THE UNIVERSITY OF HONG KONG

M.Soc.Sc. in Clin. Psy.

Clinical Supervisor's Corner

# Self-Learning Modules on Core Competencies for Clinical Supervision

## Module 4: The Supervisory Relationship

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# 4. The Supervisory Relationship

## 4.1 What is supervisory relationship?

- A supervisory relationship comprises at least 3 people: the client(s), the therapist (supervisee), and the supervisor.
- Supervisory relationship is not the supervision (Hess, 1987), but a working alliance that resembles a 'collaboration for change' and has three aspects (Bordin, 1983):
  - Mutual agreements and understanding of the goals;
  - the task of each party; and
  - the bonds between the parties.
- Clarity and mutuality of the agreement are essential to a strong working alliance. Bonds are built when a common enterprise is carried out and experience shared. The establishment of a supervisory contract as a way to negotiate both goals and tasks and parameters of the relationship is encouraged.

# 4.2 Phases of the supervisory relationship

- Supervisory relationships develop over time into 3 stages (Holloway, 1995). Each stage has its own focus of tasks.

**Beginning stage**

Clarifying the relationship, establishing a supervision contract, and working on specific competencies and intervention plans

**Mature stage**

The relationship becomes more individualized and less role-bound, thus allowing greater social bonding and influence. Focus is on developing formulation skills, working on self-confidence and exploring the personal/professional interface.

**Terminating stage**

Supervisor allows increased autonomy and less direction for the trainee.

# 4.3 The importance of supervisory relationship in the quality of supervision

- To ensure the best possible care and service for the client, it is important that supervisees are able to present an honest picture of their work, and disclose to the supervisor their most intimate thoughts and experiences with the client (Wheeler, 2004).

- An interpersonal, sensitive and task oriented supervisory style, as well as supervisor disclosure can be facilitative.

# 4.4 Factors influencing the supervisory relationship

## Fixed factors

- gender
- sex-role attitudes
- the supervisor's style, age and race
- Therapeutic orientation, style of supervision and personality issues were the main areas of conflict. Similarity in theoretical orientation and interpretive styles contributes to good supervision experiences and a positive relationship (Kennard, Stewart, & Gluck, 1987).

## Dynamic factors

- power and intimacy
- stages of the relationship
- A strong supervisory alliance is more likely to develop if the supervisors take into account the developmental level of the trainee (Burke, Goodyear, & Guzzard, 1998).

# 4.5 Supervisor-supervisee differences in perception of the supervisory relationship

- Literature suggests that there are some discrepancies between what supervisors and supervisees value in the supervisory relationship.

- Despite these differences in emphases, there is consensus that the amount and quality of supervision constitute a top criterion for preferred placement sites.

# 4.5 Supervisor-supervisee differences in perception of the supervisory relationship

## Valued more by supervisors:

- Cultivating in trainees a sense of accomplishment
- Imagination
- Respect
- Inner harmony
- Wisdom
- Cognitive-structuring
- Feedback giving

## Valued more by supervisees:

- Learning personally relevant 'artistic' aspects of psychotherapy
- Autonomy
- Being directly taught in a supportive, facilitative relationship
- Supervisees who are behavioural in orientation tended to prefer task-oriented supervisors
- Supervisees with a humanistic or psychodynamic orientation preferred warm, supportive and friendly supervisors

# 4.6 What contribute to a good supervisory relationship? (Falender & Shafranske, 2004)

- Bidirectional trust, respect and facilitation between the supervisor and supervisee
- The amount of time and sensitivity to the supervisee's developmental needs, encouragement of autonomy and disclosure of discomfort
- Clarity of expectations, regular feedback, confrontation and evaluation mechanisms
- Non-defensive response to trainee's negative feedback
- Videotaping or live supervision enhances supervisory effectiveness and accountability