



# Mentoring or Monitoring: Formulating a Balance in Systemic Supervision

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Contemporary supervision practice has increasingly involved tasks previously associated with line management; this has been uncomfortable and unresolved for both supervisors and supervisees. Context, individual preference and circumstance can drive the relationship more into surveillance or more into support, and each will have important implications for practice. This article argues for a balance between monitoring and mentoring, both are crucial for effective supervision to occur. Supervisors need to know the boundaries of their delegated task, given that supervision can be the intervention of choice for any number of organizational difficulties. However they also need to integrate the leadership and critical appraisal tasks required, commencing supervision relationships with these components being transparent and clear; such that all participants can meet their obligations to practice competently, ethically and in the clients' interests. The systemic model provides an effective framework to conceptualise and intervene in relation to the various stakeholders, relationships, service systems and political context in which arrangements for supervision are negotiated.

**Keywords:** mentoring, systemic supervision, clinical governance, professional ethics

## Key Points

- 1 Effective clinical governance requires a balance of mentoring and monitoring function where supervisors are resolved and well-integrated in tasks associated with gate-keeping and assessment.
- 2 The systemic model provides a useful way to conceptualise the intersections and imperatives of having multiple stakeholders, relationships and tasks in the supervision space.
- 3 Effective supervision requires a supervision alliance that is robust, transparent and clear; such that all participants meet their obligations to practice competently, ethically and in the clients' interests.
- 4 A balance of monitoring and mentoring provides containment in relation to the core tasks of supervision, is congruent with systemic traditions and fosters relational ethics.
- 5 Supervisees need supervisors who can be excellent mentors and excellent monitors.

## Introduction: Supervision versus 'Snoopavision'

Supervised practice is the cornerstone in the education and training of a therapist. Thus it provides two essential functions: to ensure the integrity of clinical services provided to the client and to develop competence in the supervisee. (Falender & Shafranske, 2004, p. 3)

A major tension in supervision is combining the tasks of evaluation, assessment and accountability with developing the competence of the supervisee. These 'two essential functions' of service integrity and the supervisee's learning and development (Falender & Shafranske, 2004) are often in conflict. It is little wonder that supervisors want to focus on learning and development rather than accountability and evaluation,

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as the latter is often experienced as so difficult that many supervisors actively avoid it. It is this tension between mentoring and monitoring in systemic supervision and how to balance it that is addressed in this article.

For many of us, the desire to supervise is founded upon pleasure in our clinical work and developed expertise and the positive experience of sharing interesting ideas with our colleagues and trainees in the service of professional growth. Traditional supervision models support us in this, as they generally focus on the clinical content of the supervision task, and the role supervisors play in the education, support and development of supervisees (Inskipp & Proctor, 1993, 1995; Kadushin, 1992). While there is mention of managerial/administrative functions in such models, comparatively few authors explore this in any detail. Yet clinical governance involving ethical, managerial, resourcing, performance, accountability and compliance functions, increasingly preoccupy supervisors in the current service landscape (Hawkins & Shohet, 2012, chapter 1).

Supervisors have always played an important role in preparing clinicians for practice, including monitoring progress, gate-keeping for the profession/organisation and facilitating a supervisee's professional and personal self-care. It is accepted that for good practice and to maintain one's registration or membership of an industry body, one should attend supervision. This is an ethical imperative in itself. In all industry codes, there are clauses that state, when in doubt, consult your supervisor (e.g. AASW, 2010; APS, 2007; PACFA, 2011), and in practice supervisees who seek counsel on ethical issues will seek consultation with their supervisors, often before they have looked up their code (Doyle and Miller, 2009). This seems to suggest that supervisors will know what to do or say in such situations, and will have thought about their own role in modelling and leading ethical practice with supervisees.

However for systemic therapists there may be particular difficulties with these accountability and governance tasks especially given their theoretical traditions and influences:

Systemic practice emphasises strengths rather than limitations and the 'development of personal competence rather than on teaching some pre-existing wisdom'. (Bertrando & Gilli, 2010, p. 4)

The struggle for the systemic therapist is that monitoring and appraisal arguably fit more closely with a modernist discourse, that is, a discourse marked by universal truths, normative theories and hierarchies of power. Yet service delivery is increasingly impacted by concerns for efficiency and demands for accountability for a number of reasons. Legislative mandates and dependence on government funding or third party payers have led to increasing regulation, administration and compliance (Kadushin & Harkness, 2002).

The challenge is whether supervision can be situated within these social and institutional imperatives that rely on the supervisor having a role as an 'expert' or 'assessor' without the latter becoming merely an agent of social control, monologic and thus less collaborative (Downing, 2004; Guilfoyle, 2003). As supervisors we want to avoid 'snoopavision' while supporting best practice.<sup>1</sup>

Freshwater, Fisher, and Walsh (2013) explore this in relation to the clinical supervision of nurses. At its worst, they see 'good clinical governance' becoming synonymous with compliance and professional policing rather than 'the ethic of craftsmanship' (p. 1). They ask whether 'professional autonomy....is another way of

describing a practitioner who has internalised institutional norms and willingly complies with these?’ (p. 2). Are we fostering practitioners who will bravely extend services, or inadvertently looking for ways to keep everything very safe and conservative? In reality we cannot escape some form of judgment within the role and task of supervisor, and nor should we imagine that we can (Shaw, 2012). For example Downing (2004) writes:

psychotherapists cannot escape from acting as moral agents, whatever their specific theories, methods, assumptions or goals...successful therapy functions to promote change, and change is, by its very nature, normative. (p. 129)

This equally applies to supervision. Thus, if the role involves normative and gate-keeping tasks, the challenge is how these might be carried out in a confident and integrated way in the service of ethical professional practice. In other words:

- How can the supervisor hold authority alongside the other developmental functions, without becoming authoritarian?
- How do we balance the required foci on clinical competence with professional competence?
- How do we balance adherence to models and practices with individual preferences and therapeutic style?
- How do we hold in creative tension a collaborative approach versus being directive? (Morgan & Sprenkle, 2007)

Supervision never occurs in isolation. It bridges multiple systems and stakeholders, such as management and frontline staff, the public, industry bodies and government. In the process of delivering supervision, holding multiple stakeholders and their imperatives in mind is complicated and increasingly going to be the norm in the current climate of regulation and outcome-driven practice. Both supervisors and supervisees might experience these functions as intrusions into the relational space, and seek to split them off onto other people and other parts of the system, such as line managers. So many practice examples seem to hold both management and clinical aspects. As one example:

Peter consistently exceeds his interview budget and offers a lot of flexibility with appointments. He is one of the few staff who seems to have little difficulty with after-hours work. It was recently discovered during a file audit that he is a long way behind in his notes.

Separating these issues into ‘line management’ versus ‘clinical’ may reflect quite appropriate boundaries, or may occur as a result of supervisor role ambivalence, authoritarian management practices, or a range of other influences including the culture of the organisation. What is to be gained and what is lost in decision making? How does the supervisee experience the bracketing off of aspects of their work? Is it congruent or is it confusing?

In this paper I argue that a balance of monitoring and mentoring provides containment in relation to the core tasks of supervision, and that this is congruent with systemic traditions and will foster relational ethics. My focus is on hierarchical supervision where the supervisee is a qualified professional, as this illuminates many of the complicated practice issues involved in supervision. In training programs issues are resolved through other means. In peer supervision all of the following issues are relevant, but have to be explicitly managed within that peer arrangement.

### Juxtapositions and Incongruities

In some work contexts, supervision practice is influenced by ideas of *overseeing* a form of critical observation and direction, whereas others offer supervision as a means of clinicians exploring their own issues by processes broadly called ‘reflective practice’. Take for example the following two quotes:

Supervision, it could be argued, monitors the level of deviance in the counsellor and psychotherapist against normative criteria as defined in the code of ethics and practice...(thus) professional aspirations towards the development of autonomous practice are not necessarily related to emancipation but may instead involve the internalisation of an externally imposed subjectivity. (Freshwater et al., 2013, p. 6)

Psychotherapy supervisors serve as the keepers of the faith, and the mentors of the young...They teach, inspire, cajole and shape their students toward their own standard of professional excellence. (Alonso, 1985 in Carroll, 1996, p. 1)

