

A Historical Review of Supervision

A first step toward the recognition of clinical supervision as a profession in its own right—and, in turn, toward the consistent provision of high-quality supervision in treatment facilities—is to establish a clear, succinct, comprehensive, broadly applicable definition of supervision. There seem to be as many definitions as there are fields in which clinical supervision is practiced—perhaps even as many as there are people writing about supervision. On the basis of the following brief survey of some definitions employed by the mental health professions as well as by society as a whole, I will formulate a definition for the substance abuse field in the following chapter.

TRADITIONAL DEFINITIONS

The term *supervisor* has its roots in Latin; it means “looks over.” It was originally applied to the master of a group of artisans. One hundred years ago, it was not uncommon for the master in a New England shop to have almost complete power over the work force. The master would bid on jobs, hire his own crew, work them as hard as he pleased, and make a living out of the difference between his bid price and the labor costs.

The other source of our notion of a supervisor was the person in charge of a group of towrope pullers or ditchdiggers. That person was literally the *foreman*, since he was up forward of the gang. His authority consisted mainly of chanting “One, two, three, up,”

which set the pace of the rest of the workers. In Germany a supervisor is still called a *Vorarbeiter* (“fore worker”); in England the analogous term *charge hand* is used.

Today the supervisor’s job combines some of the talents of the master (or skilled administrative artisan) with those of the foreman (or leader). As the term is generally understood, supervisors are front-line managers who normally report to middle managers. Supervisors plan, motivate, direct, and control the work of non-managerial employees at the operational level of the organization. Their responsibility is to see that staff carry out the plans and policies set by executives and middle managers.

LEGAL DEFINITIONS

Legal definitions of supervision are worth looking at as indicators of the social recognition, legitimacy, and authority of the occupation. According to the Taft-Hartley Act of 1947, a supervisor is

any individual having authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, if in connection with the foregoing the exercise of such authority is not merely of a routine or clerical nature, but requires the use of independent judgment [Biddle and Newstrom 1990, pp. 507–8].

Further specifications are found in the 1938 Fair Labor Standards Act, which states that a supervisor is someone who devotes no more than 20 percent of his or her working hours to activities not closely related to managerial work. This law stipulates that the supervisor be paid a salary, regardless of the number of hours worked. Together, these two laws make supervision a *bona fide* function, an established part of management.

ADMINISTRATIVE DEFINITIONS

Supervision has an administrative dimension that is emphasized in the traditional and legal definitions. Since clinical definitions are the focus of this chapter, it is important to draw a clear distinction

between the administrative and clinical domains, as the Association for Counselor Education and Supervision (1989), Falvey (1987), Borders and Leddick (1987), and others have done.

Administrative supervision occurs in most settings, from universities to human services organizations. The administrative supervisor helps the supervisee function more effectively within the organization, with the overall intent of helping the organization run smoothly. Toward this end, the administrative supervisor addresses managerial requirements such as case records, referral procedures, continuity of care, accountability, hiring and firing, and performance evaluations (Abels and Murphy 1981; Hart 1982; Simon 1985; Slavin 1985).

In contrast, clinical supervision is concerned with the actual work of the supervisee in such areas as the counseling relationship, client welfare, clinical assessment and intervention approaches, clinical skills, and prognosis. Hart (1982) summarizes the distinction as follows: "Administrative supervision is aimed at helping the supervisee as part of an organization, and clinical supervision focuses on the development of the supervisee specifically as an interpersonally effective clinician" (p. 13). In other words, clinical supervision attends to the supervisee's professional and personal needs as they directly affect the welfare of the client.

CLINICAL DEFINITIONS

Looking to the mental health fields for guidance, we find many definitions of clinical supervision, each shaped by the theoretical model from which it is derived.

Supervision as Therapy

Some define supervision as a form of therapy, or at least a therapeutic process. For example, Abroms (1977) views supervision and therapy as distinct but parallel processes, the distinction being that supervision is a therapy of the therapy, not of the therapist. Abroms believes that although the supervisor should not become the supervisee's therapist, therapeutic issues can and should be addressed in supervision. That is, if a counselor is experiencing problems that interfere with his or her clinical functioning, such blockages are

grist for the supervisory mill. The supervisory milieu is to be a safe sanctuary for the supervisee to explore personal and professional growth issues. In such a milieu, the supervisor's behavior constitutes a compelling model of how a therapy session should be conducted.

