On-Site Supervisor Training Manual

School and Clinical Mental Health Counseling Programs
Andrews University

Our Counseling Program's Mission Statement

The mission of the Clinical Mental Health Counseling and School Counseling program is to prepare professional counselors who are ethical, creative leaders, lifelong learners, and self-reflective practitioners prepared to work in a multicultural, global community. To prepare professionals who excel as community leaders and advocates, committed to the bio-psychosocial-spiritual development of all persons. To promote wellness and counseling, consultation, and preventive services to individuals, families, groups, and communities in clinical mental health and K-12 settings. These carefully structured training programs prepare students for success, responsible citizenship, and lifelong learning in the field of clinical mental health counseling and school counseling.

Overview of Expectations for Interns:

In compliance with CACREP standards, we require our interns to do the following:

- Complete 600 clock hours learning and performing the activities that an employed counselor would be expected to fulfill.
- Spend a minimum of 240 hours of direct service spent counseling individuals, couples, or groups.
- Attend a minimum of one and one-half (1 ½) hours per week of group supervision on campus.
- Receive a minimum of one (1) hour per week of individual or triadic supervision by an On-site Supervisor. (Triadic supervision is defined as a tutorial and mentor relationship between a member of the counseling professional and two counseling students).
- Be provided with an appropriate office space for counseling clients and is given the opportunity to develop program-appropriate audio and/or videotapes of the counseling student's interactions with clients for use in supervision.
- Keep a Daily Activity Log that documents on-site participation in activities during the internship. This log is summarized weekly and signed by the On-Site Supervisor.
- Be formally evaluated each semester by the On-Site Supervisor who completes and signs a Semester Evaluation Form. Three copies are made. (One copy is kept by the On-Site Supervisor, one copy is given to the student, and one copy is sent to the Faculty Internship Supervisor.)
- Request that the On-Site Supervisor reviews and signs an Internship Semester Summary Form each semester. Three copies are made. (One copy is kept by the On-Site Supervisor, one copy is given to the student, and one copy is sent to the Faculty Internship Supervisor.)

• Schedule an exit evaluation at the end of the internship experience, between the On-Site Supervisor, the student, and the Faculty Internship Supervisor for the purpose of discussing the On-Site Supervisor's final Semester Evaluation Form, the student's Evaluation of Clinical Supervision Form and exchanging feedback.

(Note: See Internship Manual for appropriate forms.)

Why Supervision Training is Necessary

- Supervising without training gives the message that any good counselor could be a good supervisor.
- Without training, most supervisors model the supervision they received, good or bad.
- Supervision skills are similar, but not identical to counseling skills.
- Supervision training provides the supervisor with the necessary skills to effectively train and evaluate the counseling student supervisee.
- Supervision training gives supervisors the tools and support they need to be competent supervisors.

Supervision. What is it?

Supervision is a relationship that is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients, and serving as a gatekeeper for those who are to enter the particular profession." (Bernard & Goodyear, 1992; 1998)

Falender & Shafranske (2004) suggest that supervision is a distinct activity in which education and training, aimed at developing science-informed practice, are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modeling, and mutual problem solving. Supervision builds on the recognition of the strengths and talents of the supervisee. Supervision encourages self-efficacy and ensures that clinical (supervision) is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large.

Expectations of On-Site Supervisors

On-Site Supervisors must have completed a master's degree in counseling or a closely related professional specialty, and have appropriate certification or licenses with a minimum of two years of pertinent professional experience. This is important since clinical supervision is "an intervention that is provided by a senior member of a profession to a junior member or members of the same profession.

Steps Towards Best Practices of Supervision

- The supervisor examines his or her own clinical and supervision expertise and competency-strength based;
- The supervisor delineates supervisory expectations, including standards, rules, and general practice;
- The supervisor identifies setting-specific competencies the supervisee must attain for successful completion of the supervised experience—strength-based;
- The supervisor collaborates with the supervisee in developing a supervisory agreement or contract for informed consent, ensuring clear communication in establishing competencies and goals, tasks to achieve them, and logistics; and
- The supervisor models and engages the supervisee in self-assessment and development of knowing what one does and does not know (metacompetence), from the onset of supervision and throughout. (Falender & Shafranske, 2007, p. 238)

Models of Supervision

Traditional Models (older models):

- Psychotherapy or theory based, whether it is psychodynamic, person centered, cognitive behavioral, family systems, solution-focused, etc.
- Teaches the supervisee appropriate behaviors and interventions from those specific theoretic orientations.
- Pays little or no attention to supervisees' development or multicultural issues.

Developmental Models

Trainee moves from a place of dependency, with limited skill and awareness to increasing autonomy, awareness and skill.

