

How to Coach a Supervisee Through Using CANS or ANSA

7 Core Skills to Use During Supervision: Presence, Listening, Reflecting Back, Questioning, Feedback, Accountability, Modeling

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- **Presence:** Supervisors should have a “soft hold” on the supervision agenda. This means allowing the clinician space to explore while also maintaining a clear focus and objective. Supervisors should be flexible in the CANS/ANSA discussions while maintaining undistracted attention to their supervisees.
- **Listening:** Supervisors should not only listen to the words their supervisees are speaking, but to the meaning behind the words as well. Supervisees may try to share information about their experience using CANS/ANSA without actually stating it directly. Supervisors should look for nonverbal communication such as nuances and body language as well. Supervisors should give space for the clinicians to share their feelings and experiences honestly, so that the supervisor can support the clinician as needed. Supervisors should be without judgement during supervision in order to facilitate open and honest communication in a safe environment.
- **Reflecting Back:** Per Seneca’s values, supervisors should take a Carl Rogers approach in empathizing with the supervisees experience in using CANS or ANSA with individuals, youth, and families. Supervisors should also model empathy, unconditional care, and genuineness in discussing needs, strengths, and treatment approaches with clinicians. Supervisors should summarize the discussion for the clinician in order to help streamline their approaches, while also helping the clinician hold on to “big picture issues” that are present in order to maintain momentum in their treatment approach.
- **Questioning:** Supervisors should express curiosity and ask questions that they genuinely do not have the answers to in order to help the clinician also be curious. Supervisors can also ask questions that they do know the answers to, but do so clearly and concisely. Supervisors should ask more questions of the clinician to help them create their own hypothesis than give direction.
 - Tips: Ask open-ended questions, ask “what” instead of “why”, allow silence for exploration, be patience, be genuinely curious

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- **Feedback:** Supervisors should give consistent feedback to supervisees in every supervision. This feedback should consist of both positive and strength based and areas of growth and development. Additionally, supervisors should also ask supervisees for feedback in how they can be most supportive during supervision.
- **Accountability:** Supervisors should support clinicians in creating and implementing actions items while also outlining steps to take in order to complete them. Supervisors should ask supervisees what support they need in order to implement these action items as well. A verbal commitment to these items is important.
- **Modeling:** In asking for accountability from your supervisee, it is critical that the supervisor is also accountable and dependable. It is also important to model appropriate boundaries by self-disclosing only to the extent that is in the client or supervisees best interest. Be self-reflective and curious in order to encourage that of your supervisee. Lastly, model the language, tone, and attitude that you would like your supervisee to have when using the CANS or ANSA with individuals, youth, and families.