

CHAPTER FOUR

Supervision

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If students do not know that they are potentially murderers, crooks and cowards, they cannot deal therapeutically with these potentialities in their clients.

MARGARET RIOCH, 1976

Margaret Rioch's insightful observation alludes to what Scott-Howman & Walls have described as the 'inherently difficult' nature of human service work.¹ There are few contexts of human service that rival the challenges posed to those working as change agents with criminal justice populations. Some of the challenges commonly confronted by Corrections Department personnel include the following:

- Persons who have been convicted of offending, or 'offenders' as they have become heuristically known for organisational purposes, are mandated by the State to serve sentences and are not voluntary participants in the sentence process. Many remain ambivalent at best about change — motivational issues therefore abound.
- The nature of some offending, particularly sexual and violent offending, can increase risks of vicarious trauma for human service workers.
- Personal, offender and community safety is a constant consideration, the judgement of which can generate a lot of stress for staff.
- Exposure to risky and often poorly motivated individuals for prolonged periods, particularly in programme contexts, can lead to burnout and 'compassion fatigue' for workers.

1 Scott-Howman & Walls 2003.

The complex challenges of Correctional work require multi-faceted responses if core organisational objectives, such as reducing recidivism and contributing to safer communities, are to be achieved and improved.² Supervision, as a well-recognised ‘mechanism to assist in the provision of high quality ethical practice, a source of ongoing learning and essential support’,³ is a key systemic process through which these challenges can be identified and potentially met.

In this chapter the authors try to untangle the complexity and inherent difficulty of work in a Corrections context, by examining supervision provision and practice. A considerable degree of knowledge, skill, realism, flexibility and resilience is required of supervisors and supervisees in such an environment if burnout is to be minimised, multiple demands managed and desired outcomes achieved.

The chapter begins by answering the question posed by Reynolds — ‘who is the client?’ — a question of special importance when working with offenders.⁴ To answer this question we need to describe the nature of work with these people. Corrections uses various models of supervision. We unpack some of these to clarify issues raised in supervision and how these might be responded to effectively using appropriate frameworks. We also examine the benefits derived from contracting for supervision, in terms of clarity of purpose and in terms of managing the multiple demands and responsibilities that are an organisational reality. We then discuss supervision partnerships; in particular, the implications of inter-professional supervision, increasingly common in Corrections (and other government sectors). We also discuss the processes used to ensure supervision develops, enhances and supports the skills of supervisees (and, in particular, programme facilitators). The chapter closes with more examples of issues raised in supervision to illustrate the non-prescriptive nature of many of these and to give guidance on supervision models that can be used to manage these ethically and professionally.

Target population

It is not always clear to outside observers, who the client is in the criminal justice context: the offender, the victim, or the public? Also,

2 Department of Corrections 2009.

3 Howard, Burns & Waitoki 2007, p 211.

4 Reynolds 2000, p 65.

which department or organisation provides what kind of service? Who supervises the implementation of these services, and what is the nature of that supervision?

For those directly (or contractually) employed by the State to assess and intervene with offenders — specifically, sentence information, recommendation, administration and supervision — the client is considered to be the Court, in its role of arbiter for the public. This is important to clarify in any discussion about the supervision of professionals working with offenders. Those who provide the service, whether they are probation officers, cultural consultants, psychologists or programme facilitators, are ultimately accountable to the community. Nevertheless, given the fact that most of the work they do is directly with offenders, it is essential to recognise that significant accountability is required towards the offenders themselves. Clinical supervision of offenders needs to be understood in this context.

Schultz, describing a tripartite model of supervision, differentiates between the types of supervision commonly encountered in the multi-disciplinary and inter-professional environment of rehabilitation.⁵ The three forms of supervision to which he alludes are administrative oversight, professional development and clinical supervision. The first two are generally provided by line managers (and possibly academic tutors in relation to the latter), and potentially involve greater organisational accountability and career progression than clinical supervision. This chapter focuses on clinical supervision, which has a variety of definitions and embraces a number of models. Nevertheless, clinical supervision is closely related to professional development and, to some degree, to administrative oversight, given the inter-relatedness of offender intervention.

Clinical supervision, in the New Zealand Correctional environment, is largely but not exclusively provided by registered clinically or forensically trained psychologists. In addition, cultural supervision, particularly in relation to Maori and Pasifika culture, is delivered by cultural supervisors with an established level of knowledge, credibility and mana among their communities. Supervisory roles, particularly in relation to the supervision of probation officers, are held by people professionally qualified in social work and counselling. Furthermore,

⁵ Schultz 2008.

in a recent development in the training and development team of the Community Probation Service, the newly created learning and development advisor role has supervisory responsibilities. These positions, along with the supervising facilitator role in the programme delivery team, are normally filled by people who have a tertiary qualification in psychology, social work or counselling. Referring to Schultz's tripartite model, theirs is more of a professional development role, providing support, on-site coaching and a level of oversight, particularly to newer staff familiarising themselves with the protocols and requirements of working in the Department of Corrections.