• Supervisors match training interventions with the supervisee's level of development.

Stoltenberg's Four Stage Model of Supervisee Development (1981)

- 1st level trainee- Dependent
 - o The trainee is very dependent on the supervisor
 - o Lacks self and other awareness
 - o Is categorical in thinking related to theories and skills
 - Optimal Supervisory learning environment at this stage encourages autonomy within structure and makes use of direct instruction, interpretation, support and awareness training.

- 2nd level trainee- Dependent Autonomous
 - o Is characterized by a dependency-autonomy conflict
 - o Evidences fluctuating motivation
 - o Shows a striving for autonomy
 - o Demonstrates increased self-awareness
 - Optimal learning environment at this stage sets up a highly autonomous with low normative structure, and the supervisor uses support, ambivalence clarification and less instruction.
- 3rd level trainee- Conditional Dependency
 - Is characterized by an emerging personal counselor identity with increased insight, more consistent motivation, increased empathy, and a more differentiated interpersonal orientation.
 - o Optimal learning environment at this stage is more autonomous, with the supervisor treating the trainee more like a peer with mutual exemplification and sharing.
- 4th level trainee- Integrated
 - o The counselor trainee has adequate self and other awareness
 - o Is insightful of own strengths and weaknesses
 - o Has integrated the standards of the profession with his/her own counselor identity.
 - o Supervision is collegial in nature.

Social Role Models

The Social Role Models focus on the supervisor's role as related to the supervisee's development. Janine Bernard's Discrimination Model (1979) has become the most used and researched model in Counselor Education.

Discrimination Model (Best Practice)

The Discrimination Model was originally developed to teach doctoral students how to provide supervision to master's level counseling students in order to reduce supervision to its' core tasks, showing how supervisors need to act and what needs to be focused on. It draws on the Developmental Models of supervision but focuses on the supervisor's role as it relates to the trainees development.

Depending on trainees needs, the supervisor acts as a

- Teacher
- Sounding Board
- Advisor
- Administrator
- Evaluator Gate Keeper

Supervisory Role as Teacher (Bernard and Goodyear, 2009)

- Evaluate observed counseling session interactions.
- Identify appropriate interventions.
- Teach, demonstrate, or model intervention techniques.
- Explain the rationale behind specific strategies and/or interventions.
- Interpret significant events in counseling sessions.

Supervisory Role as Sounding Board (Haynes, Corey & Moulton, 2003)

- Provide a safe place.
- Discuss ideas.
- Provide objective feedback.
- Talking "Out-Loud" to clarify thinking and solidify decision making processes.
- Discuss fears, hopes and frustrations with work and/or training.

Supervisory Role as Advisor (Haynes, Corey & Moulton, 2003)

- Used when giving advise (e.g., duty to warn, suicide, court appearances, mandated reporting, etc.)
- Used when immediate action is necessary to provide safety for client and others.
- May not be the time for supervisee to learn, process and make an informed clinical decision.

Supervisory Role as Administrator (Haynes, Corey & Moulton, 2003)

- Attending to policies and procedures of the school, agency, licensing body and profession.
- Dealing with legal and ethical matters, and supervising client documentation.
- Helping the supervisee learn about bureaucracies.
- Assuring adherence to licensing regulations.
- Reviewing supervisee legal requirements involved in reporting violence or suspected abuse.

Supervisory Role of Evaluator – Gate Keeper (Haynes, Corey & Moulton, 2003)

- Evaluation is a primary responsibility.
- Provide regular and systematic feedback and evaluation.
- Provide information to licensing boards, professional associations, universities, graduate programs and prospective employers.
- Provide information and character references for criminal background checks when required by agency or licensing board.

The Supervisory Relationship

The supervisory relationship is unique in that it is bi-directional, mutually influenced, educational and multidimentional. It contains a dynamic that has been referred to as "Parallel Process. The dynamics in supervision replicate those that occur in the trainees counseling session with a client. Supervisees unconsciously present themselves to their supervisors as their clients have presented to them. They also adopt attitudes and behaviors of the supervisor when relating to the client. "We do to others what has been done to us."

In order to address Parallel Process:

- Advanced supervisees benefit from increasing their awareness of Parallel Process.
- Supervisee becomes aware of the parallels in the relationships with the client, increasing supervisee's understanding of the client.
- The supervisee's understanding of the therapeutic process grows in that she/he learns how to respond to the client as the supervisor has responded to her/him.
- Less advanced supervisees may not benefit from awareness of Parallel Process, but may benefit
 instead from a more directive instruction. Focusing too much on Parallel may be distracting to
 them.

