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CLINICAL SUPERVISION: COMPREHENSIVE PERSPECTIVE

Clinical Research

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ABSTRACT

Supervision of therapist trainees is the formal provision by approved supervisors in which supervisor manages, supports, develops and evaluates the work of trainees. High-functioning supervisors perform their responsibility with high levels of empathy, respect, genuineness, flexibility, concern, investment, and openness. However, every time same thing does not occur. During the therapeutic supervision, supervisees reported numerous harmful experiences such as supervisors violating ethical standards, including dual relationships; supervisors being demeaning, overly critical, and even vindictive: using their power for gain at the supervisee's expense; publicly humiliating supervisees. There are certain variables like culture, language, individual differences and gender may influence the course of supervision process. In order to achieve the goals of therapy, both need to develop certain skills so that the hurdles can be overcome. Hence, the supervision process can occur smoothly and better learning can take place.

KEYWORDS

supervision, trainees, psychotherapy

Supervision of therapist trainees is the formal provision, by approved supervisors, of a relationship-based education and training that is work focused; which manages, supports, develops, and evaluates the work of trainees; thereby providing a space to engage in reflective practice (Milne, 2009). Further, Carifio and Hess (1987) claimed: High-functioning supervisors perform with high levels of empathy, respect, genuineness, flexibility, concern, investment, and openness. Skilled supervisors appear to be knowledgeable, specific and experienced in their presentation. Good supervisor use student specific goal-setting, suitable teaching material and feedback methods during their supervisory interactions with the students. In addition to that skilled supervisors provide support, deal noncritically and pay respect to their supervisees (p. 244). According to Bordin (1983) there are three basic tenets required for effective change within the supervisory working alliance: 1) a basic mutual agreement and understanding between the supervisor and supervisee of the goals of supervision; 2) a clear and mutual understanding by the supervisor and supervisee of the tasks involved in meeting the goals; and 3) awareness and recognition of the emotional bonds, i.e., liking, caring, and trusting, between the supervisor and supervisee which are necessary in order to facilitate working towards meeting those various goals and tasks.

There are various issues faced by supervisor and supervisee in therapeutic process. A study looking at burnout in applied behavioral analysis (ABA) therapists working in schools consistently found that perceived supervisor support played a central role in understanding the components of burnout (Gibson et al., 2009). Those who reported high levels of perceived supervisor support reported reduced levels of emotional exhaustion and depersonalization, and higher levels of personal accomplishment (Gibson et al., 2009). It is logical to see how this may create a sense of cynicism towards the workplace or the field and can also reduce students's sense of self-accomplishment. There may also be negative feelings that a trainee can experience when treatment fails, knowing that the goal of training is supposed to increase mastery and then feeling poorly if or when this does not happen (Rupert et al., 2015). In a study by Gray et al. (2001), supervisees reported numerous harmful experiences such as supervisors violating ethical standards, including dual relationships; supervisors being demeaning, overly critical, and even vindictive: using their power for gain at the supervisee's expense; publicly humiliating supervisees; or even being blatantly sexist, racist, ageist, or homophobic towards the supervisee. In the personal and professional lives of supervisees, there may be negative impact of poor supervision which included excessive shame and self-derogation, functional impairment and notable loss of self-confidence. Moreover, Gutheil and Gabbard (1993) have conceptualized the therapeutic boundary as a therapeutic frame, an envelope or membrane around the therapeutic role that defines the characteristics of the therapeutic relationship. For the proper conduction of supervisory process, the supervisor needs to construct the elements of supervision and scheduling the time and place of supervision. Moreover, maintaining role boundaries is necessary to facilitate trusting and effective supervisory and trainee relationships. Syme, 2003 viewed that in clinical setting boundaries can be crossed by either the supervisor or supervisee and may involve diverse situations: self-disclosure about issues not related to work, gift-giving, socializing outside of work and perform multiple roles. During the process of psychotherapy, boundary crossings are often not avoidable and common especially for practitioners in small population. It is essential to acknowledge the potentially negative consequences of supervision that undermines trainees' feelings of containment, development and insight in therapeutic process. Suffice to say that the pressure of constant evaluation, corrective feedback, challenges in client therapy, provision of educational material, external life events, can impact differently on different occasions given how 'safe' the trainee is feeling at any one time (Scaife, 2013).

