

Supervisor Workbook

Introduction

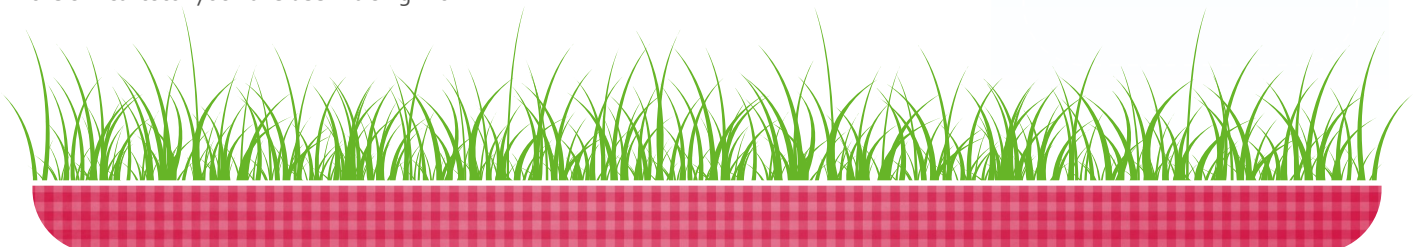
Welcome to the supervisor workbook. This is designed as a refresher to support you on your supervisory journey. It is intended to be a supplement to the training workshops that we offer until you can join us at one of these interactive events.

How to Use the Booklet

This booklet contains various models that can be helpful in supervision. The exercises are there to help supervisors apply these models to the supervision they offer (and receive). We ask that supervisors work through the exercises and then complete and send the clinical tutor you have been liaising with.

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Your Supervisory Journey



Exercise 1: Reflections on Your Supervisory Journey

- Think back to the first time you supervised. What did supervision mean to you then. What were your hopes/aims? What were your worries/challenges?
- Think about your most recent experience supervising. What does supervision mean to you now? What are your hopes/aims? What are your worries/challenges?
- What (if any) are the differences between now and then? What does this tell you about your journey as a supervisor?
- Looking to the future what are your hopes/aims for supervision? What are your worries/challenges?
- How can you best use this workbook to address these hopes/aims/worries/challenges? (e.g. reflective process, share some of it with colleagues/your supervisor/your supervisee)

What is supervision...?

"At its simplest, supervision is a forum where supervisees review and reflect on their work in order to do it better." (Carroll & Gilbert, 2011)

Content may include:

1. Assessment and intervention planning
2. Strategies or intervention techniques
3. Emotional reactions, parallel process
4. Theory (Teaching & Integration)
5. Ethics & Professional Practice

...and why do we have it?

Purpose of supervision: a three function interactive model of clinical supervision (Inskipp & Procter, 1993)

- The **FORMATIVE** function: the educative process of developing the skills and abilities of supervisees
- The **RESTORATIVE** or supportive function: dealing with the inherent stress involved in intimate therapeutic work with clients
- The **NORMATIVE** or managerial function: the quality assurance aspect of working with people

Models of Supervision

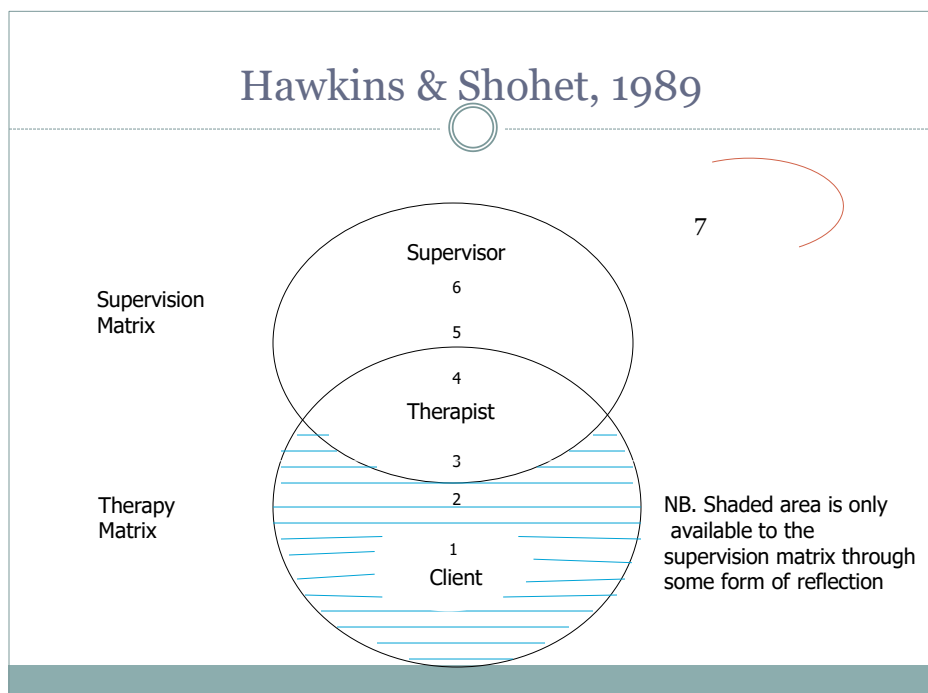
The therapeutic approach that supervisors use may influence their style of supervision e.g. CBT, SFBT, narrative, psychodynamic.

