Putting the SUPER Back in Supervision

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AGENDA

- Introduction
- Organizational issues
- Break (10 minutes)
- Clinical work and clinical supervision defined
- Break
- Transference & countertransference
- Break (10 minutes)
- Effective & ineffective practices
- Summary
STATEMENT OF DISCLOSURE

- We have no involvement with industry, and cannot identify any potential conflict of interest
BOUNDARIES

• Open discussion
• Focused on critical analysis—not criticism
• Examples that are shared are for learning and growth
• Chatham House rule
DISCUSSION QUESTION

WHAT HAS YOUR EXPERIENCE OF “SUPERVISION” BEEN LIKE?
ORGANIZATIONAL ISSUES

CREATING A CLIMATE THAT SUPPORTS SUPERVISION
WHY IS SUPERVISION IMPORTANT?

“Several studies have also shown that effective teamwork correlates with reduced hospitalization times, decreased costs, service provision improvement, increased patient satisfaction, and reduced mortality.”

(Ezziane et al., p. 431, 2012)
WHY SUPERVISION MATTERS

1. Organization
   - Sets the tone
   - Maintains standard
   - Mitigates risk
   - Monitors performance
   - Supports recruitment and retention strategy
WHY SUPERVISION MATTERS

2. Staff
   • Can mitigate burnout (Brown & O’Brien, 1998)
   • Improves relationships, morale
   • Reinforces accountability
   • Contributes to professional development
WHY SUPERVISION MATTERS

3. Client

- Focused and consistent experience
- Enhances quality of care
- Increased satisfaction
WHY SUPERVISION MATTERS

4. The System
   • We’re all stronger and benefit from common standards
   • We can all learn from each other
DOING IT RIGHT

• Buy in and understanding from bottom to top
• Clarity: Clinical versus administrative supervision
• Setting expectations: Front line
• Students
• In cases of external supervision
DOING IT RIGHT

- Craft effective policies and procedures that support effective supervision
- Ensuring the right people are receiving the right supervision
- Evaluate!
- Advocate with funder 😊
DISCUSSION
MODELS OF SUPERVISION

• A few words about **eclecticism**
METHODS OF SUPERVISION

- Individual
- Group
- Direct observation – supervisor and reflecting teams
- Co-therapy/co-facilitation
- Case consultation
SUPERVISOR

THE ROLE OF
EXPECTATIONS OF A SUPERVISOR

• Model
• Engage
• Challenge
WHEN CONFLICT HAPPENS

• Conflict resolution is **supported** by clear and direct communication and ethical practice
• Conflict resolution is **influenced** by your organizational culture
WHEN HIRING A SUPERVISOR

- Tendency to hire most senior front line
- Caution: Different skill set required
- Balance with credibility
- Develop a strong position analysis and position description
- Know your people and your culture
BREAK

PRESENTATION WILL RESUME IN TEN MINUTES
WHAT IS "CLINICAL" WORK?

MY SON WON'T DRINK HIS MILK.

WELL, THAT'S NOT REALLY A JOB FOR A SUPER-HERO!
WHAT IS CLINICAL WORK?
(MURPHY & DILLON, 2008)

• “The process of structured, purposeful, client-centred, ethically guided conversations with clients aimed at identifying problems as well as assets and resources that may help in problem resolution.” (p. 415)
COUNSELLING VERSUS THERAPY

COUNSELLING

• Supportive conversations that focus on a specific problem (in the present) and steps to address the problem
• Generally focuses on the present rather than the past
• Limited duration

THERAPY

• Conversations that explore patterns that have existed over time
• Issues being addressed are usually long standing in nature
• Seeks to resolve long standing (pervasive) concerns
• Longer term
CLINICAL SUPERVISION DEFINED
“Supervision can be defined as the overseeing of another’s work with sanctioned authority to monitor and direct performance, to ensure satisfactory performance (which includes client safety)... Processes vary according to whether or not supervisees are staff, student interns, peers, or people who have contracted for clinical consultation.” (p. 2)
THREE COMPONENTS
(COLEMAN, 2003)

