



Counseling and Student Affairs

Site Supervisor Training:

Working with Graduate Counseling Practicum & Intern Students

Clinical Mental Health Counseling Program
Marriage, Couple, and Family Counseling Program



Internship

Overview

Intro to counseling clinical experience

Resources

Expectations and requirements:

- Practicum and internship students
- University faculty group supervisor
- Site (individual) supervisor
- Clinical site
- Clinical Coordinator

Supervision models and recommendations

Ethical issues involved in supervision

Counseling Clinical Experience

Clinical supervision is crucial in preparing competent counselors to work in demanding and complex work environments (Bernard & Goodyear, 2009)

Experience alone may not be sufficient in becoming a competent supervisor and is not correlated with higher levels of supervisor development (Vidlak, 2002)

Inadequate supervision can actually harm the supervisee

Counseling Clinical Experience

The clinical training program student, supervisor, and site requirements for the WKU Department of Counseling and Student Affairs are aligned with the CACREP 2016 Standards.



Purpose

- Develop students' professional **counselor identities**;
- Allow them to practice their **knowledge, theory, counseling skills**, and **abilities** under supervision;
- Apply their professional skills, competencies, and ethical standards across a variety of client issues.
- Provide students the opportunity to counsel clients who represent the ethnic and demographic **diversity** of their community.

Counseling Clinical Experience

The clinical experiences include:

- Onsite hours in a clinical setting working directly with clients
 - Practicum (100 total incl. 40 direct hours) – Summer
 - Internship (300 total incl. 120 direct hours) – Fall & Spring
 - **Total hours (700 total incl. 280 direct hours)***
- Weekly individual/triadic supervision (1 hour)
- Weekly group supervision (1.5 hours, university class)

*Marriage, Couple, and Family Counseling students must complete at least 30% of their total clock hours of direct service in a relational modality (i.e., couples, families, or family sub-systems such as grandfather and grandchild, siblings).

- **12** hours in practicum
- **36** hours in each internship

Counseling Clinical Experience

Clinical hours

- **Direct contact hours** - direct service with clients: initial intakes, individual counseling, group counseling, psycho-educational groups, and family or couples counseling (*not observation*)
- **Indirect hours** - professional activities and resources including but are not limited to staff/faculty consultation, family consultation, client service, site support, referrals, record keeping, treatment planning, assessment instruments, supervision, information and referral, clinical-related administrative duties, observation, advocacy, phone calls, in-service training, staff meetings and other activities typically performed by a licensed counselor including learning technological resources.
- **Supervision** - time spent with faculty and/or site supervisors discussing development as a counselor and counseling interactions with clients at the site.
 - **Individual** - conducted as dyadic or triadic (one supervisor and two supervisees), not a group staffing. The ideal format for supervision is face-to-face and includes review of a recent videotape of a counseling session. Consultation in passing is not a viable alternative to scheduled supervision. Students should meet with supervisors for a **minimum of 1 hour weekly** for individual/triadic supervision and receive regular feedback and will be evaluated throughout the practicum on their counseling performance and personal and professional dispositions.
 - **Group** – Weekly time spent in the practicum or internship group supervision class for an average of **1½ hours per week** (university group); regular onsite client staffing meetings may count as site group but may not replace the university group experience.

Resources

Counseling Clinical Webpage (wku.edu/csa/counseling/internship_manual.php)

- Practicum & Internship Manual
- Approved Site Information Forms
- Internship & Job Fair
- Clinical Paperwork
- Establishing & Maintaining Sites
- Departmental Policies
- Dates & Deadlines

