

Module I

# Foundations of Clinical Supervision





# Acknowledgement & Disclaimer

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# Center for Innovative Training in Vocational Rehabilitation (CIT-VR)

Developing innovative methods to train VR personnel in their work at State Vocational Rehabilitation agencies to deliver services to improve employment outcomes for individuals with disabilities.

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# Today's Presenter

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# Presenter Background in Clinical Supervision

- 35 years as Rehabilitation Counselor Educator
- Clinical supervision research for past 30 years
  - Nationwide survey of graduate training practices
  - Instrument validation on CS
  - Description of CS models
  - Analysis of graduate training practices
  - Effectiveness of CS training in SVR
- CS significant part of teaching assignments
- Conducted CS training across United States for 10 different State VR agencies
- Awarded Mary Switzer Distinguished Research Fellow
  - 1996 Use of Adventure-based counseling for people with disabilities
  - 2003 Mixed methods study to investigate CS practices within State VR
  - 2011 Evaluate a training program to enhance CS within State VR



# Learning Goals for Module I

- ✓ Define what is meant by clinical supervision and how it complements administrative supervision
- ✓ Examine basic principles of CS and how it is practiced in State VR
- ✓ Contrast effective and ineffective CS behaviors and its impact on VR counselors
- ✓ Review five common (and mostly ineffective roles) supervisors use when providing CS

# Framework for this Online Training

- Intended for front-line supervisors
- Program developed from several sources
  - Research studies on State VR clinical supervision practice
  - Advisory Board of State VR personnel
  - My clinical experience and educational preparation
- Short-term training goals
  - Enhance CS knowledge and skills
  - Serve as model for future supervisors
  - Ensure quality services and protect client welfare
- Long-term training goals
  - Improve counselor performance
    - Counseling skills
    - Case management decisions
  - Improve client outcomes



# Conceptual Framework

- ✓ “Often practiced but poorly understood.”
- ✓ Expected job task of a supervisor that often goes unrewarded or recognized.
- ✓ Limited training in clinical supervision
  - ✓ What is it?
  - ✓ Why do I need it?
  - ✓ How is it done properly?
- ✓ Using research to inform practice

# Reflective Questions



- What did I learn about being a RC from person(s) who supervised me?
- How were my counseling skills shaped by supervision that I received? (Both +/-)
- What do I still need to learn or work on to work more effectively as a RC supervisor?
- What are my struggles as a RC supervisor?

# Clinical (Counselor) Supervision

A developmental and supportive relationship that requires the supervisor working in various capacities as a consultant, counselor and teacher where the intent is to improve counselor skills and case management decisions so that successful rehabilitation outcomes occur.

Using individual and group supervision approaches through direct and indirect observation methods, the supervisor works to promote counselor awareness, knowledge and skills so that effective counseling services are provided consistent with ethical and professional standards.

# Supervision Roles

## Consultant

Serve as a resource to the counselor to problem solve and conceptualize while, at the same time, facilitate counselor autonomy. Provide alternatives to case conceptualization and maintain on-going assessment of counselor skill level.

## Counselor (Mentor)

Address intra/interpersonal reality of the counselor within supervisory relationship and client-counselor relationship and help in developing professional identity.

## Teacher

Determine counselor needs and strengths, promote self-awareness and transmit knowledge to promote professional growth.



# Supervision Differences

## Administrative

- Efficiency
- Retrospective focus
- Reward system on client outcomes
- Contributes to overall agency goals and outcomes
- Written case review
- Supervision focus on following policies and procedures

## Clinical

- Relationship effectiveness
- Current and future
- Reward system on counselor development
- Contributes to individual goals and outcomes
- Observation, consultation
- Supervision on counselor behavior, beliefs, perceptions and values

# Examples of Clinical Supervision

- Counselor anxious about working with someone with HIV/AIDS
- Counselor perceives an employer having strong bias against PWD but feels timid to address it
- Counselor feels uncomfortable when talking about religious beliefs
- Counselor unsure how to assist an “unmotivated client”





## Areas Often Addressed in Clinical Supervision

Skill development

Counselor world views

Client-counselor interactions

Counselor-supervisor interactions

Ethical and professional concerns

# Central Principles in Clinical Supervision

1. CS is the primary means of determining the quality of care provided to clients.
2. CS enhances staff retention and morale.
3. Every counselor has a right to clinical supervision and conversely every supervisor has a right to supervision of her/his supervision.
4. CS needs the full support of agency administrators.
5. Supervisory relationship provides a central avenue in which ethical practice is developed and reinforced.

# Central Principles in Clinical Supervision (continued)

6. CS is a skill that must be developed.
7. CS balances administrative supervision.
8. CS must continually strive for cultural competence.
9. CS have a responsibility to be gatekeepers to the profession.
10. CS requires direct observation methods.

