THE UNIVERSITY OF HONG KONG

M.Soc.Sc. in Clin. Psy.

Clinical Supervisor's Corner

Self-Learning Modules on Core Competencies for Clinical Supervision

Department of Psychology
The University of Hong Kong
香港大學心理學系

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Module 1: About Clinical Supervision

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1.1 About Clinical Supervision

SUPER-

VISION?

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SUPER-VISION?

- There are many different definitions of clinical supervision. The following are just a few examples.

- "An ongoing educational process in which one person in the role of supervisor helps another person in the role of the supervisee acquires appropriate professional behaviour through an examination of the trainee's professional activities." (Hart, 1982)

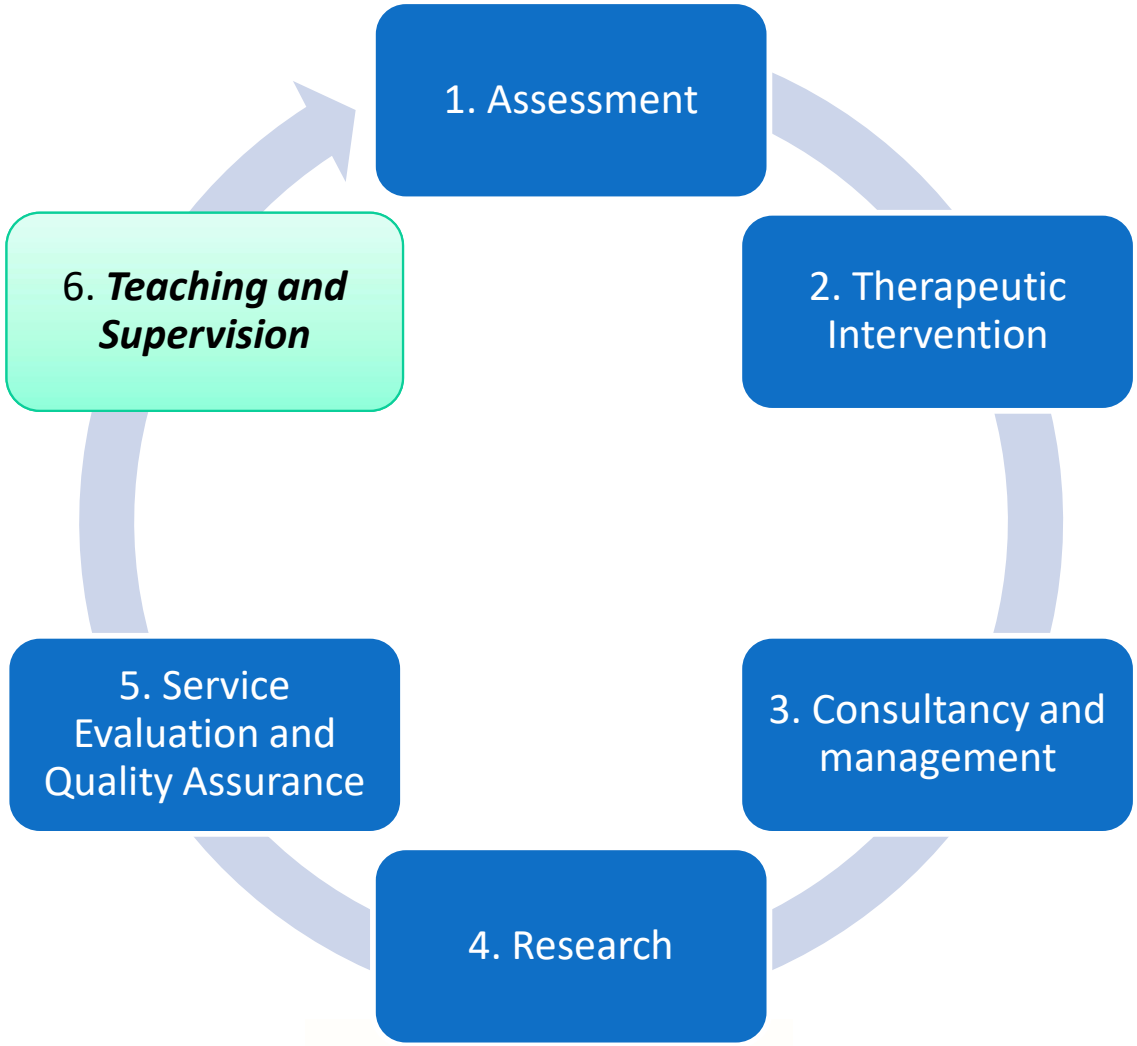
- "A term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations. It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self assessment and analytical and reflective skills." (National Health Services, UK, 1993)

SUPER-VISION?

