

ON MY OWN: MY EXPERIENCES FINDING SUPERVISION

By Colleen Attoma-Mathews M.S.W., L.C.S.W., in private practice

This narrative describes the author's early experiences in clinical supervision after she received her M.S.W. She reflects on the role supervision played in the development of her professional use of self.

A funny thing happened to me on the way to becoming a professional social worker. Now two years into my post-master's career, I can look back on my entry into the field to share my experiences into the supervisory vehicle that helped me develop my professional sense of self.

My master's program had an advanced generalist social work practice approach in its second year, offering only electives in clinical social work. In order to focus my education toward clinical social work, I knew I had to enhance my own learning experience. The field placements I chose were both direct clinical practice with knowledgeable clinical supervisors having strong psychodynamic orientations. I filled my elective slots with clinical direct practice classes. Additionally, I enrolled in a post-graduate family therapy training program that would give me a theoretical foundation for my clinical practice in family therapy. This training offered me two years of class work in family therapy theory along with individual and group supervision of my direct work with family clients at the program's outpatient clinic. The supervisors in the training program were approved by the American Association of Marriage and Family Therapy. As a result of this education and training, I received a post-master's certificate in family therapy, plus, if I chose, the ability to take the state exam for a license in marriage and family therapy. More than anything, I hoped this additional

training would lead to a job working with adolescents and their families, doing therapy, and receiving the supervision I needed to obtain my license and to grow into a strong and seasoned professional.

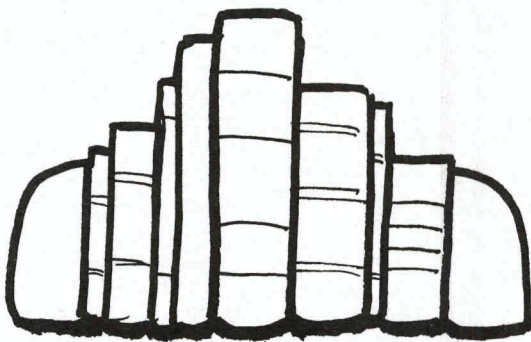
The importance of post-graduate supervision was a concept I learned from "Professor Brown" during the second year of my master's degree studies. (In order to speak candidly, I have changed the names of various educators and supervisors in this narrative.) Professor Brown stressed the significance of quality supervision beginning with my first job. His feeling was that in order to become a consummate professional, one needed to engage in a life long learning process. Along with that he emphasized the importance of finding out what kind of supervision and training agencies had to offer prospective employees. He suggested several points that should be explored with potential employers:

- What is the theoretical foundation of the agency and its clinical supervisors?
- What levels of supervision are available?
- Who would provide direct supervision?
- Was continued education offered with the agency?
- Was the agency's theoretical foundation compatible with my beliefs, values and theoretical interests?

Getting answers to these questions would be important not only for meeting the

state requirements about the extent of supervision needs for licensure, but also for meeting my personal learning goals. Additionally, opportunities for training would give me the opportunity to explore new avenues of clinical social work.

Prior to my entry into the master's of social work program, I had twelve years of business experience in the private sector. My experience in the business world was that of continuous education and training which benefited both myself as an employee and the companies for which I worked. The private business sector spends a large amount of time on training and development as an investment in their human resource stock which in turn contributes to capital growth. I had expected an experience similar to this in human services because the product was much more precious than capital; it is the well-being of people. I was surprised to find that all were not as dedicated to this end as I was idealistically.



My First Supervisor

My career goal, post graduate, was to be able to work with adolescents and their families in a residential or hospital setting where I would be able to practice psychiatric social work. I had experiences with clinical day treatment and inpatient psychiatric settings for field placements. I enjoyed the challenge of working with adolescents experiencing the first signs and symptoms of mental illness, helping them to establish an

understanding of their difficulties and to develop coping skills. For my first post-graduate clinical social work job I had hoped I would have multiple levels of individual and group supervision and ongoing training with the latest therapy styles. But, as I learned during my field placement in my last year of graduate school, budget cuts had caused the mandatory continuing education to shrink to individual supervision once a week (not necessarily with a social worker) and multidisciplinary meetings bi-weekly, with very little emphasis on theoretical technique or professionalism. I was disappointed with the lack of investment in employees in human service agencies. I had assumed that innovative training and mentoring programs, as I had found in the corporate world, would be the norm, particularly given the emphasis in the profession of finding a balance and controlling burnout.

