
Special Issue on Clinical Supervision: A Reflection Numéro spécial sur le thème de la supervision clinique: Réflexions

Janine M. Bernard
Syracuse University

ABSTRACT

This special issue about clinical supervision offers an array of contributions with disparate insights into the supervision process. Using a synergy of supervision model, the articles are categorized as addressing the infrastructure required for adequate supervision, the relationship dynamics endemic to supervision, or the process of delivering supervision. Three articles were found to span all three categories, and two focused on one aspect of clinical supervision. Beyond being placed within the synergy model, each article is discussed and future research questions are posed. The special issue reflects the range of topics in the supervision literature at large.

RÉSUMÉ

Le numéro spécial sur le sujet de la supervision étale une panoplie de contributions perspicaces. Les articles sont catégorisés d'après le modèle de synergie de la supervision, c'est-à-dire selon leur focus sur l'infrastructure nécessaire à la supervision, les dynamiques relationnelles dans la supervision, ou les processus par lesquels la supervision est livrée. Trois des articles inclus se situent dans les 3 catégories du modèle tandis que les deux autres se concentrent sur un aspect spécifique de la supervision clinique. Au delà de la catégorisation d'après le modèle de synergie, une discussion de chaque article ainsi qu'un survol des questions de recherche qui s'imposent sont présentés. La variété de sujets abordés dans cette parution spéciale représente la vaste gamme de sujets qui se rapportent à la supervision dans la littérature actuelle.

As recently as 25 years ago, it was conceivable to read everything published in the area of clinical supervision across disciplines and, if one had access to journals published abroad, across national boundaries. In the years since, the scholarship on clinical supervision has increased exponentially. In 2005 I was asked to review the extant literature. I divided it into three broad categories: *infrastructure*, *variables that affect relationship*, and *supervision process* (Bernard, 2005). I then described the interaction of these categories as offering the synergy within supervision. I will refer to these categories in my comments about the contributions to this special issue on clinical supervision.

Infrastructure includes all elements of supervision that need to be in place before supervision begins. Of course, attention to infrastructure does not end when supervision commences, as it includes structures that support the other two domains of supervision. Contained within infrastructure is the overall

task of organizing the experience. This can be as specific as finding time in one's schedule to conduct uninterrupted supervision sessions or as sweeping as establishing performance criteria for the supervisee that will guide the experience. If supervisees are new to a site where they will be supervised, a thorough orientation to the site is an infrastructure matter. Infrastructure also includes attending to ethical and legal mandates and communicating these adequately to the supervisee. Evaluation of the supervisee in whatever form this will take is a final major infrastructure issue and needs to be established early in the supervision relationship. In short, infrastructure includes all those matters that, when attended to properly, allow the road of supervision to be clear by lifting any fog caused by disorganization or a lack of important information or a comprehensive supervision plan.

A substantial amount of literature and research has been devoted to the category of *variables that affect relationship*. The category includes the areas of cognitive style and cognitive complexity that require different interactions between supervisors and supervisees. Different experience levels across supervisees and the necessity to alter the relationship (supervision environment) to attend to these differences has been included as a variable in this category. Relationship variables also encompass all aspects of the triadic relationship (supervisor/supervisee/client) that either enhance or detract from a positive working alliance (both therapeutic working alliance and supervisory working alliance). Intrapersonal dimensions that supervisees and supervisors bring to the relationship are included, such as levels of anxiety, resistance, and shame, tendencies toward transference and counter-transference, and capacities for secure attachments. Finally, nothing has been a greater focus of the literature over the past 25 years than cultural differences and similarities as relationship variables. Of the many cultural variables that persons bring to the supervision table, gender and race (and racial identity development) have received the lion's share of attention.

