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Enhancing Clinical Supervisors' Compassion Satisfaction Through Mentoring Mental Health Clinicians

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Abstract

The overall purpose of the study was to generate an increased understanding of clinical supervisors' (those supervising mental health clinicians) experiences of compassion satisfaction and compassion fatigue and to obtain their views on how these affect their supervisory and clinical practice. Further, our purpose was to develop recommendations for enhancing the relationships between clinical supervisors and the mental health clinicians they supervise.

This study used a hermeneutic phenomenological (HP) approach. HP is well established as a language-based methodology that allows for meaning generation through qualitative interviews (Moules et al., 2015). We conducted in-depth interviews with nine clinical supervisors in the mental health field. We transcribed these interviews verbatim and analyzed them for underlying meaning using HP. We used research team reflexive practices as well as follow-up participant interviews to ensure trustworthiness. One of the key findings was that clinical supervisors felt more satisfied (and by extension less fatigued) in their roles when they had the opportunity to mentor less experienced mental health clinicians. They highlighted the joy that this brought them and how it allowed them to navigate the demands of complex systems where cutbacks were the norm. Mentoring junior clinicians was a way to encourage clinician development and to enhance the supervisory alliance. This study adds to our knowledge about clinical supervision relationships via the supervisory alliance, the developmental relationship between supervisors and therapist supervisees. There is an abundance of research on the perspectives of therapists, but we do not know much about how supervisors experience this supervisory alliance. This study also adds to the literature on clinical supervision by explicating how mentorship can affect supervisees as well as clients by extension through parallel processes (Tracey et al., 2012).

Introduction & Literature Review

Clinical supervision, the practice of facilitating professional growth and development for less-experienced mental health therapists (MHTs), is considered a demanding role that requires complex meta-clinical aptitudes and skills. Clinical supervisors (CSs) are charged with ensuring both the competency and wellness of their supervisees as well as ensuring that helpful services are provided to the clients of the supervisees (Falender, 2018). When CSs balance these demands well, it can benefit their supervisees and their growth tremendously (Callahan et al., 2019). However, when CSs become impaired by personal and/or professional stress, or compassion fatigue, there can be serious negative effects on all parties, including those in more vulnerable positions such as supervisees and their clients (Mann & Merced, 2018; Shepard et al., 2016).

The purpose of the study summarized in this article was to understand clinical supervisors' experiences of compassion fatigue and compassion satisfaction and to identify aspects of clinical supervision that helped supervisors overcome challenges to reduce associated compassion fatigue. We did not set out to inquire specifically how mentoring roles might be implicated in clinical supervision, but this was one of the key findings that will be explored further.

Those who work in the field of mental health encounter many challenges in maintaining their health so that they can serve their clients and do no harm. Clinical supervisors of mental health therapists (MHTs) occupy a distinct role within mental health practice and need to possess a complex set of aptitudes and skills to conduct this role effectively (Falender & Shafranske, 2017). CSs of MHTs face unique and compounded challenges as they are responsible for both the functioning of the MHTs, as well as for safeguarding the well-being of their clients.

It is well established that providing effective counselling services requires compassion on the part of the practitioner. For this article, compassion is defined behaviorally as an attempt to understand the suffering of another, along with a willingness to try and assist that person to ease their suffering (Perez-Bret et al., 2016). A related concept, compassion satisfaction, is understood as a psychological state in which one derives pleasure from helping others (Devine, 2014). On the flip side of compassion satisfaction is compassion fatigue, also a psychological state whereby those who counsel, help, or supervise others are distressed or preoccupied by the demands of their role which impairs their ability to express compassion to those they help or supervise (Devine, 2014).

Researchers note that higher levels of compassion and empathy for others may lead to more personal distress and professional fatigue or burnout for those working in the mental health field (Luberto et al., 2018). Studies of MHTs have shown a connection between compassion satisfaction and levels of fatigue and burnout (Lamothe et al., 2014). The research is largely silent on CSs' compassion satisfaction and compassion fatigue experiences. CSs' impairments in expressing compassion for their supervisees can lead to detrimental consequences for all involved, including negative quality of life for CSs, reducing the efficacy of their supervisees, and affecting the well-being of supervisees' clients (Jackson et al., 2019).

