

ADVANCED SUPERVISION

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ADVANCED SUPERVISION

- Introduction
- Plan for the day
 - 9:00am-10:30am
 - 10:45am-12:15pm
 - 1:30-3:00pm
 - 3:15-4:45pm

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OBJECTIVES

1. Participants will understand the purpose of supervision.
2. Participants will understand common ethical issues in supervision.
3. Participants will understand models, methods and techniques of supervision.

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SUPERVISION

Supervision is a distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem solving. In addition, by building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy. Supervision ensures that clinical consultation 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.

Falender & Shafranske (2004)

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SUPERVISION

- Intervention provided by a more senior member to more junior member(s) of same profession
 - Collaborative
 - Observation, evaluation, feedback, and self-assessment
 - Skills acquisition & built on strengths of supervisee
 - Unique blend of focus on supervisee, focus on client or clinical interaction
 - Evaluative and hierarchical
 - Extends over time

Bernard & Goodyear (2009); Vespia, Heckman-Stone & Delworth (2002)

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **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*.

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PURPOSE OF SUPERVISION

- Purposes
 1. Foster supervisee development
 2. Protect welfare of supervisee clientele
- Proctor (1986) identified three purposes
 1. Formative
 2. Normative
 3. Restorative

Barnett & Molzon (2014); Bernard & Goodyear (2009)

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SUPERVISEE DEVELOPMENT

- Enhancing professional functioning is broad
 - Impart knowledge
 - Enhance skills/competencies necessary for licensure
- Obtaining licensure means supervisee is "autonomously functioning professional"
- "Metacompetence"
- Know when issue is beyond competence; when to seek consultation
- Prepare supervisee for success at the next level of practice and to "self-supervise"

Bernard & Goodyear (2009)

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CLIENT WELFARE

- Supervisors are allies of supervisees that must monitor supervisee conduct
 - Adequate delivery of care
 - Ethical professional practices are implemented
- Support professional development leading to counselor competency
- Enable supervisee to assume role of colleague who contributes to community and field
- Professional risk - Vicarious liability
- Must also confront supervisees or steer supervisee from the profession
 - Quality assurance is primary ethical responsibility of supervisor

Bernard & Goodyear (2009); Falender & Shafranske (2004)

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GATEKEEPING

- "The process whereby supervisors intervene when supervisees are not prepared with knowledge, skills, and values necessary for the practice of counseling"
- Responsibility to ensure profession are prepared to provide competent services
- Supervisors direct trainee advancement & assess appropriateness to continue at various states of preparation
- Gatekeeper allows passage through an identified checkpoint once a specific set of competencies have successfully been demonstrated

Wheeler & Bertram (2015)

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.6.b. Gatekeeping and Remediation** Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors 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. They ensure that supervisees are aware of options available to them to address such decisions.

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ACA CODE OF ETHICS PREAMBLE

- Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:
 1. Enhance human development throughout the life span;
 2. Honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
 3. Promoting social justice;
 4. Safeguarding the integrity of the counselor-client relationship; and
 5. Practicing in a competent and ethical manner

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SUPERORDINATE VALUES

- Falender & Shafranske (2004)
 1. Integrity-in-Relationship
 2. Ethical Values-Based Practice
 3. Appreciation of Diversity
 4. Science-Informed Practice

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INTEGRITY IN RELATIONSHIP

- Supervisor-supervisee relationship is crucial
- Integrity contributes to collaborative, trusting, and supportive alliance
- Challenges related to clinical training will be discussed
- Corruption in relationship can compromise integrity and caliber of supervision
- Supervisor responsibility to maintain/advance integrity of relationship

Falender & Shafranske (2004)

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CREATING SAFE ENVIRONMENT

- Supervisee must perceive supervisory relationship as safe
 - Share thoughts, ideas, experiences, and feelings with supervisor
- Without trust, security, and safety supervisee may censor
 - Fear of negative feedback/criticism/negative evaluation
- Quality of treatment provided to current/future clients at risk
- Supervisees must feel safe to report "failures", and successes, to achieve maximum benefit from supervision

Barnett & Molson (2014)

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ETHICAL VALUES-BASED PRACTICE

- Values shape clinical practice
- Supervisor models professional values, principles, and ethics
- Supervisees discover/construct meaning about entering the profession
- Supervision can encourage examination of values and connection to one's commitment to profession
- Not recommending "slippery slope" by providing counseling; rather, exploration of values is relevant to training
- Supervision leads to awareness: values are "woven into the fabric of knowledge" and everyday clinical practice involves ethics

Falender & Shafranske (2004)

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APPRECIATION OF DIVERSITY

- Major responsibility: support development of diversity competence and ensure culturally appropriate practices inform applied clinical service
- *ACA Code Section A Introduction*
 - "...Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors explore their own cultural identities and how these affect their values and beliefs about the counseling process..."
- *ACA Code F.2.b. Multicultural Issues/Diversity in Supervision*
 - "Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship."