- Supervision is comprised of three components:
  1. Administrative
  2. Educational
  3. Supportive
(COLEMAN, 2003)

- Administrative
  - Agency policy and public accountability
  - Making sure work is performed
- Educational (aka “clinical supervision”)
  - Knowledge, skills, and attitudes are taught
  - Worker’s interactions with clients are analyzed
  - Supervisee learns specific skills
- Supportive
  - Increasing job performance by decreasing supervisee stress
  - Supervisor increases supervisee’s motivation
THREE AREAS OF FOCUS
(HAYLEY, 1988)

PROBLEM SITUATION
• Student encouraged to try and understand/describe the client’s situation
• Emphasis on the etiology of client distress
• Works well in a setting where the student doesn’t have to “intervene”

THERAPIST’S PERSONALITY
• Student (worker) encouraged to focus on their emotional issues
• Resolving emotional issues of the student (worker) will accelerate therapy
• Therapy is recommended for the student (worker)
• Limited research in this area
• **Skill** supervision
  • Supervisor teaches student the skills to intervene
  • The assumption is that “therapy” is an operational skill and must be taught under observation
  • The student will gain confidence and maturity as they gain competence/mileage (not from resolving their emotional problems)
PRINCIPLES OF EFFECTIVE SUPERVISION
(CASPI & REID, 2002)

• Supervision works best when it:
  • Has direction
  • Is clearly structured
  • Involves feedback
  • Attends to power in the supervisory relationship
  • Links clinical encounters to learning goals
  •Links classroom to the field
  • Recognizes the supervisor as a role model
  • Attends to the emotions of the supervisee
  • Attends to the supervisory relationship
PRESENTATION WILL RESUME IN 45 MINUTES
At that moment, far out in space...

Strange... I - I feel so weak... no strength at all! Dizzy... faint... as though I'm near Kryptonite! May be an asteroid containing it nearby... I'll check with my X-ray Vision!

WH-what? This ship... it - it's LINED with Kryptonite... and over that, a layer of LEAD -- the only substance my X-ray Vision can't penetrate! Th - this is a trap -- a FLYING COFFIN that will carry me helplessly through space FOREVER!
DEFINITIONS
(MURPHY & DILLON, 2008)

TRANSFERENCE
• “...the unconscious process by which early unresolved relational dynamics or conflicts are unwittingly displaced or ‘transferred’ onto the current relationship with the clinician and then reenacted or expressed as though appropriate or ‘real’ in the moment. It is crucial to remember...that, when individuals are caught up in it, they are unaware of its’ distorting influence on thoughts, feelings, and behaviours.” (p. 313)

COUNTERTRANSFERENCE
• “Freud coined the term counter-transference to describe the clinician’s unconscious reactions to the client...it can occur in situations that replicate unresolved scenarios in the clinician’s past.” (p. 313)
# COMMON COUNTERTRANSFERENCES (WALSH, 2002)

<table>
<thead>
<tr>
<th>Activation</th>
<th>In Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for clients to be dependent</td>
<td>- Booking extra appointments</td>
</tr>
<tr>
<td></td>
<td>- Booking extended appointments</td>
</tr>
<tr>
<td></td>
<td>- Contacting clients outside of regular hours</td>
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<td></td>
<td>- Reluctance to transfer client</td>
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<tr>
<td></td>
<td>- Encouraging the client to “just see you”</td>
</tr>
<tr>
<td>Needing to be liked by clients</td>
<td>- Bending the rules for clients</td>
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<tr>
<td></td>
<td>- Advocating that others bend the rules for the client</td>
</tr>
<tr>
<td>Wanting to feel like an expert, devaluing the client’s ideas</td>
<td>- Ignoring client’s input</td>
</tr>
<tr>
<td></td>
<td>- Making recommendations and not fully explaining them (“It’s complicated, you wouldn’t understand this…”)</td>
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</tbody>
</table>
# COMMON COUNTERTRANSFERENCES
(WALSH, 2002)