However much has also been written about specific models of supervision (Scaife, 2018). These mainly fall into categories where the models focus on:

- the function of supervision (e.g. the previously mentioned Inskipp & Proctor model)
- the processes/content in supervision
- development in supervision



"The advantage of such frameworks is that they enable those participating in supervision to organise ideas about what is happening, thus maintaining their role as participant in the process at the same time as being able to take the position of observer, thinking about what is happening within a preferred framework or structure or drawing on several" Scaife (2018)



A Process Model of Supervision

This model focuses on processes within supervision by considering where the focus lies at any one time.

Mode 1 - Focus on session content

Mode 2 - Focus on the therapist's strategies and interventions

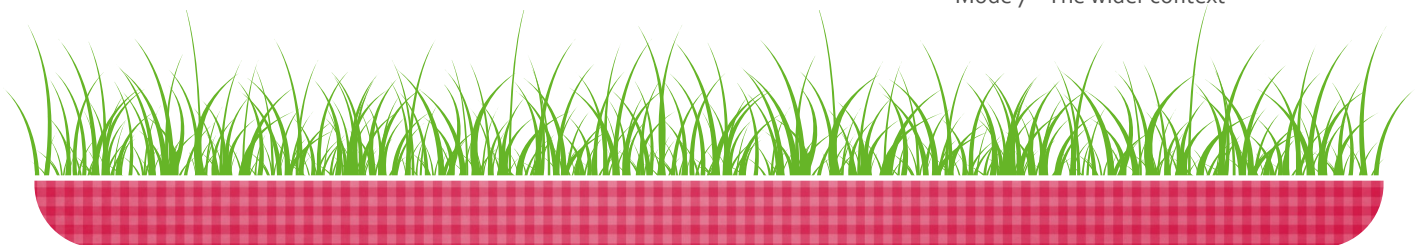
Mode 3 - Focus on the process and relationship between client and therapist

Mode 4 - Focus on the internal experience of the therapist

Mode 5 - Focusing on the here-and-now process between supervisor and supervisee

Mode 6 - Focusing on the internal experience of the supervisor

Mode 7—The wider context



Supervision: A Developmental Process

Stoltenberg, McNeill & Delworth (1998) considered supervisees' 'self and other awareness', 'motivation' and 'autonomy' and identified four stages of supervisee development:

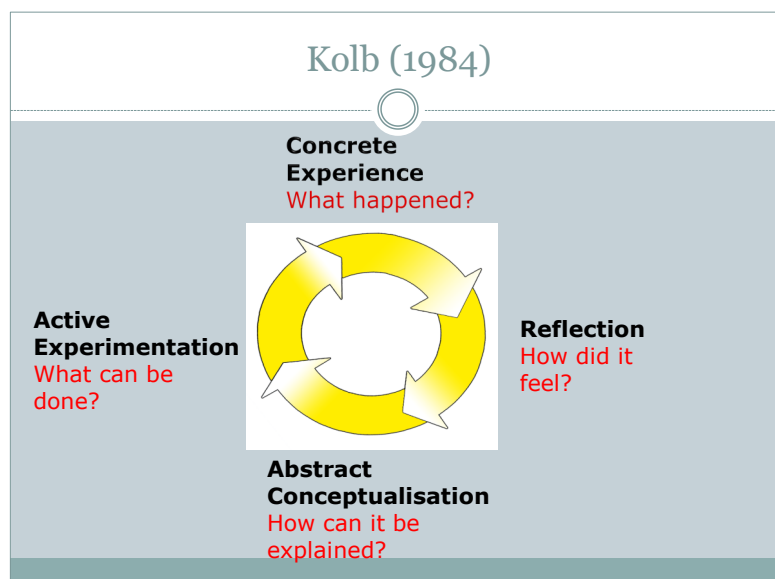
- Stage 1- the dependency stage. Supervisee highly motivated to reduce anxiety, looking for right way to do things and focused on self.
- Stage 2 – dependency-autonomy conflicts. Supervisee trying to find right balance between independent working and support, more focused on client.
- Stage 3 – conditional dependency. Supervisees are developing increased self-confidence, greater insight and more consistency in their sessions with clients, starting to focus on processes.