The mentoring and monitoring functions, when seen at their polarity, can seem destined to be at odds. Early models of supervision attempted to provide an umbrella under which the functions could coexist. This is represented in the following table.

|                                  |            |               |             |
|----------------------------------|------------|---------------|-------------|
| Kadushin (1992)                  | Managerial | Developmental | Supportive  |
| Inskipp and Proctor (1993, 1995) | Normative  | Formative     | Restorative |

Like those children’s games in which ‘one of these things does not belong with the others’, management functions remained discordant with the more appealing parts of the supervision task. This is reflected in research which demonstrates that supervisors tend to have limited concern for monitoring task performance and productivity and greater concerns for the human relations aspects of the role (Kadushin & Harkness, 2002, pp. 100–102). Therefore in practice, such models allowed scope for the functions to be split between different people within organisations, such as the supervisor and line manager.

Much of the professional literature, particularly in the United Kingdom, has emphasised the need for the supervision space to be protected from line management imperatives (e.g. BACP Ethical Framework for Counselling and Psychotherapy, 2013). This also fits the preferred approach of many supervisors who are more comfortable with the learning and development aspects, and that of supervisees who might want a space in which *nothing more is asked of me* (Shaw, 2004). For example Michael Carroll (1996) wrote:

we are still some way from agreement in how far formal evaluation ‘ought to be’ an essential element in supervision, with some seeing it as destroying the supervisory relationship and others refusing to acknowledge supervision makes formal judgments on the effectiveness of trainees. (p. 7)

It is the management function that attracts the fears or fantasies (and in some organisations, the realities) about supervision becoming a form of professional control, endorsing compliance rather than professional independence. It may be because in some cases, the monitoring function has come to dominate, for all sorts of reasons. For example, in my work with organisations in politically sensitive areas, such as working with refugee or asylum seekers, or where the government commitment to

funding is ambivalent as in areas of women's health or domestic violence, I have often observed fear-driven increases in data collection and compliance.

Preoccupations with shoring up defenses so as to not render the organization more vulnerable, can greatly influence supervision practices. Under these conditions, rather than fostering genuine professional autonomy, clinicians can instead operate only within a system of control in such a system. Freshwater et al. (2013) argue professionals can become 'artificial persons' who have dissociated from their own values and character, lost personal control, and deliver actions only for someone else (e.g. on organisational goals and imperatives) rather than based on their own direction and sense of self (p. 6). Without balance, the mentoring and monitoring functions in supervision can be compromised.

### Development and Support – Toothless Tigers?

In a recent evaluation of supervision, Judy, Tom and Mary wrote of their supervisor Sarah: 'We are a great fit. We have a routine of meeting that is reliable and solid. We can count on her picking up on the issues that we miss, to see things from a different perspective and to challenge our "group think" in ways that always gives us something new to talk about'.

In the majority of cases with experienced supervisees, the above quote speaks to the comfortable and productive ebb and flow of the supervision experience and fits with endorsed practice. Through a process of questioning, supervisees develop as a result of critical thinking about their own practice experience. However, support and comfort, while valuable, is insufficient. The co-existence of tensions is important for learning, including experiences of *comfort* as well as *challenge*, and assistance to manage the *anxiety of knowing* and *not-knowing*. Being challenged within a supportive relationship has been demonstrated to enable supervisees to achieve both knowing and empowerment (Starr et al., 2012, p. 13).

In reality, challenge is also an essential tool in exposing unreflected practice, and in ensuring professional competence. However to have the opportunity to explore learning edges, we are reliant on supervisees to bring the material needing to be reviewed. We are also reliant on our own ability as supervisors to be confident about our practice and role authority, and to have an integrated approach in relation to clinical skills and professional, ethical practice. We all have blind spots, and can only select from what is in conscious mind, and that which registers concern. For example, research has indicated that supervisors can lack moral sensitivity, being much clearer about what to think and how to act on ethical or performance issues that are clear-cut, rather than those that are ambiguous (Erwin, 2000). Our moral radar and sensitivity need to be honed over time, by awareness and discussion, in the service of increasing practice wisdom. This requires higher order skills in relation to ethical maturity, that is:

Having the reflective, rational, emotional and intuitive capacity to decide actions are right and wrong or good and better, having the resilience and courage to implement those decisions, being accountable for ethical decisions made (publically or privately) and being able to learn from and live with the experience. This learning is consciously undertaken in the service of developing our moral character and capacity, laying foundations for future decision making and leadership in ethical action. (Carroll & Shaw, 2012, p. 28)

Often a supervisor will hear about a concerning area of professional practice embedded within the broader clinical discussion. Such moments require the supervisor to think about their right to 'intrude', and to shine a light on unreflected practice. A decision to act will depend on the supervisor's own moral and professional imperatives, on the philosophy they hold about intervention or clinician autonomy, and on the contract between the supervisor and supervisee to raise unforeseen practice concerns. It may also take moral courage. For example:

- The experienced practitioner who never has time to prepare for supervision, and takes no notes during the supervision discussion, saying 'I can hold everything in mind'.
- You hear from the administrative staff that a supervisee has run so late for a session that the clients walked out, and that this was not uncommon. Yet the supervisee does not bring this to supervision.
- Your supervisee reports only positive aspects of their client engagement and ongoing work. However recent data generated by the organisation says that over 85% of his clients attend for only one session.
- Your supervisee mentions in passing encouraging clients to take home something from the therapy room when he was on holiday, argued to be a 'transitional object'.

In more routine ways, supervisors can also be explicitly drawn into the role of assessor or critic by being asked to carry out clinical reviews and appraisals, sometimes involving the review of audio or DVD of sessions. For supervisees, the act of presenting themselves in supervision provides an opportunity to share the monitoring function, but potentially it also creates the anxiety of critique and the longing for affirmation. Supervisees react to these 'outside impressions' with varying degrees of comfort. Supervisors can also be unsure how to broach any deficits or be anxious about managing such a discussion. They may fear that there is insufficient organisational backup to tackle problems at a grass root level.

Further, the organisation might provide supervision as a performance management intervention, or as part of an approval process for professional endorsement. This means that assessment will rank above all other arrangements, remaining at the forefront of all discussions until the task is resolved. Bernstein (1992) quoted in Downing (2004) writes that the constellation of ideas that inform our age namely 'modernity/postmodernity', can be best understood as an interplay between *critique* and *affirmation*, even though it can be tempting to assert the primacy of one over the other. Supervisors work with supervisees to establish what is known, understood, believed – what can be affirmed – and from that point critical analysis can occur in the service of development and growth. Critique may involve the supervisor taking a risk with challenging and perhaps provocative statements. The supervisor's task is to create supervisory relationships of robustness and resilience to withstand these challenges. The key to achieving this is the supervisors' authenticity in the way they accept all aspects of the role, not just the comfortable, supportive functions.

### **Monitoring and Collaboration: Impossible Bedfellows?**

Ruth had thought she was well connected to her supervisee Donna, and that their relationship had been fairly robust and fruitful. However, when it came to evaluation, Donna struggled to complete the appraisal document, was tearful in sessions, and rang

in sick on the day of their appraisal meeting. Later she was able to reflect 'we get on so well, but when it came to you judging me, I felt like I was back in primary school.'

In most ethics codes there is considerable weight placed on the principle of *respect for the dignity of persons* (e.g. APA, 2007, General principle A; PACFA, 2011, clause 2.1A), so it makes sense that the supervisory relationship should reflect a respectful, tolerant and collaborative effort. At the same time there is an inherent power differential given the supervisor's greater experience, evaluative role and requirement to be a gatekeeper for the profession or organisation (Pettifor et al., 2011, p. 202). Ultimately, evaluations of any sort involve procedures for controlling and standardising the behaviour of the practitioner (Kadushin & Harkness, 2002, p. 332). How does one carry out a monitoring function that generates anxiety, when trying to maintain a respectful, collaborative arrangement? Is this some kind of impossible paradox?

At one extreme, Gilbert (2001) argues that as soon as practices of reflection and collaboration are endorsed by professions, they become potential sources of surveillance, and that it is naïve to think otherwise. We may offer them in the service of diminishing power or power sharing, but this might mean, 'a failure to recognise a corresponding movement, in which technologies of surveillance have also changed, moving from direct surveillance to a lighter touch approach' (Gilbert, 2001, p. 201). As Gilbert argues, the supervision space can well employ 'techniques of the confessional' involving penitent and listener, which could play out in such a way that the supervisor 'aims to conduct the conduct of the other' (pp. 202–203).