<table>
<thead>
<tr>
<th>Activation</th>
<th>In Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idealizing clients</td>
<td>- Setting unrealistic goals (&quot;She’s such a strong woman, I know she can handle this group!&quot;)</td>
</tr>
<tr>
<td></td>
<td>- Ignoring a lack of progress</td>
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<tr>
<td></td>
<td>- Resisting feedback from other providers about the client’s progress</td>
</tr>
<tr>
<td>Encouraging the client’s condemnation of</td>
<td>- Encouraging the client to complain about the rules</td>
</tr>
<tr>
<td>authority figures (*)common in young</td>
<td>- Reframing ineffective behaviour as &quot;Using her voice&quot; or “Speaking the truth”</td>
</tr>
<tr>
<td>professionals</td>
<td>- Accusing colleagues of being judgmental, bullies, or oppressive (with no basis)</td>
</tr>
<tr>
<td>Being aggressive and confrontational</td>
<td>- Pushing the most intensive services possible (&quot;If you’re serious about changing, you’ll go to group and deal with it. You can either do it or close your file.&quot;)</td>
</tr>
<tr>
<td></td>
<td>- Constantly presenting ultimatums</td>
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THE RISKS

• What are the risks of not attending to transference and counter-transference?
  • Ineffective treatment
  • Impact on working relationships with supervisor and colleagues
  • Burn out
  • *Unethical practice*
TOP TEN CAUSES OF UNPROFESSIONAL CONDUCT (CASEY, 2006)

1. Failure to maintain currency of professional knowledge and competence
2. Failure to seek assistance or make appropriate referrals
3. Difficulties in the professional’s personal life affect their work life
4. Alcohol and drug addiction
5. Poor communication
6. Failure to appropriately address patient concerns
7. Environmental concerns – Lack of supervision, inappropriate workplace practices, lack of training.
8. Personality conflicts escalate to unprofessional conduct
9. Complacency about professional standards
10. Lack of professional documentation
JUSTIFYING UNETHICAL PRACTICE (POPE ET AL., 2006)

• It’s not unethical if a manager told me to do it
• It’s not unethical if we’re the victims
• It’s not unethical if we can identify other people who are doing the same thing
• It’s not unethical if we didn’t break the law
• It’s not unethical if we didn’t mean to hurt anybody
• It’s not unethical as long as the clients’ condition made them really difficult to work with/treat
• It’s not unethical if no one ever complained about it
• It’s not unethical if our behaviour caused harm to a client who is difficult or unlikeable
JUSTIFYING UNETHICAL PRACTICE (POPE ET AL., 2006)

• It’s not unethical if we can say one of the following:
  • It came from my heart
  • I went with my gut instinct
  • I just knew that’s what the client needed
  • I’m only human
  • I’d do the same thing over again if I had to!
  • It worked before
AND MORE... (POPE ET AL., 2006)

• It’s not unethical as long as we don’t know the law or our code of ethics
• It’s not ethical if a client asked us to do it
• It’s not unethical if we don’t talk about ethics (denial)
• It’s not unethical if we can find a single article, power point, consultant, or professional who agrees with our perspective
• It’s not unethical if we’re busy. If we’re busy then we don’t have the time to “be ethical”.
• It’s not unethical as long as it would be really hard to do things another way
• It’s not unethical if we’re beyond ethics:
  1. We’re really experienced
  2. We’re in a position of authority or we’re high status
  3. We’re rich
  4. We’re really smart
  5. We’re well liked
  6. People have lowered expectations of us (“she’s new” or “she’s going through a tough time”)
  7. We have a political or theoretical agenda that eschews “ethics” (“I’m too post-modern, feminist, and anti-oppressive to be confined by capitalist, patriarchal notions of ‘regulations’”
“Although supervisors do not offer direct services to patients, they do indirectly affect the level of service offered through their impact on the supervisee. They share responsibility for services provided to the patient and can be held liable for negligent or inadequate supervision related to negligent conduct by the supervisee.” (p. 1)
SIGNS OF DANGER
WARNING SIGNS
(POPE ET AL., 2006)