Identifying that probation officers, group work programme facilitators and psychologists tend to be the recipients of clinical supervision in the Department of Corrections, what kinds of needs and issues do they bring? The span of tasks carried out between them is extensive, ranging from individual assessment and intervention with offenders carried out by probation officers and psychologists to group-work assessment, intervention and reports provided by programme facilitators. In addition, probation officers and psychologists prepare court and parole board reports in their particular areas of practice. The kind of material these professionals encounter includes repetitive and acquisitive offences as well as acts of violence and sexual deviance, mental illness and substance misuse. Hence, the level of training, knowledge and experience, and their own personal outlook, will significantly impact on their ability to process and respond to the needs and behaviours of offenders. Issues relating to vicarious trauma, cultural isolation, maintenance of professional boundaries and attentiveness to personal, offender and public safety are frequently encountered. It is in this complex and unique arena that clinical supervisors hold a considerable level of responsibility and need to have a knowledgeable, balanced and practical response to staff working with offenders.

Supervision models

Definitions of supervision suggest that its purpose is to 'make the [supervisee] more effective in helping people',⁶ and that it is 'an intensive, interpersonally focused, one-to-one relationship, in which one person is designated to facilitate the development of therapeutic

6 Hess 1980, p 25.

competence in the other person'.⁷ Bernard and Goodyear describe supervision as being

an intervention that is provided to a junior member of that same profession. This relationship is evaluative, extends over time, and has the simultaneous processes of enhancing the professional functioning of the junior members, monitoring the quality of professional services offered to the clients they see and serving as a gatekeeper for those who are to enter the particular profession.⁸

In addition, 'the primary purpose of supervision is to protect the best interests of the client'.⁹

Each of the definitions of supervision above points towards the expectation that an experienced practitioner will assist in the professional development of a less experienced person. However, Schultz *et al.*, in their commentary on supervision in the rehabilitation sector — which is perhaps the most closely linked field to the criminal justice setting compared to others from which models of supervision are taken — draw attention to three important points:

- many definitions of supervision assume that the supervisee is somewhat junior to the supervisor and often in the process of gaining qualifications
- most definitions of supervision assume that the supervisor and supervisee are within the same profession
- some definitions of supervision are not easily transferable between professions.¹⁰

In addition, as indicated previously, most definitions assume that the client is the individual with whom the supervisee is working. As we have seen, the 'client' in the criminal justice system includes the public as well as the offender. These are all important factors to ponder when considering supervision approaches in the criminal justice context.

It is perhaps helpful now to draw on Hawkins and Shohet's commentary on the functions of supervision.¹¹ They suggest that super-

7 Loganbill, Hardy & Delworth 1982, quoted in Hawkins & Shohet 2006, p 57.

8 Bernard & Goodyear 1992, p 4.

9 British Association for Counselling 1995, p 2.

10 Schultz *et al* 2002.

11 Hawkins & Shohet 2006.

vision goes beyond simply developing the skills and knowledge of the supervisee. They add that these functions will vary depending on the setting the supervisor and supervisee find themselves — and will be influenced by their own personal and professional cultures. In referring to Kadushin writing about social work¹² and Proctor writing about counselling,¹³ Hawkins and Shohet suggest that supervision has three core functions:

- *developmental* — where the client-centred function of supervision allows space for supervisee practice reflection. The nature of the relationship and the models used with the client are considered, as are alternative interventions and so on.
- *resourcing* — where supervisors provide space to supervisees to consider the impact of the work on their professional and personal wellbeing. Within this function burnout, vicarious trauma and the interaction of current personal and professional experiences might be checked.
- *qualitative* — where professional responsibilities and accountabilities are reviewed. Monitoring for blind spots and poor practice, ensuring delivery of agency and ethical standards, and the safety of the client are the more formal elements of supervision considered here.

While reference to Hawkins and Shohet's description of supervision is not commonly made in the New Zealand Department of Corrections supervision training, its terminology is a useful reference point to describe some of its broader functions. The most commonly used description of supervision is that of Hewson from clinical psychology.¹⁴ She describes four elements within three dimensions that make up a supervision triangle:

- *client-centred* — case administration, case management, planning and contracting, conceptualisation
- *practitioner/counsellor-centred* — skills and knowledge, professional conduct, professional identity, the self

12 Kadushin 1976.

13 Proctor 1988.

14 Hewson 2002.

- *process-centred* — counselling relationship, systems relationships, systemic patterns and the supervisory relationship itself.

