What is Clinical Supervision / case conference?
A meeting between the “supervisor” who is someone of more senior training and experience (i.e., Program Coordinator, Program Manager, Mental Health Clinician) and the “supervisee” (i.e., Program Staff, CTR Counselors, CRCS Counselors who provide direct clinical service) to debrief about the supervisee’s clinical cases.

Why is there a need for Clinical Supervision?
Supervisors often have “super vision”; a clarity about the counseling process because they are not involved and they have more extensive experience.

Modality, Duration, and Frequency
Clinical supervision may take place in a group modality with one supervisor and ideally 4 to 6 supervisees or it can occur one on one between a supervisor and a supervisee. Group supervision may be beneficial as it creates an opportunity for peers to learn from each other; On the other hand, one on one supervision allows more time for each Supervisee to discuss cases.

one on one, Clinical Supervision is typically one hour. If it’s conducted in a group modality, it is typically 90-120 minutes, depending on the number of supervisees in the group and the case load of each supervisee. All or majority of the supervisees should be given 15-20 minutes to debrief about at minimum one case.

Ideally, Clinical Supervision occurs on a weekly basis. This will ensure that supervisees have an opportunity to debrief about their sessions each week prior to meeting with their clients.

What are the goals of Clinical Supervision / case conference?
1. Ensure integrity of clinical service provided to the client in order to monitor and improve client welfare.
2. Facilitate the development of clinical competence (i.e., the capacity to meet required clinical standards related to delivery of patient care in the supervisee).
3. Address and adequately work through counter-transference.

The above three goals all impact one another and build on each other.

What is counter-transference and why does it need to be addressed in Clinical Supervision?
It is common and natural for Supervisees to have emotional reactions to clients’ disclosures, thoughts, feelings, or choices. Counter-transference refers to the Supervisees’ emotions (negative or positive) that may have surfaced during the session with client in response to the client and/or the session content.

These feelings must be identified and addressed within the context of Clinical Supervision in order to ensure that they do not negatively impact the Supervisee’s relationship with the client and the effective facilitation of therapy.
What takes place in Clinical Supervision?

- Supervisees present their cases, focusing on the challenges that arise in clinical work (provision of one-on-one services like CTR or CRCS).
- Supervisee releases emotions triggered by client or session.
- Supervisor facilitates a non-defensive inquiry into the clinical process in order to assist the Supervisee in reflecting on the therapeutic interaction (i.e., What do you think it was like for the client when you asked him about his childhood?).
- Supervisor balances exploration with instruction.
- Supervisee is provided with ideas about how to manage a challenging client.
- Counter-transference is identified and examined.
- Supervisee regains needed objectivity and plans for the next session.

Parallel process

Parallels processes create a mirroring experience when delivered effectively which contributes to the supervisee’s clinical competence and in return promotes the welfare of the client. A parallel exists between therapy and clinical supervision:

The common traits are:

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<th>Boundaries</th>
<th>Non-judgement</th>
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<td>Counter-transference</td>
<td>Safety</td>
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<td>Probing</td>
<td>Listening</td>
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<td>Reflecting</td>
<td>Empathy</td>
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<td>Challenging</td>
<td>Praising</td>
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<tr>
<td>Educating</td>
<td>Promoting strength</td>
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Sample questions the Supervisor may ask during Clinical Supervision:

- What parts of the session went well?
- What did not go well?
- How could facilitation of the next session be improved?
- Which clients make you uncomfortable? Why?
- What made you uncomfortable during the session?

Who would be an ideal Clinical Supervisor?

- A licensed clinician with a Ph.D. or Psy.D. in clinical psychology, a M.A. in marriage and family therapy, or M.A. in social work.
- Previous experience with clinical supervision is highly preferred.
- Have experience providing direct client counseling.

Providing clinical supervision for manualized interventions:

In addition to previously stated requirements, Clinical Supervisors of manualized interventions must:

- Attend the manualized intervention training in its entirety.
- Possess a full understanding of the intervention; especially the underlying behavioral theories that drive the intervention.
- When, and if, appropriate encourage Supervisees to provide clients with ongoing mental health referrals.

*In addition to all previously discussed supervisory roles, the following are recommendations for those providing clinical supervision for manualized interventions:

- Ensure adherence to the intervention content and integration of core elements.