Current Issues Important for Supervisors

In today's world, supervisors are asked to take into special consideration certain aspects of supervision that greatly contribute to a supervisee's professional development as well as their client's well being. Below we want to share with you several special topics that most certainly will be helpful to review as a supervisor.

School Counselors and Supervision

All our students, including our school counselors-in-training need to have the support and guidance of good supervisors as well.

- One reason clinical supervision has been a neglected issue in school counseling may be a perception that school counselors do not have the same level of need for supervision as do clinical mental health counselors. (Herlihy et al., 2002).
- Yet case law suggests that school counselors are held to the same standard of care as other mental health professionals.
- Common legal issues encountered by school counselors are: (Hermann et al., 2002)
 - o Whether a student was suicidal, danger to self.
 - Whether to report suspected child abuse.
 - o Whether a student posed a danger to others.
 - o Being pressured to verbally disclose confidential information

Multicultural Supervision

What is it?

- It includes the implications of cultural similarities and differences within the counseling triad: the supervisor, supervisee and client.
- It includes issues as culture, race, ethnicity, class, gender, sexual orientation, various belief systems (e.g., religion), ability, and age.
- Attention is focused on how these impact both the supervision and the counseling relationship.

Why is it important?

- Cultural problems that might arise in supervision include cultural countertransference: the emergence of thoughts and feelings related to culture for supervisor, supervisee and/or client.
- Cultural dynamics between counselor and client become manifest in the supervisory relationship.
- Cultural dynamics between counselor and supervisor become manifest in the counseling relationship. Cultural manifestations can arise in Parallel Process.
- It has been noted that the influence of culture is often over interpreted, under interpreted, or avoided all together.
- Often race is a charged issue and is not addressed directly within supervision. It is bound to emerge in the supervisory relationship in the ways of:
 - o Unintentional racism
 - Cultural tunnel vision
 - o White privilege
 - o Paternalism
 - o Oppression
 - o Misuse of the power inherent in the supervisory role
 - o Mistrust and vulnerability with the supervisory alliance
 - Communication issues
- Supervisees instructed to focus on multicultural issues in case conceptualizations were better able to consider these, as opposed to supervisees who were not so instructed.
- Receiving multicultural supervision is significantly predictive of multicultural counseling competence.
- Supervisor's role to serve as a catalyst or a facilitator of the trainee's development of cultural awareness in the therapeutic process.

How to Introduce Multicultural Issues in Supervision

- The responsibility to introduce multicultural issues in supervision lies with the supervisor.
- The supervisor can decrease the power differential in a relationship by treating the supervision as a collateral process with liberal use of self-disclosure.
- Supervisees can learn how

- Cultural issues influence theoretical orientation, case conceptualization and treatment planning
- o Culture impacts perceptions of clients and clients' perceptions of them
- It's the time and place to explore one's own cultural identity, whether one is the supervisor or supervisee

Racial Identity Development (retrieved on July 23, 2014 on http://oregonstate.edu/instruct/ed419/riddocument.html

Racial Identity Development and its related schemas is carefully explained in Janet Helm's book *Black and White Racial Identity*. It is a natural process we seem to go through as we integrate new information and question our assumptions. The racial identity models are based on research on many people's journeys and they help us make sense of our own experiences and development.

• Brief Synopsis of Four Stages of Racial Identity Development (RID):

- 1. Preencounter (I'm OK, You're OK, no problems--reference to dominant culture only)
- 2. Encounter (Something is not OK-- denial, guilt, dissonance, questions, helping as salve)
- 3. Immersion/ emersion (I'm OK, I am not sure about you, in fact, I think you caused it, and I don't want to have anything to do with you--anger, denial)
- 4. Internalization/ Autonomy (I'm OK, You're OK, we have joint work to doconstructive solutions, no longer thinking own culture is "normal" others "different"-- valuing diversity)
- Supervisors need to be aware of the implications of RID within the supervisory dyad as it adds clarity to the multicultural supervisory process.
- The RID level of the supervisor usually determines the level and sophistication of the conversation about racial issues.
- Implications for RID in Supervision:
 - Parallel Relationship: Supervisor and supervisee or counselor and client who are approximately at the same RID stage
 - o Crossed Relationship: Individuals who are at opposite or differing stages of RID
 - o Progressive Relationship: which the person with the most power in the relationship (e.g. the supervisor) is at a more advanced stage
 - o Regressive Relationship: the person with the least power (e.g. the supervisee) is at a more advanced stage

Questions to Prompt Discussion of Multicultural Issues in Supervision

How does your worldview and beliefs about the counseling process influence your expectations and goals of therapy and supervision?