The last category is *supervision process*, which includes models of supervision, techniques that are used in supervision, and different modalities for conducting supervision (e.g., individual supervision, group supervision, live supervision, technologically driven supervision). This category includes all of the execution of clinical supervision, although it is inseparable from the other two categories. That is, as the supervisor engages in supervision using a particular technique, the ethics of using the technique, the preparation for the use of the technique, and how the use of the technique enhances an evaluation plan all inform the supervision process. Similarly, the working alliance, cultural differences (and sensibilities), intrapersonal tendencies, and cognitive styles will be playing out as well as the technique being used. Only when we focus on process do we fully appreciate the synergy across categories for successful clinical supervision.

Using this model, then, it is my pleasure to place each of the contributions to this special issue on clinical supervision and to comment on each. I will begin with the articles that spanned categories in their focus and end with those that were more specific in both focus and contribution.

Arthur and Russell-Mayhew (2010) raise a topic that points to the gap between counsellor education and the workplace, that being interprofessional (IP) collaboration. Their overarching message is that the complexity of mental health delivery systems and client issues require professionals from different disciplines to work together from a posture of teamwork rather than competition. Arthur and Russell-Mayhew include supervision challenges that draw upon all three categories of the supervision synergy model (Bernard, 2005). Basic to infrastructure is establishing criteria that will later be used to assess competence. Arthur and Russell-Mayhew assert that IP collaboration is important to include among performance criteria if supervisees are to enter the work force prepared for its challenges. That is, rather than viewing cross-discipline supervision as an accident of placement at a particular site, they argue that we need to prepare supervisees to access the perspective and methods of supervisory practice in other disciplines. Arthur and Russell-Mayhew note that this is a complex task, as it challenges long-held discipline practice and bias and occasional accreditation or licensure regulations.

It would seem supervisor training is as important here as supervisee training. The definition for supervision proposed by Bernard and Goodyear (2009) is the one most often cited in counselling and psychology and has been adopted as the official definition of clinical supervision by the American Psychological Association. Included in the definition is that “[s]upervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession” (p. 7). Ironically, once that definition is established, the authors then proceed to draw from the literatures of a number of different disciplines—not only counselling and psychology, but also psychiatry, psychoanalysis, marriage and family therapy and social work—to describe the supervision process and its parameters. There is certainly a contradiction in all of this.

Multidisciplinary knowledge, however, does not necessarily translate to multidisciplinary practice, as is noted by Arthur and Russell-Mayhew (2010). In fact, although some practices across disciplines are quite similar, some remain quite distinct. The authors aptly state that these historical differences of practice move from the category of supervision process to that of relationship according to the organizational scheme for analyzing supervision mentioned earlier (Bernard, 2005) in cases where competition, if not a false sense of loyalty, enter the scene. When disciplines are postured competitively, IP collaboration is a greater challenge. There is always the fear that acknowledging the strength of another discipline may expose one’s own discipline’s weaknesses. This fear has the power to shut down collaboration before it begins. The result is systemic stress and clients who are underserved.

In summary, Arthur and Russell-Mayhew (2010) offer a reasonable and articulate plea for systemic change. Undergirding their argument is the assumption that knowledge and exposure to the unknown bring ultimate power, especially if one has received supervision that addresses times when supervisees have felt dissonance with other professionals, defensiveness, and so forth. What must follow is a research agenda that will promote the changes the authors’ advocate, especially if regulatory bodies are to sanction cross-discipline supervision. Among the many

questions that need to be addressed are these: How does cross-discipline supervision affect the skill level of supervisees? Are persons who have experienced cross-discipline supervision more apt to seek collaboration with other professionals in the workplace? Are they viewed differently by employers? What factors describe the supervision culture of specific mental health disciplines?

McBride (2010) addresses the unique issues that accompany the supervision of counsellors who work with clients who have experienced or are experiencing family violence (FV). Although McBride's focus is only one clinical population (though certainly not a monolithic one), the supervision issues that she addresses also involve infrastructure, relationship issues, and supervision process. Indeed, McBride offers a comprehensive review of the challenges for both supervisors and supervisees when trauma incidents are part of the case history or the presenting problem. As part of infrastructure, McBride discusses the importance of documenting cases in ways that are clinically relevant but do not overexpose client issues. She reminds the reader that teaching supervisees to write notes that are primarily thematic (a focus on supervision process) is a supervision duty as much as attending to the intrapersonal reactions of supervisees working with FV clients (a relationship focus). It occurs to me that we have best practice literature, but no research, to guide supervisors in these important tasks.