Supervision in psychotherapy give shapes to the types of interventions therapists provide to the patient. During therapeutic session, the personality of therapist should be manifested at optimal level. It should be incorporated into the therapist's function in such a way that the individuality of the therapist remains responsive and active. Further, the utility of therapist's personality as an instrument in a therapeutic relationship comes at slow pace to many therapist. Thus, supervision can also teach therapists how to subordinate their own unique personality to the task of psychotherapy (Schafer, 1983). According to Ellis and Ladany (1997) variables such as gender, cognitive style, personality characteristics, race and ethnicity might influence supervision. Swanson and O'Saben (1993) studied the link between counsellors' and trainees' personality types and their needs and expectations from clinical supervision. It can be understood from the results that the expectations of trainees and needs differ from one to another according to their Myers-Briggs personality type. Moore et al. (2004) explore learning preferences based on supervisees' personality types, as indicated by the MBTI personality inventory, and found that preferences differ from one type to another. Their results showed that extraverts showed a preference for activity, interaction, and external stimulation, whereas introverts showed a preference for pause, isolation, and introspection; (Moore et al., 2004).

McLeod (2001) suggests that we view counselling (and by implication psychotherapy) as a social and cultural, rather than a psychological, process. It is important for supervisors to be cognizant of diverse supervisee's historical and current cultural experiences also their worldviews in order to facilitate professional growth and development (Sue & Sue, 2016). It is the supervisor's responsibility to educate themselves and to address any minority groups, clients, and/or supervisee concerns that may arise (Flickling et al., 2019). As Falender and Shafranske (2007) noted, "Supervisors play a crucial role in modeling ethical practice and guiding exploration of the application of ethics and professional standards throughout the clinical training experience" (pp. 236-237). According to The American Psychological Association (2010) Ethics Code, supervisee should be given direct feedback periodically whenever required based upon performance. It is based up on the willingness and ability of the supervisor to provide clear and constructive feedback to the supervisee. The feed-back

should be in relation to direct observation of supervisee performance rather than his/her self-report. As Taibbi (2013) points out the supervisory process at times is actually therapeutic. The relationship between supervisor and trainee become therapeutic, if the supervisor assists the supervisee realize that there are issues and facilitate problem solving, In a research that has been conducted on tele-supervion in inpatient settings (Jordan & Shearer, 2019) entails the supervisee conducting sessions in person on the unit and the supervisor being off-site. The opposite phenomenon was observed during COVID-19 at many inpatient training hospitals. The licensed clinicians and physicians were compulsory employees who are required to offer services on site whereas supervisee was less-essential and must work from home. Although supervisors should foster a supervisory relationship based on trust and support, this is not always the case, and even when the trust exists, trainees may still struggle with being vulnerable or exposing any emotional struggles to their supervisor (Livni et al., 2012).

Ladany and Melincoff (1999) found that 98% of supervisors admitted they withheld some feedback because they were concerned about its accuracy or subjectivity, worried about a defensive response from the supervisee, or feared damaging the supervisory relationship. Even highly experienced supervisors find it awkward to provide difficult feedback, especially around professional and relationship issues (Hoffman, Hill, Holmes, & Frietas, 2005), and express discomfort about confronting supervisees, despite positive outcomes (Grant, Schofield, & Crawford, 2012).

CONCLUSION

Thus, it can be concluded that supervision during clinical internship if essential process. Both supervisor and supervisee can face multiple issues e.g. linguistic, cultural, personality transference, goal incompatibility, unrealistic expectation etc. Both need to develop certain skills so that the issues can be overcome. Hence, the supervision process can occur smoothly and better learning can take place.

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