

The First Clinical Supervisory Experience: Implications for Clinical Supervision

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The art of supervision is never as delicate and essential as when administered to the beginning practitioner. As supervisors, we must carefully guard and protect our supervisees' vulnerabilities and confidence as they learn this sometimes nebulous art, yet instruct and train them in such a way that supports the development of both "roots and wings" (Pickering, 1987, p. 50). This article will examine the experience of a student in advanced placement in her Master of Social Work (MSW) program and how this may help us to understand the aspects of supervision that are most helpful for the beginning clinical social work practitioner.

Largely, one of the most important tasks of the supervisor instructing and mentoring MSW students is to support and facilitate their learning. Supportive supervision "helps the supervisee to develop the ego strength needed to deal with the natural anxieties of the task at hand, and serves to remove road blocks to his or her personal development as an independent professional" (Akin & Weil, 1981, pp. 473-474). We will look at some aspects of the clinical supervisory relationship that may be helpful in attaining and facilitating this growth.

Background and Context for Our Student

The student interviewed for the purposes of this article was completing her placement at a private suburban school. The school was for students from ages 6-21 with special needs. Most of her clients had learning difficulties but were not severely emotionally disturbed. She was completing her field placement as a requirement for her MSW program in the clinical track of a large university.

Student Needs and Themes

One of the main themes that emerged in my interview with this student was the idea that students need their field supervisors to provide a holding environment that offers some safety and room for mistakes. For instance, this student noted that:

supervisors who do not let MSW students make mistakes and are overly critical tend to impede learning. If the student is constantly questioning or thinking her decisions [need to be] perfect, she is not developing needed skills. A hostile or unfriendly environment impedes learning, since the student would more than likely be on edge while working with clients (anonymous, personal communication, February 1, 2007).

Indeed, the clinical supervisor must provide the optimal environment to establish a "frame or friendliness, reliability, and an ambiance of safety" (Lichtenberg, Lachmann, & Fosshage, 1996). Supervision with the beginning practitioner must begin by providing a learning exchange and mentoring in a friendly, supportive environment. Not unlike the neurobiological intersubjective exchange between infant and mother, the effective supervisory experience should provide both safety and reliability.

Applicability of Winnicott's Holding Environment

Winnicott's idea of the holding environment provided by the therapist largely mimics the mother's holding of her infant and is certainly related to the creation of an optimal therapeutic environment in the supervisory experience. He first alludes to the idea of holding in the therapeutic relationship in his work on *Hate in the Countertransference* (1947). He writes the following:

An analyst has to display all the patience and tolerance and reliability of a mother devoted to her infant, has to recognize the patient's wishes as needs, has to put aside other interests in order to be available and to be punctual, and objective, and has to seem to want to give what is really only given because of the patient's needs (p. 193).

Holding was later described by Winnicott as not only the physical holding of the infant and child by the mother, but also her living with and being sensitive to the physiological and psychic needs of the child. Not unlike the "holding" mother (Winnicott, 1960), therapists must closely observe and attune themselves to the moment-by-moment needs of their patients, certainly being sensitive to their psychic needs. The supervisory experience mimics, on some level, the holding environment of the optimal therapeutic stance with a client. The therapist who holds a client is able to tolerate emotional outbursts and storms and to endure despite a client's sometimes ruthless verbal attacks. The supervisor is able to "weather" any affective storms and hold the supervisee as she learns to understand and examine herself in relation to the client and her work. It is through the supervisor's ability to tolerate and maintain the relationship that the facilitative environment and therapeutic supervisory relationship is formed.

Empathic Attunement and Mutual Regulation

Empathic attunement to one's supervisee is largely the idea of "sensing into the mind-states of another" (Lichtenberg, 2005). Winnicott certainly was a key figure in linking psychoanalysis with attachment theories, self psychology, and even neuroscience. He believed that "the main thing is a communication between the baby and mother in terms of the anatomy and physiology of live bodies" (Winnicott, 1986, p. 258). These intersubjective and neurological processes are applicable to the supervisory relationship. In support of Bowlby's internal working model, Winnicott (1971) described the process of the attuned mother "giving back to the baby the baby's own sense of self" and the importance of this early interaction for the development of self and

mentalization. Although these concepts were applied exclusively to the mother/infant and therapist/client relationships, the applicability to the parallel process in the supervisory relationship is clear (Reifer, 2001). This importance is highlighted in related research and is facilitated by the process of "mutually attuned selective cueing" (Schore, 2003, p. 75). Attunement is achieved by the supervisor being emotionally present and sensing into the supervisee's experience.

