

Clinical Supervision

A QUESTION OF DEFINITION

BY CAROLYN CAMILLERI



In B.C., the term “clinical supervision” has become a catch all for any activity where a more experienced counsellor provides guidance to another counsellor.

As a result, there may be some confusion about the role of a supervisor.

Dr. David Stewart, former BCACC president and a clinical supervisor for more than 35 years, teaches clinical supervision at City University of Seattle. He reveals some important distinctions in terminology.

“Clinical supervision is about understanding what’s going on for the clinician, what’s going on for the client they’re working with, and how to help the clinician be more effective with the client given the circumstances.”

A counsellor’s first experience with clinical supervision may be at university.

“In order to graduate with a Master’s degree in social work, counselling, psychology, or clinical psychology, you have to have clinical supervision,” says Stewart. “That’s the field standard.”

Clinical supervision may also be a requirement for entry into an association, such as the BCACC, or as a condition of employment at an agency. Contrast this with administrative supervision.

“Administrative supervision is making sure you did the things you were supposed to do,” says Stewart. “It’s ticking off boxes.”

Dr. Glen Grigg, RCC, says this distinction between administrative supervision — when do you get your holidays, what are your office hours, and what forms have to be filled in — and clinical supervision is key. While administrative supervision is a workplace function, clinical supervision is more like mentoring.

“Clinical supervision is usually taken to be an ongoing relationship in which the supervisee receives feedback, support, education, and opportunities for guided reflection all concerning the differential use of self in counselling and psychotherapy,” he says.

Where it gets confusing is between clinical supervision and clinical consultation. In addition to being clinical supervisors, Stewart and Grigg are clinical consultants, and they both stress the differences between the roles.

“Consultation is a different relationship,” says Grigg, who took completely separate courses in supervision and consultation at Walden University. “Consultation is focused on the sharing of skills and problem-solving

capacity relative to a particular case. The two processes are quite different. A consultant does not take responsibility for decisions, only for sharing expertise.”

That responsibility is especially important to note.

“If somebody were looking for a clinical supervisor, they would be, in effect, putting themselves under the auspices of whoever it is they were being supervised by, and that person would now assume legal liability for everything this person was doing, which, outside of being in a graduate program, is unusual,” says Stewart.

Grigg concurs and points out that this legal responsibility goes beyond cases covered in supervision, because the supervisor is contributing to the supervisee’s decision-making process. If there is a problem — for example, if a client complains that harm was done — while the supervisor doesn’t have all the responsibility, they need to know they are going to have to step up and take their share of it.

When a supervisor is working for an agency or university with practicum students, then the agency or university also shares the liability. The problem is when supervision is offered independently by counsellors in private

practice and whether there is an awareness of the liability inherent in the role. Liability is discussed in course work; however, Stewart says, “The majority of people who do clinical supervision have never had a course in it.”

Currently in B.C., clinical supervisors are not required to take courses before using the title, nor are there official requirements. Members of the BCACC who wish to be listed as clinical supervisors must meet certain qualifications, depending on the type of supervision they want to provide (go to bc-counsellors.org/member-info/eligibility/).

And while the clinical supervision course is part of the MA program at City University where Stewart teaches it, it is not a requirement for graduate students at CityU or at other universities.

Qualifications for clinical supervision aside, much of what is thought of as clinical supervision in B.C. is actually clinical consultation, which bears no legal liability or responsibility. Even more common is peer consultation, whether that means casual discussions with colleagues or at counsellor support groups.

“Typically, a person in private practice wouldn’t be looking for a clinical supervisor; they would be looking for clinical consultation or peer consultation in an area they want to learn or if they have a case where they don’t know what to do,” says Stewart.*

“I think clinical consultation is far more useful, because you have to work relationally with the person,” says Stewart. “You give them the respect of understanding what they’re trying to do and you try to help them accomplish that, as well as overseeing and looking out for the safety of the client.”

BECOMING A SUPERVISOR OR CONSULTANT

Currently, there are no courses in consultation in B.C., but if you are interested in becoming either a supervisor or a consultant, both Grigg

and Stewart recommend taking a supervision course.

“There are models of clinical supervision that organize how you approach it,” says Stewart. “It’s a starting point in order to get clear on what the work is.”

Moreover, it requires a different skillset than counselling.

“Being a good clinician does not mean you’ll be a good clinical supervisor,” says Stewart.

While the goal of good clinical work is to be effective with clients, he explains, the job of a clinical supervisor is quite different.

“You are working in a triangular relationship where you never see the client, but you’re responsible for the outcome with the client,” he says. “You’re trying to help the clinician do what they need to do to help the client.”

In other words, clinical supervision is an influencing relationship, not a direct

relationship like counselling.

Some associations, such as the CCPA and AAMFT, provide clinical supervision training

and certification. Clinical supervision courses are also available at City University, Trinity Western University, and the Justice Institute of British Columbia.

For qualified private-practice counsellors, adding clinical consultation represents a potential source of business and a new way to make a difference in the profession.

And understanding the difference between supervision and consultation will hopefully encourage more counsellors to seek guidance when they need it. ■

David Stewart, PhD, is a former BCACC president. He has been a clinician, supervisor, and trainer/educator in Victoria since 1975.

Glen Grigg, PhD, RCC, is a counsellor and consultant in Vancouver, as well as the Chair of FACTBC and the BCACC Chair of Legislative Review.

**The BCACC strongly encourages Registered Clinical Counsellors to seek clinical consultation regularly.*

NOT COUNSELLING FOR COUNSELLORS

Whether you are talking about clinical supervision or clinical consultation, neither are the same as counselling.

“Supervision is about a client and helping a clinician get a good outcome with a client,” says David Stewart. “Counselling is about personal development.”

While there are personal development aspects to supervision, especially for students, good supervision stays on one side of that line. Crossing the line brings up areas that are tricky to navigate, says Stewart.

“You come up to the line sometimes, and you may say, ‘From what you’re telling me, I can see you’re really overwhelmed at this particular point on this particular case, and from things you’ve said, there may be some personal history there, so my recommendation is that you check it out with somebody you would trust to work on that with.’”

The concern with supervision and consultation is making sure the counsellor is able to carry on with the client. And if they aren’t, the supervisor or consultant may need to help with reassigning the case.

“That’s coming up to the line, but it’s not crossing the line,” says Stewart.