

Supervisees' Perceptions of Clinical Supervision

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December 12, 2010

## CLINICAL SUPERVISION

### Abstract

Supervisors must become aware of the possible conflicts that could arise during clinical supervision. It is important that supervisors communicate their roles and expectations effectively with their supervisees. This paper supports the notion that supervision in a mutual agreement between the supervisee and the supervisor and the roles of supervision and supervisees' perceptions will be discussed.

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### Supervisees' Perception of Clinical Supervision

Even though supervisors are experienced clinicians, many are not experienced in clinical supervision. This is a problem in the counseling profession because supervisors are needed to provide guidance and direction for new counselors. According to the Ethical Guidelines for Counseling Supervisors (ACES), which were adopted by American Counseling Association Code of Ethics in 2005, described clinical supervision as an activity that educates and promotes supervisees. In order for supervisors to provide on-going clinical support and development, they must become competent in supervision (Mette, 2009). Competence in supervision involves providing on-going assessments, evaluation and clinical services. By developing these skills, supervisors will develop closer relationships with their supervisees and avoid dual relationships. The relevant literature suggests that when a supervisor lacks proper supervision, it could lead to negative outcomes for the supervisee (Mett, 2009; Herlihy, Gray, & McCollum, 2002). Given this background, the role of the supervisor, competence to supervise, and the evaluation process will be discussed along with the qualitative measurements of supervisees' perceptions. Therefore, it is the purpose of the literature review to discuss how the supervisory relationship can impact the supervisee clinical experience.

The literature research found several articles that answered the following questions: Why do supervisors need to structure their supervisory relationship in specific ways? Why is it important to address dual relationships in clinical supervision? How do supervisee's perceive their clinical supervision?

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### **Defining Clinical Supervision**

Supervision is the foundation to the growth and development of professional counselors. It has been defined as a relationship between two clinicians in which one counselor is mentored by another (Wall, 2010). This mentoring relationship involves collaboration (Ratliff, Wampler, Moriss, 2000) in which the supervisor ensures that the supervisee gains new knowledge in counseling, develops the competence to work with clients, protects consumers and clients while providing quality care (Bernard & Goodyear, 2004; Pope & Vasquez, 2007). The supervisee is also aware of the expectations of clinical supervision and makes a commitment to be an active participant.

### **Role of Supervision**

The role of the supervisor has been defined as an activity that educates and promotes supervisees. Its supervisory functions which were incorporated by the American Counseling Association Code of Ethics (2005) suggest that supervisors must monitor the welfare of the client, supervises the clinical activities of trainees, make sure that trainees understand the ethical and legal standards, provide on-going evaluations of the trainees progress, provide feedback in a timely manner and promote the enhancement of the profession. These guidelines have been consistently identified in the literature as relevant to the roles and responsibilities of clinical supervision (Goodyear & Bernard, 1998; Wall, 2010; APA, 2002; Pope & Vasquez, 2007).

The supervisor role is a complex one because it involves supervision of the counselor as well as the client. The theories associated with the development of supervision closely relate to the social role theory (Kitchner, 2000), Cognitive model of Bloom's taxonomy (Bloom, Mesia,

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Krathwohl, 1964); (Granello, 2000) and ethical decision making models (Burian & Slimp, 2000) to help supervisors handle conflicts that occurs within the supervisee-supervisor relationship. Biaggio, Paget, Cenoweth, (1997) noted that supervisors in educational settings must clearly define their supervisory relationships in three ways which are 1) acknowledging their use power in supervision relationships, 2) developing a framework for evaluating the supervisory relationships and 3) establishing an supportive environment for supervision. When understanding the roles, the supervisees may be unaware of the impact dual relationships can have on them. Therefore it is the responsibility of the supervisor to avoid relationships that could potentially harm the supervisee (Hermann & Kurpui, 2000; ACA Code of ethics, 2005; & Schank, Skovholt, 1997). Essentially, it is important that supervisors structure their relationships with their supervisees in a specific way. For example, the informed consent which is established between the supervisee and supervisor is used as a guide to follow during supervision. However, if a dual role must be established such as a researcher and research trainee, then it is important that the supervisor explain the expectations and responsibilities associated with that role. Furthermore, it is suggested all nonprofessional interactions between supervisors and supervisees are avoided. (ACA Code of Ethics, 2005; Graham & Liddle, 2009). However, some dual relationships are unavoidable. Slimp & Burian (1994) pointed out that there are instances when a faculty member must also provide clinical supervision. According to the Ethical Principles of Psychologists and Code of Conduct (APA, 2002), there are three ways in which dual relationships can occur between a therapist and a client: (1) is simultaneously acting in two separate roles with the same client, (2) has a close relationship with a close relative or spouse of the client, (3) decides to develop another relationship other than client-therapist relationship after therapy has ended. In other words, the supervisor must be

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conscious of the possible conflicts that can result in dual relationships. All of the articles in this literature review agreed that dual relationships must be addressed in supervisory relationships.

