What are some ways to measure the success of the clinical supervisory relationship? Am I doing a good job as a supervisor because they trust me or because they’ve had consistent successful treatment outcomes / or is compliance more important?

A: Of course, the ultimate indicator of the success of a supervisory relationship is successful treatment outcomes. However, the quality of the supervisory relationship is believed to have direct impact on successful treatment outcomes. Research on this has been scarce, but a meta analysis of other studies (by Bambling et al. – see below) found that increasing the attention given to client feedback in supervision will increase the quality and quantity of a supervisee’s work with clients. Others (including my dissertation research in 2003) have found that the quality of the supervisory relationship raises the level of supervisee self-efficacy which, in turn, leads to higher quality of client care. In my own experience, I have found that that quality of attention to the supervisee in the development of a trusting and supporting relationship, leads to similar qualities in the supervisees’ relationships with clients (via downward parallel process) which increases the probability of successful treatment outcomes.

What if the supervisory relationship is always in group or in partnerships like 2 - 3 supervisees - what are some considerations for group vs individual?

A: There are many benefits of group supervision including: economies of time, opportunities for vicarious learning, breadth of exposure to a variety of clients, mutual feedback that provides greater quality and diversity, a more comprehensive picture (for the supervisor) of each member of the group, and learning group process by members (another form of downward parallel process) (Bernard & Goodyear, 2018). However, I recommend (especially for entry-level supervisees) that individual supervision is also scheduled as some supervisees may not get all learning needs met in group. A combination of individual and group supervision is best.

What if I’m tasked to supervise someone that I’m not equipped to supervise? Like an assessment counselor and I have no choice because I’m the only one, but I’ve never done assessments full time?

A: Unfortunatley this could become an ethical concern with regards to supervisory competence (Wheeler & Bertram, 2015). My recommendation is to share your concerns with your supervisor and learn as much as you can about doing assessments. I recommend you sit in on assessments, perhaps first with a highly experienced counselor; then sit in on assessments by your supervisee. Also, be open with your supervisee about your need to learn more about assessments – this could even open the door to greater bonding between the two of you (let them know you expect to have a bi-directional learning experience – each learning from the other). So in sum: share your concern with your supervisor, learn all you can about assessments, and create a mutual learning bond with your supervisee.

How can a supervisor boost their own self-awareness of the need of cultural diversity? What if we don’t know that we are missing something during the supervisory relationship because of cultural insensitivity?

A: The best advice I can offer is that you start be examining and identifying your own assumptions, biases, and values that may interfere with your ability to work with supervisees (and clients) of different cultural backgrounds. It is important to be able to gain cultural humility by following the three dimensions outlined by Sue and Sue (2015): Monitor your own personal biases and develop a positive view toward multi-culturalism; be aware of your own world view and gain knowledge (albeit limited as you can’t know everything) about cultures represented by your supervisees; and learn skills, intervention techniques, and strategies that may better fit with other cultures. Learn what you can about the cultures your supervisees identify with while acknowledging that you cannot possibly know everything about other cultures.
References:


