7.6.2 Functions and Tasks

Though definitions of clinical supervision may vary, the principle aims are fairly consistent across definitions and can be summarised as follows:

- to enhance the supervisee's skills, competence and confidence
- to provide reflective space and emotional support
- to provide assistance with professional development
- to ensure that service to clients is safe, ethical, and competent
- to ensure compliance with professional and organisational treatment standards and practices

Powell and Brodsky (1998) state the three main purposes of supervision are:

- to nurture the counsellor's professional (and, as appropriate, personal) development
- to promote the development of specific skills and competencies, so as to bring about measurable outcomes
- to raise the level of accountability in counselling services and programs

The defining functions and tasks of clinical supervision will depend upon the developmental level of the supervisee and supervisor in any given situation, as well as the model of clinical supervision one chooses to adopt. Kavanaugh et al. (2002, p. 249) note that, "The types of strategies that are most preferred by supervisees appear to change as skills and confidence increase."

They give the following examples based on research outcomes:

- Inexperienced practitioners prefer directive, problem-focused, or skills-based supervision, as do more highly skilled clinicians who are facing difficult clinical issues (Tracey, T.J. & Ellickson, J.L et al., cited in Kavanaugh et al. 2002).
- More experienced practitioners prefer to examine conceptual issues raised by therapy (Heppner, P.P. & Roehlke, H.J., cited in Kavanaugh et al. 2002, p. 249).

The functions may be conceptualised broadly as educational, supportive and managerial (Kadushin, cited in Hawkins & Shohet 2006) or, in the terms used by Proctor (cited in Hawkins & Shohet 2006): formative, restorative and normative. Hawkins and Shohet developed their own concepts, with consideration of Kadushin's and Proctor's ideas, and determined that the functions could best be captured in these terms: developmental, resourcing and qualitative. Fundamental to all of the functions is a comprehensive understanding and openness to discussing the multi-dimensional wider context and its implications (e.g., client context, supervisor-supervisee relational context, organisational context, cultural context, etc.)

The developmental (clinically focused) function is focused upon:

> *developing the skills, understanding and capacities of supervisees...through reflection on and exploration of the supervisees' work with clients*.
> (Hawkins & Shohet 2006, p. 57)

Supervisees should be provided with a regular space in which to reflect upon the content and process of their work. In this way, they may be helped to understand the client better; become more aware of their own reactions to the client; understand the dynamics of the interactions between themselves and the client; consider their interventions, and the outcomes of those interventions, and explore alternative ways of working (adapted from Hawkins & Shohet 2006).

Supervisory tasks which support the developmental function include: assisting with case conceptualisation; reviewing clinical interactions; identifying and supporting effective interventions; focusing on teaching, or developing skills; offering feedback to the supervisee, and generating new ideas for the work in collaboration with the supervisee.

The resourcing (supportive) function is a way of both acknowledging and providing space for the emotional impact of the work upon supervisees. This is a complex and delicate function, which may include such things as exploration of supervisees' over-identification with, or aversion to, particular clients; supervisees' defensiveness or protectiveness in relation to particular clients, and/or supervisees' being overwhelmed by secondary trauma, or compassion fatigue. The resourcing function also encompasses support for the supervisee's professional development.

Supervisory tasks which support the resourcing function include: providing understanding, reassurance and support for emotional distress (e.g., trauma triggers, transference, or counter-transference) that may emerge from the work; validating and supporting the supervisee as both a person and a worker; sharing the load (i.e. the supervisee is not expected to bear the burden on his or her own); assisting the supervisee to identify resources and skills to better support them in their work; assisting the supervisee to develop a plan for professional and personal support outside the context of supervision (e.g., a self-care plan); assisting the supervisee to explore growth potential and ideas for fulfilling it.

The qualitative (evaluative) function of supervision is the accountability aspect of the work, involving identification and exploration of the supervisees' abilities, including potential blind spots and weaknesses in their clinical work. Powell & Brodsky (1998) divide the evaluative functions into four areas of responsibility: assessment of counsellor skills; clarification of performance standards; negotiation of learning objectives; utilisation of appropriate safeguards, and strategies to address performance and skill deficits (Powell & Brodsky, 1998, p. 11).

Supervisory tasks which support the qualitative/evaluative function include: helping the supervisee to identify areas of difficulty, or knowledge deficits in his or her work; discussing ethical dilemmas; monitoring adherence to legal, ethical and organisational standards of practice; ensuring the quality of supervisee's work; planning specific strategies and steps to address problems or deficits a supervisee is exhibiting in the work.

References for this section: Bernard & Goodyear (2009); The Bouverie Centre (Moloney,

Vivekananda & Weir 2007, 2010); Hawkins & Shohet (2006); Kavanaugh et al. (2002); Powell & Brodsky (1998).