Reflecting on Roles and Responsibilities of Clinical Supervisors

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Abstract: The quality and content of Clinical Supervision is heavily influenced by the personal and professional perspectives of Clinical Supervisors. The Psychotherapy experience for patients therefore is directly influenced by the Clinical Supervision their therapists are receiving. This article will remind Clinical Supervisors of their duties and expectations their title as Clinical Supervisor affords them, while hopefully bringing awareness to provide Clinical Supervision with an objective, interactive, and corroborative learning style, while correcting and/or adjusting the content they are providing and exactly how they are providing it in Clinical Supervision.

***Keywords*:** clinical, supervision, psychotherapy, therapist, patient, social worker

Supervision is the most important part of training future and current clinical professionals. It is the hallmark of clinical psychotherapy practice. In my experience, all too often there is a lack of clinical expertise from many providing Clinical Supervision. Many Clinical Supervisors therefore are not prepared to professionally model, teach, or mold future generations of clinical professionals. In order to teach, in my opinion, Clinical Supervisors also need to listen and learn from their clinical supervisees. Yet all too often I observe that they are not at all prepared to do so. Clinical Supervisors should always learn from their clinical supervisees. Often, though, they are not confident of their own abilities to treat patients. Therefore, teaching skills pertaining to application of evidence-based theory to practice becomes challenging for the Clinical Supervisors. Learning to be objective is imperative to being a good Clinical Supervisor. Objectivity however is often lacking. As a result, Clinical Supervisors teach subjectively. This, in my opinion, is a reason for some inadequacies in Clinical Supervision. Reflecting on how I envision and effect my role and responsibility as a Clinical Supervisor has profoundly developed my application of theory to practice with my clinical supervisees. I hope that my reflections will influence future Clinical Supervisions overall, as it has my own clinical practice and supervisory style.

Clinical supervisees need clinical role-modeling throughout supervision. In order for them to become experts in the development of therapeutic alliances with patients, Clinical Supervisors require practical psychotherapeutic treatment experiences to provide a thorough analysis of supervisee cases. This is necessary and ought to be mandatory. But often, there are underlying issues within Clinical Supervisors' thought processes, clouding judgments and stymying their proper responses. They struggle as a result to admit that they cannot always give an objective response, nor explain why not. Clinical Supervisors providing this input to future psychotherapists is especially critical to learning how to become psychotherapists, in my opinion. In life, there are few definitive answers. This often is the case in addressing situations in supervision. Admitting this to supervisees is critical and necessary to their clinical learning potentials.

I often reflect and remember, in my early years as a clinician, all of the times I was thrust into self-doubt due to non-constructive criticisms by poorly trained Clinical Supervisors because I

was simply asking who, what, when, where, why, and how involving patients on my caseloads. My motivation to learn as much as I could about the field of psychotherapy and clinical social work was equally as significant to my professional growth as was my desire to develop upon my ability to gain wisdom from Clinical Supervisors' infinite clinical knowledge. Instead, my questions were labeled as time-consuming, cumbersome, and irrelevant. While an MSW student, I had hired my own cohort of Clinical Supervisors who all together taught me to learn by example. They taught me about objectivity, subjectivity, compartmentalization, and countertransferences, etc. from their own examples when they were providing Clinical Supervision to me. I learned what I needed clinically to professionally develop what I was not receiving in Clinical Supervision in field. I also learned how to reflect on my thoughts and feelings about patients while attempting to not let them influence my clinical judgement during treatment.

My experience with Clinical Supervision was not an isolated situation. I have listened to countless staff, interns, and colleagues address this phenomenon. They too were considered argumentative and not taken very seriously. They were ridiculed by former Clinical Supervisors for asking questions similar to the ones I had. Their former Clinical Supervisors were embarrassed to admit not knowing the answers. This has become standard operational procedure. As Clinical Supervisors, we need to help our supervisees understand application to clinical theoretic interventions. This is an opportunity to discuss with our supervisees their own experiences. In other words, we should be confident in our own abilities before trying to teach others. This is one of the roles and responsibilities we have as Clinical Supervisors.