At the other end of the spectrum, Kadushin and Harkness (2002) argue that many supervisors question the legitimacy of evaluation and lack a sense of entitlement, questioning whether they can or should judge the work of another. Further, many organisations lack effective tools to undertake reliable evaluation, resulting in supervisors having less confidence in their validity and fairness. Finally, supervisors can have more symbolic than real power; while they might have some control, they are also controlled by the hierarchies of power that operate in their work context. Too often, a brave supervisor might go out on a limb and find themselves twisting alone in the wind.

Whichever approach one takes, it is impossible to truly ameliorate the anxiety that inevitably exists in an evaluative relationship. We can expect the supervisory relationship to be more adult than the therapeutic one, so when primitive feelings are evoked, such as between Ruth and Donna, both parties can be caught short and confronted by the categories into which they can feel cast: judge and judged. The resulting fear can present as anxiety, anger, shame, preoccupation with safety, or working to rule (Shohet, 2008, p. 188).

One outcome of fear may be to limit disclosures in supervision as a self-protective measure. For example, in a study of trainee counsellors, Landany, Hill, Corbett, and Nutt (1996) noted that of 108 participants receiving supervision as part of their counselling training, 97.2% withheld some information in supervision. This occurred for many reasons, such as the perceived unimportance or irrelevance of the disclosure, poor working alliance with the supervisor, deference to the supervisor, belief the supervisor was incompetent, impression management or 'political suicide.' While these results are obviously influenced by the training context, one can easily imagine their likely appearance in all supervision relationships. For the sake of this article, the latter factors, impression management and political suicide, are worth considering in more depth.

Impression management is argued to be related to strategic self-presentation, whereby the supervisee reduces a negative presentation to increase a positive impression in the interests of professional survival, balancing feedback that is typically one-sided or critical (Leary and Kowalski, 1990, quoted in Landany et al., 1996). Political suicide, a more extreme version of impression management, relates to the fact that the supervisee's professional existence could be at risk if negative behaviours, values or views were disclosed. Clearly supervisees, especially trainees, are likely to be self-protective, even though this could also undermine their professional performance and even reduce their satisfaction in supervision overall.

Supervisors and supervisees can get caught up in the belief that evaluation kills trust in supervision, and thus lessens the supervisee feeling safe to open up about themselves and their work. However, Landany et al. (1996) found even though 'impression management' did influence supervisees' decisions to self-disclose, other factors such as the quality of the supervision relationship developed interest in deepening the relationship further. That is, lack of self-disclosure can be self-protective, but can also relate to whether the supervision relationship is worth investing in.<sup>3</sup> It is important that supervisors not become so preoccupied with evaluation and its effect on supervision that they lose sight of the whole picture.

In this larger relational picture, large-scale studies about supervision satisfaction indicate that the overwhelming majority of supervisees express dissatisfaction about the supervisor's 'hesitancy in confronting inadequacies in performance and their uneasiness in exercising positional authority' (Kadushin, 1992, p. 15). Further back, research carried out by Cherniss and Equatios (1977, quoted in Falender & Shafranske, 2004) noted that while insight oriented supervision approaches were described as best, the didactic-consultative style was often preferred. This involved advice, suggestions, interpretations concerning client dynamics and clinical technique. This makes sense, as supervisees can be unclear about what constitutes an incorrect response or error in judgment, and there is a clear need for an unambiguous response; indeed holding back in this regard could even be deleterious to supervisee's functioning.

In summary, research indicates that supervisees want supervisors to own the positional power attributed to them in an arrangement the supervisee has sought and established. Yet they may balk at this when it comes in the shape of a formal assessment. Supervisors often want and need to give supervisees feedback on practice and behaviour, yet may balk at having to be the one to name and implement performance management. It seems there is a continuum from clinical coaching in the service of ethical maturity and practice wisdom to intervention related to poor performance, malpractice or impairment, and a need to transparently and explicitly discuss that continuum as part of the ongoing supervision relationship.