Falender & Shafranske (2004)

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SCIENCE-INFORMED PRACTICE

- Science with practice is defining characteristic
- Supervisors demonstrate knowledge/practices derived from science and apply them in supervision
- Supervisors affirm science-informed practice
 - Initiate, participate and support applied research
- "Questioning attitude of the scientist"
 - Skills in observation, critical thinking, and hypothesis testing are incorporated into understanding of the therapeutic process

Falender & Shafranske (2004)

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SCIENCE-INFORMED PRACTICE

- **ACA Code of Ethics Preamble**
 - The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities
- **C.7.a Scientific Basis for Treatment**
 - When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation
- **F.7.h Innovative Theories and Techniques**
 - Counselor educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When counselor educators discuss developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities

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SUPERVISION & POWER

- Pope and Vasquez (2001) identified several types of power that pertain to therapists:
 - Power conferred by the State
 - Power to name and define
 - Power of knowledge
 - Power of expectation

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SUPERVISION & POWER

- Therapists have power to influence clients
- Opinions, suggestions, or instructions are taken seriously
- Denial/unawareness of personal significance, power, or authority can lead to a misuse of power
- Places high level of responsibility on helper to not exploit power

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SUPERVISION & POWER

- Supervisory relationship has parallels to therapy
 - As client looks to counselor, supervisee looks to supervisor as a model of professional behavior
 - Supervisors who act unethically may be "teaching" those under their influence to engage in similar behaviors
 - Strong emotional connection between all parties
 - Emotionally intense experience for supervisees
 - Dealing with emotional demands of clinical work and possibly making decisions about their professional future

Wetzel (2016)

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SUPERVISION & POWER

- Supervision is evaluative, involuntary
- Supervisor formally evaluates supervisee competence
- Assessment and gatekeeper functions
 - Establishes supervisor's responsibilities to supervisee, education and training institutions, profession, and public

Falender & Chaffarose (2004)

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TEACHING vs. SUPERVISION

- Supervisee has role of learner
- Both are evaluative and have gatekeeping role
- Teaching relies (typically) on particular curriculum, with unified goals
- Supervision has a common goal; interventions tailored to needs of individual supervisee/supervisee's clients
- Supervision problem oriented
- Pre-planned curriculum doesn't fit with tailored needs of supervisees

Bernard & Goodyear (2009)

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COUNSELING vs. SUPERVISION

- Supervisors help examine aspects of supervisee thoughts/feelings/behaviors
- Therapy interventions should only be used to help supervisees become more effective with clients
- Clients have a choice to enter therapy and a voice in choosing therapist
- Supervision is NOT voluntary; supervisees may not have choice of supervisor
- Supervisees who chose supervisor were able to disclose more information about themselves, their clients, and supervisory process than those assigned a supervisor

Bernard & Goodyear (2009); Webb & Wheeler (1998)

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COUNSELING vs. SUPERVISION

- Goal to enable a fuller, more satisfying life
- Clients present material verbally
- Clients present material & choose the pace
- Regression in relationship may be tolerated/encouraged
- Challenging boundaries is expected
- Most therapists resist imposing values on clients
- Goal to develop counseling skills and ability to conceptualize counseling process
- Supervisees present in multiple ways
- Supervisees often need to have new understanding or skills in time for their next counseling session
- Regression in relationship not ideal
- Supervisees evaluated against criteria imposed on them by others

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ROLES & RESPONSIBILITIES



An Example Roleplay of What Supervision Shouldn't Be

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TABLE 3.1 How to Be a Lousy Supervisor: Lessons from the Research

- From Worthan and McNeill (1996)
1. Don't establish a strong supervisory alliance with your supervisee.
 2. Don't reveal any of your own shortcomings to your supervisee.
 3. Don't provide a sense of safety so that your supervisee can reveal his or her doubts and fears about competency.
- From Kofrowska, Nunn, and Cousins (1997)
4. Place the importance of service delivery above your supervisee's educational needs.
 5. Ignore your supervisee's need for emotional support in a new and challenging context.
- From Wulf and Nelson (2000)
6. Involve your supervisee in the conflicted dynamics among professional staff in your setting.
 7. Don't support your supervisee's strengths; point out weaknesses only.
 8. Don't take an interest in your supervisee's interests.
 9. Talk mostly about your own cases in supervision.
- From Nelson and Friedlander (2001)
10. Don't conduct a role induction process with your supervisee that involves being explicit about his or her and your own expectations about how supervision will proceed.
 11. Allow yourself to feel threatened by your supervisee's competencies.
 12. Retaliolate against your supervisee for being more competent than you are in one or more areas or more mature than you are chronologically.
 13. Insist that your supervisee work from the same theoretical orientation that you do.
 14. Demand that your supervisee "act like a student rather than a colleague."
 15. Criticize your supervisee in front of his or her peers.
 16. Deny responsibility for interpersonal conflicts that arise between you and your supervisee.
 17. If you sense the presence of conflict in the relationship, don't bring it up.
 18. If your relationship with your supervisee becomes difficult, don't consult with someone else about it. It might reveal your lack of competence.
 19. Treat your supervisee as a confidante. Lie for or him as your counselor.
 20. Be sexist, ageist, multiculturally incompetent, and the like.
 21. Don't take your supervisee's expressed concerns about any of the above issues seriously.
 22. Reveal intimate details about your own sexual experiences to your supervisee.

