Counseling Supervision Training
For Site Supervisors

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Paradoxical

- Supervision is regarded the “essential” ingredient in training mental health providers.
- Imbalance between the critical importance of supervisors on one hand and limited efforts to train supervisors on the other.
- Ohio boards one of first.
What is Supervision?
Definition (Bernard & Goodyear)

An intervention provided by a more senior member of a profession to a more junior member of that same profession. This relationship is *evaluative*; extends over time, and has the simultaneous purpose of *enhancing the professional functioning* of the more junior person, *monitoring the quality* of professional services offered to the client and serving as a *gatekeeper* for those who are to enter the profession.
Educative Process

We as supervisors strive to

- Embrace
- Empower
- Emancipate the therapeutic potential of the supervisees with whom we have the privilege to work

(Watkins, 2012)
Clinical Supervision
Distinguished from:
- Consultation
- Psychotherapy
- Administrative supervision
- Mentoring

Critical Components
- Evaluation
- Power
- Responsibility and liability
Why Clinical Supervision?

- Improving job satisfaction (Lambert, 2006)
- Enhanced treatment outcomes (Bambling et al., 2006)
- Supervision is a protective factor for emotional exhaustion and turnover intention (Knudsen, Duchame, & Roman, 2008)
Your experience of Supervision

- Think of one supervisor or supervisory experience that stands out as very **helpful** to you?
- Think of one supervisory experience that was **NOT** helpful.
  - What was it about that person/experience that made it helpful/not helpful?
Effective/Ineffective Supervision (Ladany, Mori, & Mehr, 2012)

- N=128 psychologists/trainees
- Identified on “best” supervisor, and one “worst” supervisor
- Mixed-methods
Supervisory relationship critical

Empowering supervisee
  - Encouraging autonomy
  - Facilitating openness to supervisee's ideas

Demonstrate Clinical knowledge
  - Self-disclose relevant information

Positive/challenging feedback
  - Supervisees can handle challenges within positive relationship
**Ineffective supervision**

- Depreciated or devalued supervision
- Supervisees were harmed
- Unprofessional behavior
- Negative personal qualities
- Insufficient observation and feedback
- Lack of and misapplication of theory
Qualities that Contribute to a Successful Supervision Experience

- Having clinical skills and knowledge
- Fostering an accepting supervisory climate
- Having a desire to train and an investment in supervision
- Being empathic
- Being flexible
- Possessing good relationship skills
- Being an experienced clinician

(Lowry, 2001)
**Undesirable Supervisory Behaviors** (Matino, 2001)

- Lack of interest in supervisee’s training and professional development
- Lack of availability
- Inflexibility
- Lack of openness to new ideas and approaches
- Limited clinical knowledge and expertise
- Being unreliable
Undesirable Supervisor (contd.)

- Providing unhelpful and inconsistent feedback
- Being punitive or overly critical, lacking empathy
- Not providing structure to the supervisory process
- Not focusing on ethics issues or not behaving ethically
Philosophy of Supervision

Supervisees need to find their own therapeutic style and voice. The challenge for supervisors, much like for parents, is to permit and assist supervisees in growing in ways that are natural and important for them.
Relationship

- The essential component
- Supervisory working alliance, a bond
- Mutually respectful engagement
Initial Supervisory Process

- Establishing a positive relationship
  - Creating a safe space
  - Listen to the supervisee’s story
  - Explore previous experiences with supervision
  - Uniqueness
  - Strengths
Expectations

- Often are not realistic
- Be honest and reasonable
- Setting limits is OK!
Rationale for Supervision Contract

- Clarifies methods, goals, and expectations of supervision
- Encourages professional collaboration
- Upholds ethical principles
- Documents services to be provided
Elements of Supervision Contract

- Purpose, Goals and Objectives of Supervision
- Context of Service
- Method of Evaluation
- Duties and Responsibilities of Supervisor and Supervisee
- Procedural Considerations
- Supervisor’s Scope of Competence
Assessment of Supervisee

Counseling Performance Skills
- Counselor’s behavior in the session

Cognitive Counseling Skills
- How the counselor conceptualizes and chooses interventions

Developmental Level
Case Conceptualization Format

- Relevant demographic data
- Presenting issues
- Relevant history
- Theoretical orientation
- Environmental factors
- Personality dynamics (cognitive and emotional)
Goals