# Thinking as a CS: Important Developmental Step



Evaluating counselor needs rather than client problems.

- “What is the counselor asking from me?”
- “What may be going on between the counselor and client?”
- “How can I help this counselor develop more effective empathy?”
- “How can I help the counselor become more confident when contacting employers?”

# How Clinical Supervision is Practiced in State VR

- Poorly practiced and misunderstood
- Limited time
- Largely counselor-initiated
- Reliance (80%) on case presentation method
- One-third of supervisors' report using group/individual formats
- Counselors report group never used
- Rarely occurs with experienced counselors
- Slight dissatisfaction with supervision provided/received
- Supervisors perceive limited competence but want training

(English et al., 1979; Herbert, 2004a; Herbert & Trusty, 2006; Schultz et al., 2002)

# Best Practices of Effective Clinical Supervision

- Respectful and soft-spoken
- Sense of humor
- Listens before responding
- Sets aside time for CS
- Criticizes privately; praises publicly
- Offers realistic alternatives
- Demonstrates concern and empathy
- Follows ethical practices and principles
- Models effective counseling skills
- Explores alternatives before coming to final decision
- Shares relevant experiences when asked
- Aware of pressures facing RCs
- Clarity of purpose and goals

# Ineffective Clinical Supervision Practices

- Focus on RC negative performance
- Cancel appointments w/o notification
- Provide simple solutions to complex problems
- Lack expertise to address RC needs
- Intimidating or threatening counselors
- Provide advice concerning RC personal life when not solicited
- Preoccupation with irrelevant client details
- Unwanted sexual advances
- Gossiping about other personnel



# Impact of Poor Supervision on Counselors



- Skill regression
- Hesitant to disclose mistakes
- Stress and self-doubt
- Work dissatisfaction
- Staff turnover



# Supervisor Roles that Interfere with Counselor Skill Development

“BE OLD”

Buddy

Expert

“One size fits all”

Laissez-Faire

Doctor

# # 1: Buddy

## Basic Assumption

- “We’re all pals here”
  - Desire to be liked
  - Promote harmony
  - Avoid confrontation

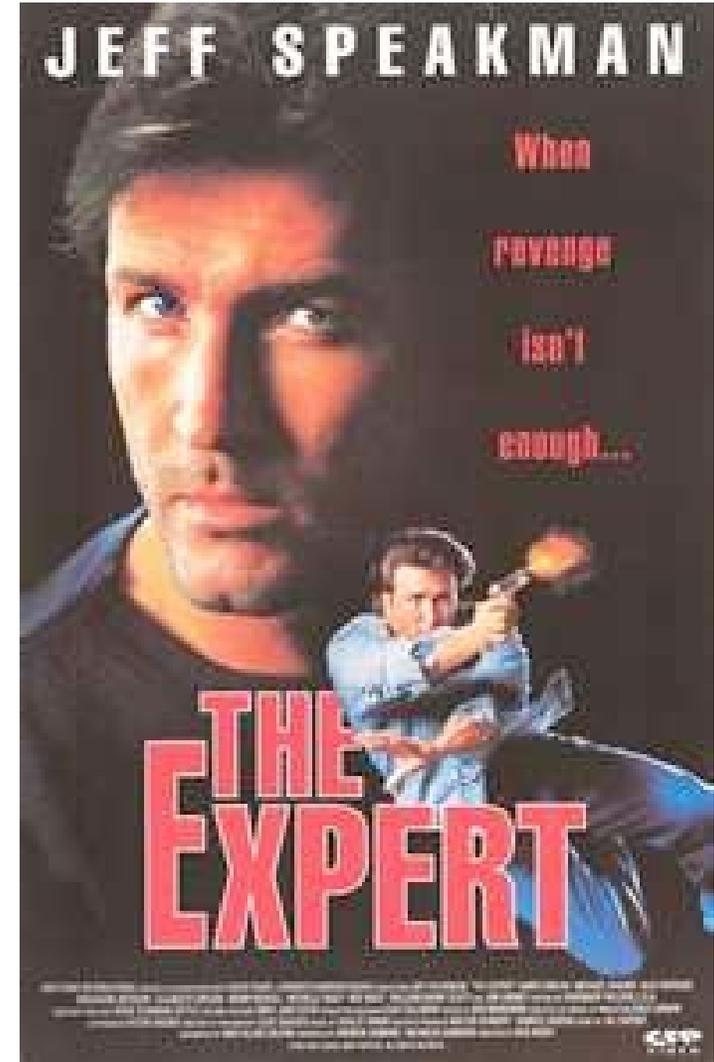
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# #2: Expert

## Basic Assumptions

- Limited trust of others
  - People undependable
  - Frequent checking needed
- Supervisor responsible for others
  - Observation is key
  - Problem-solver role