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REVIEW OF ROLES

- Supervisor aids supervisee:
 - Master skills
 - Expand understanding of clients
 - Expand awareness of process issues
 - Increase awareness of self and counseling process
 - Overcome personal/intellectual obstacles toward learning/mastery
 - Deepen understanding of concepts and theories
 - Provide stimulus to research
 - Maintain standards of service

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REVIEW OF TASKS

- Review counseling hours
- Help supervisee select issues for supervision & aid supervisee growth:
 - Feedback on skills (formative and summative evaluation)
 - Attention to supervisee's feelings and awareness
 - Expanding supervisee's repertoire of responses
- Accepting, respectful, understanding and trusting environment will aid supervisee trust and growth
- As safety increases, greater likelihood of self-disclosure:
 - Less withholding of information
 - Less anxiety
 - Less resistance

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SUPERVISION FRAMEWORK

- What do I know about the supervisee I will work with? How do learning style, cultural worldview, experience level, etc...affect my thinking about working with this supervisee?
- In light of what I know about my supervisee, is there any additional preparation I need to do in order to be most helpful to this person?
- As I understand the supervisee's goals, which are most likely to be met in this experience? Which are less likely to be met? Is the supervisee clear about this?
- What supervision modalities are available to me? Can I supplement those that are provided by the organization? What is my rationale for beginning where I intend to begin? What supervision schedule will we adhere to?
- How will I determine if the supervisee is adequately aware of ethical and legal imperatives? When will I introduce my evaluation plan?
- Knowing the institution as I do, what are the predictable challenges that will face the supervisee? How can I make these productive learning opportunities?
- Whom will I turn to for consultation when I am challenged in my work with this supervisee?

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ROLES & RESPONSIBILITIES

- Best Practices in Clinical Supervision
 - Adopted by the ACES Executive Council (2011)
- 1. Initiating Supervision
- 2. Goal-Setting
- 5. The Supervisory Relationship

Supervision Contract/Supervision Disclosure Statement/Supervisee Bill of Rights

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.4.a. Informed Consent for Supervision** 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. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

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SUPERVISION CONTRACT

- Establishes tasks/responsibilities for supervisees/supervisors
- Orients supervisee to supervision and ensures informed consent
 - Purpose, goals, and objectives
 - Context of services
 - Method of evaluation
 - Duties and responsibilities of supervisors and supervisee
 - Procedural considerations
 - Supervisor's scope of practice

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PROFESSIONAL DISCLOSURE

- More common as states require counselors have them for clients
- Good practice!
- Documents should be used in conjunction with criteria for evaluation
- Gives supervisee sense of what to expect and how work is assessed
- Plan for supervision can prevent chaos; it is difficult later in a supervisory relationship to recover from a disorganized beginning

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NBCC ACS

- Name, title, business address, and business phone number
- Degrees, credentials, and licenses
- Areas of competence in which applicant can supervise
- Training/experience in supervision
- Model(s)/approach/modalities, including the role of the supervisor, objectives, and goals of supervision
- Evaluation procedures
- Limits & scope of confidentiality/privileged communication in supervision
- Fee schedule
- Way to reach supervisor in even of emergency
- Statement indicating adherence to credentialing body's Code of Ethics

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SUPERVISEE BILL OF RIGHTS

- Supervisor who supervises consistently with regular intervals;
- Growth-oriented supervision that respects personal privacy;
- Supervision that is technically sound and theoretically grounded;
- Evaluation based on criteria made clear in advance and based on actual observation and performance; and
- Supervisor adequately skilled in clinical practice and trained in supervision practice

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ROLES & RESPONSIBILITIES

- Best Practices in Clinical Supervision
 - Adopted by the ACES Executive Council (2011)
- 4. Conducting Supervision
- 8. Documentation

Supervision Session Notes I & II/Supervision Record Form I & II

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RECORD KEEPING

- Supervision records may be important in a malpractice suit
- Keep accurate and complete supervision records, including:
 - Supervision contract
 - Statement of supervisee experience, training, and learning needs
 - Summary of performance evaluations
 - Notation of supervisory sessions;
 - Cancelled or missed sessions;
 - Notation of cases discussed and significant decisions;
 - Significant problems encountered in supervision and how they were resolved, or whether they remain unresolved and why; and
 - Appropriate consent forms

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BREAK

15 MINUTE BREAK

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MODELS OF SUPERVISION

“The supervisor who is learning to venture out on his or her own has, in the core model, a safe and certain ‘parent’ to return to and look back upon when a steady presence is needed. Beginning supervisors will inevitably lose their footing on occasion and need to know that when this happens they can fall back on and be guided by a tried and trusted model.”

