

*Supervisory Relationships: Exploring the Human Element*¹
Chapter 1: The Importance of Relationship

I began my career as a social worker over 20 years ago. I was young, insecure and naive about the enormity of the task I had taken on. Like many people in the helping professions, I entered the field with my own personal issues that, along with my lack of experience, contributed to my doubts about whether I had anything to offer those who came to me for help. A few years after receiving my MSW, I encountered a supervisor whose style of supervision reinforced my already shaky professional identity. She believed, as do I, that one's personal issues affect one's work. Her approach was to focus primarily on investigating them in a forceful and penetrating way, leaving me with a feeling of vulnerability and self-doubt. During a discussion about a client, she would inevitably turn the discussion toward a look at my deficiencies, with comments such as "Tamara, you have a deep personal wound, which, if not addressed will seriously hinder your ability as a professional." If I tried to claim my strength, she defined the effort as one of resistance to supervision, or as a reflection of my discomfort with her, as a powerful woman. While several members of our work group had some difficulty with her style, she framed each of the relationships as ones in which the worker's personal problems were the cause of the difficulty. She also appeared to use her administrative power to punish those who did not get along with her.

After a few years, I found myself at a professional crossroads. Although by now I had been a social worker for several years, I felt completely ineffective in my work. I wondered whether I should make a career change. I decided that before doing so, I would put considerable effort and resources into my professional development. To that end, I went outside the agency and hired a consultant to help me with my work. This relationship proved to be the most profoundly positive influence in my adult life. Like the previous supervisor, she challenged me to address my personal issues so that I could more effectively use myself in my work with clients. However, she consistently communicated a message of belief in me and in my ability. In addition, she taught me many frameworks and techniques for working with clients. Finally, when there was conflict between us, she was willing to discuss our differences in a respectful manner, and to acknowledge her part in the difficulty, as well as expecting me to acknowledge mine. Because of my trust in her and hers in me, I could tell her in a deeply honest way the full story of what I had done with a client—what I did well and where I felt I had made mistakes. She challenged me to examine the mistakes I had made and to do what was necessary to right them. She challenged me, as well, to take the risk to try new approaches with my clients. And she enabled me to build on the strength I brought to my work.

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The most important thing I learned from her was that I could be both vulnerable and competent at the same time. I blossomed under her tutelage. I became alive in my work with clients, able to help them confront the challenges in their lives and to make important and useful changes. I left that relationship with a new and solid sense of competence and creativity and, since then, have accomplished much as a social worker and as a teacher to others entering the field. I left, as well, with a personal knowledge of the enormous power of the supervisory relationship.

This experience has led to a book about the supervisory relationship, a relationship that has received little attention in the literature on supervision. In the past several years I have spoken to many people from various human service fields who have been in the positions of supervisor, supervisee or both. I have been a supervisor and have had the opportunity to teach others about supervision. All of this has underscored for me the importance of my own experience as a supervisee, that this relationship has a profound influence on the quality of the practitioner's work with clients.

A great deal has been written about supervision in human services. It is commonly viewed as a primary avenue through which new practitioners learn the tools of the trade. Kadushin (1992) notes that, especially in the early years of social work, many came to agencies with little academic background, and therefore had to be educated about the field of social work on the job. He created describes supervision as consisting of supportive, educational and administrative functions and provides a comprehensive discussion about the skills and tasks involved in each. The other two primary authors on the topic in social work (Munson, 1993; and Shulman, 1982, 1993) agree with Kadushin's general framework, but elaborate upon different aspects of the process of supervision. Munson describes a variety of techniques and skills necessary to perform the evaluative, educational and supportive functions, focusing primarily on educational techniques. He also introduces the concept of supervisory styles. Shulman proposes an interactional model of supervision, and describes the functions and issues pertinent to the tasks of

supervision during the beginning, middle and end phases. In addition he discusses specific, concrete interactional skills needed by the supervisor to successfully accomplish the tasks.

In marriage and family therapy and psychology, supervision is primarily discussed as a vehicle for teaching practitioners or students. The focus, therefore, is mostly on educational issues (e.g. Wiffen and Byng-Hall, 1982; Stoltenberg and Delworth, 1987; Liddle, Bruenlin & Schwartz, 1988; Barnard & Goodyear, 1992). In more recent years, there has been increased attention to ethical and legal issues in supervision (e.g. Upchurch, 1985; Ryder and Hepworth, 1990; Sherry, 1991; Kaiser, 1992; Goldberg, 1993; Peterson, 1993a, 1993b). In these professions, there is less discussion than in social work of the administrative aspects of most agency supervisors' jobs.

In all professions, and especially that of social work (e.g. Perlman 1979) the relationship between client and worker is seen as the medium through which change occurs.

Sometimes this relationship receives major attention. For example psychodynamic approaches overtly address issues of transference and counter transference and consider the therapeutic relationship a "corrective experience" which enables the client to heal old wounds. In other modalities, for example behavioral and strategic approaches, little direct attention is paid to the quality of that relationship in the course of the work.

However a positive relationship between client and practitioner is considered necessary in order for treatment to be effective.

Similarly, most would agree that a positive relationship between supervisor and supervisee is important in order for the supervision to be effective. While the tasks of supervision look like common sense, those who have been either supervisors or supervisees observe that, in the real world they often quite complicated. Two major

blocks to the effective and smooth functioning of supervision are contextual issues, such as agency mission, and funding restrictions; and relational issues.

The premise of this book is that the supervisory relationship is the medium through which supervision occurs. This premise is supported in the literature by the concepts of parallel process (Eckstein and Wallerstein, 1958; Doehrman, 1976; Shulman, 1982, 1993) and isomorphism (Cade and Seligman, 1982; Liddle, 1988; Mazza, 1988; Frankel and Piercy 1990). The concept of parallel process was introduced by Eckstein and Wallerstein (1958), when they noted that the supervisee's behaviors frequently parallel those that the client is manifesting in treatment. Given this phenomenon, those behaviors can be addressed in the supervisory relationship, thus freeing up the practitioner and providing the practitioner with a model for addressing the same issues with the client. Others (e.g. Doehrman, 1976; Abroms, 1978; Kahn, 1979; Shulman, 1982; Peterson, 1986; Springman, 1989; Sigman, 1989; Alpher, 1991; Kadushin, 1992) have elaborated on the notion that an intricate interplay exists between the therapeutic and supervisory relationships.