This description provides a structure for the supervisory process. For instance, within the client-centred dimension in particular, it draws attention to the importance of the more practical elements of the supervisory process alongside case conceptualisation. The recognition given to the organisational, social and political context of supervision makes Hewson's model very attractive in the Corrections environment, as its focus is in a multi-disciplinary context. In each session, supervisors working within Corrections need to be sensitively aware of the interconnected strands of accountability — to the supervisee; the supervisee's manager; the supervisee's other supervisors (e.g. educational, cultural); the offender with whom the supervisee is working; the public; sometimes the court, the parole board and the prison; the offender's family; the relationship between all these people; and the supervisor's own supervisor. The extent of these accountabilities make supervision within Corrections very complex and in need of clear contracting from the outset.

Both Hawkins and Shohet's and Hewson's descriptions for supervision weave well with the TAPES model for applying the supervisory process, in which departmental psychologists are trained to frame professional supervision discussions.¹⁵ Using the mnemonic enables clinical supervisors to apply the developmental, resourcing and qualitative functions of supervision in each session by ensuring they give attention to:

- *theory* — supervisees are invited to consider how their understanding of what they have been taught can be integrated with what they experience in sessions with their clients
- *assessment and treatment planning* — following on from their integration of theory in the first part of the model (and perhaps similar to Kolb's Experiential Learning Cycle¹⁶), supervisees are given the opportunity to consider how an objective assessment might be formulated and treatment subsequently planned

¹⁵ Central Institute of Technology 1992.

¹⁶ Kolb 1984.

- *parallel process* — consistent with many counselling models is recognition of the importance of the subconscious and its role in influencing relationships (for instance, in relation to transference, counter-transference, projection and emulation of other factors in the client's world)
- *ethics and professional practice* — relating to the qualitative functions of supervision and the importance of maintaining professional boundaries and accountability
- *strategies and intervention techniques* — referring to the ongoing application of approaches to support the client through change and development.

While supervisors support staff delivering one-to-one intervention with offenders, Andrews and Dowden, in their extensive research related to 'what works' in offender rehabilitation, identify that supervision of staff delivering group work programmes is also an important part of offender intervention.¹⁷ They assert that effective clinical supervision, provided by someone trained in the delivery of the specific programme being delivered by the supervisee is an essential factor in ensuring programme integrity. However, noting that in one piece of research only 22 percent of cases showed that clinical supervision was provided by a trained supervisor, they concluded that 'programme managers should support the delivery of appropriate service ... through clinical supervision by trained supervisors'.¹⁸

A model of group supervision in which clinical supervisors are trained to support facilitators of rehabilitative programmes in the Department of Corrections is proposed by Rubel and Okech.¹⁹ This 3×3×3 conceptual system is drawn from the discrimination and systemic models of the counselling field. The multi-dimensional nature of this model is responsive to the multiple layers and interactions that exist in supervision of group work and is therefore useful in the criminal justice context. In particular, it can integrate and respond to the interactions of the supervisor, the skills and approach of the facilitator, and the background, culture and needs of individuals and of the whole group.

¹⁷ Andrews & Dowden 2005.

¹⁸ *Ibid* p 184.

¹⁹ Rubel & Okech 2006.

Rubel and Okech's Supervision of Group Work model (SGW) differentiates among three different roles held by the supervisor, three different foci of the supervision process itself, and three different levels of interaction that occur in the group. Some similarities between this model, particularly in the supervisor's role, and elements of the functions outlined in both Hewson's and Hawkins & Shoher's descriptions will be noted. Within the overall function of the supervisor are the following roles:

- *teacher* — the supervisor takes responsibility for the supervisee's learning experiences and needs, including in relation to any co-facilitation relationships.
- *counsellor/facilitator* — the supervisor explores the emotional needs and processes that may occur within (and between the co-) facilitators themselves.
- *consultant* — the supervisee is encouraged to take greater responsibility for the supervision focus and their own learning.

In relation to the foci of supervision in the SGW model, the supervisor and supervisee(s) are engaged to consider three different *skill* categories:

- *intervention* — this moves beyond using the engagement and questioning skills of individual counselling to managing group boundaries, engaging communication between group members and matching process to group cultural needs.
- *conceptualisation* — similar to the ability to make sense of the themes and presentation of clients in individual sessions, supervisees are expected to frame an understanding of how participants relate to each other and as a whole group. Again, awareness of cultural difference (in the widest sense of the meaning) is an essential part.
- *personalisation* — this relates to how supervisees perceive individuals in the group, and of the whole group, impacts on how they respond to them. A high level of self-awareness about personal values, beliefs, reaction is significant.