The screenshot displays the WKU Counseling and Student Affairs website. The header includes the WKU logo and navigation links: About WKU, Academics, Admissions & Aid, Athletics, and Student Life. A secondary navigation bar lists: CSA, Info For Students, Programs, Certificates, Faculty/Staff, TFCC, Program Evaluation, Professional Development, and Contact. The main content area is titled 'Counseling and Student Affairs' and features a sidebar with a table of contents: Welcome, Planned program - CMHC, Planned program - MCFC, Planned program - SC, Graduation, comps, and certification, Practicum & Internship, Internship & Job Fair, Funding opportunities, Counseling Job Opportunities, Kentucky LPC Board, Counseling vs. other professions, Professional Development, Chi Sigma Iota Chapter, and Department Policies. The main content is divided into three columns. The first column, 'Practicum and Internship', includes links for Clinical Mental Health Counseling & Marriage, Couple, and Family Counseling; Practicum (CNS 591) and Internship (CNS 596); and Resources (Practicum and Internship Manual (CMHC & MCFC), Approved Practicum & Internship Sites, Internship & Job Fair, Counseling Job Opportunities, Professional liability insurance, ACA (HPSO) - free with ACA student membership (\$99/yr), NBCC (Lockton Affinity) - \$18). The second column, 'Clinical Paperwork', instructs users to follow directions for completing and submitting forms in PDF and provides tabs for Practicum, Internship, and Additional forms. The third column, 'Dates & Deadlines', lists deadlines for 2018-2019 Practicum & Internship (May 3, 2019) and 2019-2020 Practicum & Internship (Mar 1, 2019; May 13, 2019; Jun 26, 2019; Aug 7, 2019).

Counseling and Student Affairs

Practicum and Internship

Clinical Mental Health Counseling & Marriage, Couple, and Family Counseling
Practicum (CNS 591) and Internship (CNS 596)

Resources

- Practicum and Internship Manual (CMHC & MCFC)
- Approved Practicum & Internship Sites
- Internship & Job Fair
- Counseling Job Opportunities
- Professional liability insurance
 - ACA (HPSO) - free with ACA student membership (\$99/yr)
 - NBCC (Lockton Affinity) - \$18

Clinical Paperwork

Please follow the directions for completing and submitting the form in PDF.

Practicum Internship Additional

- Practicum Portfolio Checklist
- Practicum Application Form
- Practicum Site and Supervision Contract
- Practicum Hour Log
- Practicum Evaluation of Student Performance (Midterm and Final)
- Practicum Counseling Skills Scale
- Student Evaluation of Supervisor
- Student Evaluation of Site
- Blank LPCA Application
- Sample LPCA Application

Visit pc.ky.gov (Resources > Applications and Forms) for more details. The full LPCA application is now online (but requires similar fields); it also requires official transcripts, a signed supervisory agreement, KY & FBI background checks, and payment (these are not required for the internship portfolio).

- Blank MFTA Application
- Sample MFTA Application

Dates & Deadlines

2018-2019 Practicum & Internship

- **May 3, 2019:** Submit all final signed paperwork (see Internship Portfolio Checklist) to your Faculty Supervisor for review and signature. Submit signed evaluations to Clinical Coordinator. Contact CC in advance if an extension is required to complete hours during finals week; portfolio must be submitted no later than 5/8/19.

2019-2020 Practicum & Internship

- **Mar 1, 2019:** Submit the Practicum Application Form. You must get this form approved by the Clinical Coordinator BEFORE you apply for a practicum site to verify your eligibility to enroll in practicum.
- **May 1, 2019:** Submit the Practicum Site and Supervision Contract.
- **May 13, 2019:** Begin practicum.
- **Jun 26, 2019:** Submit mid-term evaluations to faculty supervisor for review and signature. Submit signed evaluations to Clinical Coordinator.
- **Aug 7, 2019:** Submit all final signed paperwork (see Practicum Portfolio Checklist) to your Faculty Supervisor for review and signature. Submit signed evaluations to Clinical Coordinator.



Expectations and Requirements

Practicum and Internship Students:

Expectations and Requirements

Attend the required university practicum orientation.

Participate in the weekly scheduled group supervision classes; prepare two case presentations with videos each semester.

Schedule and attend weekly individual/triadic supervision with site supervisor; be prepared to show video of client sessions.

Complete and submit all clinical paperwork and assignments on time (see website); notify site supervisor in advance of upcoming deadlines and requirements.

Complete and log required direct, indirect, and supervision hours and/or make arrangements with the site supervisor *and* Clinical Coordinator to complete them at another time if approved. If necessary, they may need to take an incomplete grade.