- A statement of goals enhances supervisee’s commitment and fosters cooperation
- Small, specific, realistic
- Monitor progress
- Experience success critical to future motivation
- Modeling the goal setting process
- Provides structure and clarifies expectations
SMART goals
(knowledge and Skill)

- Specific
- Measurable
- Attainable
- Relevant
- Time Bound
Feedback

- Experience not related to effectiveness
- Feedback is essential to improved performance
- Complex process
- Relationship is critical
- Behavioral rather than personal
- Related to goals
Supervision Interventions

Choosing interventions
- Supervisee’s learning goals
- Supervisee’s experience level
- Developmental issues
- Supervisee’s learning style
- Your goals for the supervisee
- Theoretical orientation
Types of Supervision Interventions

- Self-report
- Audio/video tapes
- Modeling
- Role-play
- Live observation/Live supervision
- Triadic supervision
- Interventions for cognitive counseling skills
Self-Report

- Supervisees talk about their clients and issues
- What is the major problem?
Audio/Visual Tapes

- Review whole tape and then pick sections
- Ask supervisee to select part of session
- Allow supervisee to become an observer of self
  - The most important part of a session
  - Where the supervisee struggles
  - Most confusing part of a session
Live Observation

Advantages

- Greater likelihood session will go well
- Supervisees learn more from successful therapy sessions
- Clients are more protected
- Supervisees can work with more challenging clients
- Supervisees tend to risk more in therapy
Disadvantages

- Time
- Clients and supervisees may be uncomfortable
- Supervisees may parrot the supervisor
Role Play

- Supervisee role-plays him/her self
  - To rehearse a skill
  - Practice with difficult types of clients
  - Replay a session
Role-play

- Supervisee role-plays a client
  - Observe supervisor modeling
  - Experience client response to an intervention
Modeling

- Supervisor can demonstrate clinical interventions
- Imitation versus identification
- Hazards of modeling
  - Idealize
  - Gloria films
Creative Interventions

- Use of Art
- Use of metaphor
  - Metaphoric stories
  - Metaphoric drawings
  - Sand tray
Supervision is the question asked, rather than the answer given.
How would you intervene differently?
What stands out most to you about this case?
I wonder what would happen if....
How do you think the client would see this?
After discussing this, is there something you would do differently?
What do you need from me right now
Supervisory Self-Disclosure

- Helps build the relationship
- Share discoveries from own experiences
- Normalize struggles
- Intentions of disclosure
Documentation

- Summarize issues presented
- Monitor goal attainment
- Supervisor Interventions
- Assessment of progress
- Plans of next session
- Professional Development assignments
Group Supervision

- Use only for LSW, LPC, or MFT NOT CT
- Task oriented
  - Highly structured, heavily didactic
  - Focus on case presentations
- Relationship oriented
  - Less structured and more process focused
  - Member self-disclosure and feedback
Positive Benefits

- Vicarious learning
- Multiple perspectives
- Feedback from peers
- Fostering cohesion
Training Supervision in Group format

- No more than 6 supervisees
- All must have the same license Not CT
- Must directly address Professional Practice
- Case meetings that don’t address professional practice are not training supervision
Tips for Group Supervisors

- Encourage willingness to be imperfect
- Assist group members in being genuine and respectful vs. being nice
- “Try on” new interventions
- Encourage cooperation vs. competition
- Identify unique strengths and unique struggles
Group Supervision Model (Borders, 1991)

- Counselor identifies questions and requests feedback, Supervisor moderator and process observer
  - Peers are assigned roles, e.g.
    - Observer of counselor/client relationship
    - View from theoretical perspective or case conceptualization
    - Assume role of client
    - Clinical techniques/skills
Helpful Group “Rules”

- No interpretations
- Questions vs. answers
- Positive vs. negative
- Offer ideas and thoughts versus suggestions, e.g. “I wonder if…”
- Include your own reactions and feelings
Cybersupervision

- Synchronous (real time)
  - Instant messaging
  - Texting
  - Video conferencing
  - Skype
  - Web chats/web camera
Asynchronous (delayed time)

- Chat rooms
- Discussion threads
- Email
- Use of list-servs, discussion boards, blogs
Advantages