The third level of the SGW relates to the way supervisees *interact* with the group:

- *individual* — this refers to the supervisees' ability to notice, respond to and draw out individuals safely in the group process.
- *interpersonal/subsystem* — this refers to the supervisees' ability to support appropriately responsive interactions between facilitators and the group, between co-facilitators and between group subsystems. In particular, it includes the appropriate response to, and restructuring of, problematic communication.
- *group as a system* — this relates to the supervisees' response to the group as a whole in relation to, for instance, acknowledging and dealing with group anxiety, group development, cohesion and the development of group norms.

The role of the supervisor here varies, as they engage supervisees to notice the different foci of their intervention practice in each level of group interaction. In other words, the 3×3×3 SGW is a multi-layered and interactive process, with each element operating symbiotically.

Contracting

Given the complexities of the criminal justice intervention environment and its implications for supervision, it is important to give definitions, descriptions, models and functions of supervision. Clinical supervisors in a forensic environment are trained to manage multiple responsibilities and accountabilities to foster the professional development of their supervisee. At the same time, they need to be cognisant of the supervisee's own personal safety and that of the client. An emphasis on prioritising the rights of the community and the needs of the offender according to safe and best practice recognises the fine balance that exists in maintaining appropriate boundaries, working in competency limits and (in the context of group work supervision), ensuring programme integrity.

The clinical supervisor's role in the New Zealand Department of Corrections, therefore, is not simply about monitoring and exploring the *process* of the relationship between the supervisee and the client. In order to establish the effectiveness of the supervision process, it is also

about clarifying the criteria needed to measure and assess the *nature* of the intervention with clients.

Hewson talked specifically about case conceptualisation, planning, contracting and case administration within the client dimension of her supervision triangle.²⁰ In the criminal justice context, a key responsibility of the supervisor is to ask: is my supervisee applying techniques and interventions consistent with those that have been proved to work with offenders; and, in what way can these be enhanced through the supervisory process?

The effectiveness of applying a cognitive-behavioural approach to working with offenders is well-documented²¹ and underpins most practice for both individual and group-work intervention in New Zealand. Andrews and Dowden have also indicated that structured supervision is very important for such an approach to succeed. Hence the Department of Corrections has increasingly formalised the implementation of cognitively-based supervision.

Liese and Beck give a detailed account of the structure of cognitive therapy supervision, drawing attention to its deliberate similarity with the collaborative and structured approach of a typical cognitive therapy session: check in, agenda setting and linkage to the previous session; assignment review; prioritisation of and inquiry about presenting issues; and the concluding supervisor summary, client feedback and agreement about the next assignment.²²

Regarding group work programme facilitator supervision, 'there is compelling evidence that the strength of the supervisory relationship is related to [programme] outcomes'.²³ In the Department of Correction's standards for the professional supervision of facilitators of programme delivery, the purpose of supervision is clearly stated as being to: educate and promote ethical standards; balance the protection of the rights of offenders and the public; develop understanding of treatment models and integrity; promote best practice; and enhance professional and cultural knowledge and self-awareness.²⁴

20 Hewson 2002.

21 e.g. Andrews & Dowden 2005.

22 Liese & Beck 1997.

23 Department of Corrections 2008, p 18.

24 *Ibid.*

It has been noted that, in the group work programme context, clinical supervision is normally provided by professionally qualified and registered psychologists and clinical psychologists to facilitators who are largely non-psychologists.²⁵ These people often have human service-related academic or work-experience backgrounds, in such areas as social work, counselling and undergraduate-level psychology. As facilitators, their work involves assessing and co-facilitating the delivery of group work intervention with offenders in the community or in prison.²⁶ Given the different personal, academic and professional perspectives that facilitators bring to their work and to the supervision environment, the supervisory process and functions (suggested by the models outlined above) need to be adapted by the supervisor to suit each supervisee's particular needs and the rehabilitative needs of the offenders.

To maintain a good level of consistency in the supervision process, the structure of sessions must be consistent with the principles of cognitive therapy supervision. All new supervisory relationships need to include time for exploring expectations and purpose, using a formal process that concludes with the signing of a contract. At this time previous experiences of supervision need to be reviewed; location, time and duration of sessions agreed; session focus and overall supervision goals clarified; the limits of confidentiality and information sharing agreed; and an understanding reached of what happens should the relationship fail.

In terms of departmental expectations of supervision outcomes, supervisors are to support supervisees as they work toward their credentialing requirements, while also meeting offenders' needs and reducing the likelihood of their reoffending. However, conflict can occur in the supervisory relationship when supervisors are required to write reports that inform the supervisee's credentialing. A multi-disciplinary environment, where different types of supervision — administrative, professional, clinical and cultural — are provided (often by different people who require different accountabilities), can

25 Except in the special treatment units where the facilitators tend to be psychologists. Similarly, in culturally focused programmes (specifically Maori and Pasifika groups), facilitators will have culturally relevant backgrounds.