Weskett & Page (2001) in Bernard & Goodyear (2009)

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MODELS OF SUPERVISION

- Use of theory is vital; theory helps make sense of what might be overwhelming amounts of information
- Impossible for supervisor to navigate behaviors, attitudes, and feelings of a client, supervisee, etc...without some type of theory
- Most “rudimentary” theory can be helpful; requires supervisors to
 - Conceptualize thoughts, feelings, and behaviors of supervisee’s and supervisee’s clients
 - Be attentive to “complex interpersonal dynamics between clients, supervisees, and themselves”

Gulfrida (2015) & Bernard & Goodyear (2009)

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MODELS OF SUPERVISION

- Review 3 models of Supervision
 1. Models grounded in Psychotherapy
 2. Developmental Models
 3. Social Role Models

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PSYCHOTHERAPY-BASED MODELS

- Psychodynamic Supervision
- Person-Centered Supervision
- Cognitive-Behavioral Supervision
- Systemic Supervision
- Constructivist Approaches
 - Narrative Approaches to Supervision
 - Solution-Focused Supervision

Bernard & Goodyear (2009)

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PSYCHOTHERAPY-BASED MODELS

- Counselor lens in understanding clients can carry over to supervisor role
- Advantage:
 - Techniques in therapy are modeled in supervision; seamless conceptualization
- Limitations:
 - Too much focus on clinical techniques may limit ability to address multiple responsibilities of supervision
 - Miss important information about supervisees
 - Impose lens & may lack in range/impact of interventions

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PSYCHOTHERAPY-BASED MODELS

- Theory-based interventions will shape supervision
 - CBT therapists focus on observable cognition; psychodynamic clinicians on reactions and subjective experiences
 - REBT perspective encourages supervisees to be "active-directive persuasive teachers of REBT theory and practice...to often monitor and dispute their own irrationalities..."
 - Systemic supervisors consider roles/functions of entire system in assessing clinical and supervisory processes and relationships
- Practices in treatment setting are adapted for supervision and applied to supervision for specific orientation

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CONSTRUCTIVIST APPROACH

- Learning, growth, and development
- Questions existence of objective, knowable realities & prioritizes subjective nature of knowledge and individual experience
- No one *right* way to conduct counseling
- Learning occurs when engaged in activities that promote discovery of own knowledge
- Empowers supervisees to develop own answers that are right for them

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CONSTRUCTIVIST APPROACH

- Knowledge is created through narrative process
- Supervision provides space for supervisees to reflect and actively construct counseling knowledge
- Supervisee discomfort is necessary to facilitate development
- "Mistakes" are central to process
- Resistance to change is natural manifestation of self-preservation

Guiffreda (2015)

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CONSTRUCTIVIST APPROACH

- **Solid Relationship:** Establishing core conditions outlined by Rogers
- **Mindful Mentoring:** Being fully present and mentoring this by supervisor being fully present during supervision
- **Non-Directive Approach:** Encouraging supervisee to direct session, determine goals for sessions, assist supervisees in developing own answers to questions, encourage them to self-evaluate progress
- **Experimenting with Experience:** Change must be approached tentatively, or people will resist. Allow supervisee to consider new ways of being without feeling they must abandon current ways of meaning making

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CONSTRUCTIVIST APPROACH

- **Questioning the Questions:** Reflective questions to assist supervisee in focusing more deeply on understanding of clients/client issues, internal reactions to and feelings about clients, "hunches" regarding potential intervention strategies, and to evaluate strengths/limitations of approaches
 - What was going on for you when you asked that question?
 - What were you hoping to learn from that question?
 - How do you think the client reacted to that question?
 - If you could say something different here, what might you say?

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CONSTRUCTIVIST APPROACH

- **Language of Description:** Integrate non-judgmental elements consistent with mindfulness
- **Self-Reflective Exercises:** Supervisees encouraged to develop own answers, even when they do not come easily
- Reflective-based activities encourage supervisees to creatively approach problems in new ways
 - Metaphoric drawing activities
 - Reflective writing exercises
 - Metaphoric representation using the sand tray
 - Mindful-based activities

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DEVELOPMENTAL MODELS

- Stage Models
 - Integrated Developmental Model (IDM) (Stoltenberg, McNeil, & Delworth)
- Process Developmental Models
 - Reflective Models of Practice
 - Loganbill, Hardy, and Delworth
 - Events-Based (Ladany, Friedlander, & Nelson)
- Life-Span Developmental Models
 - Ronnestad and Skovholt

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DEVELOPMENTAL MODELS

- Supervisees progress through stages as they develop skills
- Require different supervisory responses as they move through stages
- Two types of developmental models
 - Those with definitive linear stages of development
 - Those with step-by-step process for conflict resolution or skill mastery

Bernard & Goodyear (2009) & Westefeldt (2009)

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DEVELOPMENTAL MODELS

- Developmental sequence
- Identified stages: stagnation, confusion, and integration; excitement and anticipatory anxiety; dependency and identification; exuberance and taking charge; identity and independence
- Skill-based progression, emotional characteristics, or combination and include attention to awareness, motivation, and autonomy trainee
- Establish congruent expectations/roles in supervision; encourage supervisory behavior appropriate to needs of supervisee

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DEVELOPMENTAL MODELS

- Limitations:
 - Lacks empirical support
 - Aspects of clinical practice, such as: integration of empirical research in treatment planning; use of metaphor, process, nonverbal communication, and development of assessment strategies; and the use of cultural or diversity as a framework for conceptualization are not typically included as factors in developmental models

Falender & Swanson (2009)