- Stage 4 – referred to as 'master professional'. Therapist has personal autonomy, insightful awareness and is able to confront personal and professional issues. The work is process in context-centred.



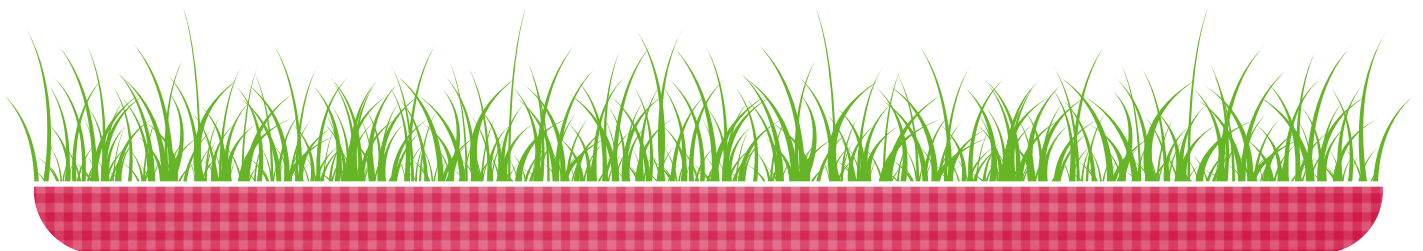
Critique these models as you read about them. What do you think of the language that is used? How applicable do you think they could be and in what scenario?

Experiential Learning Cycle (a general model of learning)



Experience is followed by 'reflection' which leads to 'conceptual analysis' of the experience to determine the meaning in relation to theory and context. Active experimentation then allows for application of the learning from the experience.

The assumptions within this model are that no one bit of it is enough for effective learning. Having an experience is not enough. One needs to have time to reflect on, and make sense of, that experience. However, this (e.g. a 'case discussion') is also not enough. Action needs to follow e.g. what will be done differently. Is there an opportunity to practice skills through role-play etc? This then leads into another concrete experience and so the cycle continues.



Exercise 2

Consider the four models presented in this work book (Inskipp & Proctor, Hawkins & Shohet, Stoltenberg, McNeill & Delworth, Kolb)

What are the potential strengths/limitations of the models?

Could you (or do you currently) use any of these models actively within supervision?

How? Which could be (are) most helpful to you in thinking about your supervisory practice?



Diving in...

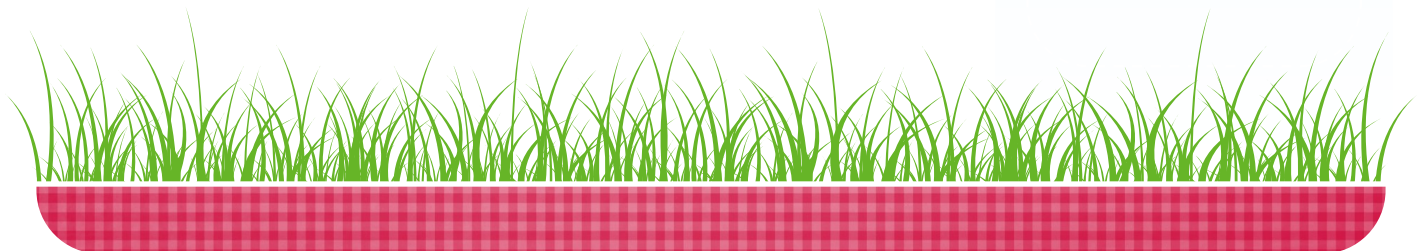
Exercise 3

Have a go at using one or more of these models within your supervisory practice. You could do this by either explicitly sharing one of the models with your supervisee or you could hold a model in mind and use it afterwards to reflect on the experience by yourself or within your own supervision. Please write a brief paragraph summarizing this experience and what you took from it. Send it to the clinical tutor that you have been liaising with, ready for discussion.

Applying the models

How can you make these models work for you?

Can you bring them to bear on any of the challenges you currently face?



Further Reading

Carroll, M. & Gilbert, M. (2011) On Being a Supervisee. Vukani: London.

Fleming, I. & Steen, L. (Eds) (2004). Supervision and clinical psychology: Theory, practice and perspectives. Hove: Brunner-Routledge.

Scaife, J. (2019) Supervision in Clinical Practice – A Practitioner Guide. Brunner Routledge.

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