



The Brooks/Cole Counseling E-Communicator

Brought to you by The Wadsworth Group

Welcome to the Brooks/Cole Counseling E-Communicator. The goal of our quarterly newsletter is to communicate with you, our valued customer. Our intent is to provide you with informative news, announcements, great ideas in teaching, and an opportunity for you to find out more about us.

Announcements

- We'll be at the 2004 ACA convention in Kansas City, MO – please stop by our booth! **Booth numbers: 321, 323, 325**
- Do you have any announcements that you would like us to include in our next edition? Please e-mail Caroline with your announcement by 3/15/04 at caroline.concilla@thomson.com

Great Ideas in Teaching

We'd like to highlight and share great ideas in teaching counseling... whether it's an activity, a unique lesson, or a self-created web component, we'd love to showcase your great teaching efforts. To submit a "Great Ideas in Teaching" Counseling example, please e-mail Caroline at caroline.concilla@thomson.com OR, if you have a text proposal in mind that reflects YOUR great teaching, please email Executive Editor, Lisa Gebo at lisa.gebo@thomson.com (skills & practicum areas only) or Senior Editor, Marquita Flemming at marquita.flemming@thomson.com (for all other counseling areas).

Hot Topic

THE CHANGING FACE OF SUPERVISION

Brooks/Cole Publication

Article by Robert Cohen

Author of *Clinical Supervision: What to Do and How to Do It*
2004©



Supervision has evidenced great change in the thirty years I have spent doing it, teaching it, and writing about it. In the early seventies, many clinicians were "supervision junkies", and counseling, social and health services liberally fed the habit, allocating resources for supervision with rare fiscal restraint. Clinical supervisors mainly focused on strengthening the clinical performance of their staff members using simple, straightforward methods passed down from earlier generations of supervisors. Today's clinical supervisor has access to a growing literature and a burgeoning array of sophisticated tools that are being developed to match the challenges of an increasingly complex clinical as well as *business* environment. In this last regard, clinical supervisors are also more likely to be "supervisor/managers", charged help me learn what I needed to know in order to provide good care- before the days of managed care (or what some now call managed profits). Truth be told, our mental health center's emphasis on extensive training also went a long way to relieve my (and her?) terror about possibly hurting someone.

Back then, the supervisory contract was usually a verbal agreement that had a simple focus. The supervisor was responsible to facilitate the supervisee's clinical professional growth while looking out for the well being of the client.



Cohen article continued

Supervisees reviewed what they did with clients in supervision sessions as well as their personal reactions to “case material”. There were essentially no conceptual models available and little empirical evidence or theory to help guide supervisors in the management of these sessions. Supervisors did what *their* supervisors did, which generally consisted of processing the content of client meetings verbally and at times, in written form. These “indirect” methods were almost exclusively used to assess the supervisee’s work as the basis for feedback.

Not until family and behavioral approaches started to become more popular through the late seventies, eighties and nineties, did direct observation of the clinician’s work become fairly commonplace. “Direct” assessment methods such as live observation, audio and videotaping started to supplement the almost exclusive use of verbal report. Good clinical supervisors also began to attend to their supervisees’ multicultural attributes, experience, developmental level, and learning style as part of a comprehensive assessment.

These important assessment features have increasingly been utilized to inform the context of supervisory interventions, which have also become more refined. For example, I have recently organized a clinical supervision model that suggests the use of culturally competent, educational, and strength-based approaches to intervention in ways that parallel the use of these methods in clinical practice. Similar use of “core” relationship skills are also suggested as well as a more extensive understanding of the ethical use of self- both in the development of the supervisory relationship and as interventions in and of themselves. These contributions and those of many practitioners and theorists have helped to advance the practice of clinical supervision in ways that are increasingly sophisticated and comprehensive.

The supervisor role has also become far more complex as responsibilities have become more diverse. For example, many if not most supervisors these days have managerial responsibilities attached to their roles as clinical supervisors. Not only are they responsible for facilitating clinical professional growth, many supervisors must also be informed and inform their supervisees about “agency risk management policies (including legal and ethical considerations, evaluation, and documentation) and practical nuts and bolts procedures and policies. They [clinical supervisors] also often represent the needs of their supervisee/staff members and help negotiate a satisfactory fit between their needs and those of the organization” (Cohen, 2004, p. 15). The supervisory contract itself has become more comprehensive as it mirrors the complexity of the job. In fact, many recommend that the contract be a detailed, written agreement so that expectations, responsibilities and requirements are spelled out as a kind of mutual “informed consent”.

All the aforementioned changes have been occurring in a fiscal environment which has become steadily more restrictive. Administrative directors have come to treat the business of counseling, mental health and health as a “business” focusing on ways to cut costs and create greater productivity. Clinical supervisors are often middle managers who literally feel “in the middle” as they are entrusted to interpret and implement directives from senior administrators while at the same time, act to represent the needs of their staff members and clients. As I consult in a variety of these settings, I find that many clinical supervisor/managers wish to spend more and more time focusing on managerial issues. Discussions of risk management, evaluation, progressive disciplinary actions, staff/client ratios, etc. more than complement discussions involving strategies related to the growth of their staff members as good clinicians.