The concept of isomorphism is discussed primarily in the field of marriage and family therapy. Kadushin (1992) maintains that this term is a general one meaning that patterns tend to repeat themselves across systems. Often the literature on supervision in this field refers to an isomorphic relationship between the model of therapy being taught and the approach to supervision being used. For example, a supervisor teaching a Bowenian approach to family therapy might have supervisees present a genogram of their own families of origin (Papero, 1988).

Sometimes, the term isomorphism, like that of parallel process, is used to describe a connection between the supervisory and treatment relationships. Frankel and Piercy

(1990) performed a study, which sought to discover whether the degree of isomorphism between supervisor and supervisee behaviors was related to subsequent client change. Data were collected from videotapes of live supervision sessions in which phone-ins were audio taped and dubbed in at the time of their occurrence. The tapes were coded with regard to client resistance, therapist behavior and supervisor behavior. Therapists and supervisors were studied regarding "support" behaviors, which reflect relationship skills, and "teach" behaviors, which reflect structuring skills.

The results of the study distinguished between all examples of supervisor "teach" and "support" behaviors and those that both supervisors and supervisees thought were most effective. The investigators found no significant change in the post phone-in "support" and "teach" behaviors of the supervisees in response to the simple presence of those behaviors on the part of the supervisors. By contrast, there was a significant change in the supervisees' behaviors after an effective intervention on the part of the supervisors.

Clients' degree of cooperation was examined to determine whether there was a significant change when there was isomorphism between the behavior of the supervisor and the supervisee. When both supervisors and supervisees exhibited effective "support" behaviors, both individual members and entire families increased their cooperative behavior. When they exhibited effective "teach" behaviors, individual family members' cooperation increased, but there was not a significant change in the cooperativeness of the family as a whole. Thus, it appeared that "support" behaviors have a more powerful impact than did "teach" behaviors. The authors note that this is consistent with research that suggests that the most important predictors of positive client outcomes are, first, therapists' relationship skills and, second, therapist's structuring skills (Alexander, et al., 1976; Gurman, et al., 1986).

This study provides empirical support for the notion that there is an isomorphic relationship between supervisor and supervisee behaviors, as well as a connection between these behaviors and subsequent changes in client behaviors. It further supports the contention that an effective relationship between supervisor and supervisee is an essential ingredient for effective treatment. Therefore, the supervisory relationship is not just something that needs to be operating well in order for treatment skills to be taught, but, rather, it interacts in a dynamic way with the teaching of those skills.

In fact my first supervisor had many valuable lessons to teach. However, because I put so much energy into defending myself against what felt like attack, I was not open to learning from her. I was reluctant to discuss any doubts I had about my work, or to ask for guidance. As a result I often became stuck my work with clients, unclear about what direction to take that would be useful. By contrast, with my second supervisor I was a willing learner. As I grew, so did my clients. I was able to challenge my clients, as I was challenged, to enter unfamiliar or threatening territory. Certainly supervision is not the only arena in which people find support to do their work. Many practitioners benefit greatly from input from their peers or other professionals. However, the function of supervision is a multifaceted one, involving a complex process of accountability, which leads, hopefully, to the insurance of competent work with clients. As the many stories in this book will illustrate, problems in the supervisory relationship often lead to difficulties with the larger processes of supervision. Conversely, a positive supervisory relationship creates an environment in which the processes of supervision can operate such that clients are ultimately better served.

In the last half of this chapter, a model will be introduced which describes four basic aspects of supervision: greater context (agency, funding sources, political environment), immediate context (supervisory relationship), process (accountability) and goal

(competent service to clients). The model also depicts how these aspects of the process interact with one another in a dynamic fashion, each affecting the other.

Chapters 2, 3, 4, and 5 will address in detail the three core elements of the relationship between supervisor and supervisee: power and authority, shared meaning and trust. Theoretical discussion and stories from supervisors and supervisees will be offered in order to give the reader an "inside" look at the complicated relational dynamics that are operating. With regard to power, for example, the book will address issues such as attitudes toward the power differential in supervision, the power of both supervisor and supervisee in the relationship, and dynamics of power that underlie the frequent and often inevitable dual roles in the supervisory relationship.

The discussion of shared meaning will include the development of mutual understanding and mutual agreement both about what will occur in the supervision and about what constitutes effective treatment. The concept of trust will be elaborated beyond the common statement that supervision operates most effectively in an atmosphere of safety and trust. It will include such topics as how honesty is demonstrated and communicated in the supervisory relationship and how a supervisor's treatment of the supervisee's feelings of vulnerability relates to the creation (or destruction) of trust. It will become evident by the discussion that all of these elements affect and are affected by each other, and are an integral part of the process of supervision as a whole.

A word about the stories. I gathered the stories over the past several years through numerous interviews with supervisors and supervisees, as well as through my own experiences as a supervisee, a supervisor, a consultant, a faculty liaison for students in clinical internships, a teacher, and a trainer of supervisors. Since I have lived and worked in Minnesota for the past 26 years, most of the stories are from others in this part of the

world. While the stories are true, I have changed information that would identify the people involved in them. The experiences take place in a number of settings, ranging from large agencies to consultation with a private practitioner. Included in the discussion is extensive application of the material to cross cultural relationships. My effort was to engage in a frank, sensitive, and balanced discussion about what is, for many, a controversial topic. Throughout the book I have offered my own interpretation of the events that occurred, as well as my best understanding of the perceptions of those who shared their stories with me.

I believe that many of the issues that arise in relationships in general and in the supervisory relationship in particular are paradoxical, and therefore complicated, in nature. For example, it is essential that we understand that all behaviors and belief systems are developed in cultural contexts, and that "truth" is not absolute (Sue et al, 1996). It is equally important for supervisors and clinicians to take a stand on the side of core moral and/or ethical values (Doherty, 1995), and against behavior that is harmful to self or others.

