Anxiety in Clinical Supervision: Maximizing Performance & Learning

Michigan State University

Hung Jen Kuo, Ph.D., CRC,
Annemarie Connor, M.S., OTR/L
Trent Landon, M.S., CRC
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Anxiety is both friend and foe…

- Let’s do a quick assessment of our state of anxiety right now!

You will be presented with a number of statements which people have used to describe themselves. We will read each statement and then select the letter that indicates how each of us feels right now, that is, at this moment.

There are no right or wrong answers.
State-Trait Inventory for Adults
Self Evaluation Questionnaire

1. I am tense. A = NOT AT ALL
2. I feel strained. B = SOMEWHAT
3. I feel upset. C = MODERATELY SO
4. I am presently worrying D = VERY MUCH SO
   over possible
   misfortunes.
5. I feel frightened.
6. I feel nervous.
7. I feel jittery.
Clinical Supervision Challenges

- As Bernard & Goodyear (2014) noted, clinical supervision is the signature pedagogy of the helping profession.
- Internship or practicum experiences guided by effective clinical supervision have been shown to facilitate the professional development of counselors.
- Thielsen and Leahy (2001) describe clinical supervision as “the most important component in the pre-service preparation of rehabilitation counselors.”
However…

- Clinical supervision is underutilized
- One major reason for such a situation is...

- As a result of the interaction necessary for sufficient CS, individual emotions and feelings inevitably influence the effectiveness of the selected supervisory intervention (Stoltenberg, 2005).
Anxiety in clinical supervision can negatively impact:

- **Self-efficacy** → self-defeating thoughts (Fitch & Marshall, 2002)
- **Rapport** (Ellis et al., 2014)
- **Learning** (Liddle, 1986)
- **Performance** (Chesky & Miller, 2004; England & Hooper, 1980)
What is Anxiety

- Anxiety is normal
- “…an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure” (APA, 2015)
- Can create state of helplessness (Barlow, 2000)
- Prevalent
- Felt by supervisors as well as supervisees
Negative Effects

Exacerbated by role conflict
(Nelson, Barnes, Evans, & Triggiano, 2008)

Causes role conflict
(Olk and Friedlander, 1992)
However, not all anxiety is bad…
Managing Anxiety in Clinical Supervision

Manageable amounts of anxiety increase learning (Rioch, Coulter and Weinberger, 1976)

Absence of anxiety fosters low motivation (Hull, 1952)

High stress elicits defense mechanisms (Costa, 1994) and debilitation (Bernard & Goodyear, 2014)

Yerkes & Dodson (1908), Inverted U - Model of Optimal Performance
Managing Anxiety in Clinical Supervision

- Purpose of this presentation is to detail prevalent causes and consequences of anxiety inherent to CS, and provide potential interventions.

- To deal with the problem, we:
  1. Understand the nature of the problem
  2. Learn where does it come from
  3. Learn how to identify it
  4. Learn to equip us for dealing with it
Types of Anxiety

- Anticipatory Anxiety
  - Anxiety itself is fundamentally future-oriented.
  - In other words, an individual feels anxious because he/she anticipates or expects something negative might happen.
    – (Barlow, 2000)

- Dominance Anxiety
  - Dominance anxiety is a response to authority and power.

- Approval Anxiety
  - Approval anxiety is generated through the desire of supervisees to be recognized by supervisors.
    – (Bradley, 2000; Dodge, 1982)
  - When supervisees’ feel that their need for approval and perceived level of competence will not be met or recognized, increased counselor anxiety is typical.
    – (Dodge, 1982)
Sources of Anxiety

- **Supervisee Anxiety**
  - **Evaluation**
    - Evaluation of performance is an area where supervisees are likely to experience anxiety.
      - (Glosoff & Matrone, 2010)

- **Unclear Expectations**
  - Supervisee anxiety levels are likely to increase when the evaluative criteria they will be appraised against are ambiguous or absent.
  - Often in rehabilitation counseling, supervisors fail to use a supervisory contract.
    - (McCarthy, 2013; Schultz, Ososkie, Fried, Nelson, & Bardos, 2002)
Sources of Anxiety