- “An intervention provided by a senior member of a profession to a 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 junior person(s), monitoring the quality of professional services offered to the clients that she, he or they see(s), and serving as a gatekeeper for those who are to enter the particular profession.” (Bernard & Goodyear, 2004)

- The British Psychological Society (BPS) includes “Teaching & Clinical Supervision” as one of the core competences of clinical psychologists.

Core competences for clinical psychologists (BPS):



1.2 Clinical Vs Managerial Supervision

Enabling----------Ensuring Professional Agenda----------Organisational Agenda				
	Clinical Supervision	**Managerial Supervision**	**IPR Individual Performance Review**	**Disciplinary Interview**
Agenda Setting	Agenda mostly defined by the supervisee. Clinical supervisor may highlight items arising from the content of sessions or raise issues concerning the supervisory relationship	Agenda defined by manager and practitioner together	Agenda defined by IPR documentation and process, possibly with some input from practitioner	Agenda defined by manager with reference to external organisational, social, professional or ethical standards
Confidentiality	Almost total, with exceptions of legal and professional ethics. A record of attendance and times kept, with possibly brief notes kept by both parties to act as memory aids. Record of content is negotiated between supervisor and supervisee with a view to organisational and professional requirements	Not necessarily totally confidential, but discretion used in passing on information, e.g. to selected team members in order to ensure effective team functioning. May be recorded in manager's notes or personnel file	Not necessarily confidential, but discretion used in passing on information about practitioner, copy of IPR document may be kept in manager's notes or personnel file	Not confidential in the usual sense, but discretion used in passing on information about practitioner, records kept in managers notes or personnel file
Providing Information	Some information, advice, guidance offered to supplement the supervisee's own expertise, to help the supervisee see options available and make own informed decisions. Advice giving diminishes with expertise of supervisee	Information, advice and guidance given to direct the practitioner towards team and organisational objectives and policy requirements	Information, advice and guidance given to direct the practitioner towards team and organisational objectives and training opportunities	Information given about the disciplinary procedure and to direct towards improving the performance which is being challenged. information provided about consequences of not improving
Challenge	Challenging technical mistakes, inadequate clinical standards, contribution to problems with team work, more personal agenda such as contribution of self to effective or less effective practice, 'blind spots', broken contracts, evidence focussed on treatment process and gained during supervision session only. Consequences / expectations of outcome of challenge either unclear, contractual or hierarchically dependent	Challenging technical mistakes, inadequate clinical standards, contribution to problems with team work, lack of achieving pre-agreed objectives. Based on evidence gained or observed in any work situation. Challenge occurs with expectation of compliance	Challenging technical mistakes, inadequate clinical standards, contribution to problems with team work, lack of achieving pre-agreed objectives. Based on evidence gained or observed in any work situation	Challenging technical mistakes, inadequate clinical standards, contribution to problems with team work, lack of achieving pre-agreed objectives. Based on evidence gained or observed in any work situation. Focus on inability / disinclination and under performance. Outcome of challenge likely to be monitored.
Support	Support for the supervisee as a person and encouragement given to help supervisee recognise and use own expertise and personal abilities towards developing their professional expertise. No practical help usually given outside sessions	Support for the supervisee as a person and encouragement given to help supervisee recognise and use own expertise and personal abilities towards team and organisational objectives. Practical help may be given outside the meeting	Support and encouragement given to help supervisee recognise and use own expertise and personal abilities towards meeting specific team and organisational objectives. Practical help may be given outside the meetings	Some support offered, but often not a situation in which it is easy to accept support. Practical help may be given outside the meeting.
Catalytic Help	Enabling reflection on issues ultimately affecting practice, learning from experience, problem solving, pinpointing ways of dealing with difficult emotions, decision making and planning and reviewing application to practice	Manager elicits information from practitioner about the issues under discussion. Enables goal setting	Manager elicits information from practitioner about the issues under discussion. Enables goal setting	Manager elicits information from practitioner about the issues under discussion. Enables goal setting

1.3 Nature of Psychotherapy Supervision

(Adapted from Standards for the Clinical Supervision of Practitioners of Psychological Therapies in North Wales, v. 1.7)

- Counselling and Psychotherapy Supervision provides supervisees with the opportunity, on a regular basis, to discuss and monitor their work with clients. It will take into account the setting in which supervisees practice, and the professional and personal developmental of the clinical practitioner.

