



# Clinical Supervision: An Overview

Edited by the Center for Credentialing & Education

## Course Introduction

The general purpose of this course is to learn about the basic processes of clinical supervision. Completion of this course allows learners to become better consumers of supervision, more effective supervisors, and better able to evaluate involvement in the supervisory role. The information in this course is accumulated from several sources and years of clinical experience. CCE acknowledges the work of Bernard and Goodyear (1998) and the various ERIC contributions included in this course.

## Learning Objectives

Upon completion of this course, you will

- Understand the definition of clinical supervision.
- Understand the scope and goals of clinical supervision.
- Understand the basic process of effective clinical supervision
- Interpret cultural issues in clinical supervision
- Understand the process of group supervision
- Understand basic legal and ethical issues as they relate to clinical supervision
- Understand the purpose and need for evaluation in clinical supervision
- Understand the implications of clinical supervision and standards of client care.
- Understand basic clinical supervision theories.
- Understand the basic mechanics associated with the management of clinical supervision including administrative skills.
- Understand the rationale and importance of matching the attributes of a clinical setting with those of the supervisee (e.g., level of supervisee resistance).
- Understand the differences between the “science” and “art” of clinical supervision.

# Clinical Supervision: An Overview

## Introduction

Many mental health professionals will eventually find themselves in the role of clinical supervisor. Paramount issues for consideration include the supervisor's clinical skill, the supervisor's ability to impart this skill, and validating that the skill is being demonstrated by the supervisee.

Too many supervisors, particularly those of the academic ilk, are versed in the "science" portion of supervision, but not in the "art" part of supervision. In other words, they have minimal actual in-the-field experience, which transfers into the supervisee not learning essential real-world skills. Indeed, a few lauded theoretical supervisors have less experience than their former supervisees after the supervisee has been working for less than two years. The science part of supervision encompasses the formal theories and observations that have been confirmed or are confirmable. The art part of supervision entails the knowledge and accompanying skills that a professional accumulates over time (Bernard & Goodyear, 1998). Furthermore, university supervisors are often not held accountable for demonstrating that their supervisees can actually "do therapy or counseling." This course's conceptual framework is based on practical approaches to clinical supervision that hold the supervisee as well as the supervisor accountable within a mutually respected relationship.

Since counseling is dynamic and situations change from one moment to the next, the actual valence of "supervision as intervention" can be minimal. What supervision can do is provide a foundation on which the supervisee can make decisions about an intervention or counseling procedure. Conceptually, this course covers the fundamentals of effectively managing supervisees while at the same time remaining accountable to the welfare of the client – needless to say, a formidable task.

## Supervision Defined

A working definition of supervision might include: "An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those who are in the particular profession" (Bernard & Goodyear, 1998, p. 6).

Other definitions include, "an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person (Loganbill, Hardy, & Delworth, 1982, p. 4); and "an ongoing educational process in which one person in the role of the supervisee acquires appropriate professional behavior through an examination of the trainee's professional activities" (Hart, 1982, p. 12).

In summary, supervision is an intensive educational process that facilitates the therapeutic competence of the supervisee over time. In order to emphasize client welfare, supervision is always provided by someone who possesses more experience (the expert) than the supervisee (the novice) and is skilled in the area in which the supervisee seeks supervision. Supervision is not counseling, but is a circumscribed set of skills that monitor the quality of the service provided by the supervisee. Supervision can be used to assess who is adequate at providing competent services to the public, and to obtain skills that facilitate certification and licensure.

In terms of a senior member providing supervision to a junior member, this is a relative term. An arguably better dichotomy is expert-novice. University supervisors with no more experience than their doctoral internships have been assigned to supervise seasoned therapists with years of experience who have returned to school to obtain a doctorate. (In fact, these non-traditional students provide a great service to universities since they often provide training for faculty). The senior/junior distinction is an artifact of university power hierarchies and is clearly not necessary in the definition of supervision. However, more experience is better than less experience when providing clinical supervision.

Bernard and Goodyear (1998) have asserted that a good supervisor does not necessarily need to be an effective therapist since a supervisor's main function is to oversee and guide the efforts of the supervisee. They use the analogy that a good athlete does not a coach make. But, most coaches, who were not particularly good athletes, have at least played the game. In contrast, some supervisors, again at the university level, have only played the game long enough to complete their internships and obtain a supervisory job at the university level. Herein is one of the reasons for a lack of credibility in the public and professional eye. In fact, some supervisors who lack real-world experience even write books about supervision and indicate in this scholarly work that practical experience is not necessary. However, not all is lost. "Super-visors," even those with little clinical experience, can provide a perspective to the supervisee that is removed from the actual supervision. It is antiseptic, and anecdotal, but here lies its value in such cases: supervision is not an intervention, in the classical sense. The supervisee provides the counseling, which may be influenced or directed by the supervisor. Supervision does not have to be provided by members of the same profession. In fact, many doctoral level supervisees in the counseling profession are supervised by individuals who identify with another helping profession (e.g., psychology, social work, psychiatry).

### **Models of Clinical Supervision**

Theories of supervision, according to Bernard & Goodyear (1998), include theories that extend directly from theories of psychotherapy. Likely to be adhered to by less experienced university supervisors, it is inevitable that most supervisors utilize psychotherapy theories to some extent. Psychotherapy theories used in supervision include psychodynamic theory or the working alliance model, parallel process or the mirroring of the therapist/client relationship within the supervisor/supervisee relationship; person-centered or a focus on the supervisor's trust in the supervisee's ability to be a clinician in a non-controlling, nondirective environment based on mutual trust; cognitive-behavioral based on learning models that focus on behaviors and their consequences; and systemic. Some supervisor educators have defined particular schools of systems therapy as being non-egalitarian and even manipulative. Depending on the type of focus, this might be true. But, this is a myopic view of the systemic school of therapy and supervision, and exemplifies a lack of understanding more than a true definition.

Reciprocal relationships, recursive modeling and family dynamics also have influenced supervision theory. Narrative approaches posit that clients have developed stories or narratives about themselves and their lives that serve as a method for organizing their past and influencing their future. Family therapists have been using narrative approaches for some time. Another model describes the therapist serving as a story editor. Supervisors using these methods, assist the supervisee in developing narratives or personal stories about doing therapy, in general, and specifically stories about their clients (Bernard & Goodyear, 1998).

### **Developmental Models**

Developmental theories of supervision are based on the change process of the supervisee over time. The focus is primarily on the supervisee's development, but sometimes to the exclusion of the client's well-being.