- Supervisee Anxiety
  - Conflicted Roles
    - Supervisees are subordinate when they are students/trainees, and on the other hand, they are superordinate in counseling sessions.
    - Freidlander et al. (1986) suggested that supervisee role conflicts influence supervisees’ anxiety levels, ability to self-evaluate, affect, and professional behaviors.
Sources of Anxiety

- Supervisor Anxiety
  - Personal Characteristics
    - Multiple authors have suggested it is incumbent upon the supervisor to bring up topics such as multiculturalism, concerns regarding race/ethnicity, and gender differences.
      - (Glosoff & Matrone, 2010; Herbert & Trusty, 2006; Sagganjanavanich & Black, 2009)
  - Lack of Training
    - A majority of rehabilitation counseling supervisors have limited training on supervisory practices.
      - (Herbert, 2004)
    - Are often promoted to a supervisory position within a few short years in the profession.
      - (Herbert, 2012)

- Evaluation of Supervisee
Sources of Anxiety

- Supervisor Anxiety
  - Evaluation of Services
    - Another possible anxiety invoking situation results from the need for supervisors to evaluate the type of services being provided to clients.
      - (Glosoff & Matrone, 2010)
  - Organizational Culture
    - Leadership, whether knowingly or unknowingly, influences the culture of learning within the organization.
      - (Crimando, 2004; Sherman et al., 2014)
    - Rehabilitation counseling supervisors are in a unique position to influence both the individual counselor and the overall organization through the implementation of clinical supervision, yet they remain unaware of the purpose, practice, and potential benefits of clinical supervision.
      - (Herbert & Trusty, 2006; Schultz et al., 2002)
Identifying Anxiety

- Clinical Judgment
- Available Instruments
  - Anticipatory Supervisee Anxiety Scale
  - Role Conflict and Role Ambiguity Inventory
  - Counselor/Supervisor Self-Efficacy Scale
  - Supervisory Working Alliance Inventory
Clinical Judgement

- Before supervisors can handle anxiety in clinical supervision, they have to recognize that there is a potentially alarming situation.
- There are three ways people to respond to anxiety and stressful situations (Horney, 1950):
  - Move away
  - Move toward
  - Move against
Anticipatory Supervisee Anxiety Scale

- Liddle (1986) conceptualized supervisee anxiety using a bi-dimensional system, which stated that performance and evaluation anxiety are two major sources of supervisee resistance.
- Ellis and colleague (1993) attempted to create an instrument (i.e., Supervisee Anxiety Scale) based on Liddle's idea of supervisee anxiety but failed.
- Ellis and colleagues turned their attention to Barlow's (2000) model of anxiety, which stated that all anxiety is anticipatory.
- The ASAS is a paper and pencil questionnaire consisting of twenty-eight questions with a 9-point Likert-style scale
Role Conflict and Role Ambiguity Inventory

- A supervisee might simultaneously be a counselor, a student, a client, a supervisee and a colleague.
- The instrument can be divided into two parts with one identifying role conflict, and the other identifying role ambiguity.
- The instrument consists of twenty-nine questions with a 5-point Likert scale.
Counselor/Supervisor Self-Efficacy Scale

- Self-efficacy is a concept developed by Bandura and Adams (1977)
- Self-efficacy and anxiety is highly correlated.
- Two are available:
  - Counselor Activity Self-Efficacy Scale (CASES)
  - Counselor Supervisor Self-Efficacy Scale (CSSES)
Supervisory Working Alliance Inventory