• Therapy adrift – The work keeps going…and going
• Discrepant records – Notes omit important aspects of the session
• Dehumanized client
• Dehumanized worker
• Avoidance
• The “client-friend”
• Obsessions
WARNING SIGNS
(POPE ET AL., 2006)

- Fantasies, dreams, daydreams
- Undue special treatment
- Isolation of the client
- Isolation of the therapist (worker)
- Secrecy
- Constantly seeking reassurance from colleagues
- Boredom and drowsiness
MAINTAINING THE RELATIONSHIP

• It is the responsibility of the worker to keep the relationship professional
• Clients are responsible for their BEHAVIOUR
• The worker is responsible for: boundaries, professionalism, and ethics
• The supervisor MUST address these issues with the supervisee
BREAK

PRESENTATION WILL RESUME IN TEN MINUTES
DISCUSSION QUESTION
THINK ABOUT THE BEST SUPERVISOR YOU’VE EVER HAD?
WHAT MADE HIM OR HER SO EFFECTIVE?
EFFECTIVE & INEFFECTIVE PRACTICES
BECOMING A SUPERVISOR: TRANSITION
DISCUSSION QUESTION
WHAT TRAINING HAVE YOU RECEIVED TO BECOME A SUPERVISOR?
FROM WORKER TO SUPERVISOR
(GOODYEAR ET AL., 2014)

• Changes psychotherapists typically make as they mature into the role of supervisor:
  • Learning to think like a supervisor
  • Developing the ability to be oneself
  • Learning to view one’s self as a supervisor
  • Developing the capacity to use reflection as a tool to consider how one comes across to others
  • Developing patience with the process of supervision
  • Developing the courage to step in to the role of “gate keeper”
  • Learning to understand and manage power
THE IDEAL SUPERVISOR
(CARIFIO & HESS, 1987)

- Empathy
- Genuineness
- Warmth
- Self-disclosure
- **Warning** – Although these qualities resemble the “ideal therapist”, supervision is not “therapy”
FIELD EDUCATION VERSUS EMPLOYMENT

• What is the difference between supervising a student and an employee?
  • LEARNING VERSUS PRODUCTIVITY
  • Students are there to LEARN
INEFFECTIVE PRACTICES
INEFFECTIVE PRACTICES
(LADANY ET AL., 2013)

- Depreciating supervision (and depreciating learning, “What they teach you in the classroom doesn’t matter, what I’m showing you is the REAL work…”)
- Ineffective client conceptualization and treatment
- Insufficient knowledge and/or skill
- Insufficient observation and feedback
- Negative personal characteristics
- Lack of professionalism
- Misapplication of theory
SUPERVISOR FAILURE
(LADANY, 2014)

- Denigrate the supervisory relationship
- Demonstrate cultural incompetence
- Become an unethical supermodel
- Teach your supervisee how to diagnose narcissism...by example
- Apply psychotherapy models to supervision
- Make the trainee your surrogate worker
- Collude with the trainee (“I’m just like you!”)
- Go on a date with your trainee
SUPERVISION IS NOT FRIENDSHIP (HILL & LINEBACK, 2011)

• The differences between being a boss and being a friend (Hill & Lineback, 2011)
  • Friendship exists for itself
  • Friends are equals
  • Friends accept each other as they are
  • Friends don’t check up on each other all the time
  • You can’t be friends with all your people equally
SUPERVISION IS NOT THERAPY
(MURPHY & DILLON, 2008)

• “Therapizing” Supervisees
  • “A supervisor’s inappropriate probing for painful details of a supervisee’s personal history that could be related to current interviewing missteps.” (p. 422)
THERAPY IS NOT SUPERVISION (YALOM, 2009)