26 It is noted that programme facilitators also provide short programmes to offenders on an individual basis with the aim of motivating them to attend group intervention.

lead to levels of discomfort and dissonance for supervisees. They can sometimes feel that being honest about areas of vulnerability may lead to reports about their professional development that go against their careers and associated financial reward.

Supervision partnerships

Effective clinical supervision of professionals providing offender intervention needs structures in place to properly facilitate the monitoring of good practice and support of professional development. In multi-level, multi-disciplinary group work programmes the implications for supervisors to encourage and monitor supervisees' practice, in terms of modelling to offenders the benefits of working in partnership with other agencies, are significant. McNeill refers to increasing research indicating the importance of enhancing offenders' 'social capital'; that is, their accountability and connectedness to society through engagement with community resources.²⁷ This is consistent with New Zealand research,²⁸ which emphasises the importance of family/whanau and community support in contributing to positive offender change.

Given the wide-ranging context in which offender intervention and rehabilitation occurs, consideration to information exchange and commonalities and differences of practice needs to be managed carefully. As indicated above, supervisees are subject to various types of supervision which are, in practice, provided by at least two different providers. It is quite possible for a co-facilitator of a prescribed departmental programme to be the supervisee of his or her line manager, a senior facilitator, a cultural supervisor and a clinical supervisor. Consequently, issues relating to information sharing and the inter-connection-without-duplication of roles need to be discussed at the contracting stage and constantly monitored. Furthermore, where there are differences in the professional backgrounds and perspectives of supervisees and the various supervisors, careful consideration needs to be given to the view each of the professions has of the other. The implications for sensitivity to social and professional power difference also become apparent.

²⁷ McNeill 2009.

²⁸ e.g. Ward, Day & Casey 2006.

While inter-professional supervision (IPS) has been a reality for a number of years in the New Zealand Corrections Department environment, little has been written about it.²⁹ Acknowledging that IPS appears to be an increasing phenomenon in state organisations (for instance, in health and education), Howard suggests the IPS process has potential advantages and disadvantages.³⁰ Adapting Townend's definition of IPS³¹ — that it involves two or more practitioners from different professional groups meeting for supervision to achieve a common goal of protecting the welfare of the client — Howard argues that the start of such a professional relationship requires careful processing. She notes in particular the added power difference that can be brought to the relationship, especially if the background of the supervisor has greater perceived professional status than that of the supervisee.³² In addition, Howard emphasises that the role of supervisor within the IPS relationship requires someone

who has reached a point of professional maturity ... is open to a variety of perspectives and can approach the experiential learning cycle in imaginative and respectful ways. Such a supervisor needs to have a well-developed self-awareness and the ability to sensitively discuss interpersonal dynamics, cultural difference, status differences, hidden assumptions ...³³

Making transparent the differences in professional accountabilities cannot be under-estimated. That is partly why clinical supervisors are trained alongside supervising facilitators during supervision training for clinical supervisors who are to supervise programme facilitators. There can be open discussion and clarification around how the requirements of the department code of conduct (to which all employees and contractors are bound to adhere) can be reconciled with the code of ethics (to which psychologists are also professionally accountable). The establishment of professional collaboration from the outset is important in terms of modelling good practice, and for open communication

29 Other than a brief article by Norrie, Eggleston & Ringer 2003.

30 Howard 2009.

31 Townend 2005.

32 For an indepth discussion on the different levels of power, the reader is referred to the seminal work of French & Raven 1959.

33 Howard 2009.

and the professional accountabilities of supervisors, supervisees and managers.

The accreditation process

In order to consolidate and align the multiple perspectives of staff delivering the standardised New Zealand Department of Corrections programmes, all co-facilitators must undergo a ten-week period of training. The course involves residentially based theoretical and skills practice training, interspersed with work-based placements, which involve (increasingly participant-) observation of offender assessment and group work intervention. During training, co-facilitators are given a firm understanding of the psychology of criminal conduct, cognitive-behavioural (and other evidence-based) models and motivational interviewing techniques. Participants also explore how effective interventions can be implemented with offenders and the application of group work and co-facilitation skills. Towards the end of the course new co-facilitators are normally paired up with more experienced co-facilitators and assigned a clinical and a cultural supervisor.

There is an expectation that cultural and clinical supervisors will have attended (at minimum) a two-day training programme that provides an overview of the Corrections Department's set courses and that clinical supervisors will have received the department's clinical supervisors' general two-day training. In addition, supervisors should have participated in the ten-week co-facilitators' training course or have a firm understanding and experience of group work with offenders.

