

Questions Asked During Live Webinar Broadcast on 12/13/19



Part Five: How to Structure Clinical Supervision

Presenters: Cynthia Moreno Tuohy, BSW, NCAC II,
CDC III, SAP & Samson Teklemariam, MA, LPC,
CPTM

How do I nurture the feedback receptivity needed to be an effective supervisor?

A: Nurturing feedback receptivity is parallel to building trust, rapport, and a collaborative alliance. Part six in this series is on Motivational Interviewing in Clinical Supervision, and shares specific instruction on how to deal with ambivalence with a supervisee. If your supervisee is not receptive to your feedback, consider taking time to reflect, listen, validate, normalize, and then reiterate your feedback in the context of a decisional balance – promote autonomy by allowing the supervisee appropriate space to make their own decisions and sometimes learn from their mistakes.

Did you find multiple styles of supervising confusing in trying to create your own style?

A: No! I found multiple styles of supervising ENHANCING in the development of my own paradigm. Professional development as a clinical supervisor is continual. I've found that the most unique styles are the ones that help me achieve critical milestones in my own development as a supervisor.

If I am not matching well with my supervisee, and no matter what I try we just don't seem to be a good match - do I eventually consider referring that supervisee to another supervisor in the same way that I would with a client in treatment who may not be progressing with me as their counselor? If so, how do I handle that?

A: Resolving conflict or mismatches is the responsibility of the counselor, and in the same respects in a supervisor-supervisee relationship conflict resolution is the responsibility of the supervisor. Consider all variables and if the "mismatch" is pervasive, maybe seek out your own supervision. Supervision for supervisors can be in the form of clinical consultation, or simply reaching out to another clinical supervisor. Getting objective feedback can be very helpful, and supervisors need supervision too. Lastly, consider dealing with this directly with your supervisee and share how you feel. Maybe start with something like, "I would like to take a moment and evaluate our supervisory relationship. Tell me, how do you feel things are going? I've sensed some distance between the two of us, hesitation, or maybe a lack of trust – do you think that has anything to do with our different styles and approach, or is there something else?" This can be a wonderful experience for the supervisee to learn how to resolve situations like this with their clients without jumping to a referral.

What if I'm not a really structured person, I struggle with scheduling as is what if I can't be structured as a supervisor?

A: On one hand, we can all relate to the repeated battle of trying to adhere to schedules and failing OR trying to set a path for consistency and two weeks later falling off. On the other hand, structure doesn't necessarily "strict order" or "perfection." Every supervisor has their own style and unique feel of "clinical supervision." What does your clinical supervision look like? If you don't know, consider journaling your clinical supervision experience at the end of each day and reflect on each supervision encounter you have and supervision relationship in your circle. Also, never abandon the effort to achieve or model responsibility within structure – for example, if you miss supervision meetings often with your supervisees it's likely they do the same with their patients.

Is it okay to promote autonomy during the IDP? Can we make it their journey and what are some techniques to achieve that?

A: Yes, the individualized development plan should be a guided experience (under the guidance of the supervisor) but works best if the supervisee is able to take full ownership of their own professional development. The supervisor can help with mapping out small steps, maintaining accountability, providing support and even time management to achieve the supervisees goals, but the supervisee must have autonomy for any of the steps to be sustainable. Techniques to achieve that

is to give them an assignment to do research on a topic they need development in. Ask them to report back to you in your next supervision meeting 3 upcoming virtual trainings/webinars on that topic that are offered in a time they are available. Or, if you have weekly supervision maybe dedicate one of those meetings to IDP follow-up and help them decide on monthly tasks or assignments to track their IDP progress. This is also an example of structured supervision.

Do you think I could adapt a version of IDP to use with clients?

A: The Cognitive Behavioral Therapy (CBT) model provides many assignments, resources, and tools similar to an IDP for clients. However, a client is rarely seeking therapy for the purpose of professional development so I would not use the phrase IDP with clients. Consider researching CBT worksheets.