ICF Supervision Literature Review 2018

Prepared by J. Thomas Tkach & Joel DiGirolamo
INTRODUCTION

This report is an update on the state of academic research in coaching and clinical supervision for 2018. We examined a total of six academic research articles on coaching supervision and eight academic articles on clinical supervision published in 2017 and 2018.

COACHING SUPERVISION

Very few academic articles were published on coaching supervision in 2018. Three in particular are worth noting. Armour (2018) explored the functions of supervision, a topic of significant debate in the literature. The current functions have mostly been adopted from the field of social work. Armour discussed this history and concludes that more work needs to be done to investigate the relevance and effectiveness of current coaching supervision functions.

Through the use of interviews, de Estevan-Ubeda (2018) explored the development journey of seven highly experienced coach supervisors, each of whom had been supervising a minimum of ten years. Many different ways coaching supervisors develop and learn were uncovered. One of the strongest forms of learning was “Developing from Experience” which had several sub-categories, namely, Learning from Life, Learning from Supervising Others, Learning from Being Supervised, and Reflection.

An important contribution of this research was a discussion of supervisors being supervised. As the article points out, very little research has been done in this field and it might play an important role in the development of coach supervisors.

Finally, Turner and Passmore (2018) researched how coaching supervisors handle ethical dilemmas in their practice. The study highlighted inconsistencies in practice which may have implications for the profession and its reputation. The study summarizes:

One in five coach supervisors did not discuss the role of values in ethical decision-making and 7.92% did not see a Code of Ethics as a factor to consider while a further 24.75% saw codes as a ‘possible’ factor in ethical decision-making. There is a lack of clarity about supervisors’ use of professional bodies, professional insurers, the law and contracts. The professional body Codes of Ethics are clear about what to do in cases of offences which fit mandatory reporting. Yet this was not followed in practice, with 18% saying they would not report any act, including those that came under mandatory reporting legislation, to the police, and 23% of supervisors say they would not report these to the professional body. The findings have suggested a lack of clarity and understanding.
among supervisors around ethical decision-making related to legality and a lack of consistency in the potential application of Codes of Ethics, and legal requirements. (Turner & Passmore, 2018, p. 139).

This is a concern since a significant function of supervision is the qualitative function, which ensures both the quality of the supervisee’s work and that they are practicing ethically (Hawkins & Smith, 2013). If supervisors are not fulfilling this role, ethical quandaries may not be addressed sufficiently. More work should be conducted to confirm this finding and to find ways to remedy the problem should it exist.

**CLINICAL SUPERVISION**

This year there were a number of interesting studies on clinical supervision. Several looked at the efficacy of supervision while others investigated models and variables that contribute to effective supervision.

Alfonsson, Parling, Spännargård, Andersson, and Lundgren (2018) performed a systematic analysis of literature “regarding the effects of clinical supervision on therapists’ competences and clinical outcomes within Cognitive Behavior Therapy (CBT)” (Alfonsson et al., 2018, pg. 1). One hundred-thirty-three academic articles were examined but only five were used in the final analysis. Of those, four suffered from methodological weaknesses, one demonstrated supervision having positive effects on therapist competence, and none showed benefits for patients. The authors concluded that “The research literature suggests that clinical supervision may have some potential effects on novice therapists’ competence compared to no supervision but the effects on clinical outcomes are still unclear” (Alfonsson et al., 2018, pg. 1).

In another study on the effectiveness of supervision on CBT, Bearman, Schneiderman, and Zoloth (2017) investigated whether supervision that employed active learning techniques (e.g. role play, corrective feedback, etc.) was more effective at increasing CBT competence in therapists than that of supervision as usual. They found that “those who received supervision that included skill modeling, role-play, and corrective feedback based on session review showed a pattern of incremental improvement across the three supervision meetings on cognitive restructuring fidelity, CBT expertise, and global CBT competence.” (Bearman et al., 2017, pg. 11). A concern with this study is that there was not a control group (i.e. a non-supervision group).

Wilkins and Antonopoulou (2018) conducted a survey of 315 social workers to explore the benefits of supervision. Most participants reported supervision aids with accountability and management oversight. Additionally, “newly qualified social workers, those who said
group supervision was their main form, and those with more frequent and longer (but not ‘very long’) sessions rated their supervision as most helpful (Wilkins & Antonopoulou, 2018, p. 13). However, these findings should be considered with caution as this study employed self-report measures instead of objective measures of supervision effectiveness.

O’Donoghue, Wong Yuh Ju, and Tsui, (2018) researched the creation of an evidence-informed social work supervision model. The researchers used findings from more than 130 articles to construct the model, which consisted of five areas of importance: “(1) the construction or understanding of supervision; (2) the supervision of the practitioner; (3) the supervision relationship or alliance; (4) the supervision process and (5) the supervision of their social work practice” (O’Donoghue et al., 2018, p. 2). Similarly, Watkins (2017) argues that there are five “mega-variables” that contribute to successful supervision: connection, conception, allegiance, alignment, and action. The variables are illustrated within a model dubbed the Contextual Supervision Relationship Model (CSRM).

**CONCLUSION**

Very little has transpired in the world of supervision since the 2017 supervision report. Academic literature for both coaching and clinical supervision was sparse and there is still much work to do to demonstrate the efficacy of supervision and to understand how best to implement it.

However, it is important to note that the studies in clinical supervision have uncovered some possible insights into the efficacy of supervision; namely, that some forms of supervision may be more efficacious than others (Bearman et al., 2017), supervision may be more helpful for novice practitioners (Alfonsson et al., 2018; Wilkins et al., 2018), group supervision may be more beneficial than one-on-one (Wilkins et al., 2018), and more frequent and longer sessions (but not ‘very long’) may be more advantageous than shorter, less frequent sessions (Wilkins et al., 2018). However, these studies should be considered with caution as they lack robust research methodology.

While the practice of supervision is certainly encouraged, the lack of solid evidence for efficacy remains and more robust research is still needed.
REFERENCES