Practicum and Internship Students: *Expectations and Requirements*

Maintain professional liability insurance

Attend 1 national or 2 state/local conferences during the full internship experience

Wear professional dress and behave as expected

- Avoid distracting clothing, jewelry, perfume
- Maintain focus on client, not self-expression

Seek out supervision and/or consultation as needed to address professional development and/or client issues



University Faculty Group Supervisor: *Expectations and Requirements*

Faculty member from the Department of Counseling and Student Affairs who oversees the group supervision class for practicum and internship students.

- Doctoral degree and/or appropriate counseling preparation (CACREP-accredited).
- Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.
- Relevant supervision training and experience.
- Agree to a supervision contract developed for each student to define the roles and responsibilities of the faculty supervisor, site supervisor and student during practicum.
- Provide additional individual or triadic supervision for students on an as-needed basis.
- Provide at least an average of 1½ hours per week of group supervision provided on a regular schedule throughout the practicum; triadic supervision may also be required.
- Observe student interactions with clients through video recordings.
- Provide regular feedback to students about their development as counselors.
- Consult with site supervisors regarding student progress and midterm and final evaluations as necessary.

Site (individual) supervisor

Expectations and Requirements

Onsite clinical supervision can benefit both professional staff and counseling students. It provides an opportunity for students to gain clinical insights from professionals working directly with the same client population and to learn from counselors familiar with the requirements and demands of agency stakeholders.

All approved clinical sites must have an approved site supervisor that meets the minimum requirements:

- Serve as the primary point of contact and individual supervisor for the interns.
- A minimum of a master's degree, preferably in counseling or a related profession.
- Relevant credentials, certifications, and/or licenses. *An active license to practice as a LPCC or LMFT is preferred.*
- A minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled.
- Knowledge of the program's expectations, requirements, and evaluation procedures for students.
- Relevant training and experience in counseling supervision.

Site (individual) supervisor


Expectations and Requirements

Site Supervisors must agree to fulfill the following roles:

- **Review the Practicum and Internship manual** to understand the practicum and internship expectations for the student, faculty supervisor, site supervisor, and site.
- Complete the CNS Site Supervisor Orientation in order to become knowledgeable of the program's expectations, requirements, and evaluation procedures for students.
- Provide individual and/or triadic **supervision for at least 1 hour every week** while consistently watching and reviewing videos, conducting live supervision, or participating in co-therapy with the student.
- **Provide regular feedback to students** under supervision regarding their development as counselors.
- **Be available on site** whenever students are seeing clients and accompany students on home visits or any direct service outside of the agency.
- When not on site, ensure that there is a fully licensed individual on site and available whenever students are seeing clients.
- Sign and agree to the **required clinical paperwork** such as the supervision contract, hourly logs, and evals.
- Discuss feedback and evaluations with students and faculty supervisors upon request.
- Serve as a resource and support person for the agency orienting students to agency policies and procedures. Assist them in building and maintaining an appropriately balanced case load.
- Work in consultation with the Faculty Supervisor and Clinical Coordinator to discuss concerns about a student's clinical experience. Take advantage of assistance, consultation, and professional development opportunities provided by the counseling program faculty as needed.
- Guide students in obtaining their required direct and indirect hours as required.

Site (individual) supervisor Expectations and Requirements

Evaluation Procedures

 **WKU** | Department of Counseling & Student Affairs
Clinical Mental Health / Marriage, Couple, & Family
Evaluation of Student Performance

Student's Name _____ WKU ID _____
Site Supervisor _____ Evaluation Dates _____
Faculty Supervisor _____ Evaluation _____ Midterm ☐ Final ☐
Practicum ☐ Internship ☐

Directions: At mid-term and the conclusion of each semester, please rate the student on the following skills and abilities consistent with the CACREP 2016 standards according to the following scale:

(1) Unsatisfactory; did not meet expectations (4) Above expectations for training level
(2) Below expectations for training level (5) Outstanding for training level
(3) Satisfactory; meets expectations for training level (NA) Insufficient contact to judge