As I started searching for my first job, I felt I would be lucky if someone would be willing to take a risk on an inexperienced recent graduate with "no experience." I doubted whether I would be worthy of an agency to take the time and effort to train me. But I knew that my former professor was right, that a job that included substantial supervision and training was important for my continued growth as a clinical social worker. Furthermore, I had begun considering adding post-graduate education in family therapy to my academic experience.

I pictured a supervisor who would take me under her wing, someone well experienced in the field of adolescent and family therapy. A mentor! Someone who would structure our weekly one-hour meeting to review my case load and devote time to the difficult clients for dissection and planning. Someone able to spot my shortcomings and address my countertransference issues in a graceful and nurturing fashion, working together from a strength-based perspective,

establishing trust and mutual caring. I wanted a mentor who believed in me; someone who would help me believe in myself.



My first job out of school was a temporary position as a therapist on an adolescent inpatient psychiatric unit at the state mental health facility. I accepted this position with great enthusiasm, knowing that it could possibly become permanent. But, my enthusiasm clouded my judgment and I ignored Professor Brown's advice. I didn't ask what opportunities I would have for continued learning and supervision. I felt that if I was lucky enough to be a contender for the position, I should take it and hope for the best. I threw out the ideas fostered by Professor Brown only months prior. My decision would soon come back to haunt me.

The social work department at the hospital had a reputation for having a strong psychodynamic orientation. However, the recent change toward managed care, along with the institution of shorter hospital stays for patients, led to a brief intervention model (still sprinkled with psychodynamic theory and jargon), in which the focus of our work was to reduce patient lethality and raise the ability of patients to cope in a community setting with outpatient or residential support. Therapy was brief in most cases. But occasionally, I had the opportunity to work with clients suffering

from their first psychotic episode or a patient suffering from severe and persistent mental illness. I could then work with clients to help them cope with significant personality disturbances over a longer course of time.

Group supervision consisted of bi-monthly, multidisciplinary clinical meetings. Led by our team leader, a clinical nurse specialist, we reviewed cases and discussed and brainstormed difficult cases. Mandatory social work meetings were held on off weeks. This meeting was just like the multidisciplinary meetings minus the team psychologist. For one hour a week I met individually with my supervisor, a licensed clinical social worker with twelve years' experience postmasters.

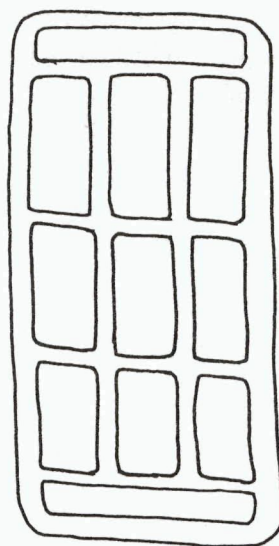
My supervisor, "Mr. Edwards," was erudite in object relations and psychoanalytic and psychodynamic theories. He was known as someone who made a career out of dissecting and knowing these particular theories inside and out. However, we were unable to build an environment of supervision in which I was able to learn from him. Our meetings lacked the structure of the kind of learning environment that I craved, especially being just out of school. He was not interested in setting agendas for our meetings. Instead he wanted a quick run down of my current cases and when I felt that I could have them discharged. His focus was on case management, not the development of my skills as a therapist in the individual, family, or group setting. Mr. Edwards seemed to be a victim of the "golden handcuffs" of state employment, meaning that longevity in a position insured increased compensation and benefits not based on job performance and/or satisfaction. Therefore, he always did just enough work to get by. If I did not remind him of our weekly scheduled meetings, he would let them pass. When we did meet, he kept our meetings short because he had "other

things to get back to.” He appeared to have lost interest in providing a stimulating learning environment for his supervisees. I was understimulated by what he did offer me.

Our hourly meetings usually lasted thirty minutes and included superficial chat about the weather. I got the feeling that I was not worth his time. I did not feel cared for and, as a result, I could not trust him to be there for me when I needed him. If I was having difficulty with a child, parent, or case worker he would say something like, “Oh yeah, so and so is really hard to work with, good luck,” and move on, instead of helping me think through a difficult situation. Supervision was a part of his job description that he seemed to take part in unwillingly. When I approached him about the situation he begrudgingly agreed that he was not a willing supervisor. I felt dismissed; our meetings became rare. It was a relief not to meet with him but I was disappointed because I had let him off the hook to provide me the supervision that I wanted and felt I deserved. My choice, therefore, offered very few opportunities for me to explore and make use of the theories I had learned in graduate school.