In order to be effective supervisors and clinicians we must be sensitive to and respectful of the enormous importance of one's cultural contexts and life experiences; and recognize that what is helpful for one client or one supervisee may be entirely counterproductive for another. In addition, a lack of such sensitivity and respect can lead, either wittingly or unwittingly, to the perpetuation of serious misunderstandings and of destructive negative stereotypes. On the other hand, we have come to understand that we can not and ought not operate in a valueless vacuum. Each time we take a stand, for example, on the side of safety for a battered woman or a physically abused child we are supporting a value that is not universally held. As will be demonstrated through the stories, it is frequently unclear

where or how to take a stand and where or how to support behavior and values that may be quite different from one's own.

The questions to promote critical thinking, offered at the end of each chapter, are designed to help the reader further analyze the material. While many of the stories are presented only from one person's point of view, at times I have speculated on the point of view of others involved. Readers are encouraged to do the same, both on their own and through the aid of some of the critical thinking questions. My hope is that readers will engage in discussion with each other and with me in a search for deeper understanding of the complex issues raised here.

A distinction is made in the literature between supervision and consultation (Bernard & Goodyear, 1992; NASW, 1994). Supervision is described as an involuntary relationship, in which the supervisor is imbued with the power to make decisions or take actions that affect such things as hiring and firing, promotion, salaries or, in the case of a student, passing or failing. Consultation is a voluntary relationship, one in which the supervisee asks for help on a particular case or type of cases and is free to accept or reject the advice of the consultant. The consultant has no line authority over the supervisee. Often, the division between these two relationships becomes somewhat less clear. For example, a worker may go outside the agency to receive supervision in order to meet requirements for licensure, or to receive accreditation for admission to a particular organization, such as the American Association of Marriage and Family Therapists. In these situations, the supervisor has the power to approve or not approve the supervisee's accreditation, but the supervisee can also decide to find a different supervisor. Although these relationships are all somewhat different with regard to the level of accountability between supervisor and supervisee, there is much common ground. Therefore, while the focus of this book is on

the supervisory relationship, the principles and some of the examples will apply to consultative relationships as well.

There is an increasing concern in society today with ethical behavior. Although much of the attention has been on legal issues, there is also a renewed interest in the level of integrity that characterizes human interaction. Because of the power and importance of the relationship between practitioner and client, the ethical implications of that relationship are becoming a significant area of study and discussion (Miller, 1990; Doherty and Boss, 1991; Peterson, 1992; Gartrell, 1994; Doherty, 1995). Peterson (1992), for example, maintains that professionals, including therapists, are imbued by society with a spiritual sanction to guide and care for their clients. In order to be helped, she argues, clients must put faith in the professional relationship and make themselves vulnerable to be touched by those from whom they seek assistance. Because professionals are given this level of power to influence, it is incumbent upon them to use that power with utmost care.

If practitioners are to treat their clients with the deepest possible integrity, they must have a place to go where they can carefully and honestly examine their own behavior. That place, ideally, is the supervisory relationship. Discussion of the supervisory relationship without attending to its ethical dimension would ignore a crucial aspect both of the relationship itself as well as of the function of supervision (Levy, 1973, 1982; Cohen, 1987; Upchurch, 1985; Jacobs, 1991; Sherry, 1991; Kaiser, 1992; Peterson 1993a, 1993b; Storm et al., in press). In the discussion of the conceptual model, the process of supervision will be defined as one of accountability and the goal as competent service to clients. Given the concepts of parallel process and isomorphism, we can assume that if that relationship is not one which is itself guided by ethical principles, supervisees will be unable to use it as a resource for this dimension of their practice.

The theoretical base of this book will come, therefore, not only from the literature on supervision. It will come, as well, from concepts developed by several authors whose work is grounded in relational ethics. Ivan Boszormenyi-Nagy is a psychiatrist and family therapist who developed the practice of Contextual Family Therapy. An important and unique dimension of his framework is the emphasis on issues pertaining to fairness in relationships, primarily between family members, but also between the family and the therapist. Nell Noddings is a philosopher and educator who integrates feminist and ethical thinking into a theory of relational ethics. As an educator, she offers a perspective on the teacher/student relationship, which is similar to that between supervisor and supervisee. Marilyn Peterson is a social worker, marriage and family therapist, educator, supervisor and consultant. Her work on the nature and impact of boundary violations in professional relationships provides important guidance for understanding and operating ethically in relationships that carry an inherent power differential. William Doherty is a professor of marriage and family therapy, family therapist, supervisor and consultant. His recent book (Doherty, 1995) encourages clinicians to challenge themselves and their clients to operate from a set of principles that include responsible treatment of others. His discussion draws extensively on the work of the other three authors. While only Peterson has applied her ideas specifically to supervision (Peterson, 1984, 1986, 1993a, 1993b; Thompson et. al, 1989; Storm et al., in press) all of them offer concepts that are useful for our understanding of the supervisory relationship.

Recently, as agencies experience financial and time restrictions, an increased demand for paper accountability, and larger caseloads, many have dispensed with the educational or clinical aspects of supervision and sometimes even the supportive functions, and focus primarily on administrative tasks (Munson, 1989). Particularly with a rise in concern about ethical violations in treatment, many sanctioning bodies have noted the need for

more effective clinical supervision. Therefore, the focus of the model and of the theoretical discussion in this book will be on clinical supervision.

Although the emphasis in the training of practitioners is different, depending on whether the training is in social work, marriage and family therapy, psychology or counselor education, actual clinical practice in the four fields probably has more commonalities than differences. The following definition of clinical social work was developed by the Board of Directors of the National Association of Social Work National Council on the Practice of Clinical Social Work (Northern, 1989) and will serve as a general framework for what is meant in this book by clinical work.

Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge and theory of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships, environmental stress, social systems and cultural diversity with particular attention to person-in-environment. It shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families and small groups.

Clinical social work encompasses interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues. It includes, but is not limited to individual, marital, family and group psychotherapy. Clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation and evaluation.

