

Definition

- Supervision is a joint endeavour in which a practitioner, with the help of a supervisor attends to their clients, themselves as part of their client-practitioner relationships and the wider systemic and ecological contexts. And by doing so improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession'
 - Hawkins and McMahon, 2020

Features Of Supervision (Scaife, 2019)

- •The purposes are to secure the welfare of clients (people who access health and social care services), and to enhance the services offered to clients by workers. In so doing, the supervisory focus may be almost exclusively on the needs and experiences of the supervisee.
- •Effective supervision takes place in the context of a formal relationship/s in which there is mutual respect and trust.
- •Supervisory relationships should either preclude the simultaneous existence of other role-relationships between participants (friendships, managerial relationships) or where dual relationships pertain, this should be acknowledged and the implications expressly addressed.

Features Of Supervision (Scaife, 2019), cont'd

- Supervision is characterised by an agreement or contract (with varying degrees of formality) which specifies the purposes, aims, methods, agenda, term, frequency, location etc. of the supervision.
- Supervision does not aim to address the personal development needs of the supervisor, but is focused on the personal and professional development of the supervisee at work which may coincidentally have wider ramifications.
- Supervision can serve various functions.

ROLES AND RESPONSIBILITIES

• What are the roles and responsibilities in supervision?

Roles in Supervision 1

• Functions Model (Kadushin, 1992)

• - Educative

• - Supportive

- Managerial

Roles in supervision 2

Inskipp and Proctor, 1993

• - Formative

• - Restorative

• - Normative

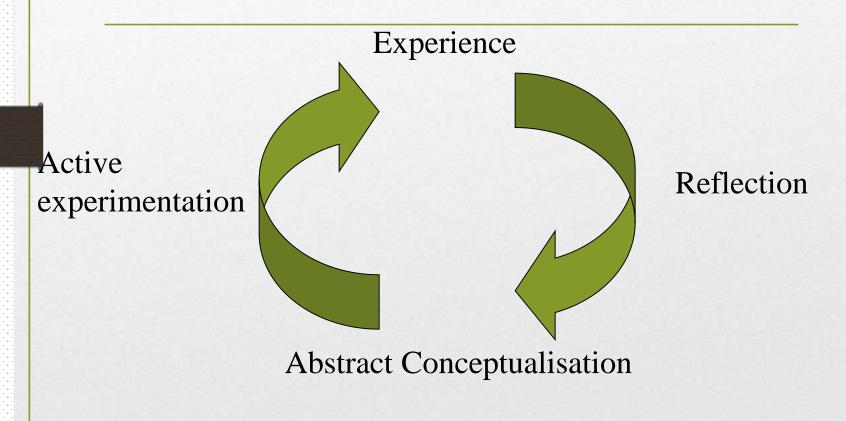
Responsibilities in Supervision (which overlap with roles)

- To the service user/public- to ensure ethical practice
- To the supervisee
- To the employer(s)
- To the training institution
- To the profession
 - Scaife, 2019

EDUCATIONAL PRINCIPLES OF SUPERVISION

- 1. Learning is best seen as part of a cycle of activities, rather than as a one-off event
- 2. Supervisees are more likely to learn when they themselves perceive a gap between what they currently know and what they need to know
- 3. Supervisees need to be able to make the connection between any new learning and their current knowledge
- The zone of proximal development'
- 4. This is an adult learner model

Experiential Learning Cycle Kolb, 1984



Models of Supervision

- Functions Model- Kadushin (1992), Inskipp and Proctor (1993)
- Developmental Model- Stoltenberg & Delworth (1987)
- Key Issues Model- Gilbert & Clarkson (1991)
- Systems Approach Model- Holloway (1995)
- General Supervision Framework, Scaife & Scaife (1996)
- Process Model- Hawkins & Shohet (1988, 2000)
- Therapy specific models- e.g. CBT (e.g. Armstrong and Freeston, 2006)
- Etc, etc...

DEVELOPMENTAL APPROACH: (STOLTENBERG & DELWORTH, 1987; UPDATED BY STOLTENBERG AND MCNEILL, 2010)

- Level 1: self centred (novice)
- Characterised by anxiety, dependency and high motivation.
 - Supervisors need to provide structure and to make prescriptive interventions: Needs patience
 - 'can I make this work'?