### **Competence to Supervise**

Most supervisees expect that their supervisors are competent in supervision, but this is not always the case. According to the ACA Code of Ethics (2005), “prior to offering clinical supervision services, counselors are trained in supervision methods and techniques.” Studies suggest that when supervisors lack professional competence, it can lead to negative consequences for the supervisee (Mett, 2009; Herlihy, Gray, & McCollum, 2002) and the client.

Competence in supervision is a comprehensive function that involves observing and monitoring the learning activities of the supervisee (Falendar & Shafransek, 2004; Pope & Vasquez, 2007). More importantly, the supervisor must be able to supervise a counselor while protecting the welfare of the client. Research studies indicate that competence in supervision means to work within a particular area in which one has received specialized training (Heru & Kurpius, 2006; Bennett, Mohr, Britzeshofeszoc, & Saks, 2009). In other words, the research suggests that although a supervisor may hold a position as a supervisor does not necessarily qualify them as having the competencies to supervise. This perspective of competence in supervision is shared by others in the field of counseling (Herlihy, Gray, & McCollum, 2002; Magnuson, Norem, & Wilcok, 2000; Rose, 2009). Competence is viewed as a clinical skill that is required by supervisors.

### **The structure of the supervisory relationship**

It is important that supervisors structure their supervisor-supervisee relationship. Within the supervisory relationship, supervisors are responsible for making sure that supervisees

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understand their roles and responsibilities (Ratliff, Wampler, & Morris (2000). This interaction is a part of the disclosure statement in which the supervisor will explain goals, objectives and possible outcomes of the supervisee's training and experience. If the roles and responsibilities are not established early with the supervision relationship, the effectiveness of supervision could be harmed negatively impacting the client (Younggren & Gottlieb, 2004; Jacobs, 1991).

Secondly, supervisors are responsible for ensuring that supervisees understand the limits of confidentiality. Supervisors must discuss issues of confidentiality with their supervisee to make sure that all client information is kept confidential (ACA Code of Ethics, 2005, Nelson, & Friedlander (2001). One case study conducted by Fly, van Bark, Weinman, Kitchener, and Lang (1997) indicated that 25% of supervisees supervised, failed to maintain confidentiality. In their study, the supervisee removed the client's file from the intern site and inadvertently lost the client information. Unfortunately, confidentiality issues that occur under supervision are the responsibility of the supervisors.

Supervisors must establish clear boundaries with their supervisees to reduce conflict. Research suggests that if supervisors do not establish clear boundaries with their supervisees the possibility of transference or counter transference could occur (Jacobs, 1991; Slimp & Burian, 1994; Guest, Charles, & Dooley, 1999). For example, a supervisee could perceive the supervisory role as a parent child relationship or reversed roles for the supervisor.

### **Evaluation process**

Evaluations are an important process of the supervisory relationship. The ACA Code of Ethics (2005) suggests that "supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions

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throughout the supervisory relationship.” The supervisees must also understand how they will be evaluated. Herlihy, Gray and McCollum (2002) stated that it is important that clinical supervisors take the time to review the evaluation and feedback procedures with the supervisee at the beginning of supervision to avoid future misunderstandings. An early discussion of the evaluation process would be most beneficial to the supervisory relationship, but Slimp and Burian (1994); Herlihy et al., 2002) agreed that many supervisors may find discomfort within their evaluative roles, but suggest that supervisors should not allow their uncomfortable feelings to delay their responsibilities in discussing their evaluative feedback.

The evaluation process is an ongoing process that involves collaboration and communication between the supervisor and supervisee. Past studies suggest that supervisors must be aware of the cultural and language barriers that occur in supervision (Ancis & Marshall, 2010; Ratliff, Wampler, Morris (2000). Similarly, Nelson and Friedlander’s study found that role conflicts occur more frequently when there was a break-down in communication. In other words, both collaboration and communication are essential in clinical supervision.

### **Supervisees’ perceptions of supervision**

Many supervisees believe that their supervision experience will be one that will influence their professional counseling careers. However, those experiences could be positive or negative (Nelson & Friedlander, 2001). In this literature review, the qualitative supervisee’s perceptions described favorable and unfavorable results. Lawson et al. (2009) used open-ended qualitative interviews in which students were paired with a supervision peer and then matched with a supervisor: As a result, the students viewed their triad supervision experience as favorable. Wall’s (2010) study found that psychology graduate interns did perceive their supervisors as ethically

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responsible. In a study, of MSW students, Bennett, Mohr, Britzeshofeszoc, and Saks, (2009) found that students who were avoided by their supervisors during the early stages of supervision, perceived clinical supervision experience as uncaring and unreliable. The perceptions of supervision experience will vary depending on the training experience of the supervisor. In regards to dual relationships, some supervisees' perceive these types of relationships as acceptable. It was mentioned above that supervisees are sometimes unaware of the roles in supervisory relationships. Heru, Strong, Price and Recupero (2004) examined the boundaries of supervisory relationship and the perceptions of supervisory relationships. The study consisted of 43 supervisors and 52 trainees in which fifty-five percent of the supervisees thought it was appropriate for supervisors to disclose personal information (Heru, et. al, 2004). It is the responsibility of the supervisor to set clear limits with their supervisees.

### **Emerging Patterns**

Supervisors have an ethical responsibility to provide supervisees with a clear description of their roles and responsibilities. More importantly, it is the responsibility of the supervisor to make sure that supervisees understand the informed consent process before they interact with clients. Pope and Vasquez (2007) made the following statement: "supervisors have an ethical responsibility to accord appropriate informed consent to both supervisee and client" (p.287). The supervisee must understand that the informed consent must include the limits of confidentiality, expected outcomes and when confidentiality must be breached. The supervisee must also understand the process of duty to warn and how to protect themselves from litigation (Costa & Altekruise, 1994). This function is most important because it establishes the foundation of the

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supervisory relationship and as mentioned above the supervisor is essentially responsible for all activities.

When there are conflicts in clinical supervision, Herman and Kurpius (2006) suggested that it is wise for supervisors to consult with other professionals when they are faced with a dual relationship. Consultation is another way to obtain professional support and recommendations when resolving issue related to dual relationships. When reviewing the literature, it was suggested that supervisors should take the time to evaluate their own situations (Landay, Walker & Melincoff, 2001). In their study, of one hundred thirty-seven supervisors, Landay et al., (2001) found that when supervisors completed a self supervisory inventory, the results proved to match their own perceptions of themselves, positively or negatively. It is important that supervisors also avoid comprising relationships with supervisees that could possibly lead to conflict. Some dual relationship can be avoided, but it is the responsibility of the supervisor to recognize the situation in advance before the inevitable happens. One way to avoid this type of conflict is by asking questions and making sure that the conversation is understood. The ACA Code of Ethics (2005) suggested that supervisors should avoid providing counseling or therapy services to their supervisees. This type of situation can be avoided when boundaries are established and appropriate referrals are provided.

Perceptions of supervisory experiences will vary, but they must be considered. It is important that supervisors develop a system in which they can also receive feedback from their supervisory performance (Williams, 1994). Many times supervisors are unaware of possible conflicts with their supervisees because they have not asked them. It suggested that supervisors continuously meet with their supervisees to find out if there any unresolved issues (Nelson & Friedlander, 2001). This can be done in written form or through verbal sessions. When the

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supervisor can receive honest feedback from the supervisee, it could be beneficial to both the supervisor and the supervisee. The supervisor can use this information to improve current supervisory sessions as well as future supervisory relationships.

Supervisors have an ethical responsibility to provide supervisees with a clear description of their roles and responsibilities. More importantly, the supervisees must understand their rights and responsibilities. Pope and Vasquez (2007) made the following statement: “supervisors have an ethical responsibility to accord appropriate informed consent to both supervisee and client” (p.287). Therefore, the supervisee must understand the limits of confidentiality, expected outcomes and when confidentiality is breached. Additionally, they must understand the process of duty to warn and how to protect themselves from liability (Costa & Altekruze, 1994). In the event of an incident, the supervisee can contact the local licensing board, the university board or management. These gaps are identified and suggested for the supervisee and supervisor.

### **Conclusions**

Even though supervisors are experienced clinicians, many are not experienced in clinical supervision. This is a problem in the counseling profession because supervisors are needed to provide guidance and direction for new counselors. Clinical supervision is an important activity for counselors to receive training for certification and licensure. More importantly, supervisors must be competent in supervision. Consequently, the supervisory relationship is a mutual agreement in which the supervisor is responsible for on-going assessments, evaluation and clinical services of the supervisee. By enhancing supervision, supervisors will develop closer relationships with their supervisees and avoid dual relationships.

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