The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in codes of ethics of the professional social work organizations. (Page 1)

The Conceptual Model of Supervision

Both the professions of social work and of marriage and family therapy use a systemic approach as a basis for understanding and intervening on clients' behalf. The premise of systems theory, that both individuals and relationships exist in and interact with a larger context, is relevant to a discussion about supervision. Although the focus of this book is the supervisory relationship, that relationship interacts with all aspects of supervision, including the context within which the supervision occurs. Following is a model that describes the elements of supervision and their interaction. As will become evident, a challenging feature of the model is its complexity, which, in my opinion, reflects the complicated nature of the supervisory process itself. At this point, the discussion will be primarily theoretical. The following four chapters will include in depth discussion of power, shared meaning and trust, along with application of the material to concrete examples.

Figure 1 is a picture of the model. The solid lines demonstrate the general flow of activity. The dotted lines illustrate the dynamic quality of supervision, in which each part is affected by the others. The circle around the outside of the model is labeled "The Larger Context", indicating that supervision takes place within a particular setting, such as a public agency or a university department. That setting is influenced by the immediate and larger community within which it exists and which it serves. Beginning from left to right, supervision occurs in the immediate context of the supervisory relationship. The elements of the relationship include power and authority, shared meaning and trust. The model describes the overall process of supervision as one of accountability. The steps of the process include telling the story, evaluation and education. The goal of supervision, pictured to the right of the model, is competent service to clients, demonstrated by the practitioner's perceptual, conceptual, executive

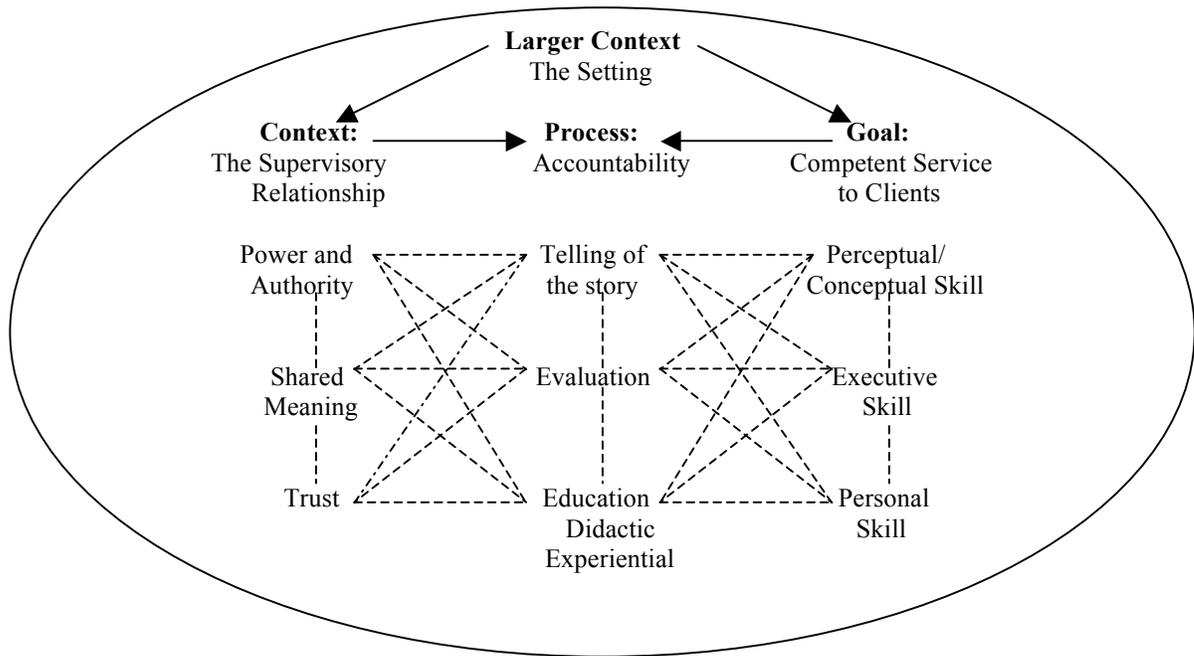


Figure 1: Conceptual Model of Clinical Supervision

and personal skills. An elaboration of the model is more clearly understood if its components are discussed from right to left. Therefore we will begin with a discussion of the goal of supervision, move to the process, then to the supervisory relationship and, finally, to the larger context.

The Goal: Competent Service to Clients

The goal, competent service to clients, is achieved through the development of perceptual, conceptual, executive and personal skills (Tomm and Wright, 1979).

Perceptual skill is the ability to observe what is happening with the client, and conceptual skill is the ability to interpret those observations. Since what we perceive is intricately connected to what we think, these two skills are difficult to separate. Conceptual skills include those in three general categories: knowledge and application of theoretical approaches, diagnosis and assessment, and identification of the subjective experiences of both client and practitioner.

Executive skill is the ability to intervene effectively in the treatment. Tomm and Wright (1979) provide an outline of perceptual/conceptual skills and the executive skills that would accompany them. For example, a perceptual/conceptual skill is the ability to notice the positive effect on the entire family of deliberate acknowledgment of each member. The accompanying executive skill is to directly interact with individuals in a way that both recognizes them and gives them status.

To some extent, the specific skills that practitioners use reflect their theoretical orientation. For example, those operating from a cognitive/behavioral approach might use techniques such as thought stopping or reattribution (Beck and Emmery, 1985); a gestalt therapist might use the empty chair technique (Fantz, 1991); and a strategic family therapist might invoke paradoxical injunctions (Nichols and Schwartz, 1995). However,

a study comparing different approaches to family therapy demonstrated that while there is a great deal of divergence in theoretical approaches, those differences are much less obvious when one observes practitioners' actual in-session behaviors (Green and Kolvezon, 1982). Woods and Hollis (1990), whose psychosocial approach incorporates many compatible theoretical orientations, describe a list of procedures which they consider core to treatment. They maintain that all practitioners, including those whose jobs are not defined specifically or narrowly as "therapy" use some combination of these, depending on the needs of the client.

