Fundamentals of Clinical Supervision

Fundamentals of Clinical Supervision

SIXTH EDITION

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Preface

One of the ironies of a preface is that it tends to be written last. We stepped back from the field as we began to think about writing a Sixth Edition of *Fundamentals of Clinical Supervision*. Now we look back on the text we have prepared. It's both different from and similar to the first five editions—different because the specialty of clinical supervision continues to evolve; similar because some of the principles we established for ourselves in the first edition have remained constant for all six editions.

Our goal for the more than 25 years we have been connected to this text is to offer the field something that is both scholarly and accessible. We have always seen it as our charge to report as much as possible not only about the practice of clinical supervision, but also the research on clinical supervision. As such, each edition has represented a full review of the scholarship in the field since the previous edition. It is always a major reward for doing this text to see what areas have "caught fire" in recent years, what areas have stabilized, and where the field seems to be casting off some ideas in favor of new ones. We are fortunate that clinical supervision continues to be an area of great interest for young researchers and established scholars alike. We hope our text reflects the exciting energy we have experienced in the literature.

Although producing a scholarly text has perhaps become our "signature," we continue to strive to make the text accessible to practitioners of supervision and those who train clinical supervisors. In each chapter, research is presented within the larger context of delivering clinical supervision. As is the case for the specialty of clinical supervision itself, we hope the text is one where ideas, data, relationship, and practice converge.

From the text's inception, we have also attempted to offer a text that is interdisciplinary. Although there is little doubt that our own two professions of counseling and psychology are most obviously represented, we have attempted to include key contributions from marriage and family therapy, social work, psychiatry, and psychoanalysis as well. *Fundamentals of Clinical Supervision* also reflects the growth of clinical supervision in professional literatures outside of the United States. In fact, there is a good deal of synergy between clinical supervision in the United States and clinical supervision in other countries.

NEW TO THIS EDITION

- First and foremost, we want to welcome a new "voice" to this text. Tony Rousmaniere has contributed his expertise to Chapter 5: Supervisory Relationships: Supervisee and Supervisor Factors; Chapter 6: Multicultural Supervision; and Chapter 8: Individual Supervision, giving them a fresh perspective.
- As an acknowledgment of the continuing emergence of new second-generation supervision models, we have extended our discussion of models over two chapters: Chapter 2: Supervision Models: Psychotherapy-Based and Developmental Models, and Chapter 3: Supervision Models: Process Models and Second-Generation Models. In past editions only one chapter was devoted to supervision models.
- A significant increase in attention to the use of technology for supervision, including a sizable section on ROM supervision, appears in Chapter 8: Individual Supervision.

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- Greater emphasis on the historical context of multicultural supervision and sections on multicultural competence in working with supervisees with disabilities and in working with persons of different political values have been added to Chapter 6: Multicultural Supervision.
- A new section on the supervision of group work appears in Chapter 9: Group Supervision and Live Supervision.
- A new section on "conflicts of conscience" has been added to Chapter11: Ethical and Legal Foundations for Supervision Practice.
- A totally reconceived Chapter 12: Facilitating Career-Long Professional Development adds a significant focus on the supervision of practicing therapists with an emphasis on moving practitioners from competence to expertise. Also new to this text, attention to client outcomes as a measure for judging the success of clinical supervision has been added to Chapter 12.
- A new Appendix A: Supervision Case Studies offers the reader two comprehensive case studies of supervision, addressing issues discussed in multiple chapters in the text.
- An updated and expanded Appendix B: Supervision Toolbox appears in a second appendix.

ORGANIZATION OF THE SIXTH EDITION

The text is divided into five sections: Part I: Introduction and General Approaches to Supervision; Part II: Dimensions of the Supervision Relationship; Part III: The Delivery of Clinical Supervision; Part IV: Professional Responsibilities of Clinical Supervisors; and Part V: Supervising Practitioners.

Part I: Introduction and General Approaches to Supervision includes three chapters. In Chapter 1: Introduction to Clinical Supervision, we provide the landscape for clinical supervision, including definitions and the role of clinical supervision within the mental health professions. We also offer a conceptual framework that provides the reader a way to see how the constructs presented in the text are related to the development of supervisees. Chapter 2: Supervision Models: Psychotherapy-Based and Developmental Models offers an overview of two of the major approaches to clinical supervision, psychotherapy theory-based models and developmental models. In Chapter 3: Supervision Models: Process Models and Second-Generation Models, we provide an overview of the third major approach to supervision process models. We also cover second-generation models of supervision in Chapter 3 and attempt to give the reader guidance for choosing models for one's supervision practice.