Once co-facilitators have completed training, and before being eligible for accreditation, they are normally expected to deliver at least two group work programmes that satisfy a professional practice standard of eight core areas. Consistent with those elements of supervised practice described previously,³⁴ these core areas cover self-management, group facilitation, programme integrity, application of theory to practice, co-facilitation skills, Maori/Pasifika values, relationships with other professionals and organisation/administration of the programme. Supervision of the last three core areas is largely the responsibility of cultural supervisors and line managers, whereas clinical supervisors observe, discuss in supervision and assess the first five areas. The clinical

34 Particularly Rubel & Okech's 2006 Supervision of Group Work model.

supervisor also informs eligibility for accreditation and continues to monitor professional standards. As a result, clinical supervisors are required to hold weekly two-hour meetings with co-facilitators and weekly live or DVD viewing of sessions (from between one and two-and-three-quarter hours per week). Supervision frequency continues at this level post-accreditation. As co-facilitators become more competent in their practice, supervision moves from the role of teacher to one of consultant.³⁵ However, movement between these continues to occur, and most clinical supervisors would emphasise that their role as counsellor is regularly activated, as supervisees encounter experiences where offenders or group processes trigger transference.

Following Hewson's supervision triangle³⁶ and the supervisory dimension of Rubel and Okech's model, most supervision is done in one-to-two, face-to-face meetings between the supervisor and the two supervisees co-facilitating the group work programmes. Supervision by email and telephone is available on a supplementary basis. In addition, live and DVD observation is utilised to monitor professional development — particularly with group facilitation work, where the skills of supervisees in conceptualising and interacting with groups of individual offenders is a core element of professional development. In some of the more specialised units, and where one-to-one clinical and cultural supervision also occurs, opportunities to use two-way mirrors or for supervisees to wear earpieces remotely linked to the observing supervisor are occasionally used. However, interactive supervision during programme delivery requires an advanced level of skill and practice from both supervisee and supervisor.

So, what are supervisors looking for in developing, enhancing and supporting the skills of their supervisees? What does Rubel and Okech's Supervision for Group Work model look like in practice?

Numerous macro- and micro-skills are required when working with offender groups.³⁷ These are influenced by the ethnic, cultural and offending backgrounds of group participants and by their gender, age and motivation levels. The interaction of these factors between participants, and with the co-facilitators, all have an impact. Supervisors are also active ingredients in this mix. Consider the kind of support

35 Rubel & Okech 2006.

36 Hewson 2002.

37 Dowden & Andrews 2004; Hollin & Palmer 2006.

a white male supervisor can give to a white female co-facilitator of a mixed-gender, same-race, co-facilitation pair when the woman is challenged by a Maori participant of a male group. What steps can the supervisor take to ensure the woman feels empowered to stand her ground as a facilitator and a woman, while modelling respect for the ethnic and cultural background of the participant?

In a different instance, a male supervisor supervising two female facilitators of an all-male group explores how the female facilitators engaged the group around the expectation of women in heterosexual relationships. Does the supervisor focus on the nature of the facilitators' Socratic techniques, their motivational style in rolling with resistance, or the impact of how women are brutalised in some of the men's relationships? Or something else? What priority should be given to each of these areas alongside observations about programme integrity, the co-facilitation relationship and so on? What if the male supervisor starts to over-empathise with a co-facilitator: what are the implications for dual relationships and the overstepping of professional boundaries?

Such issues commonly and potentially arise during clinical supervision in the criminal justice setting. While some are easier to deal with than others, they cannot be prescribed. Models of supervision enable supervisees and supervisors to understand the layering of the supervision/facilitation context: they shed light on what areas to consider, without instructing 'correct' responses. The skill of the supervisor is in recognising and facilitating a process where all participants in the supervisory setting can explore and safely discuss informed responses and well-calibrated, possible solutions.

While there are degrees of variation between the professional developmental needs of the different occupational groups in a Corrections-based supervisory environment, many of the clinically-focused or process-related needs are similar. These often relate to the impact on the supervisee of working with offenders and the nature of the material they disclose. In addition, because of the complex and inter-agency context of the criminal justice setting, the management of professional boundaries and accountabilities is frequently discussed.

What even more experienced supervisees sometimes find surprising is the frequency with which parallel process and transference can catch them unawares. The skill of the supervisor in being sensitive to this

requires them to sustain considerable vigilance and self-awareness so they can bring it to the attention of the supervisee, rather than perpetuate the dynamic. For instance, a female supervisee brings to supervision feelings she has experienced about an individual who is part of a group of men who sexually abused children. She notes that while she feels in control of her interactions with the rest of the group, this particular individual makes her feel inadequate, and she finds it difficult to challenge him. Given that it has been found that females are often not encouraged to assume the expert role, particularly by male supervisors,³⁸ the way the supervisor responds will significantly affect the supervisee's ability to facilitate that group. In this example, making no assumptions about the supervisee's developmental history and using Rubel and Okech's conceptualisation of the counsellor/ facilitator supervisory role,³⁹ the male supervisor explored where the supervisee had experienced similar feelings before. In the process of the session, she reflected that the participant criticised her in the way her father had done. Once this had become clear to the supervisee, she was enabled to develop her own strategies to engage effectively with the participant's presentation.