Personal skill is the ability of the practitioner to develop increased self-awareness and includes a commitment to personal growth. Of the elements in the goal, the most controversial is whether to focus in supervision on the self-awareness and personal growth of the supervisee. There is a widely held concern regarding how to identify and properly draw the line between therapy and supervision (Rubinstein, 1992). In my experience, with which this chapter began, both supervisors considered the practitioner's use of self to be an important focus of the supervision, and I agreed. However, I thought the first supervisor crossed the line from supervision to therapy in her nearly exclusive focus on personal issues, and in her intrusive manner.

To some extent, the answer to the question about how and where to draw the line is related to the type of approach the practitioner is using as well as to the nature of the job. For example, those family therapists who use the strategic approach are often of the opinion that the personal issues of the practitioner should not be a topic for discussion in supervision (Haley, 1988; Pirotta and Cecchin, 1988; Hass, Alexander and Mas, 1988). On the other hand, those who use a psychodynamic approach tend to view the need for practitioners to identify and work through their own issues as of paramount importance (Abroms, 1978; Schneider, 1992). Practitioners whose jobs are more task oriented or

educational in nature may need to pay less attention to their personal responses than those who become more deeply involved with the psychological processes of their clients. Another variable that affects the degree of attention paid to personal awareness is the current need of the supervisee. For example, a supervisee might have already gained a great deal of personal awareness and currently be needing supervision which is focused on learning a particular theoretical approach or set of skills. Wherever one stands on this issue, most agree that personal awareness of the practitioner's responses to and impact upon clients is important.

The Process: Accountability

Society mandates that the human services professions provide competent service to clients. Increasingly the professions are asked for an account of that service (Munson, 1989; Kadushin, 1992). Funding bodies are asking for a more detailed account of and explanation for what happens in the treatment. Expanded awareness of maltreatment of clients by practitioners has led to legislation defining qualifications for licensure and parameters for acceptable practice, as well as to litigation against those who have harmed clients. State licensing boards and most professional organizations have codes of ethical conduct and procedures for the reporting and sanctioning of those who breach the codes. All of these things are in place with the hope of insuring that practitioners will act with integrity towards their clients and will take appropriate corrective action if they have not. The person most directly responsible for insuring the ethical and competent practice of a given worker is that individual's supervisor. Supervisors increasingly are considered legally liable for the actions of those under them (NASW, 1994). One could also argue that even if they are not legally accountable for the supervisee's failure on the job, they are ethically obligated to do everything possible to help the supervisee succeed and to insure that the supervisee does not harm clients (Levy, 1973, 1982; Sherry, 1991).

Loganbill, Hardy and Delworth (1982) define supervision as a relationship in which the supervisor is designated to facilitate the therapeutic competence of the supervisee. They list four functions of supervision, two of which relate directly to accountability. The first is the assurance, above all else, of clients' welfare. The second is the evaluation of the supervisee. A primary distinction between supervision and therapy is the fact that supervisees are held accountable for their behavior through evaluation connected to raises, hiring, firing and/or accreditation (Barnard and Goodyear, 1992).

In discussing another dimension of accountability, Peterson (1984) contends that in order to do their work, practitioners must let themselves be "touched" deeply by their clients. This makes them more vulnerable to losing their objectivity and potentially their ability to act in the client's best interests. It is the job of the supervisor, viewing the situation from a more detached position, to help the clinician regain that ability. The idea that the supervisor is more removed and therefore more objective is frequently stated (e.g. Berger and Dammann, 1982; Rabanowitz, 1987; and Fox, 1989). Peterson was the first, however, to describe this phenomenon as one of accountability.

Like Peterson (1984) and others (e.g. NASW, 1994), I have named the overall process of supervision as one of accountability. My definition of accountability includes a definition of this concept offered by Boszormenyi-Nagy and Krasner (1986) and one provided by Webster's New World Dictionary (1988). Boszormenyi-Nagy and Krasner contend that regardless of our intentions, we are responsible for the consequences of how we behave or fail to behave. They maintain, further, that authentic relationships are those in which participants are committed to taking into consideration the needs and rights of others and to treating others in a genuinely equitable manner. Behaving in this manner increases each individual's sense of personal worth in addition to making a positive

contribution to the relationship. It requires a level of self-awareness that includes the recognition that one's relationships contribute to the development of personal identity. True autonomy, therefore, involves understanding both one's own interests and those of the other. The dictionary defines the verb "account" as "to provide a reckoning," "to give satisfactory reasons or an explanation for," and "to make satisfactory amends for" (p. 9).

I see accountability as the process of taking responsibility for one's behavior and for the impact of that behavior on self and others. First, it is a **commitment to tell the truth** about oneself to the best of one's ability. This requires supplying the facts about what one has done, thought and felt in a given situation. Accomplishing this calls both for self-knowledge and for the willingness to share this knowledge. It requires, as well, taking responsibility for one's intended and unintended impact on another. Second, it is a **commitment to take responsible action**, by making amends or correcting an injustice and by treating another with integrity, understanding both their needs and one's own. Within the context of supervision, it is the supervisor's job to help supervisees arrive at and maintain this level of integrity about their work. The following is a description of steps in the process of accountability, assuming it is working effectively. They are not necessarily sequential as the process is a dynamic one.

Tell the Story. Supervisees provide an account of their work in the form of a written or verbal report, an audio or videotape, or in the form of some sort of live supervision. In addition, they give an explanation, to the best of their ability of what was behind their actions. This includes their personal feelings and reactions and/or theoretical frameworks that guided their thinking about the case. Using my definition of accountability, this is the supervisee's first effort at "telling the truth". Part of the supervisor's job, at this point, is to work with the supervisee to give as complete account

as possible, so that both parties can arrive at an understanding of what has happened in the treatment.

Evaluation. The second part of the supervisory process is that of evaluation. Evaluation involves making judgments regarding the quality of the practitioner's work. This means determining such things as whether the supervisee is doing competent work and whether the supervisee knows and is staying within the parameters of the ethical code of the profession. It also means assessing what the practitioner needs to learn in order to work more effectively.

Education. Education includes both that which is didactic and that which is experiential in nature. Didactic education includes teaching the worker the larger theoretical concepts within which a specific situation can be understood. It also includes provision of concrete suggestions about actions that could be taken in the treatment. Experiential education relates to the phenomena of parallel process and isomorphism.