A principal focus of McBride's (2010) article is what she describes as atypical skills for counsellors, those of advocacy, social action, and coordinating with other agencies. Although McBride asserts that these are tasks more familiar to social workers, she also acknowledges the social justice initiatives of the American Counseling Association. It appears to me that counselling as a profession is moving aggressively into the arena of social justice advocacy while attempting to hold onto its identity as a relationship-based profession. It could be argued that social justice is the natural offspring of the last 20 years' focus on multicultural counselling, another area where counselling has been at the forefront of the mental health disciplines. Despite this internal debate regarding professional identity, McBride underscores an important issue: our skills training may not be keeping up with shifts in the profession's priorities, and, additionally, our training may not adequately prepare supervisees for clients with complicated histories that require systemic interventions. Therefore, it may fall to supervisors to assist their supervisees in the many nuanced situations in which they find themselves.

Again, I am struck by the plethora of research questions that have yet to be answered within our profession. Drawing from issues that McBride (2010) raises, how does vicarious traumatization affect the working alliance? How sophisticated are average entry-level counsellors in legal matters that affect their work? How able are counsellors to distinguish the boundary between legal mandates and ethical dilemmas? What effects has the emphasis on social justice had on the practice of counselling across client populations, and for which specific populations? In short, McBride's discussion of the supervision needs of supervisees working with FV cases points not only to the complexity of supervision but to the gaps in our research base.

The final article to look at supervision across all categories is Reynolds (2010). Although the article could be classified as a process contribution that describes a group supervision approach, it is, of course, much more. In fact, Reynolds underscores the social justice agenda that is endemic to all three articles that consider supervision broadly. In this way, it serves as an anchor for the previous two articles. Reynolds' Solidarity Group is organized explicitly by relational ethics (infrastructure). As is stated by Reynolds, supervision is often focused so much on the perceived task of the day that an artificial boundary is erected between what options appear feasible and the personal ethics of the therapist. Reynolds attempts to diminish this boundary. Additionally, her approach to ethics is a notable antidote to the litigation-centred discussions that often appear in the literature and overpower our better sensibilities. The Solidarity Group model also draws heavily from the relationship side of the synergy model (Bernard, 2005). Specifically, power as an interpersonal dynamic and especially as fostering collective sustainability require high levels of skill about how healthy working alliances are formed and nurtured.

These two sources of influence then inform a group supervision process that utilizes some of the tenets of the reflecting team approaches first introduced by Andersen (1991). Reflecting teams are generally highly structured, and Reynolds (2010), similarly, assigns specific rules and roles to members of the group. Persons have opportunities to speak, share, reflect, and write, but not out of role. While this might seem juxtaposed to the principles set forth by Reynolds, I suspect just the opposite. That is, given the sensitivity of topics she hopes will emerge and the general ambition of her goals that therapists will be willing to soul-search regarding their integrity as clinicians, structure is everyone's friend. Otherwise, the group could easily deteriorate into platitudes.

In summary, Reynolds' (2010) article is, above all else, clearly situated in its social justice agenda. Reynolds notes that she has misgivings that this work might be viewed as simply a derivative of the well-established Reflecting Team approach to supervision. "This interpretation would disappear the activist orientation and the spirit of solidarity that is central to the meaning and usefulness of these dialogues" (p. 255). Similarly, attempting to position this article within synergy model categories does some violence to its integrity. The Solidarity Group has infrastructure elements, relationship components, and a clear process that can be described and replicated. But its essence is all about creating a space with "enough safety" so that the specifics of any case can be rerouted to larger, value-defined places. In this way, the Solidarity Group might be best viewed as spiritual development for practicing therapists.

