

9.9 Managing Problems that Arise in Supervisory Relationships

It is part of good clinical supervision practice to expect that issues will come up, related to such aspects of the work as practical problems (e.g., chronic lateness or failure to attend arranged sessions; inadequate preparation for sessions); theoretical or philosophical disagreements; parallel processes (e.g., supervisor begins to experience the supervisee in the same way that the supervisee describes experiencing the client), or, an area of vulnerability that gets opened up for either party. It is best for the working alliance of supervisor and supervisee if they are able to address and resolve any problems or ruptures which occur in clinical supervision themselves. However, this may not always be possible.

If a supervisee finds himself or herself chronically disappointed in, frustrated by or defensive towards his or her supervisor, and the supervisor is unable to adequately repair the relationship rupture, a third party should be called in to help. Who that third party is, and what role they hold within the organisation, will vary according to organisational protocol, but it should be someone who is in a senior position, who understands the clinical supervision relationship, and who is trusted and perceived as helpful by both parties.

Problems may also arise in clinical supervision groups, in which case, it may be between group members or between a group member or members and the supervisor. This is usually considered grist for the mill in group work, but in cases where it cannot be resolved, the above protocol should be followed.

When a supervisory relationship is deemed to be beyond repair, the organisation will need to assess the reasons behind the breakdown in order to determine a way forward (e.g., will changing supervisors help, or is the problem related to particular traits and behaviours of the supervisee?).