Supervisees move through stages during training that are qualitatively different from one another; each stage requires a different supervisory environment (Chagnon & Russell, 1995). This model would indicate that supervisors should not supervise beyond their own level of development, and requires that supervisors not engage in supervisory functions beyond their experience and level of competency. The problem here is that in university settings, professors are not subject to “checks and balances” regarding their level of supervision, and furthermore, might even be “protected or sheltered” by academic policies or rank. Likewise, in clinical settings, a supervisee could be the “only show in town” and is subject to “seat of the pants” supervision.

The Littrell, Lee-Borden & Lorenz model is a four-stage model that emphasizes relationship building, teaching/counselor role, collegial role, and self-supervision.

The Stoltenberg Model is a four level model that emphasizes dependency on the supervisor, the dependency-autonomy conflict, increased autonomy and mutual sharing, and “master counseling.” The Stoltenberg and Delworth model proposes three structures for supervisee training: awareness of self and others, motivation towards the developmental process, and some amount of dependency or autonomy. The Loganbill, Hardy & Delworth model is based on eight professional issues such as competence, direction, motivation, and ethics through three stages, namely stagnation, confusion, and integration. Although this theory appears to be very thorough, its actual usefulness in clinical settings is limited.

The Skovholt and Ronnestad model emphasizes therapist development over the lifespan. This eight-stage model identifies 20 themes that characterize therapist development over time. Overall, developmental models have empirical support, but also are criticized for being too simplistic (Russell et al., 1984).

## **Social & Eclectic Models**

Social role models of supervision emphasize role behaviors of supervisors including teacher, counselor, therapist, facilitator, case reviewer, and consultant. Other activities include monitoring, evaluating, modeling, and supporting.

The Hawkins and Shohet model is a social role model that focuses on the client, therapist, and supervisor over five factors: 1) role of the supervisor, 2) developmental stage of the trainee, 3) counseling orientation of the trainee and supervisor, 4) the contract between supervisor and trainee, and the 5) setting or modality. The Holloway model focuses on five tasks and five functions of the supervisor. This matrix of 25 task-function combinations suggests the role a supervisor might adhere to with a particular supervisee in a particular situation. Most advanced supervisors have used eclectic and intergenerationalist models to establish their own model. They might blend supervision models, develop relationship frameworks, consider the competence level of the trainee, and evaluate the outcomes of the supervision process.

The discrimination model has three supervisor foci, namely the trainee’s intervention, conceptualization skills, and personalization skills. This model also includes three roles of the supervisor including teacher, counselor, or consultant. This model is referred to as the discrimination model because it implies that the supervisor will tailor his or her responses as needed (Bernard, 1979).

The following information further describes models of clinical supervision including a further discussion of developmental approaches as well as integrated and orientation-specific models.

## Models of Clinical Supervision

by George R. Liddick

Clinical supervision is the construction of individualized learning plans for supervisees working with clients. The systematic manner in which supervision is applied is called a "model." Both the Standards for Supervision (1990) and the Curriculum Guide for Counseling Supervision (Borders et al., 1991) identify knowledge of models as fundamental to ethical practice.

Supervision routines, beliefs, and practices began emerging as soon as therapists wished to train others (Leddick & Bernard, 1980). The focus of early training, however, was on the efficacy of the particular theory (e.g. behavioral, psychodynamic, or client-centered therapy). Supervision norms were typically conveyed indirectly during the rituals of an apprenticeship. As supervision became more purposeful, three types of models emerged. These were: (1) developmental models, (2) integrated models, and (3) orientation-specific models.

### Developmental Models

Underlying developmental models of supervision is the notion that we each are continuously growing, in fits and starts, in growth spurts and patterns. In combining our experience and hereditary predispositions we develop strengths and growth areas. The object is to maximize and identify growth needed for the future. Thus, it is typical to be continuously identifying new areas of growth in a life long learning process. Worthington (1987) reviewed developmental supervision models and noted patterns. Studies revealed the behavior of supervisors changed as supervisees gained experience, and the supervisory relationship also changed. There appeared to be a scientific basis for developmental trends and patterns in supervision.

Stoltenberg and Delworth (1987) described a developmental model with three levels of supervisees: beginning, intermediate, and advanced. Within each level the authors noted a trend to begin in a rigid, shallow, imitative way and move toward more competence, self-assurance, and self reliance for each level. Particular attention is paid to (1) self-and-other awareness, (2) motivation, and (3) autonomy. For example, typical development in beginning supervisees would find them relatively dependent on the supervisor to diagnose clients and establish plans for therapy. Intermediate supervisees would depend on supervisors for an understanding of difficult clients, but would chafe at suggestions about others. Resistance, avoidance, or conflict is typical of this stage, because supervisee self-concept is easily threatened. Advanced supervisees function independently, seek consultation when appropriate, and feel responsible for their correct and incorrect decisions.

Once you understand that these levels each include three processes (awareness, motivation, autonomy), Stoltenberg and Delworth (1987) then highlight content of eight growth areas for each supervisee. The eight areas are: intervention, skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics. Helping supervisees identify their own strengths and growth areas enables them to be responsible for their life-long development as both therapists and supervisors.

### Integrated Models

Because many therapists view themselves as "eclectic," integrating several theories into a consistent practice,

some models of supervision were designed to be employed with multiple therapeutic orientations. Bernard's (Bernard & Goodyear, 1992) Discrimination Model purports to be "a theoretical." It combines an attention to three supervisory roles with three areas of focus. Supervisors might take on a role of "teacher" when they directly lecture, instruct, and inform the supervisee. Supervisors may act as counselors when they assist supervisees in noticing their own "blind spots" or the manner in which they are unconsciously "hooked" by a client's issue. When supervisors relate as colleagues during co-therapy they might act in a "consultant" role. Each of the three roles is task specific for the purpose of identifying issues in supervision. Supervisors must be sensitive toward an unethical reliance on dual relationships. For example, the purpose of adopting a "counselor" role in supervision is the identification of unresolved issues clouding a therapeutic relationship. If these issues require ongoing counseling, supervisees should pursue that work with their own therapists.

The Discrimination Model also highlights three areas of focus for skill building: process, conceptualization, and personalization. "Process" issues examine how communication is conveyed. For example, is the supervisee reflecting the client's emotion, did the supervisee reframe the situation, could the use of paradox help the client be less resistant? Conceptualization issues include how well supervisees can explain their application of a specific theory to a particular case -- how well they see the big picture -- as well as what reasons supervisees may have for what to do next. Personalization issues pertain to counselors' use of their persons in therapy, in order that all involved are nondefensively present in the relationship. For example, my usual body language might be intimidating to some clients, or you might not notice your client is physically attracted to you.

The Discrimination Model is primarily a training model. It assumes each of us now have habits of attending to some roles and issues mentioned above. When you identify your customary practice, you can then remind yourself of the other two categories. In this way, you choose interventions geared to the needs of the supervisee instead of your own preferences and learning style.