In addition to conscious use of parallel process and isomorphism to address clinical issues, the way the supervisor treats a supervisee about things that are not directly client related may be repeated in the client/worker relationship. For example, a supervisee whose request for an emergency meeting with a supervisor is refused may in turn refuse such a request from a client (Kadushin, 1992). The ethical climate of the supervisory relationship may also influence that of the treatment relationship. In their discussion of accountability, Boszormenyi-Nagy and Krasner (1986) stress the need for practitioners to hold both their clients and themselves accountable for ethical behavior in their relationships. It follows that if supervisors assume responsibility for their own contribution to problems in the supervision and demonstrate a willingness and ability to make appropriate amends, their supervisees will experience a role model for their own

behavior with clients. This provides a base from which they can operate ethically with clients, and challenge their clients to do so in their relationships with family and with others.

As a result of the evaluation and education processes, the supervisee is given tools to work more effectively, and therefore to meet the goal of competent service to clients. Using the above definition of accountability, effective work constitutes responsible action. If the practitioner has made an error or has chosen an ineffective path, this action may involve a corrective move. More often, it will simply involve a next step in the treatment. The evaluation and education processes also add to supervisees' level of perceptual/conceptual, executive and personal skill, thus enabling them to more fully "tell the story" about their work in future supervisory sessions.

The Context: The Supervisory Relationship

Supervision takes place in the context of the relationship between supervisor and supervisee. The three major components of this relationship are those of the use of power and authority, shared meaning and trust.

Power and Authority. This model presumes that dynamics of power and authority are the most salient element in the supervisory relationship. A distinction can be made between the terms "power" and "authority", with power being the ability to influence or control others and authority being the right to do so (Kadushin, 1992). Some supervisors' authority may be sabotaged or they may be unable to exercise their power because of characteristics of their own or of their supervisees. However, while a supervisory relationship can indeed exist without either shared meaning or trust, it has, by definition, a built in power differential. This differential is a result of the functions of the process of accountability. Supervisors have power over practitioners primarily

because of the need to evaluate the quality of their work. In addition, the supervisor's role as educator presumes, at least in the case of new practitioners, the need to know more than the supervisee. Supervisors are often unaware that many supervisees experience this differential quite intensely, and are therefore more deeply affected by exchanges in supervision than the supervisor intended them to be (Kadushin, 1974; Doehrman, 1976).

However, although supervisors have more power in the relationship, supervisees are not completely powerless. They can avoid supervision both by sharing a minimum of information about their work (telling less of their story) and by refusing to accept the guidance of the supervisor. If they behave in this manner, their supervisors have the ability to punish them, but cannot have much positive impact on the quality of their work. In order to be effectively supervised, practitioners need to fully participate in the process. As I have already mentioned, in my situation, I withheld information from my first supervisor, and was not open to her guidance and feedback. Although I experienced her as quite powerful, therefore, I learned little of value from her, although she potentially had something of value to offer.

Although there is general acknowledgment in the literature of the greater power and authority of the supervisor there is disagreement, depending both on philosophy and approach to treatment, about whether the hierarchical nature of the supervisory relationship should be emphasized or minimized (McDaniel, Webber and McKeever, 1983; Wheeler et al, 1986; Haas, Alexander and Mas, 1988; Nichols, 1988; Liddle, 1988; Kadushin, 1992; Munson, 1993). This debate includes discussions about whether the supervisor should take more charge in decision-making or invite participation and input from supervisee. It also includes discussions about how much the supervisee

should be encouraged to act autonomously versus depending on the supervisor for guidance.

Perhaps a more important question to address, however, is not where on the continua of hierarchy/egalitarianism or dependency/autonomy one falls, but, rather, how is the issue of power addressed, no matter what the degree of emphasis. An assumption underlying this discussion is that responsible use of authority in supervision involves a balance, in which the supervisor is not either using that power in an arbitrary or destructive way (Horner, 1988; Jacobs, 1991) or abdicating that power, failing to acknowledge its inherent existence in the relationship (Thompson et al., 1989). Perhaps the most significant difference between my first and second supervisors was my experience of their use of the power in the relationship. In my opinion, the first supervisor used her power to be overly intrusive and to punish and reward those with whom she did not get along. Since my second supervisor was a consultant rather than an actual supervisor, she did not have the same type of administrative power. However, she was quite clear about her greater power in the relationship, and took appropriate charge of the supervision, while treating me fairly and with respect.

The concept of reciprocity (Noddings, 1984; Boszormenyi-Nagy and Spark, 1984) is a useful one for understanding issues related to appropriate use of power. According to both authors, a fair and genuinely caring relationship is one that is characterized by mutual give and take. Even when relationships are on the same hierarchical level, for example between spouses, siblings, or friends, a person's sense of equality is based on subtle factors and cannot be objectively determined.

Measuring reciprocity becomes more complicated in an unequal relationship such as the supervisory one. Noddings (1984) names the participants in such a relationship the

"one-caring" and the "cared-for". As the person with greater power, it is incumbent upon the one-caring to give without expectation of a particular response from the cared-for, and to see the world both through her own eyes and those of the cared-for. This same idea is expressed by Boszormenyi-Nagy who contends that parents behave in a trustworthy fashion with their children by taking care of them without expectation (Boszormenyi-Nagy and Spark, 1984; Boszormenyi-Nagy and Krasner, 1986; Boszormenyi-Nagy 1988). The cared-for in an unequal relationship may, on occasion, give back in the same manner. In fact children have both a right and a need to give in a developmentally appropriate fashion to each parent, for example by offering comfort when a parent is sad (Goldenthal, 1993). Others in hierarchically uneven relationships frequently also have these same rights and needs.

Clearly the nature of the cared-for's response affects the relationship. It is much easier to give to those who give back, by taking what is offered, using it fully, and sharing their internal processes and accomplishments. However, the one-caring cannot demand this sort of responsiveness. To do so would be to treat the cared-for as an object, existing for the gratification of one-caring's own needs. Children placed in the position of having to respond in a certain way become parentified. That is, they become more concerned with the needs of the parents than with their own, and are consequently robbed of the experience of being a child (Boszormenyi-Nagy and Spark, 1984). In her discussion on the characteristics of a boundary violation, Peterson (1992) names this sort of role reversal as an essential ingredient. In her framework, problems occur when the needs of the professional become more important than those of the client. Clients are then no longer free or safe to attend to the issues that originally brought them to the professional.