In another context, a co-facilitator reflects in supervision that the group is feeling frustrated and that morale is low because they have had a number of changes in the co-facilitation team. They seem to be manifesting their frustration by reducing their levels of participation. Again, integrating the counsellor/facilitator supervisory role with a review of the supervisee's personalisation skill and group interactions from Rubel and Okech's SGW model, the supervisor and supervisee explored to what extent the frustrations and low morale reflected the supervisee's experiences rather than those of participants in the group and as a whole — and how these might have interacted with one another. As the supervision process unfolded, it became clearer with whom the frustrations lay, how they were being dealt with and how they might be responded to more effectively.

In an example of inter-professional supervisory processes, a supervisee discloses in supervision to having been told by a colleague that someone the supervisee knows socially is on their colleague's

³⁸ Howard 2000.

³⁹ Rubel & Okech 2006.

caseload. The supervisee states he met with the client and mentioned that he knew they were on his colleague's caseload. The supervisor is an externally contracted psychologist employed by one department to supervise the supervisee, who is in a different department. Three departments are involved here: the department contracting the supervisor, the supervisee's department and the supervisee's colleague's department. The contracted psychologist is bound both by his professional code of ethics and by the employing organisation's code of conduct. On the other hand, the supervisee and his colleague are bound only by the organisation's code of conduct. In addition, the psychologist, supervisee and the supervisee's manager are also bound by the supervision contract they signed at the beginning of the supervision. The work of the supervisor in this instance is to engage the supervisee to consider what boundaries have been crossed and by whom, as well as to remind him or her of their accountabilities and what steps need to be taken to manage personal boundaries. The supervisor also needs to engage with the person who contracted him to remind their staff of their responsibilities under the code of conduct.

It is clear that psychologists who take on the responsibilities of supervision in the criminal justice context need to sustain and model a considerable level of realism, resilience and hope. In this way they are more likely to provide an environment in which supervisees can thrive, feel safe to acknowledge their fears and mistakes, take appropriate risks to stretch their practice and empower group participants. In turn, they can support the effective rehabilitation of offenders into the community.

While good offender programme facilitators, like good psychologists, will acknowledge that each session creates a new learning experience, they are also aware of the dangers of setting expectations of themselves and of offenders that are too high. Burnout, particularly in a high-profile state sector environment where workload often exceeds resources, is not uncommon. It is therefore important that, supported by receiving good supervision themselves, clinical supervisors should expect to empower and support supervisees in informing their administrative managers when their workload is quantitatively excessive or emotionally debilitating.

Notwithstanding the considerable hurdles that confront supervisors and supervisees in their work with some of the most disturbed, disenfranchised, disillusioned and socially dislocated members of society, the vast majority of them continue to believe in and increasingly evidence the positive impact of their work. At the same time, they are well aware that supervision does not stop when they have received accreditation, having delivered two, three or four programmes. They and their supervisors know that good practice means ongoing supervision.

Conclusion

This chapter has examined the provision and practice of clinical supervision in a Corrections context. The reader will have noted the significant number and often complex challenges faced by those who work toward making communities safer and reducing recidivism. A key strategic and systemic response to these various difficulties is the provision of ethically sound and professionally grounded supervision. A number of key characteristics are required if supervision is to constructively contribute to macro-level organisational objectives and individual level competence, professional development and wellbeing support. Some of those characteristics include clarity and transparency of purpose, roles, responsibilities, accountabilities and perceived power differentials between the various parties involved — especially as supervision partnerships and inter-professional supervision become more common; well-trained supervisors with sound knowledge of the environment, effective interventions and supervision practice models, as well as the skills and flexibility to respond without prescription to myriad issues raised in supervision; and the ability by supervisors to sustain and model a substantial degree of realism, hope, and resilience, so that supervisees experience an environment of safety, transparency and honesty sufficient for them to develop their own practice and support effective rehabilitative efforts by offenders. These are not insignificant expectations and require ongoing and considerable policy and resource commitment by any organisation. One of the ongoing challenges faced is the inherent tension that derives from the application of a business model approach to management of departmental responsibilities within the messiness and complexity of a human service context. Supervision functions to mediate this tension to an extent, given its integral role

in reflecting the value organisation places on its employees' wellbeing and development. From a business perspective then, supervision can be framed as a requisite investment in the effort to achieve important social justice outcomes. This investment is clearly beneficial and necessary to staff who continue to toil at the coal face of change efforts.