Working in a locked psychiatric facility, with potentially lethal and violent adolescents, was both exhilarating and overwhelming. The exhilaration came from the success I felt when I was able to forge a therapeutic relationship with patients. I felt overwhelmed without a supervisor. I was proud that no one got hurt on my watch and I kept getting kudos for the type of therapy I was practicing, which was a combination of gut-level intuition and nurturing.

But, without strong supervision, I remained unsatisfied with my situation. I ran my cases and sessions by “anybody” on the team who had experience and who would listen. The beauty of my multidisciplinary team was the multitude of subjective and

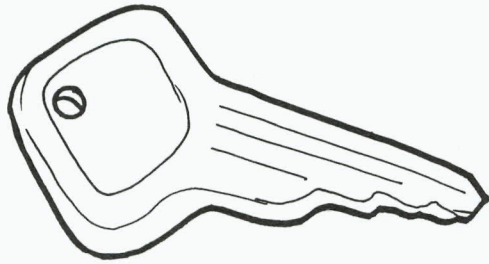


objective perspectives they shared. The downside was that these people, although somewhat helpful, were not directly responsible for my performance and had nothing to gain or lose by sharing their perspective with me or contributing to my development. However, I remained concerned that I was not meeting my clients' needs due to my lack of experience and knowledge. I was uncertain if my practice was reflective of my formal education or if I was moving on “gut instinct.” Approximately five months into being hired temporarily, my position was made permanent.

My Second Supervisor

I found a haven from the mandatory weekly supervision meetings with Mr. Edwards by meeting with the team's attending psychiatrist, “Dr. Jones,” whose professional training was in psychoanalysis and psychodynamic theories. In our meetings she and I set the agendas weekly and kept the focus on my use of self and continuing my education. Above all I was challenged by her inquiries into my professional self and by her constructive criticism. Dr. Jones was kind, intelligent, and instructive. She helped me make use of and trust my “gut-level intuition” in sessions and in group work with my patients. A break-

through happened in our trust when I brought to supervision an issue I was truly concerned about. I had felt fearful of one of my patients who was experiencing his first reported psychotic episode. I felt as though he was directing his anger toward me for "keeping him in the hospital against his will." I felt ashamed and, well, stupid for being afraid of a patient. She suggested that I pay attention to what I was feeling and label it as intuition. In our attempt to reframe the emotion the patient was exhibiting, I began to see that perhaps this patient was angry but not necessarily at me, that a team needed to address his emotions in order to keep him and the community safe. As a



result, Dr. Jones coached me in addressing the nursing staff about the issue to devise a plan to meet and circumvent his anger without incident to anyone. Through this supervision experience, I began to listen, trust, and make use of my intuition in regard to patients, their families, and

other integrated systems.

I began to understand the concept of use of self. I was fortunate to have her, but I yearned for a supervisor or mentor from my own profession, to help me develop and define my role as a professional. I began to look for outside supervision from a licensed clinical social worker.

My Third Supervisor

The idea of shopping for my own supervisor appealed to my sense of continuing to direct my own educational experience and follow the guidelines Professor Brown had laid out. I first began my search from within the hospital. The social work director of the hospital persuaded me to try to work things out with Mr. Edwards and offered to discuss the issue with him. He stated that there was not

any available skilled child and adolescent supervisor within the hospital to work with me due to demanding work loads. So I discussed my dilemma with several clinical social workers I respected in the community and decided to interview several licensed professionals in the local area. During these interviews, I discussed what I saw as my strengths and weaknesses as a clinician and what I hoped to glean from the supervisory relationship. I told them I was anxious to apply theories that I had studied during graduate and post-graduate work. I was concerned that my clients would suffer from the lack of connection between my education and my practice.

I interviewed a former professor from my graduate program, "Mr. Stein," who was now in private practice, providing therapy and conducting supervision groups and business consulting. Although I had not taken a course from Mr. Stein during my graduate education, I knew he had a reputation for being difficult and demanding. At this time in my career, I felt that taking a good look at my practice with someone who would push me to think was just what I needed. I found that I had a tendency to be critical of my work and was consistently striving to be the best practitioner possible.