- Bordin (1983) proposed the idea of working alliance.
- The relationship between working alliance and supervisory anxiety is well supported by empirical evidence (Kaib, 2010; Sauer, Lopez, & Gormley, 2003).
- Supervisory Working Alliance Inventory (SWAI). The SWAI contains both a supervisor and supervisee form.
- Three components:
  - Rapport
  - Client focus
  - Identification
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Theoretical Basis &amp; Belief</th>
<th>Number of Items</th>
<th>Scale</th>
<th>Used by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipatory Supervisee Anxiety Scale</td>
<td>• All anxiety is anticipatory (Barlow, 2000).</td>
<td>28</td>
<td>1–9</td>
<td>Supervisee</td>
</tr>
</tbody>
</table>
| Role Conflict and Role Ambiguity Inventory      | • Supervisors and supervisees have to play different roles during the supervisory relationship (Holloway, 1984).  
• The lack of clarity regarding the training expectation causes role ambiguity which in turn provokes anxiety situation (Olk & Friedlander, 1992). | 29              | 1–5         | Supervisee      |
| Counselor Activity Self-Efficacy Scale          | • Base on Bandura’s (1977) idea, self-efficacy can be influential to an individual’s actual thinking, behaving, and feeling.  
• Lent, Hill, and Hoffman (2003) develop CASES to help counselor-in-training to gain insight of their level of self-efficacy.                                                   | 35              | 0–9         | Supervisee      |
| Counselor Supervisor Self-Efficacy Scale        | • Barnes’ (2002) Counselor Supervisor Self-Efficacy Scale (CSSES) is developed to evaluate supervisors’ confidence level in providing supervision.                                                                                                            | 39              | 1–10        | Supervisor      |
| Supervisory Working Alliance Inventory          | • Base on Bordin’s (1983) idea of working alliance which incorporates three key component: a) agreement on goals, b) agreement on tasks, and c) bonds.  
• Efstation, Patton, & Kardash (1990) developed SWAI to evaluate the strength of working alliance between supervisors and supervisees.                                                | 23              | 1–7         | Supervisor/Supervisee |
Time to reflect on our anxiety today…

....and its impact on our learning.
Let’s look at our group frequencies and percentages…

Figure 1. Relationship Between Anxiety and Performance

Yerkes & Dodson (1908), Inverted U – Model of Optimal Performance
Recommendations: Effective Supervision Manages Anxiety

- Effective Supervision Requires Training
- Effective Supervision Requires Familiarity with Tools
- Effective Supervision Requires Use of Supervisory Contracts
- Effective Supervision is Built on a Strong Working Alliance
Effective Supervision Requires:

- Increase the use & role of **SUPERVISORY CONTRACTS**
  - Clarifies the Goals and Tasks of Supervision
  - Moves beyond “yearly evaluation”
  - Strengthens the Working Alliance (Relationship)

- Seek out **TRAINING** on Clinical Supervision
  - The counseling profession “would never dream of turning [unsupervised] untrained therapists loose on needy patients.”
    - (Watkins, 1997, p. 603)
  - Supervision is a specialized intervention in its own right
    - (Bernard & Goodyear, 2014)
  - It seems intuitive that a profession would not “turn untrained supervisors loose on those untrained therapists.”
    - (Watkins, 1997, p. 603)
Effective Supervision Requires Familiarity with Tools

- Recognize anxiety is a complicated emotional arousal.
- Direct measurement of anxiety level is almost impossible.
- However, anxiety can be captured by behavioral manifestation.
- Numerous instruments were created on the basis of capturing these signs for detecting anxiety.

- Two keys:
  - Be familiar with tools available
  - Sharpen clinical judgement as a powerful tool
Effective Supervision Requires Strong Working Alliance

- Strong SWA increases supervisee satisfaction with supervision (Ladany, 2004)
- WA as “primary function for therapeutic change for almost any helping relationship” (O’Sullivan 2012, p. 218)
- Supervisor as teacher, consultant, and counselor (Bernard & Goodyear, 2014)
  - WA impacts all three roles
- SWA is protective against excessive anxiety (Kaib, 2010)
Conclusion

- Anxiety impacts learning and performance of supervisor and supervisee.
- Skilled management of anxiety within the supervisory dyad fosters optimal learning and performance.
- Supervisors can use training, models, measures, contracts, and working alliance as interventions in managing anxiety and fostering professional counselor development.