Counseling Foundations, Prevention, and Intervention	1	2	3	4	5	NA
1 On time for work and appointments and completes necessary paperwork punctually, accurately, and thoroughly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Displays professionalism, wears attire appropriate for the counseling setting, and maintains appropriate boundaries with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Demonstrates self-care, the ability to recognize personal limitations as counselor, and seeks supervision or refer clients when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Openly receives and applies supervisory and peer feedback; is aware of when personal concerns and emotional responses influence counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Adheres to the ethical and legal standards and confidentiality responsibilities for the profession and organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Maintains appropriate client records to support proper reimbursement and demonstrates familiarity with the business aspects of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Displays the ability to select models or techniques appropriate to presenting problems for individuals, groups, couples and/or families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Practices preventive, developmental, and wellness approaches in working with individuals, couples, families, and groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Identifies and directs exploration of client themes; remains focused on important issues and sets effective counseling goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Facilitates clients' expression of concerns and feelings through verbal and nonverbal cues, reflection, paraphrasing, and summarizing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Uses therapeutic confrontation and challenging effectively; recognizes and resists manipulation by the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Exhibits effective referral strategies to promote client awareness and access to the variety of community resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Utilizes systems theory to conceptualize issues and implement intervention strategies in marriage, couple, and family counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Able to screen for aggression, danger to self or others, co-occurring mental disorders, and stages of dependence, change, or recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Provides suitable awareness and counseling strategies when working with clients with addiction and co-occurring disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Student Performance Revised 8/2018 1

Assessment and Diagnosis	1	2	3	4	5	NA
17 Conducts appropriate intakes, evaluations, history, and a psychological assessment for treatment planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Uses the principles and practices for evidence-based diagnosis and treatment to initiate, maintain, and terminate counseling services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Identifies, utilizes, and interprets client assessments appropriate to validate clinical impressions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Applies systems assessment models to evaluate family functioning and determine family members who should be involved in treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Advocacy						
21 Applies multicultural competencies involving case conceptualization, diagnosis, treatment, referral, and prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Utilizes appropriate culturally responsive individual, couple, family, and group modalities in providing counseling services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Understands when to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Proficiency to use culturally appropriate counseling systems, theories, techniques, and interventions for diverse couples and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total (# of checks for each column; should equal 25 total checks)						
Total Score for Each Column (# of checks x rating score)						
Total Score (sum of all columns)						
Average Score (divide total score by 25 if no items are NA; if NA checks are present, subtract the # from 25 and divide by that #)						

Comments and suggestions about the student's progress (i.e., strengths, areas for growth)

Recommended Grade A ☐ B ☐ F ☐ Incomplete ☐

Site Supervisor Signature _____ Date _____

Faculty Supervisor Signature _____ Date _____

Student Counselor Signature _____ Date _____

Student signature indicates that they have read the above report and discussed the content with their site supervisor. It does not necessarily indicate agreement with the report in part or in whole.

Evaluation of Student Performance Revised 8/2018 2

Clinical Site:

Expectations and Requirements

- Update the *Site Information Form* maintained on the clinical webpage. Notify the Clinical Coordinator of changes as necessary.
- Ensure that counseling services are provided at the site and available for students. Appropriate counseling services are listed in under direct and indirect hours described earlier.
- Provide private settings for individual or group counseling with sufficient space for videotaping.
- Identify procedures that ensure the client's confidentiality and legal rights are protected. Students should not be asked to violate general professional rules of conduct.
- Ensure that student safety is a top priority. Weapons of any sort should not be stored in counseling areas and work with potentially violent clients must be closely supervised.
- Confirm that practicum and internship students can complete the direct and indirect hours required for each experience.
- Verify that MCFC practicum and internship students can be guaranteed ample opportunity to provide sufficient direct service to families and couples as part of their total hours.
- Allow video recording of clients with the understanding that it will be shared with the individual site supervisor, faculty supervisor, and the group supervision class.
- Guarantee that a qualified onsite supervisor is available onsite when the student is seeing clients and/or another qualified licensed therapist.
- Provide a well-organized orientation for trainees including a review of the agency goals, functions, policies, crisis procedures, and an introduction to personnel in the agency.