• “One of the great values of obtaining intensive personal therapy is to experience for oneself the great value of positive support. Question: What do patients recall when they look back, years later, on their experience in therapy? Answer:… they remember the positive statements of their therapist.” (P. 13)
SUPERVISION IS ABOUT PERFORMANCE (HILL & LINEBACK, 2011)

• “Given its paradoxical nature, the boss-subordinate relationship is easy to get wrong. Instinct, gut feel, and natural chemistry are poor guides...You must take responsibility for defining the relationship, for setting limits or boundaries that keep all your relationships focused on work and its successful completion.” (p. 55)
EFFECTIVE PRACTICES

DUNNO WHO THE PERP IS --

BUT HE'LL HAVE NO CHANCE AGAINST ME!

Spider-Man illustration
EFFECTIVE PRACTICES
(LADANY ET AL., 2013)

• Encouraging supervisee autonomy
• Open discussion
• Positive personal qualities
• Demonstration of clinical knowledge
• Providing constructive challenge
• Offering feedback (balanced feedback)
• Speaking positively of supervision
“Developing and keeping records are critical in group treatment. Trecker (1972) observes that, in fact, it is doubtful whether evaluations of program, individual growth or worker performance can be satisfactorily made without records. Although partial judgments can be made on the basis of memory, thorough evaluation is possible only if adequate records have been kept.” (p. 130)
It is not unheard of for licensure boards, insurance carriers, and professional entities to request verification of supervision.

The supervisor and supervisee should document:
- Dates and duration of each session
- An outline of each session
- A follow-up plan
- Cancellations of sessions
- Dates of email and telephone contacts
DIFFERENT TOOLS
(COLEMAN, 2003)

• Role playing practice issues
• Case list reviews
• Review written records
• Review audio/visual recordings
• Direct observation
• Educational activities:
  • Training (workshops)
  • Reviewing articles
SUPERVISING SUPERVISORS

- Support and challenge
- Coach
- Set the standard
- Clear expectations
- Promote training
- Encourage mentorship
SUPERVISING THE SUPERVISOR

• Supervisors MUST participate in ongoing skill development and stay current on relevant policies and industry standards
  • Supervision skills
  • Clinical skills
  • Relevant legislation
  • Industry standards
  • Professional standards
• Supervisors MUST participate in their own supervision
• Supervisors MUST be qualified to supervise staff and students
DIFFERENT APPROACHES
SUPERVISION MODELS
(SMITH, 2009)

- Psychotherapy-based models
- Developmental approaches
- Integrative approaches
THE IMPORTANCE OF AN APPROACH

• Supervisors must be intentional
• Select an approach
• Considerations:
  • Who do you supervise?
  • What are staff expected to do?
  • What skills does the supervisor have? (Can the supervisor perform the tasks that are expected of the supervisees?)
PUTTING IT ALL TOGETHER
MAKING SUPERVISION WORK IN YOUR ORGANIZATION

• Make it a requirement for ALL STAFF (regardless of how long they have been working)
• Schedule it – Trade in the crisis du jour or open door approach for predictable and scheduled supervision meetings
• Attend to all three elements: 1) educational; 2) support; 3) administration
• Use a purposeful approach – Ensure it is aligned with your agency’s approach
• Documentation – Document meetings
• Supervise staff in a variety of ways
• Make a plan – Keep a record of the supervisee’s areas for growth/development, make a plan, assess their progress
• If the supervisor is unable to provide adequate direction to supervisees, CONTRACT a supervisor who can (there’s no excuse for staff to not have access to supervision)
• Have standards and hold supervisees to them
• Encourage learning
• Critical reflection – examine transference and counter-transference
• Encourage continued growth and development
• Speak positively about supervision
• Role model preferred behaviours
• Honour the differences among those you supervise (they’re not all the same)
• Educational supervision – remember the difference between learning and productivity
• SUPERVISORS NEED SUPERVISION
FOLLOW-UP

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