The idea of "parallel processes" is also important to consider within clinical supervision and developmental relationships (Tracey et al., 2012). Parallel processes means that certain relational patterns can move between and impact all parties involved in supervision (the supervisor, the therapist, and the client). The idea of parallel process means that CSs' compassion fatigue and functioning can affect both supervisee wellness and client care (Callahan et al., 2009; Lu et al., 2017).

Building the supervisory alliance (SA) is seen as an integral way for CSs to encourage professional growth for their supervisees (Bradley & Becker, 2021). While a strong SA may in turn facilitate better supervisee-client relationships (Callahan et al., 2009), CSs' expressions of compassion can be impacted by responding to their supervisees' distress as well as through advising about the difficult struggles of supervisees' clients (Guiffrida, 2015). The stakes of impaired compassion are high when they affect CSs, as this impairment may put both supervisees and their clients at risk.

Study Overview

The authors undertook the study investigating how CSs in various settings experience both compassion fatigue and compassion satisfaction. The literature is replete with the importance of clinical supervision for MHTs, for preventing burnout or compassion fatigue for them as supervisees. Apart from several dissertations (Erdmann, 2018; Kumpf, 2014) and an article on genetic counselling (Allsbrook et al., 2016), the research on clinical supervision is largely silent about how supervisors may suffer from compassion fatigue themselves.

The overall purpose of the study was to generate an increased understanding of clinical supervisors' (CSs') experiences of compassion satisfaction and compassion fatigue and to obtain their views on how these affect their supervisory and clinical practice. The research questions were as follows:

1. How do CSs describe their experiences with compassion satisfaction and compassion fatigue?
2. What understanding can we gain about the relationship between these experiences of compassion satisfaction, compassion fatigue, and CSs' clinical work with their supervisees?

The research method utilized to answer these questions was *hermeneutic phenomenology* (HP), following Moules et al. (2015). HP is well established as a language-based methodology that allows for description and meaning generation through qualitative interviews (Moules et al., 2015). HP indicates that the best way to gain a description of a lived experience is to ask those participants who are currently engaged in those experiences for their perspectives. Further, HP has been used to investigate relationships in the health and counselling fields (see Klingle et al., 2018), as well as developmental relationships such as mentoring (Hernandez, 2020; Luft, 2002).

After obtaining ethical approval at our institution, the researchers recruited nine supervisors who have provided clinical supervision to MHTs for at least one year. These supervisors work in various settings, including publicly funded health services (n=3), and non-profit counselling agencies (n=6). Many participants (n=6) also provided supplemental private practice supervisory services in addition to being employed at an organization.

Following Moules et al., the researchers conducted in-depth, one-on-one interviews over Zoom with participants to gain a description of supervisors' experiences with respect to compassion satisfaction and fatigue. All interviews were transcribed, and the researchers engaged in the hermeneutic circle (Packer, 2018) throughout the study. The concept of the hermeneutic circle emphasizes the need for an open and flexible approach to interpretation, where the interpreter is willing to revise their initial assumptions and engage in a continual dialogue between their understanding and the interview texts. Consistent with hermeneutic methodology, and to ensure trustworthiness, themes were built through interaction with the words of the participants, reflection for the researchers, and second conversations with participants.

Findings: Compassion Fatigue for Clinical Supervisors

There were two key themes highlighted by participants regarding how they experienced compassion fatigue in their supervision work. Consistent with hermeneutic writing, both specific findings and discussion are interwoven in one section below (c.f., Moules et al., 2015). Note all participant names are pseudonyms.

Structural Constraints

Participants discussed feeling stressed and distressed about the ability of those whom they were supervising to provide sufficient services when financial cutbacks resulted in reduced programming, as well as reduction in clinical staff numbers overall. A quote from Cora encapsulated this concern:

> I see government funding is a barrier in the sense that a lot of nonprofits have lost their funding, so when clients run out of their session limit, and they still need support, I find that really stressful and really difficult…supporting them when I'm providing clinical supervision.