# #3: One Size Fits All?



# #4: Laissez-Faire

## Basic Assumption

- “Hire good people, then get out of the way.”
  - Supervision is a recognition of failure
  - Occurs when person can not handle situation by her/his self



# #5: Doctor

## Basic Assumption

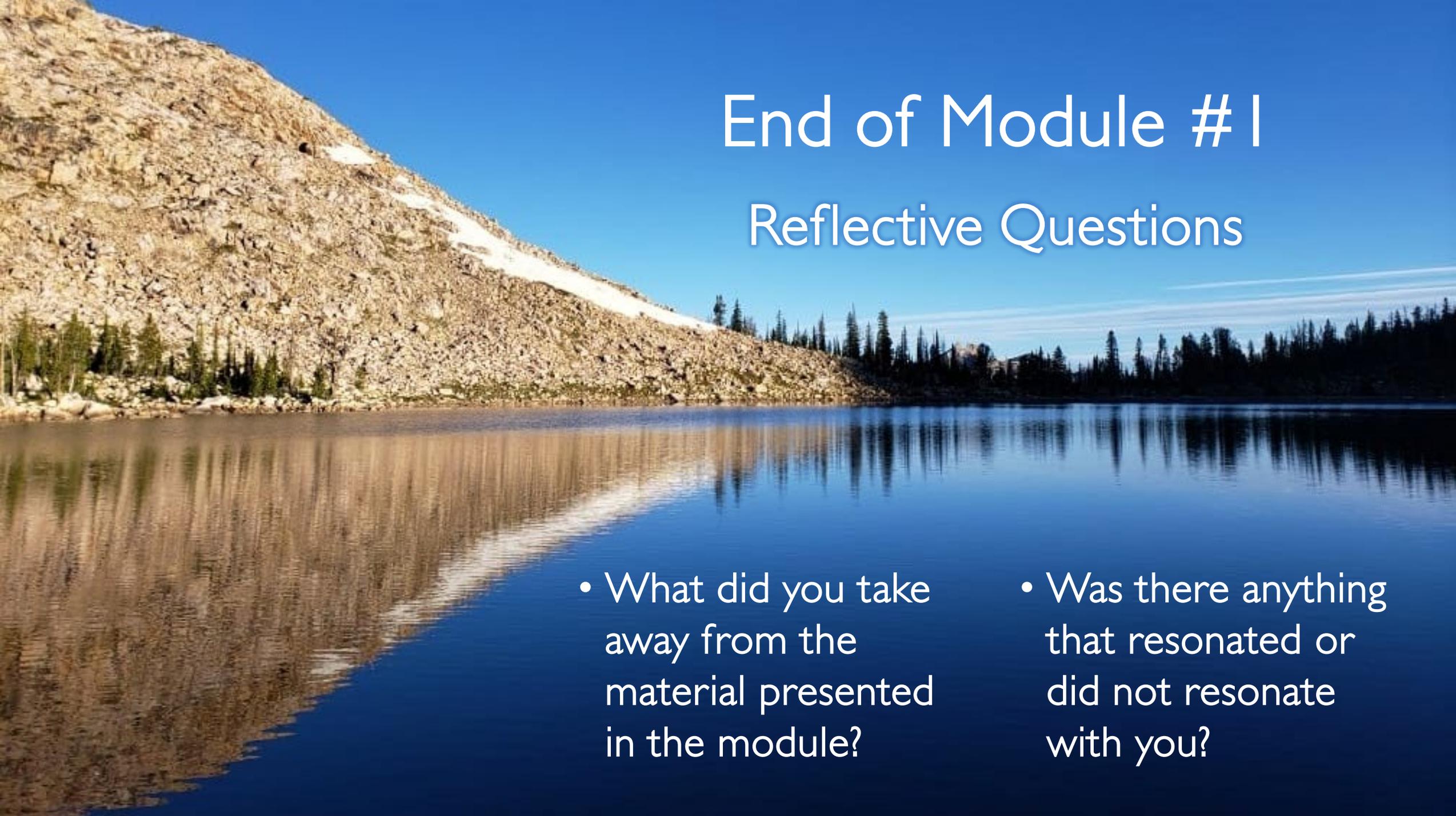
- “What’s wrong with you?”
  - Focus on personal problems
  - Supervisor works as “counselor’s counselor”



# Some Questions to Ponder About Your CS Role(s)?



1. How consistent is your role with that of the supervisor(s) who supervised you when you were a VR counselor?
2. Do you gravitate to one or more roles?
3. Does this role change as a function of who you are supervising and, if so, what contributes to how you interact?



# End of Module # 1

## Reflective Questions

- What did you take away from the material presented in the module?
- Was there anything that resonated or did not resonate with you?



Thank You!



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