As we move further into the 21st century, supervisors will no doubt be called upon to strengthen their managerial expertise as clinical supervision is conducted in a more “businesslike” atmosphere. At the same time, they will almost certainly continue to increase their knowledge and skill in the clinical arena. The most effective supervisors in the field will be those who understand the importance of balancing good clinical work with administrative acumen. They will be the ones who realize that nothing in business beats an excellent product. This “product”, state of the art clinical practice and supervision, is not only a way to provide excellent care for our clients, but it is also one of the most powerful ways to make the business of health and mental health a thriving enterprise.

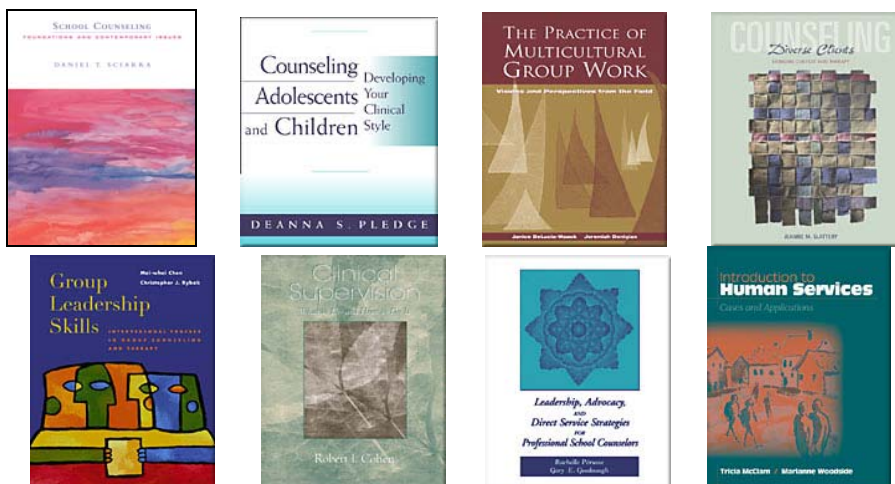
Reference

Cohen, R. (2004). *Clinical Supervision: What to Do and How to Do It*, Belmont, CA.: Brooks/Cole.



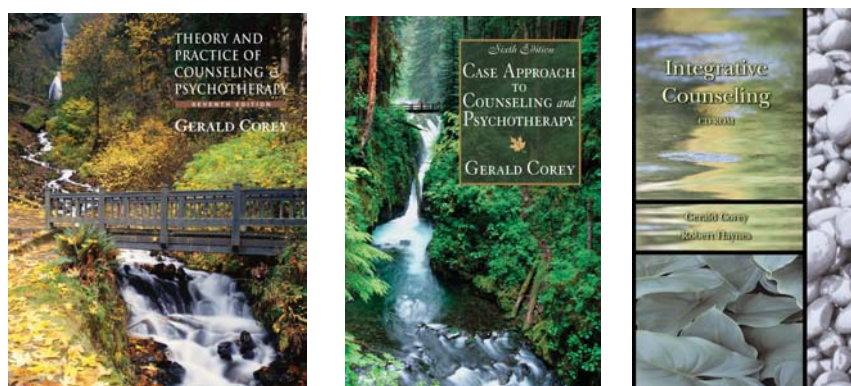
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- *Counseling Process with Children and Adolescents: Developing Your Clinical Style*, by **Deanna S. Pledge**
- *The Practice of Multicultural Group Work: Visions and Perspectives from the Field*, by **Janice L. DeLucia-Waack/ Jeremiah Donigian**
- *Counseling Diverse Clients: Brining Context into Therapy*, by **Jeanne M. Slattery**
- *Group Leadership Skills: Interpersonal Process in Group Counseling and Therapy*, by **Mei-Whei Chen/ Christopher J. Rybak**
- *Clinical Supervision: What to Do and How to Do It*, by **Robert I. Cohen**
- *Leadership, Advocacy, and Direct Service Strategies for Professional School Counselors*, by **Rachelle Pérusse/ Gary E. Goodnough**
- *Introduction to Human Services: Cases and Applications*, by **Tricia McClam/Marianne R. Woodside 2005©!**

These 2005 REVISIONS will be instock in early spring!



- *Theory and Practice of Counseling & Psychotherapy*, 7/e (with Web Site, Chapter Quiz Booklet, & InfoTrac) by **Gerald Corey**
 - *Case Approach to Counseling and Psychotherapy*, 6/e by **Gerald Corey**
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✓ **Additional Resources for you**

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- To see **what else is new**, our 2003, 2004 & 2005 Texts: http://www.newtexts.com/discipline.cfm?discipline_id=9
- Tips to **submitting manuscript proposals**: Go to our home page at (<http://counseling.wadsworth.com>), select **Contact Us**, then select **Visit Our Author's Corner** (see box located at the right of the screen)
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