### **A Contemporary Definition of Supervision**

It has been argued that 'supervision' has been ill-defined in the literature, and its components are not driven by evidence based practices (Milne, 2007; Morgan & Sprenkle, 2007). This lack of clarity is likely to have some bearing on how the tasks are adopted and enacted. In an attempt to formally address this, Milne (2007) undertook a systematic review of supervision models over 20 years (1986–2005). The



resulting definition was said to meet four key criteria: precision, specification, operationalisation and corroboration:

The formal provision, by approved supervisors, of a relationship based education and training that is **work focused** and which manages, supports, develops and **evaluates** the work of colleague/s. The main methods that supervisors use are **corrective feedback on the supervisee's performance**, teaching, and collaborative goal setting...Supervision's objectives are 'normative' (e.g. **quality control**) 'restorative' (e.g. encourage emotional processing) and 'formative' (e.g. maintaining and **facilitating supervisees' competence, capability and general effectiveness**). (p. 439) (my emphasis added)

What is interesting about this definition is the illumination of the supervisor as an anchor, container, assessor and reinforcer of strong work, with the support functions acting as a crucial adjunct to the task rather than being at the forefront. The recent literature shows this reflects contemporary practice, where the requirement of supervisors to monitor clinical performance and ensure service quality is increasingly overt.

How supervision is framed organisationally, through funding and policy, also influences practice. Where in the past supervision may have been defined as a learning and development strategy, it can now be argued to fit with performance management as well as occupational health and safety through attention to worker impairment or burnout. Some place it with employee assistance programs when it is 'remedial' or provides 'extra support'. This can be a pragmatic and benevolent decision or sometimes reflect how an organisation or manager is framing supervision in a linear, pathologising and problematic way.

Take the following examples where additional supervision was provided as an organisational intervention:

- Bob, who was recently found drinking at his desk.
- Amy, who said she wants to develop more skills in working with men.
- Peter, who senior management believe to be inappropriately challenging in meetings.
- Tina, who was recruited for a clinician's role before she had completed her training.

As Bertrando and Gilli (2010) note:

...the supervisor, more than any other professional in therapy, is 'presumed to know'. The general idea of supervision involves the prejudice that the supervisor is the one who can (must) correct the supervisee's mistakes. (p. 3)

In defining the components of supervision explicitly, greater attention can be paid to the need for specialist training and support at senior levels within organisations. For example, while the definition of supervision endorses the inclusion of evaluative and performance management functions, the training and support to carry out such complex tasks has not been a common feature of supervision training until more recently. At the same time, given their valuable skill set and position within (or outside) organisations, supervisors do need to clarify the boundaries of their role, and turn down invitations for contracts that collude with the notion they can be the intervention of choice for all organisational difficulties. Supervision models that integrate core clinical tasks with organisational and relationship complexity will be of more use in these deliberations (e.g. Morgan & Sprenkle, 2007; Morrison, 2005).

### A Systemic Analysis

Within a systemic model, monitoring and appraisal can seem to be very much at odds. These concerns can relate to fears about misuse of power, conceptualising the supervisee and their practice in a linear or pathologising way, and the risks of privileging the supervisor's knowledge rather than fostering collaborative knowledge. Bertrando and Gilli (2010) argue that supervision should be isomorphic to therapy, in the sense that supervisors should obey the same set of rules; therefore supervisees learn not only from the content, but the form supervision takes. Quoting Liddle (1988) they note that supervisors, 'are not passive observers of pattern replication, but interveners and intentional shapers of the misdirected sequences they perceive, participate in and co-create' (p. 5). Supervisors have choices about where to intervene, if the core assumption (in replicating the model) is that intervening in one area will always influence other parts of the system. They argue for spending time on a supervisee's personal problems that impact their work and supporting them to manage work issues (e.g. vicarious trauma) that effect their work with clients and impact the therapist-client or supervisor-supervisee dyads.