Admitting there is not just one right answer based on circumstances situationally is a key ingredient and at the heart and foundation of also being a good Clinical Supervisor and psychotherapist. The art of self-confidence of a supervisee is to model and teach them as a Clinical Supervisor, the compromise of realizing that not everything we know is structured and exact. This, however, takes self-esteem, self-confidence, and a passion to teach with humility and wisdom as Clinical Supervisors. In essence, this takes clinical expertise that does not come from a job title handed to someone entitled Clinical Supervisor. Nor does just possessing a degree or credential instill these skills. As Clinical Supervisors, we must reflect on our roles and responsibilities. In doing so, we need to realize if and how we obtained these skills from our own Clinical Supervisions. We need to reflect on what our Clinical Supervisors taught us about humility and wisdom from their own clinical experiences. Without this, Clinical Supervisors cannot be experienced enough to model appropriate application of evidence-based theory to practice for their supervisees. This affects the patient/therapist therapeutic alliance and outcome of treatment.

Clinical Supervisors should teach and instill through modeling from their own collection of didactic and practical experiences. They need to understand and then model compassion, empathy, guidance, and professionalism to their supervisees, who require this in Clinical Supervision in order to treat their patients appropriately. This provides the structure and guidance professionally developing clinicians require to address personal beliefs or questions arising from supervisory sessions. Less qualified Clinical Supervisors, however, create cascading negativity in supervision. This affects outcomes of treatment for supervisees' patients.

Furthermore, this has become the basis for psychotherapeutic treatment interventions itself. Appropriate Clinical Supervision is necessary to change this dynamic.

Self-awareness and self-reflection influence my style and behavior as a Clinical Supervisor. Life experiences offer opportunities daily to capitalize on by improving and adjusting to issues and challenges. Appreciating and understanding life and history as it relates to the answers to supervisees questions is necessary to understanding the roles and responsibilities as Clinical Supervisors. Putting supervisees at ease by offering optimism in times of their patients' despair is also necessary to our roles and responsibilities as Clinical Supervisors. Other roles and responsibilities include compartmentalizing countertransferences to not personally influence treatment.

There are many roles and responsibilities of being a good Clinical Supervisor that are not modeled or taught. They must teach how to incorporate positivity into negativity of thought. They must always try to offer a relative care-free way of envisioning despair and ridicule when all appears hopeless to supervisees regarding certain cases. They should never permit supervisees hostilities, life's challenges, and personal limitations to inhibit work or life. They must have supervisees partake in activities that enhance optimistic views. They must set an example of diminishing problems by focusing on smaller associated challenges. They must address them until tackling the larger issue for it to become manageable. Addressing procrastinations by focusing, delegating, organizing, comprehending, and modeling engagement of all these responsibilities is critical to learning throughout Clinical Supervision. Honor and honesty should be prominently addressed in Clinical Supervision as core values embedded into roles and responsibilities of becoming clinical social workers. Clinical Supervisors ought to promote an enhancement of life in general and the lives of the people supervisees are treating. They must encourage both personally and professionally to engage in decisions, care for themselves, while collaborating shared interests with others in their own lives. They must communicate, listen, and speak concisely with positive demeaners and tones. They must assist supervisees in meeting their goals and objectives that are necessary to roles and responsibilities as Clinical Supervisors. Vision, commitment, empathy, and patience ought to be devoted to organizational planning, time management, leadership, and problem-solving as roles and responsibilities of Clinical Supervisors.

All Clinical Supervisors should learn from one another, model, and teach their interns and staff about this art of Clinical Supervision. Proper Clinical Supervision should train, guide, model, instruct, and teach therapists how to provide objective evidence-based practice with their patients which is necessary in our roles and responsibilities as Clinical Supervisors. Transparency and objectivity in treatment will be embraced by patients. Patients ultimately should then receive limits to inhibiting factors to their treatment goals. Therapists should help their patients then achieve good problem-solving techniques which in turn will improve staff morale, limit burnout, and promote respect from patients. Good Clinical Supervision also will help supervisees treat low frustration tolerance instead of stimulating aggressive reactions within themselves. Interns and staff will someday become the Clinical Supervisors I envision by positively affecting the outcome of patient psychotherapy. Core roles and responsibilities of

Clinical Supervisors should entail obtaining proper Clinical Supervision, which is achievable, and will then benefit both therapist and their patient in the long run.

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