- Counselling and Psychotherapy Supervision is primarily intended to ensure that the needs of the clients are being addressed, and to enhance the effectiveness of the therapeutic interventions.

- Counselling and Psychotherapy Supervision is a formal collaborative process intended to help supervisees maintain ethical and professional standards of practice, and to help enhance their creative use of self in the therapeutic process.

1.3 Nature of Psychotherapy Supervision

(Adapted from Standards for the Clinical Supervision of Practitioners of Psychological Therapies in North Wales, v. 1.7)

- It is essential that supervisor and supervisee are able to work constructively, as counselling and psychotherapy supervision includes both supportive and challenging elements.

- There are several modes and models of counselling and psychotherapy supervision, which vary in appropriateness according to the needs of supervisees and the skills of the supervisor.

- More than one model of CPS may be used concurrently.

1.3 Nature of Psychotherapy Supervision

(Adapted from Standards for the Clinical Supervision of Practitioners of Psychological Therapies in North Wales, v. 1.7)

- **Anti-discriminatory Practice** in Counselling and Psychotherapy Supervision:

a. Supervisors have a responsibility to be aware of their own issues of prejudice and stereotyping, and particularly to consider ways in which this may be affecting the supervisory relationship. Discussion of this is part of the counselling and psychotherapy supervision process.

b. Supervisors need to be alert to any prejudices and assumptions that supervisees reveal in their work with clients and to raise awareness of these so that the needs of clients may be met with more sensitivity. One purpose of counselling and psychotherapy supervision is to enable supervisees to recognise, value, and celebrate difference and diversity. Supervisors have a responsibility to challenge the appropriateness of the work of a supervisee whose own belief system interferes with their effective work with clients.

c. Attitudes, assumptions and prejudices can be identified by the language used, and by paying attention to the selectivity of material brought to counselling and psychotherapy supervision.

1.4 Forms of Clinical Supervision

Individual	Meeting one to one with a more experienced clinician acting as supervisor
Peer	Meeting one to one with an equally experienced clinician
Group (led)	Meeting as a group with more experienced clinician acting as supervisor
Group (peer)	Meeting as a group of similar level experience with no designated supervisor or group leader
Team	Meeting as multi-disciplinary clinical team to address clinical issues, either with or without designated supervisor

1.4.1 Strengths & Potential Challenges of Individual Supervision

Strength	Potential Challenges
More time for supervisee	Full weight of focus on individual supervisee
Opportunity to create clearer and more focused objectives	Input from only one person (supervisor)
Highly personalized	Difficulties if supervisory relationship breaks down
Supervisee can work at own pace	Evaluation and feedback from one person's perspective only
Non-competitive environment	Can become collusive with little challenge
Allows supervisee to concentrate on one particular issue	Can foster dependency in supervisees
Development in supervision can be easily monitored	Less comparison for supervisees regarding other ways of working
Supervisors intentions can be geared specifically towards the learning of the supervisee	Transference issues may hamper task if unresolved

1.4.2 Strengths & Potential Challenges of Group Supervision

Strengths	Potential Challenges
Input from a number of people	Individuals needs may not be addressed
Supportive atmosphere from peers	Individuals may get “lost” or “hide” within the group
Value of listening to others describe their work and problems they face	Maybe a lack of time for group members with large caseloads
Cost effective in time and economics	Not all are suited to group work
Can allow experimentation with other interventions	Can be used as a “dumping ground”
Can help supervisees deal with issues of dependency on supervisors	Group dynamics may temporarily block the task
Evaluation and feedback from a number of people	Pressure to conform, “Group think”
Risk taking can be higher in group setting	Difficulty for newcomers to enter group
Emotional support from peers	Some topics may not be of interest to other group members
Issues arising from within the group can be addressed	Lessening of confidentiality
Dilutes power of supervisor	Overload for some members