Supervision attends to the systems in which the supervisee operates: the self in relation to clients and work systems and the interlocking systems of home and work. Importantly Bertrando and Gilli (2010) also state that supervision is about the acceptance of the otherness of the supervisor:

In order to articulate implicit competencies and theories, any therapist needs to be seen from the outside. Here introspection is not sufficient, as implicit theories are embedded in what he does, rather than what he thinks or reflects upon. It is impossible to see himself from the outside, which means he needs someone else: the supervisee has to accept that the supervisor 'knows more' than him, not necessarily because she is more competent or experienced, but simply because she is in a different position. (p. 20)

It may be that interpretations of systemic practice and postmodern influences have inhibited rather than extended practice. For example, Efran and Clarfield (1992) have written about the 'polite' version of constructivism, which family therapists may have come to use as a 'convenient escape route from the highly manipulative and directive modes of therapy in which they were previously trained' (p. 204). To avoid undue use of power, supervisors may not utilise all their clinical skills in the service of the supervisee, and respect this as a supervisory not a therapeutic relationship, which is a significant loss of practice. Offering opinions, preferences, leadership, advocacy and influence are not at odds with constructivism. As Efran and Clarfield (1992) challenge: 'How are 'invented realities' to get themselves invented if we all sit on the sidelines, feigning neutrality and waiting for something interesting to crop up?' (p. 205).

The broader 'ecosystem' of supervision is also crucial to consider (White & Russell, 1995), where the relationships between the supervisee and supervisor and what they do in supervision (interactions and behaviours) and the setting in which supervision takes place have a significant role. This includes the legal, organisational, social, political and cultural contexts in which supervision takes place. It also includes the detail of the arrangements: what supervision goals have been set, the frame established (learning and development, performance management, occupational health and safety) and what tools/methods are available to deliver supervision.

In terms of organisational behaviour and change, systemic supervisors are well placed to see individual practice in its context, taking into account the interplay between structures, people, processes and time. For example, Bennett, Gower, Maynerd, and Wyse (2002) have considered a systemic frame for clinical audits, which are by their nature cyclical in nature, and involve seeking information in order to implement change in ongoing practice. They suggest systemic practitioners may relate more effectively to their use and place by conceptualising them as potentially challenging habitual or stuck patterns and illuminating different possibilities for individual influence. Perhaps optimistically, this might reframe audits, data collection and appraisal processes as providing information that might fuel service relationships; although for this benevolent frame to be established, management structures within and outside organisations would have to be less punitive in their response to audit findings.

### **The Relational Space for Supervision**

Performance is always relational, drawing others into the act – managers, other professionals, clients – and so constructing both the meanings associated with the performance and mutually dependent subject positions...(performance) is also complex, indeterminate and open ended. (Powell & Gilbert, 2007, p. 194)

Gabriel and Casemore (2009) suggest that the ethical dimensions of helping relationships are receiving more attention within the professions, not only as a result of increasing complaints but also because of the interest in the working alliance and its link with good clinical outcomes. They define relational ethics as:

a co-constructed ethical and moral encounter, with associated relationship experiences and processes, that both influences and in turn is influenced by the complex and multi-dimensional context in which the relationship occurs. (p. 1)

Supervision has been argued to have even more ethical complexity because it involves duties to supervisees, clients, the public at large, future clients (Goodyear & Rodolfa, 2012), organisations and systems in which supervision is delivered, which involves key stakeholders in its outcomes. It is further complicated by its position in 'middle management', caught between the frontline and management representatives, with both sides arguing for ownership of the position (Kadushin & Harkness, 2002; Westhefer, 1993).

External supervisors can be equally triangulated between organisations and supervisees through payment and review processes, which is not only an experience of the salaried supervisor. For example, I was involved in a long term supervision relationship, paid for by the supervisee's organisation. In a recent budget review, the organisation decided to halve the fees of external supervisors. This raised a raft of questions: who should pay the shortfall? What stand could I take, if any? At what point would the principles of professional support (and the need for income generation) override the commitment to the ongoing supervision relationship? How will the knowledge of my reduced fees affect the supervisee's entitlement to continue? What might seem to be a rather contained relationship between two people (or a few people) can involve a very crowded arrangement with multiple voices and expectations all vying for attention. Working with service partners and stakeholders to establish the boundaries between roles and acting as a guardian of ethical relational processes are part of everyday practice in supervision.<sup>2</sup>