Social justice, like its parent justice, can be defined in many ways by different constituencies. Therefore, by definition, it is difficult to operationalize. Examining the utility of the Solidarity Group via process research is more attainable, but the impact of the process on clients is beyond the scope of Reynolds' (2010) article, though certainly not beyond the scope of interest. Qualitative research gives us our best shot in the near term to understand more about social justice supervision

and its outcomes. I am reminded of Rigazio-DiGilio's developmental model of supervision (described fully in Rigazio-DiGilio, Daniels, & Ivey, 1997), in which she proposes that some highly thoughtful therapists can become frozen by their own advanced conceptualizations. That is, they come to a place where they realize that no approach can be absolutely correct; unfortunately, this realization leads them to abandon all options. At what point does reflection become a barrier to therapy? What measures can we use to determine if supervision has indeed met the goals of social justice?

Having addressed three articles that take a broad stroke when discussing supervision, we now consider Shepard and Guenette (2010), who describe a specific supervision technique. Their article offers an explanation of the use of magazine picture collage in group supervision. It is situated in the category of supervision process and follows a recent trend in the supervision literature to promote non-linear activities to enrich the supervision process (e.g., Guiffrida, Jordan, Saiz, & Barnes, 2007; Mullen, Luke, & Drewes, 2007; Ward & Sommer, 2006). Shepard and Guenette underscore the primary benefits of doing "right brain" activities in supervision. They also give us an in-depth description of one supervisee's "journey" through professional education. Her journey, it seems to me, is similar to many that we've all witnessed. Therefore, the advantages of this technique begin to have the names of past and present students attached to them.

Though most collages include both words and pictures, I hadn't before considered this combination for what it was, that is, a marriage of the logical with the metaphorical. I suspect that this juxtaposition is part of the "art" of the magazine collage. Words unencumbered by sentences and paragraphs can carry greater meaning, especially when placed near a complementary or confrontational image.

As I read this article, I was also reminded of Erikson's (1968) third stage of human development, "initiative versus guilt." I've always been amused that the "play stage" of Erikson's model is thus described. But indeed play has often become a "guilty pleasure" in our over-stimulated career-obsessed cultures. The counselling profession is no exception to this rule. We have forgotten that play is often a direct line to creativity and that humour is an antidote to psychic pain. Therefore, the apparently wistful activity of putting words and pictures on poster board and creating one's own universe—at least today's universe—may offer insight and resonance that hours of laborious processing of one's experience may not. Sometimes, we simply have to kick off our shoes and walk in the sand. Shepard and Guenette (2010) invite us to do so.

Finally, this special section includes the research of Bilodeau, Savard, and Lecomte (2010) on working alliances as perceived by supervisors and supervisees and the role of shame as a potential complicating factor. In 2008, I reviewed the development of clinical supervision research (Bernard, 2008) and found the working alliance to be a central focus of research within the category of variables that affect relationship in supervision. I also noted that there was too little research that focused on the dyad in supervision and too little that addressed the important

construct of shame. This research, therefore, not only continues an important thread in the supervision research but addresses gaps as well.

Bilodeau et al. (2010) found that supervisees reported a stronger working alliance than supervisors at a significant level. The authors speculate about this result, including the similarity of these results to studies that have considered clients and therapists reporting a similar discrepancy. I would add another possibility for these results. As the data were collected over five supervision sessions, it is also quite possible that the supervisees judged the little they knew about supervisory relationships whereas supervisors were comparing these fledgling alliances to some they have experienced in more mature supervisory relationships. Said differently and pulling from a different research base (e.g., Granello, 2002), supervisees may be reflecting earlier cognitive development (i.e., dichotomous) in their assessment of the alliance, whereas supervisors may have had a more nuanced assessment.

The second question posed by Bilodeau et al. (2010) is one that is endemic to every supervisory relationship. That is, as each supervisor attempts to support and challenge each supervisee, the threat of shame is always present with its concomitant power to shut down learning and undercut relationship. Although the mental health disciplines have attended more consistently to the construct of supervisee anxiety (e.g., Chapin & Ellis, 2002), it is interesting to speculate which drives the other or if they are discrete states. The result that higher shame-proneness does not affect the working alliance is very good news (though as the authors suggest, these results need to be replicated). Still, this research suggests that supervisors can provide all supervisees a safe place to address their intrapersonal barriers to professional development. Learning to tolerate the fear of shame may be as endemic to good counselling for some as tolerance for ambiguity.