### **Orientation-Specific Models**

Counselors who adopt a particular brand of therapy (e.g. Adlerian, solution-focused, behavioral, etc.) oftentimes believe that the best "supervision" is true adherence to the mode of therapy. The situation is analogous to the sports enthusiast who believes the best future coach would be a person who excelled in the same sport at the high school, college, and professional levels. Ekstein and Wallerstein (cited in Leddick & Bernard, 1980) described psychoanalytic supervision as occurring in stages. During the opening stages the supervisee and supervisor eye each other for signs of expertise and weakness. This leads to each person attributing a degree of influence or authority to the other. The mid-stage is characterized by conflict, defensiveness, avoiding, or attacking. Resolution leads to a "working" stage for supervision. The last stage is characterized by a more silent supervisor encouraging supervisees in their growth toward independence.

Likewise, behavioral supervision views client problems as learning problems; therefore it requires two skills of the supervisee 1) identification of the problem, and (2) selection of the appropriate learning technique (Leddick & Bernard, 1980). Supervisees can participate as co-therapists to maximize modeling and increase the proximity of reinforcement. Supervisees also can engage in behavioral rehearsal prior to working with clients. Carl Rogers (cited in Leddick & Bernard, 1980) outlined a program of graduated experiences for supervision in client-centered therapy. Group therapy and a practicum were the core of these experiences. The most important aspect of supervision was modeling of the necessary and sufficient conditions of empathy, genuineness, and unconditional positive regard.

Systemic therapists argue that supervision should be therapy-based and theoretically consistent (McDaniel,

Weber, & McKeever, 1983). Therefore, if counseling is structural, supervision should provide clear boundaries between supervisor and therapist. Strategic supervisors could first encourage supervisees to change their behavior, then once behavior is altered, initiate discussions aimed at supervisee intuition.

Bernard and Goodyear (1992) summarized advantages and disadvantages of psychotherapy-based supervision models. When the supervisee and supervisor share the same orientation, modeling is maximized as the supervisor teaches -- and theory is more integrated into training. But, when orientations clash, conflict or parallel process issues may predominate.

In summary, are the major models of supervision mutually exclusive, or do they share common ground? Models attend systematically to: a safe supervisory relationship, task-directed structure, methods addressing a variety of learning styles, multiple supervisory roles, and communication skills enhancing listening, analyzing, and elaboration. As with any model, a personal model of supervision will continue to grow, change, and transform as the supervisee gains experience and insight.

### **Management and Administration of the Supervision Process**

In academic settings, it is important that the supervisor carefully consider the site placement of each supervisee. The supervisee's goals for the clinical internship will be useful in making this determination (Bernard & Goodyear, 1998). There should be a managerial plan for maintaining contacts with the supervisee's site; these can be accomplished in person, online, by email, or by telephone. It is important that the site supervisor know when these contacts will occur and what method of contact will be used. It might be necessary for a university supervisor to become more involved in an internship placement under at least three conditions: 1) inconsistency in performance expectations of the supervisee, 2) incompatibility between expectations and the reality of the internship facility, and 3) inconsistency between expectations of the educational facility and the field site (Leonardelli & Gratz, 1985).

When considering an internship site, supervisors need a thorough agreement of understanding including all procedural considerations such as emergency contacts and means of evaluation. Furthermore, quality control needs to be consistently monitored by the faculty supervisor in university internship placements. For instance, all standards associated with accreditation, certification and/or licensure must be met (Bernard & Goodyear, 1998).

Similarly, it is critically important in university internship experiences that the site supervisor understand what type of supervisee attributes would best fit the placement. For example, if the site supervisor uses a particular type of counseling theory regarding the change process, it is important that this be clearly communicated with a prospective supervisee (Olsen & Stern, 1990).

Administration of supervision should always be planned, not done "as you go." A plan will include time allocations, organizational issues, resources, and activities. A critical managerial responsibility is matching the supervision to the specific needs of the supervisee. This might sound obvious, but all too often this is not the case in university settings where the needs of the professor appear to be paramount. Furthermore, it is important to keep good supervision records for instructional as well as legal reasons (Bernard & Goodyear, 1998).

Munson (1993) recommended the following outline for supervision records:

- 1) If required, a supervision contract

- 2) A brief statement of the needs, training and supervision experience of the supervisee
- 3) A summary of all performance evaluations
- 4) Notation of all supervisory sessions
- 5) Cancelled or missed appointments
- 6) Notation of cases discussed and significant decisions
- 7) Significant problems, if any, in the supervision and how they were resolved, or whether they remain unresolved and why.

The management and administration of supervision and the training of new professionals should be taken as seriously as performing counseling. Since there are very few models concerning the professional development of supervisors, it is important to continue to seek consultation and professional development activities. It is important to obtain professional and personal support, know yourself, stay informed, get feedback, and go slowly (Bernard & Goodyear, 1998).

Supervisors-in-training often have substantial life and professional experience to assist them with becoming clinical supervisors and managing the process. Three important areas for supervisor training include theoretical models, supervision research, and ethical and professional issues. Reading supervision classics such as Searles (1955) and Stoltenberg (1981) will expose supervisors-in-training to some of the original work in this discipline and provide suggestions for the management of the supervision process.

Unfortunately, the best intentions of any supervisor can be weakened by poor managerial and administrative skills. To be a good manager, it is imperative that supervision guards against burnout. Taking good care of self is paramount in effective administration of all that occurs during clinical internship and work-related supervision.



## Administrative Skills in Counseling Supervision

by Patricia Henderson

The administrator of a supervision program is the person ultimately responsible for the quality of supervision provided and the effectiveness of supervisory staff. Conceptually, the supervision "program" includes not only the staff of supervisors, but also the activities they do, outcomes they strive to help their supervisees achieve, materials and resources they use, and means by which the activities, outcomes, and staff performance are evaluated. Administrators of supervision programs include school system, central office-based guidance directors who administer the supervision activities of campus-based counseling department heads; counselor-owners of private practices with multiple counselor supervisors; heads of counselor education departments with multiple faculty members supervising intern and practicum students; and counselor educators responsible for field-site practicum and internship supervisors of their students.

### Program Management

Administrators provide leadership and direction to supervision programs by developing and upholding the program mission and the goals of supervision. To ensure effective implementation of the program (and the related counseling activities), administrators must know and be able to articulate for the staff and others the purpose, value, and goals of supervision, including its contribution to the quality of the counseling program. Essential here are knowledge of and commitment to the professional standards of counseling performance, ethics (American Counseling Association, 1988), and supervision (Dye & Borders, 1990), as well as the relevant legal standards. Administrators must be able to articulate how supervision relates to performance evaluation and to other professional development activities. They need to be able to facilitate the establishment of program priorities and to assist counselors and/or supervisors in establishing relevant objectives which not only will maintain the program, but also cause its improvement.