Ultimately it is the quality of the supervision alliance that will be the strongest predictor of whether supervisees will disclose ethical concerns in supervision (Webb & Wheeler, 1998; Kaberry, 2000 in Wosket, 2009). Gabriel (2009) argues that central to relationship ethics is the ability to develop one's decision-making and problem solving ability, in the service of achieving greater 'ethical literacy'. In order to work at this level, studies note the importance of rapport and trust, such that difficult and sensitive issues can be managed well. There is also some evidence that when supervisees can choose their supervisor, when supervision is individual rather than group, and when it occurs external to the workplace, the willingness to explore vulnerabilities about counselling or supervision will increase (Bernard & Goodyear, 2004; Webb & Wheeler, 1998) endnote 3.

### A Practical Framework for Supervision

Supervisees relish a sense of collaboration, collegiality and mutuality; this is at the core of a good supervision alliance. Thorough and transparent contracting is the starting place for establishing a relationship that can contain the ethical, learning and performance aspects of effective supervision. In practice this could involve the following:

- Exploring the values base for the relationship. What principles will guide the work? How will affirmation and critique be balanced? What is the nature of the learning involved – for both parties?
- How the systemic frame will guide practice; that is, the ways in which it will shape the supervisory approach, the focus for discussion, and the potential relationships to be considered. What room will there be to consider issues from other perspectives? To critique practice?
- Emphasising a relationship of mutual responsibility.
- Naming the multiple tasks, roles, stakeholders, expectations and imperatives in the supervision space.
- Exploring the very basis of sitting together to discuss therapy: What will we advance? What blind spots may there be? *How* will we discuss therapy as well as *what* we will talk about.
- Processes to ensure that the client will remain on central stage.
- Active management of the discomfort of assessment and evaluation: The criteria and process for assessment have to be clear and provided in advance. Regular discussions over the course of the supervision period about how the work is progressing should occur to keep the focus on learning and its link to achievement in mind.
- Ensuring that there are other measures of competence and client satisfaction, that supervision is not 'it' in holding the assessment and monitoring functions.
- Reflecting and working on the supervisory alliance and basing it on robust, critical and affirming exchanges both ways. Evaluation tools should accordingly be about each party as well as the relationship alliance and context for work.
- Transparency about the limits and terms of the contract.
- Being prepared to model repairing ruptures in the supervision relationship, and fostering mutual reflection and respectful consideration of failures and mistakes, wherever they arise.

## Conclusion

In systemic practice, the construction of supervision as supervisors 'knowing and teaching' and supervisees 'not knowing' has been rightfully challenged. However, the alternative is not to move to a relationship without judgment or professional boundaries. It is to move to a relationship where seniority is appropriately owned, assessment is transparent, supervisees take part in their learning and have an impact on their supervisor's practice, and the relationship is supported by principles of adult education. Power exists, but is not equally shared, nor abused. Supervisors need to improve their confidence in managing all aspects of the role, and this involves much more discussion, training and support for clinical governance functions than is currently the case. Without such work, supervisors can be at the mercy of organisational processes that are increasingly developed within accountancy and compliance functions. Supervisors can be split into 'good' and 'bad' with supervisees being 'compliant' or 'difficult'. Rather than protecting supervisees from surveillance and compliance at all costs, supervisors could influence the system to support practices that have boundaries and are fruitful for all stakeholders.

Supervisees need supervisors who can be excellent mentors and excellent monitors. The quality of the supervision relationship is key and integration of apparently disparate tasks won't work unless supervisors and supervisees are able to build strong, resilient relationships that withstand the storms of challenge, governance, monitoring and feedback. This does not happen in a first meeting but evolves over time as the relationship matures as a result of the issues, tensions and hurdles that occur. As each is managed, a relationship emerges that both supports supervisees' development and incorporates honest feedback, monitoring and evaluation in the interest of best practice.

## Endnotes

- <sup>1</sup> I was delighted that Michael Carroll added this term 'snoopection', as well as other important contributions to this article.
- <sup>2</sup> For a discussion of relational ethics, boundary setting and process management, see Gabriel (2009).
- <sup>3</sup> For further research on the supervisory relationships' influence on supervisee self disclosure, see Spence et al. (2012), Webb and Wheeler (1998) and Godwin (2006).

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