Developmental Approach (cont'd)

- Level 2: Client centred
- Characterised by fluctuation between dependence and autonomy and uncertainty about role
- Supervisors need to provide support, clarify ambivalence and provide modelling: Needs flexibility
 - 'can I help this service user make it?'

Developmental Approach (cont'd)

- Level 3: Process centred
- Characterised by being able to move between their own responses and service user awareness
- Supervisor needs to provide enough stimulation for supervisees to continue to develop: Needs wisdom
 - 'how are we relating together?'

Developmental Approach (cont'd)

- Level 4: Process in context centred
- Characterised by personal autonomy, insightful awareness, personal security and knowledge being deepened and integrated
 - 'how do processes interpenetrate?'

Key Issues Model (Gilbert & Clarkson, 1991)

- •1. Reduction of Harm
- •2. Ethics/professional practice
- •3. Skills/techniques
- •4. Conceptual framework
- •5. Transference/countertransference
- •6. Developmental
- •7. Personal Issues
- •8. Treatment goals/stages
- •9. Assessment

A Systems Approach (Holloway, 1995)

- The model takes into account a number of contextual factors and provides a matrix of supervision tasks and supervisor functions
- Supervision tasks are:
 - counselling skill, case conceptualisation, professional role, emotional awareness, self-evaluation
- Supervisor functions are:
 - monitoring/evaluating, advising/instructing, modelling, consulting, supporting/sharing

Process Model (Hawkins & Shohet 1989, 2000, 2006; Hawkins and McMahon 2020)

- Mode 1: Content of the Supervision Session
- Mode 2: Strategies and Interventions
- Mode 3: Therapy Relationship
- Mode 4: Therapist's Process
- Mode 5: Supervisory Relationship
- Mode 6: Supervisor's Own Process
- Mode 7: Wider Context

- Focus on the **service user-** what and how they present
 - Helping the supervisee be rather than do

- Exploration of the **strategies** and **interventions** used by the supervisee
 - - 'if the only tool you have is a hammer you will tend to treat everything as if it is a nail'

- Focusing on the **relationship** between the service user and the **supervisee**
 - - attending to the service user's transference
 - - learning from the patient

- Focus on the **supervisee**
 - - the internal processes of the supervisee and how they may be affecting the work

- Focus on the supervisory relationship
 - - parallel process

- The supervisor focusing on their own process
 - - the service user and therapist relationship can invade and be mirrored in the supervisory relationship
- 6A- supervisor-service user relationship

- Focus on the wider context
 - 7.1 Context of the service user
 - 7.2 Supervisee's intervention in the context of their profession and organisation
 - 7.3 Context of the supervisee-service user relationship
 - 7.4 Wider world of the supervisee
 - 7.5 Context of the supervisory relationship
 - 7.6 Context of the supervisor
 - 7.7 The wider context

CRITIQUES OF THE PROCESS MODEL

- The model is hierarchical
- The model if based on one orientation (and not integrative)
- Mode 7 should be contained within the other 6

Limitations of Supervision Models

- Too simplistic
- Too prescriptive
- Developed within the majority and dominant cultural groups
- Do not provide 'the answers'!
- All supervisees are different and bring their own experiences, identities and values
- Research seems to be suggesting two themes
 - In a crisis we all need structure
 - The most important factor in effective supervision is the relationship

Experiences of Supervision

- Consider your experiences of supervision
- What models have you used?
- Is it possible to integrate aspects of the models?
- Are there any implications for the way in which supervision happens remotely, face-to-face?

References

- •Falender, C.A. & Shafranske, P. (2004). Clinical Supervision: A Competency Based Approach. Washington, APA
- •Fleming, I. & Steen, L. (2011). Supervision & Clinical Psychology 2nd edition. Hove, Bruner-Routledge
- •Hawkins, P. & McMahon (2020). Supervision in the Helping Professions. 5th edition. Buckingham, Open University
- •Hughes, J. (2011). Practical aspects of supervision. In I. Fleming & L. Steen. Supervision & Clinical Psychology. Hove, Bruner-Routledge
- •Scaife, J. (2019). Supervision in Clinical Practice. A Practitioner's Guide. Hove, Bruner-Routledge
- •Watkins, C. E. (2011). Does psychotherapy supervision contribute to patients' outcomes: Thirty years of research. The Clinical Supervisor, Vol 30 (2), 235-256.