Administrators need to help supervisors be clear about the priority of supervision in relation to other aspects of their jobs. Supervisors of school or agency counseling departments with multiple counselors often have counseling caseloads in addition to supervision responsibilities. Counselor educators often carry teaching or advisement responsibilities in addition to supervising practicum and internship students.

Administrators not only are accountable for the provision of high quality supervision, they also are accountable for resultant improvement in the performance of supervisees/counselors, and ultimately for assuring effective treatment for clients. Based on their evaluations of supervisors' competence, administrators have a responsibility to match supervisors and counselors for optimum professional development, and for establishing efficient systems for matching counselors and clients for optimum personal development. They also must be able to develop, with supervisors, the system for monitoring client progress. Establishing systems that are not burdensome to the staff is often a challenge to the administrator. Writing skills are needed for documentation and for reporting.

In a "business manager" role, the administrator needs skills in acquiring and allocating resources needed for effective and efficient program implementation. Specifically, administrators pursue sufficient budgets, adequate materials, appropriate facilities, and equipment. Managing the supervision program entails handling logistics, such as scheduling to match clients and counselors, counselors and supervisors, making good use of facilities

and equipment, and efficiently using time. Administrative skill requisites include being able to develop plans for supervision activities on a yearly, a semester, or perhaps a weekly basis.

Administrators must have the political and communication skills necessary to establish or collaborate with those who establish the policies that support the program and enhance the supervision efforts. They also are responsible for setting workable procedures and rules. They must know how to conduct effective and efficient meetings. Administrators help others in and out of the department to know the value of and best practices within counseling supervision.

## **Personnel Management**

Administrators of supervision should have the knowledge and skills needed to provide leadership to the supervision program staff, as well as the counseling program staff members. "Personnel" within the responsibility of the supervision administrator may include supervisors, supervisees, support staff, and clients. Ideally, supervision administrators are or have been exemplary supervisors (and counselors) and are well grounded in the knowledge, skills, and experiences of effective counseling supervision. They have developed their own models of supervision and know its steps, procedures, and a wide repertoire of techniques. It is beneficial if administrators model these and other basic skills to better assure such skills in the supervisors and counselors within their responsibility.

Supervisors and their administrators are involved in relationships with a myriad of dynamics. Prerequisite to skilled administration is having the interpersonal skills necessary to counsel, supervise, and administer such a relationship-based program. Relationships develop and interactions occur between clients and counselors, between counselors and supervisors, and between supervisors and their administrator. These relationships should be characterized by mutual respect, two-way interactions, and a collaborative spirit.

Administrators establish the climates within which their programs operate. Their values are reflected in the program and by the supervisory staff. If they value ethical practice, the worth and dignity of each individual, such are the values of the department, agency, or business. If their personal interactions are characterized by trust and respect, those become hallmarks of the interpersonal climate of the staff. A collaborative leadership style sets a different climate than an authoritarian one.

Usually, program administrators are protectors of the rights of the supervisors, supervisees, other staff members, and clients. They need skills to intervene if needed. Dissatisfied clients, having first discussed their issues with their counselors and then the supervisors, may bring their appeals to administrators. Thus, administrators must listen well and evaluate cases and disputes fairly.

Supervision administrators typically have traditional personnel responsibilities for the supervisors. They need skills in recruitment, hiring, placement, orientation, and induction of new supervisors. They need to be able to write and to clarify job descriptions of the supervisors. Given the dearth of supervisor training, today's supervision administrator needs to be able to train new supervisors as well as provide in-service training for those with experience (Borders et al., 1991; Henderson & Lampe, 1992). They assist supervisors in choosing appropriate supervision methodology when they are faced with problematic supervisees (e.g., those in burn out, stress, conflict, or who are incompetent). As with the other supervision skills outlined in the Standards (Dye & Borders, 1990), administrators must be able to match their own administrative behaviors to the needs of their "administratees."

Supervision administrators both supervise and evaluate supervisor performance and suggest goals for supervisors' professional development. As is often true with supervisors and supervisees, these responsibilities may appear to the supervisor ("administratee") to overlap or even be in conflict. Administrators need to be clear as to which role they are fulfilling in any given situation. They need to be able to distinguish between formative supervision and summative performance evaluation. They need to be able to evaluate fairly and to provide constructive criticism.

Finally, supervision administrators need to pursue their own meaningful professional development. Administrators are professional models to their staff members, and should exemplify excellence in counseling and supervisory as well as administrative professional knowledge and skills.

### **Issues**

As both counseling and counseling supervision are developing disciplines, so too is the administration of counseling supervision. Appropriate training, based on the ACES-developed Curriculum Guide (Borders et al., 1991), needs to be provided for counseling supervisors and extended for administrators of counseling supervision programs. When training is accessible, appropriate certification and licensing requirements need to be established. Perhaps before all of that can happen, more discussion of the topic needs to occur in the profession.

## **General Methods and Techniques in Clinical Supervision**

Since clinical supervision is unique (although it shares commonality with teaching, consultation, and even counseling), it requires specific preparation (Bernard & Goodyear, 1998). Supervision methods and techniques come from an interdisciplinary literature across the mental health disciplines. Clinical supervision is essentially senior colleagues teaching the craft and tradition of counseling and psychotherapy as in an apprenticeship. The ability to feel confident as a clinician has been found to be a function of hours of formal supervision and the number of supervisors utilized (Bradley & Olsen, 1980).

Supervision is clearly necessary, but it is debatable how much is needed. Supervision may include pre-service as well as post-service training; moreover, supervision also is used to rehabilitate impaired professionals.

Some clinicians have found it difficult to change from "therapist" to "supervisor;" however, this is not a significant problem when experience level is taken into account. Again, it is important to keep in mind that much of the literature in clinical supervision is created by academics who live in "ivory towers." This often brings to mind the "if you can't do, teach metaphor." University supervisors are steeped in theory and research, but might be unable to relate effectively to the real, clinical world. To illustrate, there have been university cases where clients have not been served adequately because good theory was applied, but the treatment itself was ultimately "bad medicine."

In many cases, supervisees do not get to choose their supervisors. However, supervisees should take responsibility in selecting their supervisors. In university settings, it is important for potential supervisees to investigate who the supervisors are, and if the supervisors have actual clinical experience. Supervisees often do not know if the supervisor actually practices or when the supervisor last saw a real client? In clinical settings, supervisees need to know what kind of supervision will be provided? Hands-on? Live observation? Anecdotal

conversation? In-session mentoring? If the answer to these questions is unclear or mostly or entirely negative, the potential supervisee should reconsider attending that university, or accepting that job.