- Convenience of scheduling
- Better selection of supervisors
- More effective use of time
- Immediate access
- Satellite offices/rural areas
Barriers

- Availability/expense of technology
- Reliance on tech skills
- Non-verbal cues
- Informed consent
- Confidentiality/security
- Technological failures
- State laws
New paradigm

- Supervision becomes about leaving the world a better place
- Can provide a deeper meaning – to enrich your work and your life
- Supervision is about giving back
- A servant’s mindset
Models of Supervision

- A theoretical description
- The roadmap
- How you view the supervisee, the task of supervision and the roles of the supervisors
Popular Approaches to Clinical Supervision

- Apprenticeship-master model
The No-Model Model

- Good clinicians selected
- Own supervision as a model
- Reactive
- Relies on supervisee’s ability to identify problems “My door is always open”
- Inherent problems
The Expert Model

- Medical model
- Supervisor is master, intern imitates
- Supervisor critiques, corrects
- Right/wrong approach
- Does not encourage collaboration
One-size-fits-all

- Treat all supervisees the same way without attention to development, character, levels of competence, individual differences
The Supervisee-as-Patient Model

- Hunt for pathology
- Interpretations
- Supervisees may withdraw, hide
Two Broad Categories

- Models based primarily on counseling theories
- Models specifically focused on counseling supervision
Psychotherapy-Based Models

- Use concepts developed for psychotherapy and apply them to supervision.
- That which is useful in bringing about change with clients is useful in bringing about change with supervisees.
Psychodynamic Models

- Learning Alliance
- Transference/Countertransference
- Resistance
- Parallel process
- Emphasis on the dynamics of supervisees
- Unresolved issues
Ethical Considerations

- Extensive training required
- Techniques are powerful and relationships are emotionally intense
- Boundary challenges – psychoanalytic communities
Person-Centered Model

- Supervisor not the expert –
- Facilitative conditions essential
- Advise and direction are minimal
- Supervisees direct the supervision
- Learning results from collaboration
- Quality of the relationship is key
- Evaluation is down played

Patterson (1997)
Ethical Considerations

- Supervisees don’t receive adequate direction
- Supervisors cannot ensure that supervisees are acting ethically
- Trainees need more monitoring
- Liability issues
Cognitive-Behavioral

- Teaching CBT techniques
- Sessions are structured, focused and educational
- Cognitions of Supervisees
- Cognitions of clients
- Supervisor models use of skills
Ethical Considerations

- CBT supervisors have responsibility for two individuals:
- Therapy versus supervision
- Lack of emphasis on supervisory relationship; problematic interpersonal dynamics can go unaddressed
Family Systems Models

- Active, directive, and collaborative
- Supervisees examine their own intergenerational dynamics, values and culture
- Supervisory relationship viewed as a system
- Personal growth is essential
- Family of origin and interpersonal patterns
Ethical considerations

- Invasion of privacy (get consent)
- Therapy versus supervision
- Concerning background information disclosed
Integrative Models

- Rely on more than one theory and technique
- Supervisors should customize supervision to the unique needs of the supervisee
Supervision Models

- Explosion during 1980’s
- Social Role Models
- Developmental
- Integrative
- Flexible
Developmental Models

- View supervision as an evolutionary process
- Supervision methods adjusted to fit the developmental level of the supervisee
Discrimination Model
Bernard (1979)

Three focus areas for supervision
- Intervention skills
- Conceptualization skills
- Personal style

Supervisor chooses a role
- Teacher
- Counselor
- Consultant
Constructivist Models of Supervision

- Collaborative
- Contextual
- Empowerment
  - Solution Focused
  - Narrative
Developing your own Model

- Reflect on the meaning of your own experiences of being supervised
- Primary theory to guide
- Commit to ongoing learning
- Engage in reflective practice and conceptual framework
- Consult with other supervisors
- Supervision of supervision
Contact Us

- We are here to assist you in this process. If ever you have questions or concerns, please let us know. We are a team!
- Remember, if there are concerns with a student, better to address is early and let us know so we can all assist in the process.
Final Thoughts

- Remediation is not discipline but an opportunity!
- We are all in the business of training our future mental health providers.
- You are MUCH appreciated!