The participants also faced increased administrative and clinical responsibilities being piled on their workload due to financial considerations at their workplace settings, which often made them less available to their supervisees to consult about clinical matters and this had an impact on the supervisory alliance. Rachel identified how agency pressures created a lack of compassion in response to supervisees:

> …the agency hasn't given them the time and the space to actually dedicate to preparing for supervision and spending time with their students to be clear about what they expect students to do as an agency so quite often you end up with conflicts…So I don't know that it's a lack of compassion or there's just not enough space for me or them to even feel compassion.

As a remedy for resisting structural constraints, Reynolds (2011; 2014) suggests that supervisors can engage in several key practices with their supervisees that allow them to resist systemic pressures such as increased caseloads and that these practices also help develop the supervisory alliance. Central to Reynolds's work is the idea of a "collective solidarity" between supervisors and supervisees. Reynolds (2010; 2014) urges supervisors to be aware of power differentials between supervisors and supervisees and to be willing to discuss these openly as well as to be willing to work alongside their supervisees in solidarity. These actions model a higher-level systemic process whereby supervisees or MHTs are called to walk alongside their clients versus assuming an expert or power-over stance (Reynolds, 2010).

The above theme shows that it is essential to examine larger systems at work when considering problems such as individual levels of supervisor's or therapist's compassion fatigue or burnout. Reynolds's (2011) stance that burnout or compassion fatigue does not originate from individual client or supervisee factors, but rather is a natural response to confronting an unjust system where therapists and their supervisors are expected to ignore the indignities of unfair wealth distribution and the impacts on marginalized peoples, is an apt way to view the findings.

These results highlight the importance of ensuring that adequate managerial support is given for CSs to perform the multi-faceted parts of this role when their load of clinical supervision may have doubled due to various economic considerations. Most of our participants (n=6) indicated that they preferred offering clinical supervision to junior therapists in private practice (versus agency settings), as they found more freedom to work beyond agency structures and restrictions. For instance, Betty said, "like if I was working with an agency, where someone just gave me a student, and I didn't have a choice, I wouldn't be down for that. I want to have a choice about who I'm going to work with."

Challenges of Supervisee Interactions - Feedback

Participants described that they generally experienced more compassion fatigue when supervising MHTs who were not open to feedback to improve their clinical practice. Many participants (n=5) expressed frustration when supervisees asked for feedback and then seemingly did not incorporate it. Jill identified how this phenomenon led to increased fatigue:

> I think the challenges of being a clinical supervisor are when staff were—like a part of my role would be to receive phone calls from clients who are unhappy with their therapist. And so having to kind of navigate that, and to be able to kind of work through that and process that with therapists who were not really open to feedback or wanting to learn about how they could grow in response to that feedback was a challenge.

Don also spoke about being frustrated with several clinicians in their practice who initially didn't seem open to feedback. However, as time wore on, Don was impressed at their ability to grow and learn from the feedback given. This represented positive developmental growth of the supervisee and contributed well to the

supervisory relationship. Don said, "I had incredible respect for their willingness to engage in difficult conversations and challenge themselves, and hear feedback and incorporate that into their practice, which I, in turn, think made them a better clinician."

Several participants also expressed concern that the ability to self-reflect on feedback was not being taught at supervisees' graduate training programs and that this put more responsibility upon them and caused more compassion fatigue. Rhonda stated that she was giving her (post-Masters' degree) therapists "the kinds of assignments that basically I had in my Master's program, but with…a lot more of the reflective work." These concerns are consistent with Thériault et al., (2015), who indicate that counselling faculty are sometimes reluctant to engage in conversations about self-care, which can include reflective practice. Given that providing feedback is a key component of supervision overall (Falender, 2018), it would be helpful for building the supervisory alliance to encourage MHTs to reflect on clinical feedback and to develop reflective practice aptitudes.

