clinical supervisor needs to discuss questions regarding the clinical services being provided, ethical issues, or legal matters, the supervisor should obtain a consultation in order to resolve the issue. That consultation must be documented in the supervisor’s clinical supervision notes.

2.i. Dual Relationships
- Supervisors will avoid all dual relationships that may interfere with the supervisor’s professional judgement or exploit the supervisee.
Professional Barriers
AMHCA Code of Ethics

2.k) Consultation for the Supervisor
Whenever a clinical supervisor needs to discuss questions regarding the clinical services being provided, ethical issues, or legal matters, the supervisor should obtain a consultation in order to resolve the issue. That consultation must be documented in the supervisor’s clinical supervision notes.
Summary

Alignment

Competence

Feedback

Removing Barriers

References


References