As the one in charge, the supervisor is responsible for setting appropriate limits and boundaries with respect to such issues as the structure of the supervisory hour, the parameters of acceptable professional behavior and a focus on the supervisee's rather than the supervisor's needs. This appropriate use of power connects to the issue of trust, in that by setting the boundaries, a safe space for supervisees to share their work is created (Peterson, 1984; 1992).

The concept of reciprocity is useful in understanding the power of the supervisee as well as that of the supervisor. As I stated above, the less powerful participant wants and needs to give back to the more powerful one, and the nature of that gift affects the relationship (Noddings, 1984; Boszormenyi-Nagy and Spark, 1984; Boszormenyi-Nagy and Krasner, 1986; Boszormenyi-Nagy 1988). An important source of a supervisee's power is the ability to accept or reject the role of learner. The good student certainly gives more by way of appreciation of and satisfaction to the teacher.

Both supervisor and supervisee come to the relationship with preconceived notions of what it means to be an authority (Shulman, 1982, 1993; Peterson, 1992). Therefore an important part of the supervisory process is to continually address this theme. This helps both to clarify the issue in supervision, and to enables supervisees to use their position of power with clients in a more effective manner.

Shared Meaning. This relates to mutual understanding and agreement between supervisor and supervisee. To the extent that both are occurring in the relationship, the supervision will probably operate more effectively. The mechanism by which at least understanding is achieved is that of clear communication. While insuring that the message sent is the message received is challenging in many relationships, the challenge increases when differences between the participants are greater. In instances of cross-

cultural supervision factors such as non-verbal cues, values, norms, culturally specific meanings, and false assumptions potentially lead to a great deal of both misunderstanding and disagreement, particularly if they are not addressed.

In order for the supervision to proceed most smoothly, several major issues require a basic understanding and agreement between supervisor and supervisee. These issues fall under two general categories. The first is the supervisory contract and the second is approach to treatment.

Contract. Establishing a clear contract for supervision is stressed throughout the literature on supervision. In general, contracting can be defined as obtaining cooperation to work on a mutually agreed upon problem (Connell, 1984). It is important to remember that this does not assume equal power in the relationship. The supervisor has more influence over which expectations will be delineated in an agreement with the supervisee. Because of this greater power, ethics require that supervisees understand what the job entails and on what basis they will be evaluated (Levy, 1973). This prevents the supervisor from being able to misuse that power by catching the supervisee in a bind. Even without the ethical dimension, contracting is linked to evaluation since, in order to determine the criteria used for evaluation, the supervisee must be clear about the purposes, goals and objectives of supervision (Bartlett, 1983).

The supervisory contract is sometimes formally or informally stated and often, regrettably, not addressed at all. The premise of this discussion is that both understanding and agreement are aspects of shared meaning. However, even when agreement is not possible, it is in the best interest of both parties to insure understanding. For example, supervisees may well disagree about whether they should be evaluated on a particular aspect of their work. However, if it is a requirement, either of the supervisor, the

organization or the profession that supervisees behave in a particular way, that requirement must be clearly stated.

Approach to Treatment. This relates to beliefs about what is helpful to clients. There are many factors that contribute to the development of one's beliefs about effective treatment. Practitioners' theoretical orientation and practice experience and their cultural and familial values and norms will lead them to emphasize and support certain types of client behavior in favor of others, offer particular kinds of help, and do so with a style that reflects their own personality and background. Finally, the organization within which the service is being provided defines the parameters of what can and should be done on behalf of clients. The following questions can serve as a guideline for the types of things that can arise when considering the topic of approach to treatment.

1. What is therapy or counseling? Addressing this question requires a focus on such issues as whether the purpose of treatment is primarily to solve the presenting problems or whether practitioners should strive to help people restructure, on a deeper level, their relationship with themselves and others.

2. How do people change? Do people require insight in order to change their behavior? Do people change more when the worker educates them very specifically about the treatment process or when the process is more elusive?

3. What is the role of the practitioner? Should the treatment relationship be a major focus or should the practitioner stand more outside the client system, offering interventions, but assuming that the major work will take place outside the session? Should the practitioner be task oriented and personally distant or should there be sufficient time for more casual, personal interaction between client and worker in order to establish trust?

4. What constitutes "healthy" or "functional" behavior? This is an especially important question when working cross culturally. Since counseling as a profession is

primarily a Western endeavor, ideas about health are steeped in the values of this culture. Therefore, for example, individuality and autonomy are positive, and a family with extremely strong connections and deep involvement with one another is likely to be labeled "enmeshed".

Several links can be made between shared meaning and aspects of both accountability and competent service to clients. For example, the more education the supervisee receives from the supervisor, the more they will share an understanding of what constitutes effective treatment of clients. This is especially true if the supervisor is teaching a particular model of treatment. In addition, the more of the story the supervisee tells, presumably the greater will be the degree of understanding between supervisor and supervisee.

Trust. Many authors name respect and safety as important elements in the supervisory relationship (e.g. Olson and Pegg, 1979; Heath, 1982; Liddle and Schwartz, 1983; Alonso and Rutan, 1988; Schwartz, 1988; Pirotta and Cecchin, 1988; Haas, Alexander and Mas, 1988; Nichols, 1988; Liddle, Davidson and Barrett, 1988; Wetchler, 1989; Kadushin, 1992; Munson, 1993; Shulman, 1993). Respect, or a demonstration of the supervisor's esteem for the supervisee, can be experienced both by supervisors' communicated belief in supervisees' ability and by counting as valuable and relevant their past professional and life experiences.