One method of supervision is the use of process notes. Bernard and Goodyear (1998) have presented the following questions for process note information gathering:

1. What were your goals for this session?
2. Did anything happen during the session that caused you to reconsider your goals? How did you resolve this?
3. What was the major theme of the session? Was there any content that you consider critical?
4. Describe interpersonal dynamics between you and the client during the session.
5. How did individual differences between you and the client (e.g., gender, ethnicity or race, developmental level) affect the session?
6. How successful was the session? Were your initial goals achieved?
7. What did you learn (if anything) about the helping process from this session?
8. What are your plans and goals for the next session?
9. What specific questions do you have for your supervisor regarding your work with this client? (p. 94).

## Individual Supervision

Individual supervision is considered to be the cornerstone of professional development in the helping professions. When teaching counseling skills in supervision it is important to teach one skill at a time, model the behavior via live demonstration when possible, practice the skill, and allow for mastery before supervision is terminated (Bernard & Goodyear, 1998).

Live observation offers a supervisory model that provides immediate assistance to the client if needed. It is likely that one of the best times for supervision is as close to the completion of the counseling session as possible. Often supervision is described as structured, an extension of training, or unstructured, approaching consultation (Bernard & Goodyear, 1998). Live observation lends itself to both descriptions. It is encouraged that all university supervisees have the opportunity to perform counseling skills in a live observation format during some part of their supervision.

Issues surrounding distance supervision are growing. Distance education presents logistical considerations that are not typically found in brick-and-mortar programs. On-site supervision is generally provided at the site by a supervisor at the setting. However, a faculty program supervisor may not be physically available and provides supervision from a distance using the internet and telephone (Cain, 2003).

Bernard and Goodyear (1998) have indicated that it is important for the supervisor to think like a supervisor and not a therapist. Although this is certainly true to an extent, this would be largely adhered to by supervisors without clinical experience. A potential problem with this type of thinking is that supervision can become an entity that supercedes client welfare. The author has observed numerous times in a clinical environment where supervisors were not experienced clinicians and the process of supervision was valued more than the ultimate outcome of the supervisee's help to the client. This danger is compounded when the supervisor has supervised for years and is considered "expert," but clinical skills are still in the "novice" category.

Self-report is often used in individual clinical supervision; however, it likely offers too many opportunities for failure if it is the only supervision method. This is particularly critical when training neophyte clinicians. Educators largely use this method, or trust self-reports via an on-site supervisor (of whom the educator has not trained and whose clinical methods are unknown).

“The process of supervision must be based on a plan, and it is the supervisors responsibility to outline that plan” (Bernard & Goodyear, 1998, p. 95). Audiotaping counseling sessions can be part of an advantageous plan for supervision, but many supervisees are uncomfortable with this method due to the increased level of scrutiny. Supervisors often have the supervisee pre-select a section of audiotape for supervision. When supervisees select a segment of tape where they are struggling, they should be prepared to state the reason for selecting this part of the session for discussion in supervision, briefly state what transpired up to that point, explain what he or she was trying to accomplish at that point in the session, and clearly state the specific help desired from the supervisor (Bernard & Goodyear, 1998).

The types of assignments used with audiotape in individual supervision are limitless. Tapes can be used to process therapy, study conceptual issues in therapy, uncover personal and interpersonal issues, explore ethical dilemmas, and identify supervisee developmental level. Supervisees can provide written critiques of audiotapes when a supervisor elects to listen to tapes between supervisory sessions. Furthermore, tapes provide a written record of supervision and can be used when audiotapes and feedback need to be mailed between supervisee and supervisor (Bernard & Goodyear, 1998).

Disadvantages of using audiotape also exist. Audiotape always has some effect on therapy. Some clients who are uncomfortable with taping might lack the assertiveness needed to refuse taping. Supervisors also can use tapes as evidence against the supervisee during evaluation (Aveline, 1992).

Videotape provides a wealth of information in individual supervision and this is exponentially amplified when the client is a family. However, this method requires greater use of technology and may be more threatening to clients as well as supervisees. Taping can be more useful if the supervisor will demonstrate a videotaped session prior to the supervisee doing so. This reduces the myths associated with taping and allows the supervisee to see that the supervisor is not omnipotent. As indicated throughout this course, this may be more of a difficulty in clinical settings where power and control are more prominent (e.g., university settings).

One specific method of individual supervision is Interpersonal Process Recall (IPR). IPR utilizes the supervisor as a facilitator to stimulate the supervisee’s awareness beyond the point at which it operated in the counseling session (Kagan, 1976, 1980). Borrowing from IPR, Goodyear and Nelson (1997) developed a reflectivity model, using their own lives as a vehicle for understanding during supervision.

French and Raven’s (1959) seminal work suggested that counseling influence, and supervisor influence for that matter, is based on three variables: expertness, attractiveness, and trustworthiness. Therefore, supervisors should seek to obtain a level of credibility with supervisees within each of these domains. There are some characteristics associated with supervision that are likely to include obstacles such as power struggles. For instance, the relationship is evaluative, it has a teaching function, and the supervisor is ultimately responsible for the welfare of the client. High and low levels of self-monitoring, or external or internal focus, among trainees can affect the supervisory relationship (Havercamp, 1994).

Anxiety can undermine level of self-confidence in supervisees. Therefore, supervisors need to keep anxiety at a workable level, especially during individual supervision when a group of supportive supervisees are not available. The following discussion focuses on effective supervision strategies, including clinical competence and developmental considerations.

## Strategies and Methods of Effective Supervision

by Gordon M. Hart

A variety of strategies and methods are available to supervisors for use with counselors whom they supervise. This summary is designed to acquaint supervisors with techniques for enhancing the counseling behavior of their supervisees while also considering individual learning characteristics as depicted by the supervisee's developmental level.

To improve a supervisee's skills in working with clients, some form of assessment must be done while counseling is taking place (rather than with clients who have terminated). Using strategies that examine a supervisee's counseling behavior with current clients allows a supervisor to correct any error in assessment, diagnosis, or treatment of the client, and thus increases the probability of a successful outcome.

### Methods of Improving Clinical (Counseling) Competence

Whether the supervisor's purpose is to improve a supervisee's skills or to ensure accuracy, actual counselor-client interaction must be examined (Hart, 1982). Although the traditional method of counselor self-report is often used, this form of data-gathering is notoriously inaccurate. The more reliable forms of data-gathering are review of a client's case history; review of results of current psychodiagnostic testing, including a structured interview (such as a mental status exam); and, particularly, examination of the counselor-client sessions via methods such as audiotape, videotape, and observation through a one-way mirror or sitting in the sessions (Borders & Leddick, 1987).

