

Questions Asked During Live Webinar Broadcast on 12/11/19



Part Four: Stages of Clinical Supervision

Presenter: Thomas Durham, PhD

What are the most common ethical issues I can expect from a beginning stage counselor vs an advanced stage?

A: In my experience, the most common ethical issues for beginning counselors (as opposed to those at an advanced stage) are those involving relationships, competence and confidentiality. Examples of relationships are boundary issues: Inappropriate self-disclosure or not maintaining a professional relationship with clients. By competence, this could mean utilizing techniques or addressing clinical issues with clients that one has not received proper training or supervised experience in. Regarding confidentiality, one example of a breach in confidentiality is when a counselor shares client information to other clients, such as in the treatment milieu or in a group counseling session.

Would you condone pairing beginning and advanced stage up for mentorship?

A: Mentoring can be quite effective and, if a treatment program has the staffing to do this, pairing an entry-level counselor with an advance counselor can be quite helpful in enhancing professional growth. My only caution is to ensure the roles in each relationship (mentoring and clinical supervision) are clarified so that the mentoring relationship does not interfere with (or replace) the supervisory relationship.

You mentioned depersonalizing problems, what are some techniques to accomplishing that when one of your supervisees behaves in a skeptical way of my experience?

A: “Depersonalizing problems” came from a list of strategies from Jane Campbell (in her 2006 text, *Essentials of Clinical Supervision*). Not to be confused with *depersonalization* (a feeling of observing oneself from outside one’s body), what Campbell means is to avoid giving critical feedback that results in the supervisee taking mistakes personally. Instead, present problems as growth opportunities to avoid self-blame by the supervisee. It’s not clear to me what you mean by a supervisee behaving “in a skeptical way of my experience.” I’m assuming this means that the supervisee is skeptical of the supervisor’s input or feedback. If so, my advice is to move the supervisee toward progress without being critical (to avoid personalizing problems). A technique that may be effective with such a case it to have the individual create a narrative, like “where do you see yourself progressing as a professional counselor in X years?” In other words have the supervisee create their own narrative of professional growth, then work with them (*with* being the key word here) as they move toward their goals (that become part of the narrative). Setting professional growth goals can be quite effective in depersonalizing problems. This is what I call the “Solution Focused” method of supervision by looking to the future and not dwelling on the current problems. Self motivated supervisees will move forward to reach their own goals and not get stuck by *personalizing* any stumbles along the way (and using Motivational Interviewing skills can help elicit self-motivation).

Is it important, at any of these stages, for the clinical supervisor to currently be in direct care practice?

A: Yes – it is quite important that clinical supervisors (where possible) carry their own case load.

In your experience, what are some other soft skills or business skills I would need to be trained on as an aspiring clinical supervisor?

A: In my experience, here is the Big 3: Leadership, emotional intelligence and Motivational Interviewing. Good leaders effectively manage relationships (individually and as a group), show empathy, maturely manage their emotions, and use effective MI skills in their communication with supervisees.

How can I challenge an advanced counselor to take their learning and practice to the next level?

A: First of all, acknowledge their level of advancement while developing a collegial relationship. At this level, they have likely developed much autonomy and independence. However, no one moves to a point where supervision is not needed. As I said in the webinar, advanced counselors are guided by wisdom through a bi-directional and collaborative relationship. It’s important to “flatten the pyramid” by minimizing hierarchy and developing a more peer-like relationship. As the supervisor,

you become the facilitator of a mutually beneficial relationship. It is important to acknowledge to them that you expect to get as much out of the relationship as they might. Acknowledge their expertise and discover what strengths they might offer you and what strengths you can offer them. Use brainstorming to work through any difficult client cases and (if they like to read) offer research-based articles on clinical methods and techniques while inviting them to offer any such articles that could broaden *your* perspective. In most cases, the supervisor of an advanced counselor will be as advanced, if not more, than the supervisee. However, as I also said in the webinar, many senior counselors choose not to move into a supervisory position and thus may be supervised by someone with less experience. If this is the case, be sure to acknowledge their level of expertise and make supervision not only bi-directional and peer-like, but ensure that it offers something that has the potential of benefiting the supervisee.