Facilitating Clinical Competence

One of the key goals of any form of effective clinical supervision is facilitating clinical competence of supervisees (Gill, 2001). This is accomplished through the use of various supervisory styles and largely relies on a foundation of trust and safety that is created in the early supervisory relationship. Helping beginning practitioners to understand the application of various clinical interventions and the theoretical foundations for their work is essential. It is the "rooting" process that Pickering (1987) describes that gives supervisees something that they can use in understanding their work. Supervisees should be able to participate in their own supervision and "be able to talk about intra- and interpersonal dimensions of both the clinical and supervisory process, and to be open to changing how they view the world" (Pickering, 1987, p. 54). Supervisors must strike a balance between "instructing and collaborating" and ultimately "support[ing] student growth" (p. 54).

It is clear that beginning practitioners necessarily search for someone on whom they can rely and who is both supportive and instructive in his or her approach. The student interviewed described the most helpful stance that her supervisor can take in terms of positioning with his or her supervisee:

In my opinion, a field supervisor needs to be patient and nurturing, since MSW students are still learning the skills that make a good clinician and are more than likely insecure. Someone who is available for questions and concerns also contributes to a positive learning experience. I am a perfectionist, and I tended to use my field supervisor as a "sounding board" before I approached situations that may have led to conflict with the client. Field supervisors should also be open-minded, since everyone approaches situations differently. Flexibility helps make a student feel secure in the decisions they make in terms of treatment for clients (anonymous, personal communication, February 1, 2007)

Allowing for [Small] Mistakes

One of the most valuable allowances in early clinical learning is being exposed to new experiences and client populations, as well as being permitted to learn from mistakes. Students should have the broad strokes of the ethical imperatives that guide all of social work and the basic objectives in their work with clients. However, they should have some flexibility and room to grow and experiment (on some level) as they develop their clinical styles. The student discusses her own experience with this process:

The agency where I did my MSW placement promoted my learning by allowing me to "teach" social skills groups and to do individual counseling of students. I had never considered what makes up a social skill "lesson plan," and it made me be more creative in how I approached certain situations (anonymous, personal communication, February 1, 2007).

Other Characteristics of a Helpful and Professional Growth Inducing Supervisor

It was clear from my interview and research that providing a supportive stance and a holding environment alone were not sufficient qualities to providing an effective supervisory experience. The supervisor must also demonstrate proficiency and knowledge in his or her given field and population. Our student describes her positive experience with her supervisor in this regard:

My supervisor was extremely knowledgeable about the population I was working with and was open-minded when I informed him of decisions that I had made in terms of my caseload. He was extremely supportive when I had issues with the way certain students reacted to me and tried to "smooth over" situations that became escalated (anonymous, personal communication, February 1, 2007).

Clearly, as important as the flexibility that this particular supervisor demonstrated was his knowledge and experience with this population, which conveyed her expertise and augmented the supervisory experience.

The Need for Clinical Supervision as Professional Mentoring

The professional mentoring role of effective clinical supervision is an essential mechanism for honing and guiding the craft and art of good clinical work. Inherent in this ever evolving process is the need for developing future supervisors to train our youngest professionals. Many young professionals who have had relatively positive supervisory experiences come to understand its importance and necessity in effective clinical practice. Some young clinicians even wish to give back to the professional endeavor whose rewards and lessons they have reaped:

I do want to become a field supervisor at some point in my career, since I had great experiences with both my BSW and MSW supervisors. I feel that the profession needs energetic and knowledgeable field supervisors who are willing to take on the added responsibility of having an intern with them. Being a student is hard enough, and I want to be able to influence younger generations to love the profession and to open their eyes to the possibilities that are out there in terms of jobs/placements (anonymous, personal communication, February 1, 2007).

Although young to the profession, this student has already incorporated the professional imperative of passing on the knowledge, skills, and competence of the craft of therapy in the form of supervision.

Conclusion

The three goals of supervision (I.D. Vargus, *Supervision in Social Work*, cited in Akin & Weil, 1981) are (1) to ensure that agencies provide adequate services, (2) to help workers function to the fullest of their capacity, and (3) to assist workers in their attainment of professional independence (p. 474). The most effective way of actuating these goals is to first establish a facilitative, optimal environment that promotes trust, warmth, and a supportive learning environment. As in the therapeutic relationship, supervisors establish this relationship by providing a secure and facilitative holding environment and demonstrating competency for the population that the supervisor and supervisee share.

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