Of the methods for reviewing counselor-client sessions, the use of live supervision (observation via television or one-way mirror) provides an opportunity to give a supervisee immediate corrective feedback about a particular counseling technique and to see how well the counselor can carry out a suggested strategy. Live supervision is effective for learning new techniques, learning new modalities (e.g., family counseling), and gaining skills with types of clients with whom the counselor is unfamiliar (West, Bubenzer, Pinsoneault, & Holeman, 1993). A live supervision strategy can be supplemented by review of a session immediately following the session or delayed a day or more.

Supervision conducted immediately following a counseling session or delayed a day or two could use an audiotape or videotape of the counseling session or use non-recorded observation through a one way mirror or television system. Supervisors are advised to review audio or videotapes of a supervisee's counseling session prior to the supervision session in order to plan a strategy of intervention. The supervisee also should review the tape to prepare questions and discussion topics. In immediate and delayed supervision sessions, the supervisor should focus on what the supervisee wanted to do with the client, what he/she said or did, and what he/she would like to do in future counseling sessions. Regardless of when the review of the counseling session is conducted (live, immediate, or delayed), the supervisor will have examined an actual work sample of the supervisee and no longer must rely solely on self-report. This examination is likely to aid in the supervisor's credibility in reporting on a supervisee's competence to school or agency administrators regarding retention or promotion, to state licensing officials, or to courts, should that be necessary.

### Developmental Considerations

Although group and peer supervision are powerful approaches (Hart, 1982), individual supervision is likely to

be the main form of reviewing supervisee performance (Bernard & Goodyear, 1992). When using individual supervision, a supervisor must consider most carefully the developmental level of the supervisee (Stoltenberg & Delworth, 1987). Specifically, how skilled is the supervisee in general and specifically with the type of client in question, how anxious is the supervisee when reviewing his/her work, and what is the supervisee's learning style? Although these factors may vary somewhat independently, it is likely that less skilled counselors will be somewhat anxious. Additionally, developmental level has been conceptualized as cognitive or conceptual level and has been associated with challenging a supervisee to grasp increasingly more sophisticated concepts. With novice supervisees, a high degree of support and a low amount of challenge or confrontation is advisable (Howard, Nance, & Myers, 1986). When learning style is considered, a micro-training approach focusing on specific skills might be used, demonstrated by the supervisor, and then practiced in the supervision session by the supervisee in a role-play. However, some novice or anxious supervisees learn best by a macro approach; that is, having a clear overview of the goals of the session, expected role of the counselor, client typology, and specific client characteristics such as race, gender, culture, socioeconomic status, family background, and personality characteristics. For these supervisees, use of written case study materials or an IPR (Interpersonal Process Recall) approach (Kagan 1980) might be better than a micro-training approach.

With more competent supervisees, the focus may be placed on more advanced skills or on more complex client issues. Either a micro or macro approach may be used. Using videotape is suggested for these supervisees, as they are more likely to be able to assimilate the larger amount of data provided by videotape compared to that provided by audiotapes, which are suggested for use with less competent supervisees.

With more skilled and more confident supervisees, exploration of issues usually found to be threatening also may be examined. Such issues include relationship of theoretical orientation to technique employed, personal style, counselor feelings about the client, and learning new and innovative techniques or modalities (individual, group, or family counseling).

Developmentally, a supervisor should expect that supervisees progress to more independent functioning whereby supervisees pick the clients and client issues which they wish to review as well as the personal issues or client dynamics they wish to examine. Audio or videotape segments can be selected for review rather than listening to entire tapes. At this more advanced stage of supervision, the supervisor may feel more like a colleague or a consultant than a teacher, which allows the supervisor to share more examples of his/her own counseling experience conveyed either through self report or via audiotapes (Hart, 1982). With more skilled and confident supervisees, collaboration such as co-leading a group or co-counseling with a family can be conducted. Although such collaboration strategies have been advocated for novice counselors, maximum benefit more likely may be achieved by supervisees who are more confident in their skills and who have developed basic skills sufficiently to be able to perceive and learn the complex skills that a supervisor is likely to use when working with a group or family.

## Summary

Supervision for the clinical/counseling functions of counselors in schools and agencies should focus on actual work samples. Using a micro-training versus a more macro approach should depend on what works best for a particular supervisee, along with the supervisee's level of skill and confidence.

Effective supervision and clinical competence can be affected by many variables. One critical factor that can lead to an unfavorable supervision outcome is resistance from the supervisee.



## Supervisee Resistance

by Loretta J. Bradley and L.J. Gould

Implicit in the definition of supervision is an ongoing relationship between supervisor and supervisee; the supervisee's acquisition of professional role identity; and, the supervisor's evaluation of the supervisee's performance (Bernard & Goodyear, 1992; Bradley, 1989). Although the goal of helping the supervisee develop into an effective counselor may appear simple, it can be an anxiety-provoking experience. Supervision-induced anxiety causes supervisees to respond in a variety of ways, with some of the responses being defensive. It is these defensive behaviors, which serve the purpose of reducing anxiety, that are referred to as resistance. Although the purpose of this Digest is to describe supervisee resistance and identify ways to counteract it, we want to stress that supervisee resistance is common. While resistance can be disruptive and annoying, the supervisor must keep in mind that resistance is not synonymous with "bad person" or "bad behavior." Instead, resistance occurs because of the dynamics of the supervision process and, in fact, can be an appropriate response to supervision (e.g., supervisor conducting therapy instead of supervision). In other instances, resistance is a response to anxiety whereby it becomes the supervisor's role to deal with anxiety so that the need for resistance will be reduced or perhaps eliminated.

### Resistant Behaviors

#### Purposes/Goals

Supervisee resistance, consisting of verbal and nonverbal behaviors, is the supervisee's overt response to changes in the supervision process. Liddle (1986) concluded that the primary goal of resistant behavior is self-protection in which the supervisee guards against some perceived threat. One common threat is fear of inadequacy; although supervisees want to succeed, there is a prevalent concern of not "measuring up" to the supervisor's standards. Other supervisee resistance occurs because supervision is required. Supervisees may not accept the legitimacy of supervision because they perceive their skills to be equal, if not superior, to their supervisor's. Supervisee resistance may be a reaction to loss of control and can evolve into a power struggle between supervisor and supervisee. Supervisees may fear and be threatened by change, and consequently, respond with defensive behaviors. The fact that supervision has an evaluative component can provoke anxiety because a negative evaluation by a supervisor may result in dismissal and/or failure to receive necessary recommendations. Supervisee resistance also may result from the supervisor failing to integrate multicultural information into the supervision sessions. Regardless of form, resistant behaviors are coping mechanisms intended to reduce anxiety.

