

Guidelines for Clinical Supervisees

Supervisees are advised to maintain the following attitudes and behaviours to ensure clinical supervision is a worthwhile pursuit that benefits their work, clients and organisation:

1. Actively participate in developing a working alliance with the supervisor;
2. Actively participate in negotiating the supervision contract at the beginning of the relationship. As a supervisee, you are not responsible for initiating the contract, but you should be prepared to discuss practicalities such as:
 - » scheduling;
 - » past experiences of supervision;
 - » goals and expectations of supervision;
 - » theoretical or philosophical underpinnings of your work;
 - » hopes and concerns about the supervisory relationship;
 - » current developmental level as a helping professional;
 - » particular skills and knowledge, and learning needs;

The contracting stage may include many other topics, and its depth and breadth depends entirely upon the sense of safety, trust, openness, and awareness that exists between you and your supervisor, which should amplify over time. It is expected that the supervision contract would be reviewed and revised as needed;

3. Prepare for supervision sessions in whatever manner is agreed upon with your supervisor. Your supervisor should discuss with you the modalities and methods that will be used in the supervision process so that you know how to prepare (e.g., case presentation, filmed session, etc). Additionally, you should identify what you are hoping to achieve by raising a particular problem or issue in supervision (e.g., Why this client? Why now? What would be a helpful outcome of the supervision session?);
4. Records of supervision will be kept by the Supervisor. The Supervisor should send you a copy of these records for you to sign. Ensure that you keep a copy as a reminder of helpful ideas and possible interventions, to ensure agreed-upon action is taken, and to refer to in future if needed;
5. Be prepared for reflective processes. Clinical supervision is about much more than the actual content of the client work; it is also about the process of the work, which includes the dynamics occurring between you and your client, and reflection on whether your emotional responses to the client are aiding or hampering a successful outcome;
6. Be open to feedback and reflect on its implications for future practice. Also, be prepared to offer feedback to your supervisor about the experience of the supervisory process and relationship;

7. Take responsibility for your own defensive responses and be prepared to address them. This requires awareness of what is triggering a defensive reaction:
8. Take responsibility for your own professional development and personal self-care.
 - » Is it the clinical supervisor, about whom one was given no choice;
 - » Is it the idea that clinical supervision is only for students, or inexperienced workers?
 - » Is it that an uncomfortable dynamic has occurred in the course of supervision, such as perceiving the supervisor as overly didactic and directive?
 - » Is it fear of being seen as incompetent?

Clinical supervisors should assist supervisees in developing a plan that helps them to enhance their knowledge and skills as well as resourcing them against compassion fatigue and burnout, but it is your job to collaborate in this effort, and to look after yourself;

9. A supervisee must be proactive within the process of supervision – you get out of supervision what you are willing to contribute to supervision. Your supervisor will challenge your clinical reasoning as part of the process, this is part of the process;

NB: It is important to remember that there is a beginning, but not an end, to gaining clinical knowledge and enhancing one's skills: be wary of workers or supervisors who think they know all there is to know and who believe they require no input from others.