References

- Andrews DA & Dowden C (2005). Managing correctional treatment for reduced recidivism: a meta-analytic review of programme integrity. *Legal and Criminological Psychology*, 10(2), 73–187.
- Bernard JM & Goodyear R (1992). *Fundamentals of clinical supervision*. Boston, MA: Allyn & Bacon.
- British Association for Counselling (1995). *Code of Ethics and Practice for Supervisors of Counsellors*. Rugby, UK: British Association for Counselling.
- Central Institute of Technology (1992). *Handbook for Clinical Supervisors*. School of Health Professionals.
- Department of Corrections (2008). Community Probation and Psychological Services. *Supervision of programme facilitators*. Internal Manual.
- (2009). *What works now? A review and update of research evidence relevant to offender rehabilitation practices within the Department of Corrections*. Department of Corrections, New Zealand: Strategy, Policy and Planning.
- Dowden C & Andrews DA (2004). The importance of staff practice in delivering effective correctional treatment: a meta-analytic review. *International Journal of Offender Therapy and Comparative Criminology*, 48(2), 203–14.
- Hawkins P & Smith N (2006). *Coaching, mentoring and organisational consultancy: supervision and development*. Maidenhead, UK: Open University.
- Hess AK (1980). *Psychotherapy supervision: theory, research and practice*. New York: Wiley.
- Hewson D (2002). Supervision of psychologists: a supervision triangle. In M McMahon & W Patton (eds), *Supervision in the helping professions: a practical approach*. Frenchs Forest, Australia: Pearson Education.
- Hollin CR & Palmer EJ (eds) (2006). *Offending behaviour programmes: Development application, and controversies*. Wiley.
- Howard F (2000). Supervision. In H Love & W Whittaker (eds), *Practice issues for clinical and applied psychologists in New Zealand*. Wellington: New Zealand Psychological Society.
- (2009). *The challenge of interprofessional supervision* (unpublished paper).
- Howard F, Burns B & Waitoki W (2007). Supervision in Aotearoa. In IM Evans, J Rucklidge & M O'Driscoll (eds), *Professional practice of psychology in Aotearoa New Zealand*. Wellington: New Zealand Psychological Society.
- Kadushin A (1976). *Supervision in social work*. New York: Columbia University Press.
- Kolb DA (1984). *Experiential learning*. Englewood Cliffs, NJ: Prentice Hall.
- Liese BS & Beck AT (1997). Back to basics: fundamental cognitive therapy skills for keeping substance-dependent individuals in treatment. In LS Orliken, JD Blaine

- & JJ Boren (eds), *Beyond the therapeutic alliance: keeping substance-dependent individuals in treatment* (pp 207–230). NIDA Research Monograph No. 165, DHHS Publication No. 97–4142. Washington, DC: US Government Printing Office.
- Loganbill C, Hardy E & Delworth U (1982). Supervision, a conceptual model. *The Counselling Psychologist*, 10(1), 3–42.
- McNeill F (2009). *Towards effective practice in offender supervision*. University of Glasgow. Report for The Scottish Centre for Crime & Justice Research.
- Norrie J, Eggleston E & Ringer M (2003). Quality parameters of supervision in a Correctional context. *New Zealand Journal of Psychology*, 32(2), 76–83.
- Proctor B (1988). Supervision: a co-operative exercise in accountability. In M Marken & M Payne (eds), *Enabling and ensuring*. Leicester: National Youth Bureau and Council for Education and Training in Youth and Community Work.
- Reynolds N (2000). Who is the client? In H Love & W Whittaker (eds), *Practice issues for clinical and applied psychologists in New Zealand*. Wellington: New Zealand Psychological Society.
- Rioch M (1976). *Dialogues for Therapists*. San Francisco: Jossey-Bass, 1976.
- Rubel D & Okech JE (2006). The supervision of group work model: adapting the discrimination model for supervision of group workers. *Journal for Specialists in Group Work*, 31(2), 113–34.
- Schultz JC (2008). Tripartite model of supervision for rehabilitation counsellors. *Journal of Applied Rehabilitation Counselling*, 39(1), 1–3.
- Schultz JC, Ososkie JN, Fried JH, Nelson RE & Bardos AN (2002). Clinical supervision in public rehabilitation counselling settings. *Rehabilitation Counselling Bulletin*, June 22, 2002.
- Scott-Howman A & Walls C (2003). *Workplace stress in New Zealand*. Wellington, New Zealand: Thomson Brookers.
- Townend M (2005). Interprofessional supervision from the perspective of both mental health nurses and other professional sin the field of cognitive behavioural psychotherapy. *Journal of Psychiatric and Mental Health Nursing*, 12, 582–88.
- Ward T, Day A & Casey S (2006). Offender rehabilitation down under. *Journal of Offender Rehabilitation*, 43(3), 73–83.