#### Supervisee Games

Resistance often takes the form of "games" played by supervisees who either consciously or unconsciously attempt to manipulate and exert control over the supervision process. Although all supervisees do not play games, many do. Kadushin (1968) defined four categories of supervisee games. Manipulating demand levels involves games in which the supervisee attempts to manipulate the level of demands placed on him/her. Often the supervisee uses flattery to inhibit the supervisor's evaluative focus. Redefining the relationship occurs when the supervisee attempts to make the relationship more ambiguous. For example, in the game of self-disclosure, the supervisee would rather expose himself/herself instead of counseling skills. Reducing power

disparity occurs when the supervisee focuses on his/her knowledge. In this game, the supervisee tries to prove the supervisor "is not so smart." If successful, the supervisee can mitigate some of the supervisor's power. In controlling the situation, the supervisee prepares questions to direct supervision away from his/her performance. Other means for controlling supervision include requesting undue prescriptions for dealing with clients, seeking reassurance by reporting how poorly work is progressing, asking others for help to erode supervisor authority, or selectively sharing information to obtain a positive evaluation. A more hostile and angry form of control involves blaming the supervisor for failure.

In describing supervisee games, Bauman (1972) discussed five types of resistance. Submission, a common form of resistance, occurs when the supervisee behaves as though the supervisor has all the answers. Turning the tables is a diversionary tactic used by the supervisee to direct the focus away from his/her skills. "I'm no good" occurs when the supervisee pleads fragility and appears brittle; the attempt is to prevent the supervisor from focusing on painful issues. Helplessness is a dependency game in which the supervisee absorbs "all" information provided by the supervisor. The fifth type of resistance projection, is a self-protection tactic in which the supervisee blames external problems for his/her ineffectiveness. More thorough discussions of supervisee (and supervisor) games are presented by Bernard and Goodyear (1992) and Bradley (1989).

### **Counteracting Resistance**

Although resistance is a common occurrence in supervision, counteracting resistance is not simple. Two major factors influence methods used for counteracting resistance. First, the relationship is critical. A positive supervisory relationship grounded by trust, respect, rapport, and empathy is essential for counteracting resistance (Borders, 1989; Mueller & Kell, 1972). The second factor in counteracting resistance is the way the supervisory relationship is viewed. Supervisors viewing the relationship as the focal point in supervision usually advocate full exploration of conflicts. In contrast, supervisors viewing therapeutic work as the primary supervisory focus advocate a more limited exploration of conflicts.

Viewing resistance as a perceived threat, Liddle (1986) advocated that the conflict be openly discussed. First, she stated the focus should be on identifying the source of anxiety (or threat). Next, the focus should be on brainstorming to locate appropriate coping strategies for dealing with the conflict. Kadushin (1968) stated that the simplest way to cope with supervisee resistance exhibited in games is to refuse to play. He concluded it is more effective to share awareness of game-playing with the supervisee and focus on the disadvantages inherent in game-playing rather than on the dynamics of the supervisee's behavior.

Bauman (1972) discussed several techniques for managing supervisee resistance. Interpretation, the most direct confrontation, includes describing and interpreting the supervisee's resistance. Although less confrontive, feedback is also a form of direct confrontation. Clarification uses restatement to aid the supervisee in understanding his/her behavior. Generalizing resistance to other settings takes the focus away from the supervisory relationship and helps the supervisee recognize his/her maladaptive behaviors. Ignoring resistance is recommended only if the behavior can be eliminated without confrontation. Role-playing and alter-ego role playing, although more threatening, may be helpful in identifying the cause of resistant behavior. Audiotaping supervision sessions is helpful for managing resistance. Bauman noted that the success of a technique is dependent on the personalities of supervisor and supervisee and on the interaction between them. If confrontation is deemed inappropriate, Masters (1992) suggested positive reframing for reducing resistance. Positive reframing includes: empowering the supervisee, increasing the supervisee's self-esteem, and modeling effective methods of coping with thoughts, feelings, and behaviors.

## Conclusions

Regardless of purpose, resistance in supervision is a common experience and will be encountered irrespective of the supervisor's skill level. The supervisor who believes he/she can proceed through the supervision process without encountering resistance is setting an unrealistic expectation. Although usually annoying, supervisee resistance should not be perceived as a negative encounter or maladaptive behavior. On the contrary, an effective supervisor who is knowledgeable about the dynamics behind supervisee resistance can redirect the resistance to create a therapeutic supervision climate. In essence, the ability of the supervisor to take resistance and turn it into a supervisory advantage may be the hallmark for determining success or failure in supervision.

## Group Supervision

In the United States, CACREP accreditation among counselor education programs accepts group supervision, although individual supervision has been the foundation of the counselor training process. The majority of pre-doctoral internships in psychology also use the group supervision format. Bernard and Goodyear (1998) have noted that individual supervision is not a superior model. Actually, research has indicated that in terms of feedback, group supervision might actually be the more valuable experience (Starling, Baker, & Campbell, 1996).

Bernard & Goodyear (1998) defined group supervision as “the regular meeting of a group of supervisees with a designated supervisor, for the purpose of furthering their understanding of themselves as clinicians, of the clients with whom they work, and/or of service delivery in general, and who are aided in this endeavor by their interaction with each other in the context of group process” (p. 111).

Some of the advantages of supervising in groups include economics, minimized supervisee dependence, opportunities for vicarious learning, exposure to a broader range of clients, greater quantity, quality, and diversity of feedback, a more comprehensive picture of the supervisee, facilitated risk taking, greater opportunity to use action techniques, and mirroring the supervisee’s interventions within the group supervision context (Bernard & Goodyear, 1998).

Limitations to group supervision include individuals not obtaining what they need in a group format, confidentiality issues, the group counseling format is not isomorphic of the individual counseling process, some group processes can impede learning, and a group focus might not be meaningful to all supervisees (Bernard & Goodyear, 1998).

One of the most important aspects of group supervision is to actually use the group (Williams, 1995). For example, there tends to be a greater opportunity for support in the group supervision process. Group supervisors must optimize the balance between challenge and support and capitalize on group methods.

Over twenty years ago, Sansbury (1982) suggested the following group supervision tasks:

1. teaching interventions directed at the entire group
2. presenting specific case-oriented information, suggestions or feedback
3. focusing on affective responses of a particular supervisee as the feelings pertain to the client
4. processing the group’s interaction and development, which can be used to facilitate supervisee exploration, openness and responses (p. 54).