I was willing to put in the additional expense of external supervision for more of what I called "scrutinization" of my abilities as a therapist. I told Mr. Stein how critical and demanding I am of myself and that I was looking for someone to push me. Equally as important was my need to connect theory and practice. I found myself asking the questions of him that I should have asked Mr. Edwards at the hospital when I interviewed there. During the first interview with Mr. Stein, I learned that he was educated in family therapy and had a strong background in psychodynamic work, two areas of theory that I was studying and interested in applying to my practice.

Following my decision to hire him, we laid out a plan to work on my professionalism and incorporate theory with practice.

Each time we met we looked at the difficulties I was having with specific clients as well as how I was feeling in my stage of development as a clinical social worker. On several occasions he stated that my approach to supervision was to have him perform "autopsies" on my work, locating the problems and potential mistakes I presumed I had made. His objective was to have me begin to look at the positive aspects of my work and to build on my innate strengths and abilities as a clinician. During this work I began to build a foundation of my own sense of self as a professional. In addition, I began to express my needs and set better boundaries and limits in the workplace. I started to ask for supervision from Mr. Edwards and probe him for information to help me with my clients. I also ceased to take on a heavier work load than my colleagues, even if I was under the impression that they were not "doing their job." When I doubted my ability, Mr. Stein reminded me that he was not shy about telling people when they were in the wrong field, and that he did not believe I was. Although his reassurances embarrassed me, I left feeling stronger and more confident in my abilities and on the right track.

My Fourth Supervisor

While searching for and engaging in supervision with Mr. Stein, my post-graduate course work in family therapy had reached a point where I was comfortable seeing clients at the center. I was able to contract with a client population that I had not worked with in the past to expand my scope of knowledge. This enabled me to round out my skills working with different populations (i.e., women returning to school at a community college). Through my

studies I discovered a kinship to feminist family therapy and Murray Bowen's theories.

Prior to being assigned clients, I was paired with other students with different individual and group supervisors. Normally students were assigned these supervisors without direct input as to who they may be. However, through my experiences with supervision I came to see myself as a consumer of an educational service. Therefore, after a careful look at my options and some trepidation, I approached the program director and told him who I believed would be a good match for me according to my interests. My first choice was a therapist who practices feminist family therapy, "Dr. Logan," who is also involved in research and publications of her work. My next two choices were two men who had many years of experience working with adolescents and families in hospitals and outpatient settings. To my surprise the director placed me with two of my three choices.

My group supervision experience with Dr. Logan has been one of the most challenging and progressive learning experiences I have encountered. There were four students in each small group working on a rotating basis conducting therapy with "live" supervision incorporating the use of a two-way mirror.

We met bi-weekly for two hours. The first half hour a client(s) was staffed by the presenting student therapist. During the staffing a genogram and/or a Minuchin Map was presented along with the presenting problems and what the student would like to work on with the client in therapy in the next hour. In addition we discussed how to make use of the group behind the mirror (i.e., as a reflecting team or to present a message to the client(s) at the end of the session). The client(s) were seen in the following hour and were amenable to having the group as an



audience and to be part of this learning environment. Following the session the group would discuss strengths, critiques, and weaknesses of the interaction and help the student therapist devise a plan for the future. This group developed a strong trusting relationship with one another which fostered growth and skill building for all involved. We came to a place of comfortably challenging one another to push for full potential as family therapists.

For me the live assistance and critique of a supervisor and my colleagues helped me to see the strengths and weaknesses of my work in a safe environment. From this direct feedback and encouragement, it has been confirming to realize that I am developing useful and solid skills as a therapist. I am beginning to believe in myself.

Conclusion

My journey, thus far, has taught me to take opportunities for growth and where they do not exist, to create them. I continue to take my learning experiences seriously. I now realize there have been times when I have had up to four supervisors, each one of them contributing to my learning experience in different ways. I understand that it is important for me to continue learning and engaging in environments that foster my growth as a therapist. I also see that accepting supervision at face value may not be in my best interest. It is imperative to research a supervisory relationship before accepting it and to take part in agencies where the skill development of employees takes precedence in order to best serve their population. I am now happy to have become a disciple of Professor Brown's wisdom and evangelical pursuit of higher knowledge for myself.

Copyright of Reflections: Narratives of Professional Helping is the property of Cleveland State University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.