Part II: Dimensions of the Supervision Relationship follows. Although there may be some urgency for the new supervisor to learn about methods, evaluation responsibilities, and ethical mandates, the placement of the relationship chapters is a statement that relationship is, and always has been, the crux of supervision. In truth, all supervision activities, including evaluating our supervisees, are performed within the supervisory relationship. Chapter 4: Supervisory Relationships: Triadic and Dyadic Systems covers important dyadic and triadic issues that affect supervisors and supervisees alike, including the central goal of creating a positive working alliance. As such, we look at the variables that enhance the alliance and those that work against it, and address resolving conflict within the supervisory relationship. Chapter 5: Supervisory Relationships: Supervisee and Supervisor Factors looks at the supervisor and supervisee as individuals who bring their own interpersonal and intrapersonal histories into the relationship. Therefore, key factors such as resistance, attachment, anxiety, and shame are considered in relation to how supervisors and supervisees work together to ensure supervisee development. Chapter 6: Multicultural Supervision, the final chapter in this section, focuses on the various cultural identities that each member of the supervisory triad brings to the table, and how these define, to different degrees, the relationships involved. This chapter also covers the importance of cultural identities, the intra- and interpersonal manifestations of culture, and the pivotal value of social justice.

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Part III: The Delivery of Clinical Supervision moves the reader toward actual engagement in the process of clinical supervision. Chapter 7: Organizing the Supervision Experience describes and emphasizes the intentionality of good supervision the infrastructure, so to speak. Like the sound system of a musical performance, a weak or erratic organizational plan for supervision detracts from the quality of the interactions (Bernard, 2005). Therefore, this chapter reviews the basics that must be in place for the music of supervision to be unencumbered. Chapter 8: Individual Supervision and Chapter 9: Group Supervision and Live Supervision describe what are often referred to as the modalities for clinical supervision: individual supervision, group supervision, and live supervision. These chapters offer a variety of strategies that are the mechanics of supervision, whether supervision is conducted face-to-face with one supervisee or delivered through distance technology with a group of supervisees. Although methods are divided into two distinct chapters, parts or all of them can often be adapted for use across modalities.

Part IV: Professional Responsibilities of Clinical Supervisors attends to another type of infrastructure of critical importance to clinical supervision—the professional responsibilities of evaluation and providing supervision that attends to ethical and legal parameters. These chapters provide information that should inform supervision well before the first meeting between supervisor and supervisee. Chapter 10: Evaluation includes a general update on the literature regarding establishing an evaluation plan, providing feedback, and so forth. Chapter 11: Ethical and Legal Foundations for Supervision Practice tackles the ethical and legal parameters of clinical supervision, including such items as the distinction between substantive and procedural due process rights, ethical decision making, and outcomes of unethical or illegal behavior on the part of supervisors.

As always, our last chapter in the text, Chapter 12: Facilitating Career-Long Professional

Development, includes a review of how we train new supervisors. However, we have altered the focus to emphasize the role of clinical supervision for career-long professional development. We have aptly, we think, titled this one-chapter section Part V: Supervising Practitioners. This chapter tackles the critical issues of how entry-level professionals can use supervision to move from competence to expertise as they gain experience.

Our text ends with two appendixes. Appendix A: Supervision Case Studies is new to the text and presents two case studies of supervision; Appendix B is an updated Supervision Toolbox. The information and instruments we include have proved to be of interest to practitioners and researchers alike.

ACKNOWLEDGMENTS

We end as we began, by acknowledging that a preface allows the authors to step back and "look at the baby" one last time before public scrutiny. As we have assured ourselves that the "baby" has all its fingers and toes, we are aware once again of the gratitude we feel for our terrifically supportive and just plain terrific life partners, Dick and Karen, and for professional colleagues who now are spread across not only the United States but other countries as well, and who interact with us on a regular basis about ideas relevant to supervision. We are also enormously grateful for wonderful students who have played such a pivotal role in helping us to think and rethink what has ended up being the content of this text. We want to thank Peitao Zhu, Erin Friedman, and Kate Wolfe-Lyga for their comments on earlier drafts of chapters. We also thank the following reviewers for their invaluable input for revising this edition: Julia S. Chibbaro, University of West Georgia; Jennifer Green, Miami University; Sarah Kirk, University of Kansas; Jeff Skinner, The University of Georgia; and Angela Whalen, University of Oregon.

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