Lane (1990, p. 10) defines supervision as "a therapeutic process focusing on the intra- and interpersonal dynamics of the counselor and their relationship with clients, colleagues, supervisors, and significant others." The focus of supervision is on personal and professional growth, transference and countertransference, defenses, analytic processes, and the use of self as an emotional force in therapy. With this definition, the supervisee looks more like a patient than a student. Supervision uses the transference relationship as the principal vehicle to promote the supervisee's growth as a clinician.

Supervision as Education

Others view supervision as more of an educational process—a matter of learning skills and developing professional competence. Bartlett (1983) defines counseling supervision as "an experienced counselor helping a beginning student or less experienced therapist learn counseling by various means" (p. 9). According to Blocher (1983), supervision is "a specialized instructional process in which the supervisor attempts to facilitate the growth of a counselor-in-preparation, using as the primary educational medium the student's interaction with real clients for whose welfare the student has some degree of professional, ethical, and moral responsibility" (p. 27).

There are other variations on these themes:

- Brammer and Wassner (1977, p. 44): "Supervision is the assignment of an experienced person to help a beginning student to learn counseling through the use of the student's own case material."
- Saba and Liddle (1986, p. 111): Family therapy supervision is "the specific development of trainee's therapeutic abilities within the context of treating families."

- Stoltenberg and Delworth (1987, p. 34): “An intensive, interpersonally focussed, one-to-one relationship in which one person is designed to facilitate the development of therapeutic competence in the other person.”
- Hart (1982, p. 12): “An ongoing educational process in which one person in the role of supervisor helps another person in the role of the supervisee acquire appropriate professional behavior through an examination of the supervisee’s professional activities.”

The key elements of Hart’s definition, one of the more comprehensive definitions available, are an ongoing relationship between supervisor and supervisee, the addressing of specific behaviors, and the goal of developing a professional role identity.

Perhaps the most ambitious of the educationally oriented definitions comes from the field of social work. Kadushin (1976, p. 20) defines clinical supervision as “an administrative and clinical process designed to facilitate the counselor’s ability to deliver the best possible service to clients, both quantitative and qualitative, in accordance with agency policy, procedures, and the context of a positive relationship between counselor and supervisor.” This definition is primarily focused on education (skill development) but nevertheless weaves in administrative with clinical themes.

A Composite Definition

Since the Association for Counselor Education and Supervision (ACES) is a trade organization rather than a school of therapy, it has had to adopt a definition broad enough to encompass its diverse membership. Borders and Leddick (1987) stipulate that counselor supervision is performed by experienced, successful counselor-supervisors who are prepared for the task by learning the methodology of supervision. ACES goes on to state that supervision involves facilitating the counselor’s personal and professional development as well as promoting counselor competencies for the welfare of the client. Supervisors oversee the counselor’s work through a set of activities that include consultation, counseling (if provided for by one’s model of supervision), training,

instruction, and evaluation. The mention of counseling and personal development makes this definition broad enough to cover the therapeutic as well as educational dimensions of supervision.

TOWARD A WORKING DEFINITION

Taken together, the various definitions indicate that the purpose of supervision is to bring about change in the knowledge, skills, and behavior of another individual, typically one with less training and experience than the supervisor. These definitions have five main components:

1. An experienced supervisor—one who is, at least, more experienced than the supervisee.
2. Actual clients in clinical settings.
3. A paramount concern with the welfare of both the client and supervisee. The number one rule of counseling and of supervision, like that of medicine, is *primum non nocere*—“first, do no harm.”
4. Monitoring of the counselor’s performance by indirect or direct observation.
5. The goal of changing the counselor’s behavior.

The various schools of therapy and counseling differ in the extent to which they demand the shaping of behaviors and even personality to fit that of the supervisor or agency. Some schools disavow any such intention to clone the supervisor, viewing supervision instead as a consultative process, educational in nature. As Part Two will make clear, different practitioners and disciplines also differ as to whether they view supervision as (in addition to skills training) a form of therapy or counseling.

All agree, however, that one does not learn to practice therapy or counseling simply by undergoing therapy or counseling, any more than one learns to perform surgery by being operated on. On the other hand, supervision is something more than counselor education alone. Supervision amounts to the clinical preparation of a counselor for the practice of therapy; as such, it involves transforming principles into practice. In supervision, a successful counselor

guides a supervisee's professional development, so that the supervisee acquires essential skills and learns to take independent actions through sound clinical reasoning and judgment. The supervisor helps the counselor fashion a personally integrated therapeutic style that sustains the counselor through a professional lifetime.