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IDM

- Best know, most complete, most utilized developmental model
- Supervisees develop along a continuum, have different needs at different points on continuum, need different interventions from supervisors at various points on continuum
- Increasing autonomy to shifting awareness from self to client
- As supervisee progresses, supervisor adjusts to appropriate developmental level
- Criticized for lack of empirical support

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IDM

- Level I: Supervisee with high anxiety, high motivation, dependency on the supervisor, fearful of evaluation
- Level II: Supervisee experiences autonomy-dependency conflicts (fluctuate with confidence); Supervisee attempts to balance autonomy and support
- Level III: Supervisors focus on helping trainees develop autonomy while providing support and confrontation, as needed

Westfeld (2009)

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IDM

- Domains of Professional Functioning
 1. *Intervention Skills Competence*
 2. *Assessment techniques*
 3. *Interpersonal Assessment*
 4. *Client Conceptualization*
 5. *Individual Differences*
 6. *Theoretical Orientation*
 7. *Treatment Plans and Goals*
 8. *Professional Ethics*

Bernard & Goodyear (2009)

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EVENTS-BASED MODELS

- Interpersonal conceptualization emphasizes working alliance; importance of working through critical events to become competent therapist
- Critical events & tasks include:
 - Remediating skills difficulties and deficits
 - Heightening multicultural awareness
 - Negotiating role conflicts
 - Working through countertransference
 - Managing sexual attraction
 - Repairing gender-related misunderstandings, and
 - Addressing problematic attitudes and behavior

Westfeld (2009)

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SOCIAL ROLE MODELS

- The Discrimination Model
- The Hawkins and Shohet Model
- Holloway's Systems Approach to Supervision (SAS) Model

Bernard & Goodyear (2009)

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DISCRIMINATION MODEL

- One of the most researched models of supervision
- Very specific; implies supervisor will tailor responses to supervisee needs
- Supervisor's role will change during and between sessions
- More inclusive than most social role models; it allows for flexibility in responding to supervisee
- More concern for interactions within supervision session as they relate to immediate learning needs of supervision

Bernard & Goodyear (2009)

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DISCRIMINATION MODEL

- **3 Foci for supervision**
- Supervisors might focus on a supervisee's
 1. Intervention Skills
 2. Conceptualization Skills
 3. Personalization Skills

Bernard & Goodyear (2009)

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DISCRIMINATION MODEL

- **3 Supervisor Roles**
- Once supervisors have made a judgment about supervisee ability in each focus area, they must choose a role to accomplish supervision goals.
 - Teacher
 - Counselor
 - Consultant

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CHOOSING A MODEL

- Experience in a supervision course
- Theoretical orientation
- Personal experience in Supervision (as a supervisee)
- What model to use not as crucial as rationale for utilizing a particular model or combination of models
- Westefeld (2009) suggests
 - Combination of Integrated Developmental Model (IDM), Events-Based Model to Supervision, and Holloway's Systems Approach to Supervision
 - Emphasis on relationship, systems, focus on developmental process

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CHOOSING A MODEL

- Small Group Discussions
 - Which model is most appealing? Why?
 - How do you choose a model?
 - How do you see yourself integrating this type of model?
 - How can this model assist you as a supervisor?
 - Why is this model important to you?
 - How do you explain this model to future supervisees?

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BREAK

LUNCH
12:15pm-1:30pm

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METHODS AND TECHNIQUES

- Must be malleable and conducive to reach variety of supervision goals
- Intervention/ methods might be chosen based on
 - Supervisor preferences (influenced by worldview, theoretical orientation, past experience)
 - Supervisee developmental level
 - Supervisee learning goals
 - Supervisor goals for the supervisee
 - Supervisor's own learning goals as a supervisor
 - Contextual factors

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METHODS AND TECHNIQUES

- General functions of interventions:
 - **Assessing**
 - **Changing/shaping/supporting**
 - **Evaluating**
- Important to reassess supervisee needs and evaluate progress
- Interventions may be **structured or unstructured**
- Majority of supervisees will benefit from both types of interventions

5 Types of Supervisory Intervention

- ▶ **Facilitative:** Brings about discussion through nondirective questions
 - ▶ What might the next step be?
 - ▶ What other interventions might you have used?
 - ▶ What other explanations exist?
- ▶ **Confrontive:** Addresses specific actions or behavior and requires the counselor to answer a question about it
 - ▶ Why did you choose to pursue that avenue with the client?
 - ▶ What was your intent when you advised...
 - ▶ What is your timeline for preparing for the audit on January 23?

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METHODS AND TECHNIQUES

- Self-Report
- Case Notes
- Audiotape
 - Written Critiques of Audiotapes
 - Transcripts
- Videotapes
 - Interpersonal Process Recall
- The Reflective Process
- Live Observation
- Creative Interventions (Liberati & Agbisit; Graham, Scholl, Smith-Adcock & Wittmann; O'Brien)

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SELF-REPORT

- Common form of supervision
- Simple but can be difficult method to perform well
- Supervisee will be challenged conceptually and gain personal knowledge about therapist-client and supervisee-supervisor relationships
- May take open-ended context based on self-report to help supervisee process meaning of what happened
- Self-report can also fall short
- Supervision can become "pro forma", with little difference evident from session to session
- Supervisees can distort (rather than report) their work

Bernard & Goodyear (2009)

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SELF-REPORT

"As a result of their inexperience, trainees find it difficult to comprehend the problems of their clients. Because they do not observe trainees, supervisors find it difficult to correct their errors. Thus, trainees struggle with what they do not understand; and supervisors labor with what they cannot see."