  - Was the session delivered with fidelity?
Did the Supervisee take advantage of every opportunity to integrate the core elements of the intervention?”
- A Clinical Supervisor may ask:
  - What intervention concepts or skills did the client have trouble grasping?
  - What intervention concepts need to be reinforced next time?
  - How is the client progressing with his or her intervention goals?
  - Who has difficulty understanding, internalizing, and applying the core elements and skills of the session?

Address clinical concerns.
- Clinical issues may arise during the session that could impact or interfere with intervention delivery. For instance, clients may be dealing with various disorders (i.e., depression, anxiety, bipolar), history of trauma, or serious family of origin concerns (i.e., abandonment or attachment issues.)

Clinical variables may impact the content of the intervention session, and influence the client-Counselor relationship.

Clinical Supervision provides Supervisees with the support needed to deal with such possible clinical factors and to ensure that Supervisees do not assume the role of a therapist and provide therapy to clients in response to such clinical issues.

A Clinical Supervisor may ask:
- What clinical issues are coming up that make it difficult to adhere to the structure of the intervention?
- Which clients may need referrals to therapy?
- Which clients present with resistance toward the session content?

A general recommendation would be for the Supervisee to provide the client with a referral to a therapist.
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<tr>
<th>Supervisor Role</th>
<th>Behavior</th>
<th>Behavioral description of each role and examples</th>
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<tr>
<td>Manage</td>
<td>Organize and manage flow of the session and create structure to ensure adequate time is offered to each case and supervisee.</td>
<td>“We have to move on, let’s focus on this part for today.”</td>
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<tr>
<td>Gather information</td>
<td>Ask for more information, clarify, identify challenges and strengths being presented by the supervisee.</td>
<td>“How did the client respond when you said that? What were the client’s non-verbal behaviors?”</td>
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<tr>
<td>Support / Reflect</td>
<td>Offer verbal and non-verbal reassurance.</td>
<td>“uh huh, I hear you”; Nod; smile.</td>
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<td>Provide feedback</td>
<td>Give specific negative or positive Feedback.</td>
<td>“You did a great job of, another thing you could have done.”</td>
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<tr>
<td>Examine theoretical knowledge and clinical skills</td>
<td>Evaluate clinical competence.</td>
<td>Is the supervisee integrating specific theories into practice (i.e., cognitive behavioral therapy, mindfulness, etc.); Is the supervisee appropriately utilizing clinical skills (i.e., probing, interpreting, reflective listening).</td>
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<td>Challenge</td>
<td>Encourage supervisee to evaluate his/her reasoning.</td>
<td>“How else could you have responded? Where do you think the client was coming from?”</td>
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<td>Educate clinically</td>
<td>Suggest books, workshops, articles, internet sites that may enhance supervisee’s clinical knowledge or that the supervisee may recommend to clients.</td>
<td>Offer client specific recommendations as well as a suggestions that generalize beyond the case at hand.</td>
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<tr>
<td>Educate ethically &amp; legally</td>
<td>Ensure that supervisee is maintaining ethical and legal standards and that professionalism is upheld to promote the welfare of the client</td>
<td>Some examples may include child abuse report is filed within the appropriate time frame; confidentiality and its limits are discussed.</td>
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<td>Teach experientially</td>
<td>Model clinical skills (i.e., reflective listening, empathizing, probing, etc.); Model ethical standards; Role play.</td>
<td>Some examples for clinical skills may include reflective listening, empathizing, probing.</td>
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<td>Address counter-transference</td>
<td>Identify and discuss counter-transference experienced by supervisee.</td>
<td>“What thoughts and feelings did it bring up for you when your client was discussing… It seems like you’re experiencing some intense emotions in response to your client’s disclosure.”</td>
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<td>Empathize</td>
<td>Normalize experience.</td>
<td>“That was a really challenging session; I can see why you were struggling with that discussion.”</td>
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<td>Praise / reinforce</td>
<td>Acknowledging supervisee’s strengths.</td>
<td>“It seems like you did a great job of containing the client; you did a wonderful job of researching this topic and being prepared for your session.”</td>
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<td>Create safety</td>
<td>Through verbal and non-verbal behavior, create a non-judgmental environment where the supervisee can share perceived weakness and voice general opinions without fear</td>
<td>For instance, Supervisors are discouraged from engaging in detailed discussions of their family life, how they spent the weekend, personal struggles, possible history of addiction or mental illness, etc.</td>
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<tr>
<td>Maintain boundary</td>
<td>Supervisor must monitor personal disclosures that especially are not clinically relevant; Dual relationships are discouraged.</td>
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