Clinical Coordinator:

Expectations and Requirements

- Serves as the liaison between the Department of Counseling and Student Affairs and all CMHC/MCFC clinical sites during the practicum and internship experiences.
- Facilitates site development.
- Maintains clinical paperwork.
- Contact person for site supervisor questions or concerns during students' placements onsite.
- Makes the Department Head aware of any student issues of concern that require remediation or additional support.



Supervision Models

Supervision Models

Supervision-Specific Models

Developmental
Models

Discrimination

Eclectic

Integrated
Developmental
Models

Interactional
supervision

Interpersonal
Process Recall
(IPR)

Parallel process

Integrative
problem-
centered

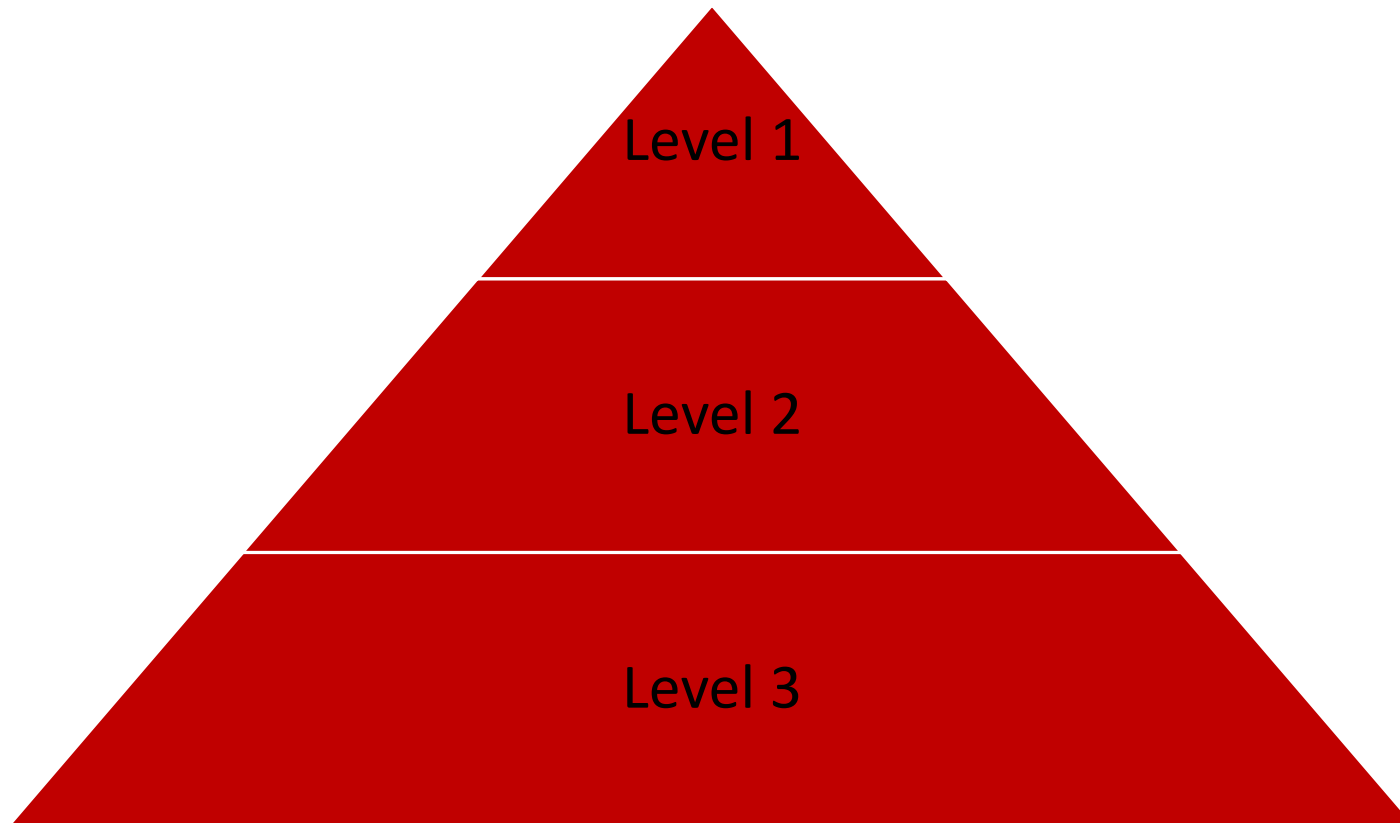
Mythological

Schema-
focused

(Haynes, Corey, & Moulton, 2003)