Bernard & Goodyear (2009)

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CASE NOTES

- All pertinent information from a counseling session
- Can be deliberately used in supervision
- Questions can encourage supervisee in:
 - Reflective process
 - Linking conceptualization to intervention, or
 - Having vigilant regarding cultural dynamics
- Case notes are an intervention used to direct discussion
- May be beneficial to use in conjunction with other supervision modality

Bernard & Goodyear (2009)

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AUDIOTAPE

- Revolutionized perceptions of what could be accomplished in supervision
- Supervisees provide accurate recording of sessions
- Supervisees may be hesitant, cite clients as resistant to audio recordings, when really, supervisee has discomfort with being taped
- Require supervisees to have listened to tapes and bring a specific section for discussion
 - State reason for selecting this part of session for supervision
 - Briefly state what transpired up to that point
 - Explain what supervisee was trying to accomplish in that moment
 - Clearly state specific help desired from supervisor
- Hearing entire session prior to understand supervisee's overall ability

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AUDIOTAPE

- Limitations:
 - If the only method, may cause stagnation
 - Supervision may become skewed toward problems with little opportunity to enjoy supervisee success
 - May require segment demonstrating specific skill; to connect technique and get data on supervisee's ability to self-evaluation
 - Tape recorder *always* has an effect on therapy
 - Taping might be abusive to client who is in too weak a position to refute its use
 - May cause harm to the supervisory relationship if "exposure" the tape allowed led to "humiliation" for therapist

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CRITIQUES & TRANSCRIPTS

- **Critiques**
 - Written analysis of audiotape; Supervisor watches tapes between supervision sessions, writes feedback
 - Record of supervision; allows supervisee to review supervisor comments
- **Transcripts**
 - Supervisee transcribes audiotapes for supervision
 - Helps supervisees notice faulty interventions
 - Allows student greater chance to critique own work than taping alone
 - Time consuming; may consider certain number of minutes of a session for optimal use

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VIDEOTAPE

- Process variables used with audiotape can be used with videotape
- Obvious benefit; a picture is worth a thousand words
- "...a voice that is gruff matched with an expression that is gentle, a precise presentation of plot when the physical presentation is disorganized, the smiles, the nods, the looking away, the hand gestures—all comprise a wealth of information"
- Focus includes interaction between supervisee and client and internal processes experienced by supervisee during therapy and supervision session

Bernard & Goodyear (2009)

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REFLECTIVE PROCESS

"The reflective process itself is a search for understanding all the phenomena of the counseling session, with attention to therapist actions, emotions, and thoughts, as well as to the interaction between the therapist and the client. The intent to understand what has occurred, active inquiry, openness to that understanding, and vulnerability and risk-taking, rather than defensive self-protection, characterize the stance of the reflective supervisee. Supervisees use theory, their prior personal and professional experience, and the experience of themselves in the counseling session as sources of understanding. If they are to contribute to future development, reflections must be profound rather than superficial and must be meaningful to the supervisees. To complete the sequence, reflectivity in supervision leads to changes in perception, changes in counseling practice, and an increased capacity to make meaning of experiences."

Bernard & Goodyear (2009)

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REFLECTIVE PROCESS

- Socratic Questioning
 - Supervisor as source of important questions, rather than source of all answers
- Journal Writing
 - Supervisee evaluates counseling and external conditions and focuses on internal reality;
 - Assists supervisees to move beyond description of events to identifying themes and patterns
- Interpersonal Process Recall

Bernard & Goodyear (2009)

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IPR

- Interpersonal Process Recall
- Pre-recorded session viewed together; when either person believes something of importance is happening, especially something not being addressed in session, videotape is stopped
- Whoever stops tape, talks about what is happening in session
- Supervisor must allow supervisee space to investigate on own, then ask direct questions that are challenging to supervisee

IPR Leads Handout
Bernard & Goodyear (2009)

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LIVE OBSERVATION

- Often use in training programs; less in field because scheduling constraints
- Different than live supervision
- Benefits:
 - High safeguard for client welfare; supervisor can intervene in emergency
 - Gives supervisor more complete picture of clients and supervisees than is attainable through audio/videotape
 - Offers flexibility regarding timing of case conference; reduces chances of supervisor watching a video only to be informed supervisee has met with client since taping occurred

Bernard & Goodyear (2009)

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CREATIVE INTERVENTIONS

- Creative interventions may benefit supervisees
- Allows information to be seen differently; fresh, more meaningful, personal, way
- Can aid understanding of therapeutic dynamic, how interpersonal factors affect counseling process, or can reveal issues of transference/countertransference
- Beginning supervisees may benefit from activities based on recognizing what a client is feeling or even what they feel as a clinician
- Advanced clinicians may benefit in using art techniques to help conceptualize difficult cases or understand group/interpersonal dynamics
- No certification required; counselors ought to be trained through coursework, art making in supervision, workshops, special trainings, or obtain supervision with an art therapist