Mentoring to Enhance Compassion Satisfaction and Supervisory Relationships

Two of the key themes participants spoke about for enhancing their compassion satisfaction were: *engaging in a mentoring role* and *remembering being new*. They highlighted how these two intertwined aspects increased their compassion satisfaction. Despite not being asked specifically about mentoring for the study, most of the participants discussed how they saw their work as some type of mentorship. Some evidence suggests that engaging in aspects of clinical supervision that align with mentoring may help clinical supervisors in the health and mental health field have more compassion satisfaction. (Corrie & Lane, 2016; Erdmann, 2018). This rang true in Cora's interview where she spoke about the mentoring aspects of supervision, despite the pandemic upending services at her job:

> You know, there's been lots of things in really strange conditions, but I would say that clinical supervision of a provisional (psychologist) was the top…. and to think of probably one of the worst times you could ever have in your career…to be able to use that as a way to develop someone's clinical practice.

Rhonda expressed the satisfaction she found in building a mentoring-type relationship with her supervisees while simultaneously helping them learn the "essentials" of the profession:

> It's been nice to build that kind of a relationship with people, but it isn't always there, and it doesn't mean that there's not some exhaustion along the way. But I do think that in the end it is really fulfilling, and I feel like it's our duty as clinicians to be able to take on that role and help those that are moving forward in their careers as well.

Mitchell identified the supervisory role as blending into mentorship and how this increased his compassion satisfaction through giving back: "Intellectually it challenges me, it gives me my own growth it's nice to feel like you're in the role of a mentor, so you're sort of giving back." Hope took pride in describing her supervisory style as a "particular way of mentoring" and described how her employer recognized the impact on those in training. "My team is more appreciated in the institution, not just because of the work I do, but because of the work the therapists do, and partly because of the way I am mentoring, as compared to another team." Hope's words touched on the idea of supervisory relationships indirectly impacting relationships between therapists and clients (Lohani & Sharma, 2023). It appears that the mentorship aspect of supervision may be one of the key processes that help supervisors find satisfaction in working with their supervisees.

The literature indicates that supervisors can act as mentors; done ethically, this usually has benefits for both parties (Barnett & Molzon, 2014; Johnson, 2007). However, it is important to note that clinical supervision involves an evaluative component while mentoring generally does not (Milne, 2010). Sandra, who had been supervising for two years at time of the interview, talked about this tension; both "building trust" with supervisees but also acknowledged that ultimately it was her clinical license on the line if the supervisee messed up. "The other half of me likes when the supervisee is more cautious…that's your license on the line and mine, so we're in a symbiotic relationship." Overall, CSs could be encouraged to develop their mentorship roles in relation to their supervisees whilst keeping in mind how they might manage this with a more evaluative function.

Remembering Being New

Overall, participants spoke about finding compassion satisfaction by connecting with the moments from when they were trainees and new to the profession. Rhonda highlighted this connection by explaining that she found satisfaction by remembering how she appreciated validation as an early career therapist, "I remember what it was like to struggle and not feel confident in my work and so I just, I feel like it's so import-

ant to be validating to those that are looking for supervision." Hope likened supervisory mentorship work to being the director of a play, working behind the scenes for the success of the group: "you are behind the curtains, and you may be coaching, and then you can actually see the process better, precisely because you are behind the curtain and you can see, you can see, the growth, you can see the players move." Cora recognized the influence of her mentors and supervisors when she was starting out. She felt fortunate to have had very good supervisors: "I've had such good clinical supervision and I intentionally have picked jobs, to know that I would get that." This theme seems consistent with current literature which suggests that remembering that you were once also finding your way and that "paying it forward" through mentorship may help (Shklarski & Abrams, 2021).

Conclusion

Results from a hermeneutic phenomenological inquiry about compassion fatigue and compassion satisfaction experiences of CSs in the mental health field were summarized. Two themes surrounding compassion fatigue emerged from the analysis: *structural constraints* as well as *challenges of supervisee interactions*. Two themes about enhancing compassion satisfaction were identified: *engaging in a mentoring role* and *remembering being new*. These themes elucidated how focusing on building a mentoring relationship with supervisees helped to create more compassion satisfaction; remembering what it was like to be starting out also helped the supervisors find more compassion and meaning in their supervisory work.

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