Integrated Development Model of Supervision (Stoltenberg & McNeill, 2010)



(Stoltenberg & McNeill, 2010)

Integrated Development Model of Supervision

(Stoltenberg & McNeill, 2010, pp. 22-27)

Structures of Development

- Self- and Other-Awareness: Cognitive and Affective
- Motivation
- Autonomy

Specific Domains of Clinical Activity

- Intervention Skills Competence
- Assessment Techniques
- Interpersonal Assessment
- Client Conceptualization
- Individual Differences
- Theoretical Orientation
- Treatment Plans and Goals
- Professional Ethics

Level 1 Supervision Environment

(Stoltenberg & McNeill, 2010, p. 73)

General Considerations

- Provide structure and keep anxiety at manageable levels

Client Assignments

- Mild presenting problems; maintenance cases

Interventions

- Facilitative
- Prescriptive
- Conceptual, discussing theoretical approaches

Mechanisms

- | | | |
|----------------------|------------------------------------|----------|
| ◦ Skills training | Role playing | Readings |
| ◦ Monitor clients | Group supervision | |
| ◦ Interpret dynamics | Address strengths, then weaknesses | |

Level 1 Supervision – Structures of Development

(Stoltenberg & McNeill, 2010, pp. 27-33)

Self- and Other-Awareness: Cognitive

- Confusion, lack of certainty, or loss of a sense of what to do
- Due to heavy reliance on rules or procedures, trainees may not listen carefully or process information provided by clients
- High concern about supervisor and client evaluation

Self- and Other-Awareness: Affective

- Evaluation of self-performance is often informed by perception of faithfully carrying out a technique or strategy
- Focus on tapping into one's knowledge (likely limited to graduate school training)
- Concern about incompetence, a sense of lack of efficacy tends to elicit high anxiety But can serve to motivate the trainee to continue learning

Motivation

- Highly motivated, yet often reflected in desire to be the “best,” “correct,” or to use the “favored” approach
- Typically extrinsic motivation

Autonomy

- Dependency on supervisor for guidance, structure, and sources of information
- Desire for additional autonomy because “things seem to be going good”

Level 2 Supervision Environment

(Stoltenberg & McNeill, 2010, p. 110)

General Considerations

- Less structure; more autonomy encouraged (particularly during periods of regressions or stress)

Client Assignments

- More difficult clients with more severe presenting problems

Interventions

- Facilitative
- Prescriptive, used occasionally
- Conceptual, introduction of alternative views
- Confrontational
- Highlight countertransference and affective reactions to client/supervisor

Mechanisms

- Observation
 - Group supervision
 - Broader clientele
- Role playing parallel process
Interpret dynamics

Level 2 Supervision – Structures of Development

(Stoltenberg & McNeill, 2010, p. 27-33)

Self- and Other-Awareness: Cognitive

- Release from self-preoccupation, attention shifts to client's world. As a consequence, trainee may feel overwhelmed and confused.
- Trainee works with more complex cases, which will require trainees to consider new understandings. Prior approaches (that seemed to work in the past) may now prove to be insufficient.