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CREATIVE INTERVENTIONS

- Self-reflection in art-based supervision can help supervisees gain better understanding of self and clients
- 4 methods of counselor self-reflection include:
 - Developing empathy with the client
 - Clarifying the therapist's feelings
 - Differentiating the therapist's feeling from the clients
 - Exploring the therapeutic relationship

Liberati & Agbisi (2017)

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CREATIVE INTERVENTIONS

- Traditional supervision not always best route for counselor development;
 - "One-size-fits-all" approach is inconsistent with ACES Best Practices
- Provides supervisees ways to connect on deeper levels, tap into self-expression and creativity, and develop helpful counseling skills
- Other interventions: Bibliotherapy, psychodrama, and sandtray
- An Experiential Eco-Mapping Exercise for Supervision
 - Purpose is to allow supervisors to assess the progress and needs of their supervisees, help supervisees gain insight about client feelings when asked to participate in experiential life-mapping activities

Graham, Scholl, Smith-Adcock & Wittmann (2014); O'Brien (2008)

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BREAK

15 MINUTE BREAK

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SUPERVISION

- Ethical issues, challenges, and dilemmas arise relevant to:
 - Conduct of supervisory relationship
 - Interactions between supervisees and their clients
- Supervision that integrates focus on ethical issues
 - Prevents additional challenges and dilemmas
 - Helps clinicians/supervisors better address and resolve issues in a timely manner
 - Maintain supervisee and/or the client best interests

Barnett & Molzon (2014)

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THE ETHICS OF SUPERVISION

- Competence
- Informed Consent
- Boundaries/Multiple Relationships
- Malpractice
- Cultural Competence

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COMPETENCE

Ethics and competence are yoked together, as two sides of the same coin: Ethics demands competence, and competence requires ethical practice.

Falender & Shafranske (2004)

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SUPERVISOR COMPETENCE

- Competence "habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice" for the benefit of the individual/community being served
- In clinical training, assessment of competence is one's ability in relation to an externally defined training requirement
- Competence not absolute; not narrow set of professional behaviors
- Competence reflects *sufficiency of a broad spectrum of personal and professional abilities relative to a given requirement*

Falender & Shafranske (2004)

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SUPERVISOR COMPETENCE

- Assessment and intervention skills, therapeutic alliance, case conceptualization, record keeping, and evidence-based practice
- Sensitivity to individual differences, motivation/commitment to supervision, comfort with authority
- Familiarity with ethical, legal, and regulatory dimensions of supervision
- Knowledge of professional/personal facets of supervisory relationship and impact of supervision on supervisee
- Familiarity with models/methods of supervision & development of supervisees
- Awareness of research on challenges/opportunities in multicultural supervision
- Capacity to evaluate supervisee performance; provide constructive feedback
- Grasp of the rapidly expanding body of theory and research on supervision

Falender & Shafranske (2004)

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - F.2.a. Supervisor Preparation
 - 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.

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SUPERVISOR COMPETENCE

- Competency involves formal coursework
- Supervisors must be active students of clinical supervision
- Consult with others with expertise and experience within supervision when competency is questioned
- When a supervisee treats a client whose clinical needs fall outside of supervisor's competence, delegate supervision of that particular client to a colleague who has competence

Barnett (2011); Barnett & Moizon (2014)

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IDAHO BUREAU OF OCCUPATIONAL LICENSES

- IBOL Idaho Administrative Code IDAPA 24.15.01
- Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists
- 200. Counselor Supervisor Requirements
 - Effective July 1, 2004, Idaho licensed counselors shall be registered with the Board in order to provide supervision for those individuals pursuing licensure in Idaho as a counselor
- <https://adminrules.idaho.gov/rules/current/24/241501.pdf>

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REGISTERED SUPERVISOR

- Requirements for Registration
 - a. Document at least two (2) years experience as a licensed counselor
 - b. Document at least one thousand five hundred (1,500) hours of direct client contact as a counselor
 - c. Document fifteen (15) contact hours of education in supervisor training as approved by the Board
 - d. Have not been the subject of any disciplinary action for five (5) years prior to application for registration
- A Registered Counselor Supervisor shall provide supervision in conformance with the guidelines for supervisors set forth in the *ACA Code of Ethics*.

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REGISTERED SUPERVISOR

- Renewal: Subject to the conditions in Paragraph 200.04.c. of this rule, a supervisor's registration is valid for a term of five (5) years. To renew a supervisor registration, the registered supervisor must submit to the Board a complete application for registration renewal prior to the expiration of the current registration on forms approved by the Board and meet the following requirements:
 - a. Hold an active Idaho counselor license which has not been subject to discipline and is current and in good standing; and
 - b. Document six (6) hours of continuing education in advanced supervisor training as approved by the Board and completed within the previous five (5) years.

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REGISTERED SUPERVISOR

- Renewal cont...
 - c. For supervisors registered prior to the effective date of Subsection 200.04 of this rule, the following renewal requirements and conditions apply:
 - A registered supervisor who has been registered for at least five (5) years prior to July 1, 2016 must submit a complete application for registration renewal and meet the renewal requirements by July 1, 2018.
 - A registered supervisor who has been registered for less than five (5) years prior to July 1, 2016 must submit a complete application for registration renewal and meet the renewal requirements by July 1, 2020.