- What assumptions are you making about the client based on your (or his/her) worldview/cultural values.
- What variables construct your own cultural identity?
- Are there any multicultural issues in this case that you need to do more research on?
- What values, based on your cultural or ethnic identity, are manifest in your approach to the client? To supervision?
- What are appropriate/inappropriate times to explore the various dimensions of worldview with the client?
- At what point did you notice/comment about the client's race/ethnicity? How do you feel about it?
- What struggles/challenges do you have as you work with culturally different clients?
- At what point do you recognize/acknowledge the client's spirituality/religion/beliefs about life?
- What worldviews may be impacting on the therapist, client and supervisor? (countertransference, parallel process)

Promoting a Social Justice Advocacy in Supervision

According to the ACA Code of Ethics, advocacy is a required activity of all counselors. Social Justice has to do with equity and access. A Social Justice Advocacy Orientation to counseling seeks to examine and remove barriers, injustices and inequities in the lives of our clients.

Ways to Promote Social Justice Advocacy

- As a supervisor, become knowledgeable about the various manifestations and experiences of oppression and social inequities within individuals, groups and society. (Constantine, et al., 2007)
- Develop "critical consciousness" to be able to recognize and challenge oppressive and dehumanizing political, economic, and social systems. (Garcia, et al., 2007)
- Give voice to the oppressed and marginalized peoples that have been silenced. Assist silenced individuals and groups, including students, in finding or amplifying their voice, telling their story and sharing their narratives.
- Facilitate consciousness raising. Educate clients/students regarding the degree to which pain and suffering may be a result of social and political forces (racism, sexism, discrimination, etc.) rather than personal failings. (Goodman et al., 2004)
- Self-awareness is essential for both the supervisor and supervisee. They must consider how their own cultural backgrounds, belief systems, and understanding of power, class, ability, oppression, and advocacy affect their views of effective counseling and the supervision process. (Estrada, Wiggins Frame & Braun Williams, 2004)

Ethical Issues and Supervision

The 2014 ACA Code of Ethics can be found online at http://www.counseling.org/Resources/aca-code-of-ethics.pdf

The particular sections of the 2014 Code that specifically address the issues in Supervision are found in F1-F6. The counseling relationship is a special relationship in which the client places trust and confidence in the professional by virtue of that person's clinical skills, knowledge and abilities. The professional is obligated to act for the <u>benefit</u> of the client. It is the supervisors responsibility to assure that this happens.

Goals for Supervisors in the Area of Ethics and Supervision:

- To understand ethical and legal principles as they apply to the supervisory relationship
- To increase understanding and comfort with the complexity of the supervisory relationship including the evaluative component.
- Further develop your philosophy of supervision and create your own supervision disclosure statement if you don't already have one.)
 - o Professional Supervision Disclosure Statement tend to include:
 - Objectives, expectations and parameters of the supervision
 - Stipulation of meeting times, etc.
 - Provision for evaluation and feedback
 - Model(s) of supervision in use
 - Promote the legal and ethical behaviors of supervisors
 - Delineate limits of confidentiality

A few highlighted Codes that pertain specifically to supervisors are:

- F.1.a. Client Welfare. A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*.
- F.4.c. Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.
- F.6.a. Evaluation. Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions, throughout and supervisory relationship.

Specific Ways to Minimize Risk as a Supervisor

- Don't supervise beyond your competence.
- Evaluate and monitor supervisee's competence.
- Be consistently available for supervision.

- Formulate a sound supervision contract.
- Purchase for self and verify trainee's professional liability insurance coverage.
- Whenever possible, evaluate and screen clients under supervisee's care.
- Establish a policy for ensuring confidentiality.
- Incorporate informed consent in practice.
- Document all supervisory activities.
- Have an emergency protocol in place.
- Consult with appropriate professionals.
- Maintain working knowledge of ethical codes, legal statutes and licensing regulations.
- Practice a feedback and evaluation plan.

Thank you for your time! Please send an email to bkaren@andrews.edu to inform us that you have completed the training.

*Note: Special thanks to University of Saint Joseph's & Virginia Tech's counseling department for the information they put together for the training of their on-site supervisors. Many of their themes aided in the development of this training manual.