Safety is usually defined as the supervisee's freedom to make mistakes and to take risks without danger of an excessively judgmental response from the supervisor. To some extent, both supervisor and supervisee are vulnerable, since they are asked to expose their personal, interpersonal, professional and cognitive skills to each other, particularly in the context of live supervision. This sort of exposure takes place most profitably in an

atmosphere of safety (Berger and Dammann, 1982; Liddle and Schwartz, 1983; Liddle, 1988). It is also the case that the supervisor needs to be able to challenge the supervisee (Liddle, 1988). Challenge is most effective if the supervisee feels basically accepted, as well as feeling safe to risk new behaviors.

Two of the four functions of supervision named by Loganbill, Hardy and Delworth (1982) relate to the promotion of the supervisee's growth. A common dilemma in supervision is the potential conflict between the growth-promoting and accountability-maintaining functions. The growth-promoting functions require a trusting relationship between supervisor and supervisee, a condition that may be threatened by the need for the relationship to include a component of critical evaluation. As a result, some supervisors and supervisees make the mistake of sweeping the aspect of evaluation under the rug, rather than dealing with it directly. Adding the ethical dimension helps address this dilemma. The ability to tell the truth about oneself, necessary for the process of accountability, is directly related to the degree of trust in the relationship. Boszormenyi-Nagy and Krasner (1986) state that "personal accountability as a guideline for caring and relational integrity constitutes the foundation of trustworthiness and individual health" (p. 62). This notion is elaborated upon by Doherty (1995) who states that we are obligated, in our human relationships, to be truthful with one another. If we are not, those relationships disintegrate.

Doherty (1995) also introduces the notion of courage on the part of the practitioner. His contention is that it takes courage to push themselves and their clients past their personal safety zones into areas that will promote growth and integrity in their work and in that of their clients. Peterson (1984) suggests that trust in the supervisory relationship is built in part by the confidence that the supervisor will go as far as necessary to understand completely the work of the supervisee. When this is done without shame, supervisees

have the experience that they have told the whole truth about themselves and their work, to the best of their ability, and, even when they are deeply challenged, they feel accepted by the supervisor. Also, if supervisors hold themselves accountable in the relationship, trust in the relationship will increase. Supervisors can do so by telling the truth about their impressions of the supervisee and about their own feelings, by treating the supervisee with integrity and by taking responsibility for their own part in any tensions in the relationship. My story illustrates these points quite clearly. I trusted my second supervisor because she created an environment in which I could tell the whole truth without fear of being shamed or diminished. In addition, she acted with integrity in her ability to hold herself as well as me accountable. As commonly happens, my supervisors' use of power also affected trust. If supervisees think their supervisors are treating them fairly, neither abusing nor abdicating their power, they are more likely to trust them.

The development of shared meaning, discussed above, promotes trust in the relationship by building confidence on both sides in the mutual understanding between supervisor and supervisee. This becomes even more evident in cross-cultural relationships. Often both supervisors and supervisees are uncomfortable with raising problems or even questions relating to racial or cultural differences. The silence itself can lead to increased mistrust as issues such as differing expectations, insensitivity on the part of the supervisor, differences in personalities, opinions, backgrounds and life experiences are left unaddressed and unresolved (McRoy, et. al 1986).

The Larger Context: The Setting

The context within which the supervision takes place has a significant impact on the supervisory relationship. With regard to shared meaning, the context influences both the contract and the beliefs about what treatment should look like. The context may not promote a situation in which the expectations for supervisee performance are clear. In

addition, the supervisor may not be in a position to attend to the learning needs of a particular supervisee. In an agency, the relationship is not voluntary. Even if the supervisor and supervisee cannot agree on the contract, they must continue to work together, unless a transfer to another part of the agency can be easily arranged. If the relationship is voluntary, both can choose to end it without serious consequence.

An outpatient counseling service will provide very different treatment than an inpatient psychiatric unit in a hospital, a school setting or a crisis intervention agency. In addition, funding sources often dictate both the length of treatment as well as what types of services are necessary. All of these variables affect the nature of treatment, and therefore the content of the supervision. By virtue of their position, supervisors must find a way to endorse and promote the agency directives, while at the same time supporting the workers' commitment to competent service. Often there is real or perceived conflict between the two, and the supervisor, in order to be effective, must balance the needs of agency, supervisees and clients (Shulman, 1993).

The context also affects the type and amount of power the supervisor exercises over the supervisee. For example, the prominence of the supervisor's evaluative role is directly connected to the degree of power vested in the supervisor by the context. When this is high, the level of trust between supervisor and supervisee may well be threatened, especially if either the evaluation is performed in a disrespectful manner or the shared meaning between supervisor and supervisee is not present.

Summary

The supervisory relationship is the medium through which supervision occurs and, as such, deserves careful attention. Since the relationship is potentially a quite powerful one that has a great impact on the quality of a practitioner's work with clients, it is useful to use guidelines for its development derived from ethical principles.

A model is presented in this chapter that describes supervision. The goal of supervision is seen as competent service to clients, and is reached through the use of perceptual/conceptual; executive and personal skills on the part of the supervisee. The process, accountability, includes telling the story, evaluation and didactic and experiential education. Accountability is defined as telling the truth, to the best of one's ability and taking responsible actions. The supervisory relationship is seen as the immediate context within which supervision takes place, and is the primary focus of this text. Elements in the relationship include power and authority, shared meaning, and trust. The model assumes that power and authority constitutes the most important element, as a power differential, by definition, exists in supervision. Finally, the supervision takes place in a larger context, which includes the agency setting and the community within which the agency exists and which it serves.

Questions to Promote Critical Thinking

1. Discuss your own experiences as a supervisee. What were the salient characteristics of those that were most positive? Most negative? What impact did they have on you?

2. Although many people define the goal of supervision as the development of the supervisee's skills, this model defines the goal as competent service to clients. Discuss the implications of the difference in emphasis of these two definitions.

3. One of the most difficult things for many people to do is to both have compassion for another and hold them accountable for their destructive behavior, either to themselves or to others. Compassion can feel like "letting someone off the hook" while holding someone accountable can feel like "blaming the victim." Discuss the implications of this dilemma in work with clients and in your own life.

4. The notion of reciprocity, or mutual give and take, is important in the theories of both Boszormenyi-Nagy and Noddings. Discuss the complications involved in creating reciprocity in hierarchical relationships. Give examples from your own experience.