Tuckman (1965A) and Tuckman and Jensen's (1977) work is the most recognized in the area of group development. Their model suggests that forming, storming, norming, performing, and adjourning are the goals of a group. All groups move through some aspect of each of these areas, some with more or less intensity.

When establishing supervision groups, it is typically best to begin with homogeneous groups and after considerable experience, move to heterogeneous groups (see Bernard & Goodyear, 1998). The following discussion focuses on the group supervision format including models of group supervision, the group supervision process, and the role of the supervisor as group leader.

## Fostering Counselors' Development in Group Supervision

by Pamela O. Werstlein

### Merits of Group Supervision

Counselor's learning and continued development typically is fostered through concurrent use of individual and group supervision. Group supervision is unique in that growth is aided by the interactions occurring between groups members. Counselors do not function in isolation, so the group becomes a natural format to accomplish professional socialization and to increase learning in a setting that allows an experience to touch many. Supervision in groups provides an opportunity for counselors to experience mutual support, share common experiences, solve complex tasks, learn new behaviors, participate in skills training, increase interpersonal competencies, and increase insight (MacKenzie, 1990). The core of group supervision is the interaction of the supervisees.

Collaborative learning is a pivotal benefit, with the supervisees having opportunities to be exposed to a variety of cases, interventions, and approaches to problem solving in the group (Hillerband, 1989). By viewing and being viewed, actively giving and receiving feedback, the supervisee's opportunities for experimental learning are expanded; this characterizes group supervision as a social modeling experience. From a relationship perspective, group supervision provides an atmosphere in which the supervisee learns to interact with peers in a way that encourages self-responsibility and increases mutuality between supervisor and supervisee. Groups allow members to be exposed to the cognitive process of other counselors at various levels of development (Hillerband, 1989). This exposure is important for the supervisee who learns by observing as well as speaking. Finally, hearing the success and the frustrations of other counselors gives the supervisee a more realistic model by which they can critique themselves and build confidence.

### Models of Group Supervision

Bernard and Goodyear (1992) summarized the typical foci of group supervision: didactic presentations, case conceptualization, individual development, group development, organization issues, and supervisor/supervisee issues. Models for conducting group supervision detail experiential affective approaches designed to increase the supervisees' self-concept and ability to relate to others, and/or cognitively focused activities, such as presenting cases which broadens the counselor's ability to conceptualize and problem-solve. While the literature provides information on how to conduct these activities, less obvious are the reasons why certain activities are selected and when the activities are most appropriate to use.

Borders (1991) offered a model that details reasons with the suggested activities. Groups may be used to increase feedback among peers through a structured format and assignment of roles (e.g., client, counselor, and other significant persons in client's life) while reviewing tapes of counseling sessions. "Role-taking" encourages supervisees to assume more responsibility in the group as feedback is offered from several viewpoints. Models provide almost no attention to how the supervisor is to make judgments about the use of "group process." The supervisor has little guidance about how to use the collective nature of the group to foster counselor development.

Similarly, the development of the group has not been the focus of researchers -- only a few empirical studies

have been conducted to examine group supervision. Holloway and Johnston (1985), in a review of group supervision literature from 1967 to 1983, suggested that peer review, peer feedback, and personal insight are all possible to achieve while doing supervision in groups. Focus on the development of the group is not apparent in these studies, yet the term "group supervision" is defined with an emphasis on the use of group process to enhance learning.

### **Group Supervision Process**

As above indicates, the group supervision format requires that supervisors be prepared to use their knowledge of group process, although how this is to be done is very unclear. A recent naturalistic study of four groups across one semester provided some initial insights. Werstlein (1994) found that guidance and self-understanding were cited by supervisor and supervisees as the most important "therapeutic factors" (Yalom, 1985) present in their group. In addition, the initial stages of group development were apparent. Less noticeable were the later stages of group development which are characterized by higher risk behaviors that increase learning (Werstlein, 1994). Clearly, additional work is needed to clarify the process variables of group supervision and the role of the group leader (supervisor).

### **Supervisor as Group Leader**

Based on existing group supervision literature and small group literature, the following guidelines are offered to supervisors who wish to address process in group supervision:

1. Five to eight supervisees meeting weekly for at least one and one half hours over a designated period of time (i.e., semester) provides an opportunity for the group to develop.
2. Composition of the supervision group needs to be an intentional decision made to include some commonalities and diversities among the supervisees (i.e., supervisee developmental level, experience level, or interpersonal compatibility).
3. A pre-planned structure is needed to detail a procedure for how time will be used and provide an intentional focus on content and process issues. This structure can be modified later in accordance with group's climate.
4. A pre-group session with supervisees can be used to "spell-out" expectations and detail the degree of structure. This session sets the stage for forming a group norm of self-responsibility and does not interfere with group development.
5. Supervisors may use "perceptual checks" to summarize and reflect what appear to be occurring in the here-and-now in the group. Validating observations with the supervisees is using process. Be active, monitor the number of issues, use acknowledgements, and involve all members.
6. Supervisees' significant experiences may be the result of peer interaction that involves feedback, support, and encouragement (Benshoff, 1992). Exploring struggles supports learning and problem-solving.
7. Bernard and Goodyear (1992) provided an excellent overview of the group supervision literature. Many ideas are available for structuring case presentations and the entire group sessions. Also, reviewing materials on group facilitation with a particular focus on dealing with process is essential.
8. Competition is a natural part of the group experience. Acknowledge its existence and frame the energy in a positive manner that fosters creativity and spontaneity.

In preparation for group supervision, communicate the following to the supervisees about how to use group process:

1. Learning increases as your listening and verbal involvement increases. Take risks and reveal your

- responses and thoughts.
2. Decrease your personalization of frustration by sharing with your peers. You will be surprised how often other supervisees are experiencing the same thoughts and feelings.
  3. Intentionally look for similarities as you contemplate the relationships you have with your peers in the group with the relationships you are having with clients. Discuss similarities and differences.
  4. Progress from client dynamics to counselor dynamics as you present your case. Know ahead of time what you want as a focus for feedback and ask directly.

## Summary and Conclusions

Integration of knowledge and experience is greatly enhanced by group supervision. Existing literature emphasizes the importance of a structure that outlines procedures for case presentation and supervisee participation; less obvious are approaches to address group development. It is essential that we fill in these gaps in the literature by systematically gathering data that establishes the unique aspects of using groups for supervision.

## Conclusion

The original purpose of clinical supervision was to monitor client care. As supervision skills progress, supervisors need to establish a vision of supervision that will guide their work. Moreover, monitoring client care is a paramount responsibility of the supervisor. And remember the words of Bernard and Goodyear (1998), "You are only inexperienced once, but it is possible to be incompetent forever" (p. 2).

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