

# Clinical Supervision: Definitions, Roles, and Responsibilities

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# Before you begin

Read Borders (1992), “Learning to think like a supervisor”

Reflect on your experiences as a supervisee and a supervisor

- *What are the characteristics of your positive experiences with clinical supervision?*
- *What are the characteristics of your less positive experiences with clinical supervision?*

# Learning Objectives

*At the end of this module you will be able to answer the following questions:*

- What is clinical supervision?
- What are clinical supervisors' responsibilities?
- How is clinical supervision similar to and different from other professional roles and activities?
- What factors influence a clinical supervisor's assumptions about his/her role?

# What is Clinical Supervision?

*A structural definition* (Bernard & Goodyear, 2009):

- Relationship between more experienced professional (supervisor) and less experienced professional (supervisee)

# What is Clinical Supervision?

A *process definition* (Borders & Brown, 2005):

- Supervision is an educational process
- Supervisors are **educators** who think of their supervisees as *learners* and thus focus on creating the *appropriate learning environment* to help supervisees be more effective with clients and, ultimately, become the most effective counselors they can be

# Supervisor as Educator

- If the supervisor is an educator, supervision is an *intentional educational intervention*
- Goal: To create a learning environment that matches the needs of the supervisee
  - Purposeful and Intentional
  - Goal-directed
  - Proactive
  - Flexible

# Supervisor as Educator

- Focus is on the *professional development of the supervisee* rather than the client
- Based on supervisee needs, the focus could include
  - Counseling skills and techniques
  - Case conceptualization skills, including multiple perspectives of the client
  - Application of counseling theory
  - Multicultural counseling skills
  - Supervisee self-awareness
  - Supervisee self-care
  - Supervisee self-assessment skills
  - Professional advocacy skills

# Supervisor as Educator

- Focus is on the *professional development of the supervisee* rather than the client
- Caveats:
  - Responsibility to monitor client care and client welfare
  - Responsibility to serve as professional gatekeeper

# Supervisors' Commitments

- Thus, clinical supervisors have responsibilities for three groups:
  - Supervisee
  - Supervisee's clients
  - The counseling profession

# Becoming a Clinical Supervisor

- Requires several cognitive shifts:
  - Thinking of self as counselor to Thinking of self as *supervisor educator*
  - Focusing on client to Focusing on *supervisee*
  - Creating a therapeutic environment to Creating a *learning environment*
  - Being nonjudgmental to Being *evaluative*

# Becoming a Clinical Supervisor

- May be especially challenging for those who have extensive clinical background, who often have a tendency to continue to focus on the client
- Often involves cognitive shift from telling supervisee what I would do next session to asking instead **“How do I help *this supervisee* do what is needed in the next counseling session with this client?”**

# Influences on Clinical Supervisors' Assumptions about His/Her Role

- Previous or current roles
- Previous experiences in supervision
- Theoretical orientation
- Life experiences
- Cultural values and beliefs
- Age, gender, race/ethnicity, sexual orientation, spiritual/religious beliefs, etc.

# Influences on Clinical Supervisors' Assumptions about His/Her Role

- Previous experiences in roles related to the clinical supervisor role
  - Teacher (Can create 'unit plan' for the supervision experience and 'lesson plan' for a session; has experience with evaluation; may be overly directive and sound like they are at the blackboard...)
  - Counselor (Can use facilitative skills and counseling skills; may be reluctant to evaluate)
  - Consultant (Can help brainstorm; may be reluctant to be directive)

# Influences on Clinical Supervisors' Assumptions about His/Her Role

- Previous experiences in clinical supervision
  - What worked for me (“I liked that approach and so will my supervisee.”)
  - What didn't work for me (“I hated that approach and will never subject my supervisees to that.”)

# Influences on Clinical Supervisors' Assumptions about His/Her Role

- Theoretical orientation
  - Beliefs about human nature
  - Beliefs about the mechanisms of change
  - Preferences for focusing on cognitions, emotions, or behaviors

# Influences on Clinical Supervisors' Assumptions about His/Her Role

- Life experiences
  - As a parent (May be able to set boundaries; may take pride in supervisee's accomplishments; may get over-invested in supervisee; may want supervisee to be "like me")
  - Experiences around power and authority (comfort with being in an evaluative role)
  - Current roles and responsibilities (e.g., family demands, level of stress)

# Influences on Clinical Supervisors' Assumptions about His/Her Role

- One's cultural values and beliefs
- One's gender, race/ethnicity, sexual orientation, spiritual/religious beliefs, etc.