Resources

- Aarons, G. A. (2006). Transformational and transactional leadership: Association with attitudes toward evidence-based practice. *Psychiatric Services*, *57*, 1162-1169. doi: 10.1176/appi.ps.57.8.1162
 - ACA Code of Ethics, 2014 http://www.counseling.org/Resources/aca-code-of-ethics.pdf
- Andrews, L. B., & Burruss, J. W. (2004). Core competencies for psychiatric education: Defining, teaching, and assessing resident competence. Arlington, VA: American Psychiatric Publishing.
- Bernard, J. M. (1979). Supervisor training: A discrimination model. Counselor Education and Supervision, 19, 60-68.
- Bernard, J. M., & Goodyear, R. K. (2009). Fundamentals of Counseling Supervision (4th ed.). Upper Saddle River, NJ: Merrill/Pearson.
- Bommer, W. H., Rich, G. A., & Rubin, R. S. (2005). Changing attitudes about change: Longitudinal effects of transformational leader behavior on employee cynicism about organizational change. Journal of Organizational Change, 26, 733-753
- Borders, D., Benshoff, J., Armeniox, L., & Coker. (1996). Learning to Think Like a Supervisor, video and workbook. Alexandria, VA: ACA Press.
- Constantine, M.G., Hage, S.M., Kindaichi, M. M., & Bryant, R.M., (2007) Social Justice and Multicultural Issues: Implications for the Practice and Training of Counselors and Counseling Psychologists. Journal of Counseling & Development, 85, 24-29.
- Estrada, D., Wiggins-Frame, M., Williams, & Braun, C. (2004). Cross-Cultural Supervision: Guiding the Conversation Toward Race and Ethnicity Journal of Multicultural Counseling and Development, 32(extra) 307-319.
- Falender, C. A. (2010). Relationship and accountability: Tensions in feminist supervision. *Women & Therapy*, *33*, 22-41. doi: 10.1080/02703140903404697
- Falender, C. A., & Shafranske, E. P. (2008). *Casebook for clinical supervision: A competency-based approach*. Washington D.C.: American Psychological Association.
- Falender, C. A., Cornish, J. A. E., Goodyear, R., Hatcher, R., Kaslow, N. J., Leventhal, G., Sigmon, S. T. (2004). Defining competencies in psychology supervision: A consensus statement. *Journal of Clinical Psychology*, 60(7), 771-785. doi: 10.1002/jclp.20013
- Falender, C. A., & Shafranske, E. (2004). *Clinical supervision: A competency-based approach*. Washington D.C.: American Psychological Association.
 - Falender, C. A., & Shafranske, E. P. (2007). Competence in competency-Based

- supervision practice: Construct and application. *Professional Psychology: Research and Practice*, 38, 232-240. doi: 10.1037/0735-7028.38.3.232
- Garcia, M., Kosutic, I., McDowell, T., & Anderson, S., Raising Critical Consciousness in Family Therapy Supervision. Unpublished Manuscript
- Haynes, R., Corey. G., Multon, P. (2003). Clinical supervision in the helping professions. Tompson: Brooks/Cole.
- Herlihy et al.(2002) Legal and Ethical Issues in School Counselor Supervision. Professional School Counseling, 6 (1), 55-60
- Hermann et al. (2002). A study of legal issues encountered by school counselors. ProfessionalSchool Counseling, 6 (1), 12-20
- Hatcher, R. L., & Lassiter, K. D. (2007). Initial training in professional psychology: The practicum competencies outline. *Training and Education in Professional Psychology, 1*(1), 49-63. doi: 10.1037/1931-3918.1.1.49
- Hoge, M. A., Paris, M., Adjer, H., Collins, F. L., Finn, C. V., Fricks, L., Young, A. S. (2005). Workforce competencies in behavioral health: An overview. *Administration and Policy in Mental Health*, *32*, 593-631. doi: 10.1007/s10488-005-3259-x
- Kaslow, N. J., Falender, C. A., & Grus, C. L. (in review). Valuing and practicing competency-based supervision: A transformational leadership perspective.
- Lambert, M. J. (2010). 'Yes, it is time for clinicians to routinely monitor treatment outcome.' In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 239-266). Washington, DC: American Psychological Association.
- Prochaska, J. M., Levesque, D. A., Prochaska, J. O., Dewart, S. R., & Wing, G. R. (2001). Mastering change: A core competency for employees. *Brief Treatment and Crisis Intervention*, 1, 7-15. doi: 10.1093/brief-treatment/1.1.7
- Racial Identity Development. Doi: July 23, 2014 http://oregonstate.edu/instruct/ed419/riddocument.html
- Stoltenberg, C. (1981). Approaching Supervision From a Developmental Perspective: The counselor complexity model. *Journal of Counseling Psychology*, 28, 1, 59-65.
- Tharinger, D. J., Pryzwansky, W. B., & Miller, J. A. (2008). School psychology: A specialty of professional psychology with distinct competencies and complexities. *Professional Psychology: Research and Practice*, *39*, 529-536. doi: 10.1037/0735-7028.39.5.529