Again, the fact that the study was limited to five supervision sessions may have affected the results regarding shame as well as working alliances. There is at least the possibility that supervision had not become in-depth enough in five sessions to stimulate shame-proneness. In short, Bilodeau et al.'s (2010) well-conceived and well-executed study has offered us a sound platform for further inquiry around these important constructs.

In summary, this special issue on clinical supervision reflects the range of topics found in the supervision literature at large at this point in our history. Having settled in with predictable models of supervision, we are ready to take on more systemic issues. Also, having tested traditional techniques over a quarter of a century, we are equally ready to contemplate alternative methods of stimulating reflection. Finally, as the research in the field has firmly established the supervision relationship as the most central component of good supervision, we are positioned to investigate contributing factors that define that relationship. All in all, this is an exciting time for the discipline as reflected in this special issue.

References

- Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York, NY: W.W. Norton.

- Arthur, N., & Russell-Mayhew, S. (2010). Preparing counsellors for interprofessional collaboration through supervision and lateral mentoring. *Canadian Journal of Counselling, 44*(3), 258–271.
- Bernard, J. M. (2005). Tracing the development of clinical supervision. *The Clinical Supervisor, 24*, 3–21.
- Bernard, J. M. (2008, October). *Research in clinical supervision: What has captured the imagination?* Plenary address, National Consortium of Research on Clinical Supervision. University of Ottawa, ON.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Columbus, OH: Pearson.
- Bilodeau, C., Savard, R., & Lecomte, C. (2010). Examining supervisor and supervisee agreement on alliance: Is shame a factor? *Canadian Journal of Counselling, 44*(3), 272–282.
- Chapin, J., & Ellis, M. V. (2002, August). *Effects of role induction workshops on supervisee anxiety*. Paper presented at the annual meeting of the American Psychological Association, Chicago, IL.
- Erikson, E. H. (1968). *Identity: You and crisis*. New York, NY: W. W. Norton.
- Granello, D. H. (2002). Assessing the cognitive development of counselling students: Changes in epistemological assumptions. *Counsellor Education and Supervision, 41*, 279–293.
- Guiffreda, D. A., Jordan, R., Saiz, S., & Barnes, K. L. (2007). The use of metaphor in clinical supervision. *Journal of Counselling & Development, 85*, 393–400.
- McBride, D. L. (2010). Issues supervising family violence cases: Advocacy, ethical documentation, and supervisees' reactions. *Canadian Journal of Counselling, 44*(3), 283–295.
- Mullen, J. A., Luke, M., & Drewes, A. (2007) Supervision can be playful too: Play therapy techniques that enhance supervision. *International Journal of Play Therapy, 16*, 69–85.
- Reynolds, V. (2010). A supervision of solidarity. *Canadian Journal of Counselling, 44*(3), 246–257.
- Rigazio-DiGilio, S. A., Daniels, T. G., & Ivey, A. E. (1997). Systemic cognitive-developmental supervision: A developmental-integrative approach to psychotherapy supervision. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 223–249). New York, NY: John Wiley & Sons.
- Shepard, B., & Guenette, F. (2010). Magazine picture collage in group supervision. *Canadian Journal of Counselling, 44*(3), 296–306.
- Ward, J., & Sommer, C. A., (2006). Using stories in supervision to facilitate counsellor development. *Journal of Poetry Therapy, 19*(2), 1–7.

About the Author

Janine M. Bernard is a professor of counselor education and coordinator of the doctoral program in counseling and counselor education at Syracuse University. Her main interest is in all aspects of the clinical supervision process.

Address correspondence to Janine M. Bernard, Syracuse University, 259 Huntington Hall, Syracuse, NY 13203, USA; e-mail: Bernard@sy.edu