

REFLECTION

What are your experiences with navigating difficulties in supervision?

How comfortable are you delivering difficult feedback and having hard conversations?

What makes providing feedback (at times) difficult?



NAVIGATING DIFFICULTIES AND DELIVERING FEEDBACK IN SUPERVISION

SARA WILSON, PSYD
NPTC 2023

EFFECTIVE STRATEGIES FOR MANAGING DIFFICULTIES

- Open to conflict and interpersonal processing
- Willing to acknowledge shortcomings
- Developmentally oriented
- Willing to learn from mistakes

– Nelson, Barnes, Evans, and Triggiano (2008)

COMMON AREAS OF DIFFICULTY IN SUPERVISION

- Supervisee competence and ethical behavior
- Supervisee characteristics
- Supervisor countertransference
- Problems in the supervisory relationship
- Agency context and challenges
- Relational factors
- Supervisor factors
- Supervisee factors

Grant, Schofield, and Crawford (2012)

Nelson, Barnes, Evans, and Triggiano (2008)

RELATIONAL INTERVENTIONS

- Name the difficulty
- Validate and normalize
- Attune to supervisee needs
- Support
- Anticipate
- Explore parallel process
- Acknowledge mistakes
- Modeling

4 KEY APPROACHES SUPERVISORS UTILIZE TO ADDRESS DIFFICULTIES

- Relational
- Reflective
- Confrontative
- Avoidant

- Grant, Schofield, and Crawford (2012)

CONFRONTATIVE INTERVENTIONS

- Confront tentatively
- Confront directly
- Withdraw, deny, or avoid, and then confront
- Assess level of directness before confronting
- Confront but recognize limits of supervision
- Refuse, terminate, take formal action, refer to personal therapy
- Become directive

REFLECTIVE INTERVENTIONS

- Facilitate reflection
- Remain mindful and monitor
- Remain patient and transparent
- Process countertransference
- Seek supervision of supervisor
- Case conceptualization

VIGNETTES & CASE EXAMPLES

AVOIDANT INTERVENTIONS

- “Struggle on” and await external intervention
- Withhold
- Withdraw, ignore, or deny
- Other examples or issues?

SUPERVISOR SELF-CHECK

How will you remain reflective and attentive?
 What questions would you add?

- Was I respectful, honest, kind and fair?
- Did I consider the impact of what I said and how I said it on our relationship?
- Did I ask questions and listen closely, rather than make assumptions?
- Did I remember to calm myself before I discussed difficult things?
- Did I consider the impact of culture on our relationship and on the way this supervisee works?

- **Boundary violations**
 Examples:
 - Supervisee has accepted a gift from a client
 - Supervisee mentions Facebook content of a client (and supervisor learns they are "friends" on Facebook)
 - Supervisee mentions meeting with a client for coffee to improve rapport
- **Ethical issues**
 Examples:
 - Supervisee shares that attorney for client's mother contacted him/her to inquire about parental relationships (related to ongoing custody battle), and supervisee reported concerns about father's role and involvement.
 - Supervisee discusses concern for child client's well-being in the home and potential abuse/neglect but is reluctant to hotline, fearing it will interfere with the treatment relationship (or client/parent begged not to hotline self or someone else)
 - Supervisee asks supervisor for editing/feedback about a job recommendation letter they have been asked to write (and willing to produce) for a client
- **Competence issues**
 Examples:
 - Supervisee shares that new client has been diagnosed with ASD, and though supervisee does not have training/experience in this area, insists on providing ABA therapy, as there are "no other providers who can see the client"
 - Supervisee says caseload is too full to accept new clients, and supervisor notes there have been no successful discharges; clients have remained on caseload for prolonged periods of time (could include resistance/defensiveness to exploring progress in treatment and if interventions are effective; could include supervisee dismissing concerns and communicating an attitude that supervision is not needed).
 - Supervisee reports frustration with a number of clients not returning to therapy after the initial session but is resistant to discussing how supervisee may be presenting in session.
- **Case conceptualization (and unhealthy/unhelpful view of clients)**
 Examples:
 - Supervisee refers to a client as lazy frequently and often says, "I'm working a lot harder than he is" (and appears frustrated with clients "lack of effort" and "not knowing what is best for him")
 - Supervisee uses derogatory language when referring to clients ("street people," "one of my gumpy old men clients," "a problem child," etc.)
 - Supervisee provides a diagnosis of ADHD (or any other diagnosis), though testing does not provide strong evidence of this (could include defensiveness when case conceptualization is explored by supervisor)

REFERENCES

- American Psychological Association. (2015). Guidelines for clinical supervision in health services psychology. *American Psychologist, 70*(1), 33-46.
- Borders, L. D., Weitare, L. E., Sackett, C. R., & Cashwell, C. (2017). New supervisors' struggles and successes with corrective feedback. *Counselor Education and Supervision, 56*(3), 208-224.
- Ellis, M. V. (2006). Critical incidents in clinical supervision and in supervisor supervision: Assessing supervisory issues. *Training and Education in Professional Psychology, 5*, 122-132.
- Falender, C. A., Grus, C., McCutcheon, S., Goodyear, R. K., Ellis, M. V., Doll, B., Miville, M., Rey-Casserly, C., & Kaslow, N. J. (2016). Guidelines for clinical supervision in health service psychology: Evidence and implementation strategies. *Psychotherapy Bulletin, 51*(3), 6-16.
- Grant, J., Schofield, M. J., & Crawford, S. (2012). Managing difficulties in supervision: Supervisors' perspectives. *Journal of Counseling Psychology, 59*(4), 528-541.
- Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology, 55*(2), 172-184.
- Shaffer, K. S., & Friedlander, M. L. (2017). What do "interpersonally sensitive" supervisors do and how do supervisees experience a relational approach to supervision? *Psychotherapy research: Journal of the Society for Psychotherapy Research, 27*(2), 167-178.
- Watkins, C. E., Jr., Hook, J. N., Ramaekers, J., & Ramos, M. J. (2016). Repairing the ruptured supervisory alliance: Humility as a foundational virtue in clinical supervision. *The Clinical Supervisor, 35*(1), 22-41. <https://doi.org/10.1080/07325223.2015.1127190>