Self- and Other-Awareness: Affective

- Development of more empathy; can sense the emotional experience of the client
- Can pick up on nonverbal cues and emotions with less difficulty
- Experiencing the client may become overwhelming

Motivation

- Increasing understanding of the enterprise; comparison with peers, realization that the counseling process is complex can impact motivation in either direction:
 - Confusion and frustration; reduced motivation
 - Seeking additional guidance; increased motivation

Autonomy

- Sense of efficacy; independent functioning is possible

Level 3 Supervision Environment

(Stoltenberg & McNeill, 2010, p. 134)

General Considerations

- Most structure provided by trainee, more focus on personal and professional integration and career decisions

Interventions

- Facilitative
- Conceptual, from personal orientation
- Confrontational, occasional

Mechanisms

- Peer supervision
- Group supervision
- Strive for integration

Level 3 Supervision – Structures of Development

(Stoltenberg & McNeill, 2010, pp. 27-33)

Self- and Other-Awareness

- Insightful self-awareness
- Can alternate between intense client focus and one's memory
- Eloquent use of personal characteristics and genuine responses

Motivation

- Stable, high intrinsically driven motivation
- Most self-determining behavior with greater congruence, awareness and synthesis

Autonomy

- Feels committed to retaining responsibility for one's clinical work
- Supervision is more collegial

Preparing for Evaluation

(Kaufman & Kaufman, 2006, p. 41)

Apply the integrated developmental model.

Examine your past experiences with evaluation in supervision. Is there anything that might block your facilitation or effectiveness?

Be clear about expectations, methods and process. Use examples.

Describe in behavioral terms how the supervisee will be evaluated. Focus on objective behaviors and skills, not personality.

Combine various formats and methods (live, video, etc).

Be multiculturally responsive. Consider your assumptions, attitudes, and mindsets that could be harmful to supervisees.

Review case notes, conceptualizations, and treatment plans to help them meet the site policies and enhance the intern skills.

Welcome opportunities for the supervisee to provide you both formal and informal feedback.

Be fair and realistic.

Review of Recordings

(Kaufman & Kaufman, 2006, p. 101-102)

Discuss goals and structure for the review

Ask supervisee to prepare for review of the video

Help reduce supervisee anxiety

Emphasize the training aspect of the review

Be respectful of confidentiality

Stop the video at regular intervals

Keep number of critical responses limited; balance with encouragers

Consider incorporating a variety of modalities to prevent boredom

Act as a consultant to the supervisee

Address resistance

At the end of the session, return back to the goal

Treatment Planning

(Stoltenberg & McNeill, 2010, pp. 26, 61-62, 98, 127)

Treatment planning will depend on the supervisee's level of development, theoretical orientation, situational resources and constraints

Level 1 Supervisees

- Difficult to conceptualize the treatment from intake through termination
- Initial focus is on getting clients to return
- Likely to develop a treatment plan that is more rigid in nature (with little attention paid to relationship)
- Self-focus may tend to make it difficult to adequately conceptualize a case
- Help supervisee develop basic treatment goals and plans to reduce anxiety

Treatment Planning

(Stoltenberg & McNeill, 2010, pp. 26, 61-62, 98, 127)

Level 2 Supervisees

- As a consequence of overaccommodating to the client's perspective
 - Treatment goals may reflect the initial reasons the client came to therapy rather than based upon a conceptualization of the case
- As a consequence for attempting to experiment with new treatment modalities
 - May lose sight of the necessity of a treatment plan
 - May create treatment goals that are broad or vague

Level 3 Supervisees

- Articulated connection between assessment and conceptualization
- More comprehensive and effective treatment plans

Supervision Documentation

(Kaufman & Kaufman, 2006, p. 22)

Plans and objectives for supervision

Evaluation summary (eval dates; methods; procedures; evaluation forms)

Supervision log (date, time, length of session, modality: individual, triadic, group, live, video)

Signed Supervision Contract

Copy of graduate program requirements, ethical codes

Supervisee's job description

Copy of supervisee's malpractice insurance

Supervisee's resume and experience

Sample of supervisee's record keeping & progress notes

Feedback from clients about the supervisee

Considerations and Potential Pitfalls

Dual relationships with supervisees – the slope is slipper (friends, confidants, happy hour company)

Approving more direct or non-direct hours than the supervisee actually was involved in – your heartstrings may be tugged

Supervisee is involved with cases (DID) that supervisor is unfamiliar with – you may need to enhance your competence or seek additional consultation



Ethical Issues in Supervision

The following slides include only portions of Section F. Supervision, Training, and Teaching (ACA Code of Ethics, 2014). Site Supervisors are strongly encouraged to become familiar with ACA Code of Ethics in its entirety.

Moral Principles to Support Ethical Behavior

(ACA Code of Ethics, 2014, preamble)

Respect for Autonomy – Foster self-determination; respect the rights of clients to choose their own direction and decrease client dependency.

Nonmaleficence – Do no harm; avoid intentional or inadvertent harm.

Beneficence - Do good; provide services that are beneficial to others.

Justice – Treat others fairly and equitably; maintain awareness of biases toward individuals and/or diverse groups to limit inequity.

Fidelity – Be trustworthy; honor the counseling relationship by honoring promises and commitments (e.g., confidentiality, appointments).

Veracity – Be honest; deal truthfully with clients and other professionals.

Respect for Persons – honor others and their rights

Self-Care – Take care of yourself to be present for others

Moral Principles to Support Ethical Behavior

(ACA Code of Ethics, 2014, preamble)

Ethical Decision Making Tests

Publicity - “Would I want my action reported by the press?”

Universality - Could you recommend the action to other professionals in similar situations?

Counselor Supervision and Client Welfare (ACA Code of Ethics F.1)

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.1.a.)

Counseling supervisors work to ensure that supervisees communicate their qualifications to render services to their clients. (F.1.b.)

Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. (F.1.c.)

Counselor Supervision Competence

(ACA Code of Ethics F.2)

Prior to offering supervision services, counselors are **trained in supervision methods and techniques**. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills (F.2.a.)

Counseling supervisors are **aware of and address the role of multiculturalism/ diversity in the supervisory relationship**. (F.2.b.)

When using technology in supervision, counselor supervisors are competent in the use of those technologies. (F.2.c.)

Supervisory Relationship

(ACA Code of Ethics F.3)

Counseling supervisors clearly define and **maintain ethical professional, personal, and social relationships with their supervisees**. . . . In extending these **boundaries**, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs. (F.3.a.)

Sexual or romantic interactions or relationships with current supervisees are **prohibited** (F.3.b.)

Counseling supervisors do not condone or subject supervisees to sexual harassment. (F.3.c.)

Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective (F.3.d).

Supervisory Responsibilities

(ACA Code of Ethics F.4)

Supervisors are responsible for incorporating into their supervision the principles of **informed consent and participation**. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. (F.4.a)

Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, **alternative on-call supervisors to assist in handling crises** (F.4.b)

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. (F.4.c.)

Supervisors or supervisees have the **right to terminate the supervisory relationship with adequate notice**. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors **make appropriate referrals** to possible alternative supervisors. (F.4.d.)

Student and Supervisee Responsibilities

(ACA Code of Ethics F.5)

Supervisees have a **responsibility to understand and follow the ACA Code of Ethics**. Students and supervisees have the same obligation to clients as those required of professional counselors. (F.5.a.)

Supervisees **monitor themselves for signs of impairment** . . . refrain from offering or providing professional services when such impairment is likely to harm a client or others. They **notify their faculty and/or supervisors and seek assistance for problems** that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. (F.5.b.)

Before providing counseling services, students and supervisees **disclose their status as supervisees and explain how this status affects the limits of confidentiality**. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process. (F.5.c.)

Counseling Supervision Evaluation, Remediation, and Endorsement

(ACA Code of Ethics F.6)

Supervisors **document** and **provide supervisees with ongoing feedback** regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship. (F.6.a.)

. . . Supervisors are **aware of supervisee limitations** that might impede performance . . . (and) assist supervisees in securing remedial assistance when needed. They **recommend dismissal** from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. **Supervisors seek consultation and document their decisions** to dismiss or refer supervisees for assistance. (F.6.b.)

If supervisees request counseling, the supervisor assists the supervisee in identifying appropriate services. (F.6.c.)

Supervisors **endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified** for the endorsement.

Questions? Contact us!

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www.wku.edu/csa/counseling/internship_manual.php

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(gmail address allows receipt of large student clinical portfolios over 10MB)

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