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.6.b. Gatekeeping and Remediation** Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed...
- Section C: Professional Responsibility
 - **C.2.a. Boundaries of Competence** Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor working with a diverse client population.

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SUPERVISEE COMPETENCE

- Over time, several changes in language
 - "Impairment"
 - "Competence problems"
 - "Problems of interpersonal competence"
- Supervisee competence relates to delivery of therapeutic services to the public and what to do about the issue
 - There must be sensitivity to development and rights of trainee
 - Ultimately, public must be protected

Westefeld (2009)

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SUPERVISEE COMPETENCE

- Supervisee competence goes hand-in-hand with evaluation
- Before supervision complete assessment of supervisee's prior training
 - Review supervisee's transcripts and C.V.
 - Discuss supervisee's knowledge/skills in areas relevant to clients they treat may
- Direct observation at onset of supervision to understand supervisee's ongoing training needs
- Remediation offered through readings and/or training

Barnett (2011)

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.6.a. Evaluation** Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship

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EVALUATION IN SUPERVISION

"The role of evaluator also affects the trainee's perception of the supervisor. Students are not only taught psychotherapy by their supervisors, they are also evaluated by them. The criteria for evaluating students' performances tend to be subjective and ambiguous, in large part because the skills being evaluated are highly complex, intensely personal, and difficult to measure. Students know that their psychological health, interpersonal skills, and therapeutic competence are being judged against unclear standards...Supervisors are thus not only admired teachers but feared judges who have real power."

Bernard & Goodyear (2009)

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EVALUATION IN SUPERVISION

- Evaluation safeguards current/future clients
- Ethical and legal issue
- Can provide supervisees with motivation to use supervisory feedback
- Evaluation based on institutional standards/national standards of practice
- "...virtually no empirical research to determine what is essential for supervisees to be evaluated on in supervision process."
- Supervision evaluation standards
 - Unclear
 - Arbitrary
 - Individual to each supervisor on basis of supervisory style/personality

Bernard & Goodyear (2009); Vespia, Heckman-Stone & Delworth (2002)

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EVALUATION IN SUPERVISION

- Criteria must be included in disclosure statement/contract; may include:
 - Knowledge, Theory, Technique
 - Skills, Case conceptualization
 - Professionalism/disposition
- Two types of evaluations
 - Formative
 - Informal evaluation, direct feedback over course of supervision regarding skill acquisition and professional growth
 - Summative
 - Formal evaluation, assessment, at completion of a task/program

Bernard & Goodyear (2009); Vespia, Heckman-Stone & Delworth (2002)

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EVALUATION IN SUPERVISION

- Feedback ought to be...
 - Based on learning goals negotiated between supervisor/supervisee & achievable for supervisee
 - Offered regularly
 - Balanced between support/reinforcement and challenge/criticism
 - Timely, specific, nonjudgmental, behaviorally based; offering supervisee direction
 - Be direct and clear; never biased, hurtful, threatening, or humiliating

Bernard & Goodyear (2009)

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EVALUATION IN SUPERVISION

- Supervisors ought to...
 - Use listening skills to conclude if feedback was received as intended
 - Model self-critique, flexibility, and brainstorming in conjunction with formative feedback
 - Understand supervisees want honest feedback, though fear it
 - Be aware: acceptance of feedback is related to level of trust supervisee has for supervisor
 - Supervisees must trust that formative feedback has a different purpose than summative feedback

Bernard & Goodyear (2009)

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EVALUATION FORMS

- **Evaluation of Supervisee**
 - Evaluation of Supervisee
 - PDCA-R
- **Evaluation of Supervisor**
 - Evaluation of Supervision
 - Feedback-Informed Supervision (Scott Miller)
 - <https://www.scottmiller.com/implementing-feedback-informed-treatment/>

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EVALUATION

- Best Practices in Clinical Supervision
 - Adopted by the ACES Executive Council (2011)
3. Giving Feedback
 9. Evaluation

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INFORMED CONSENT

- Just as informed consent is essential in counseling relationship, is essential to process of supervision
- Informed consent:
 - Promotes collaborative relationship
 - Increases autonomy and self-determination
 - Promotes rational decision-making
 - Minimizes risk of exploitation or harm
 - Promotes openness and sharing

Barnett (2011)

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INFORMED CONSENT

- Informed consent can moderate ethical and legal risks
- Provides a foundation to supervisory relationship
- Supervisees have right to know all information relevant to supervision process, expectations, and obligations; ongoing, written & verbal form
- Supervisees may want to know supervisor's approach to supervision, information on frequency of meeting, limits to professional relationship, documentation requirements, fees involved, evaluation standards and procedures, limits to confidentiality, emergency contact information, etc....
- Helps supervisees determine if expectations are a good fit
- Clarity of understanding/agreement reduced misunderstandings and "negative surprises"

Wheeler & Bettram (2015); Barnett (2011)

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INFORMED CONSENT

- Supervision is evaluative
- Evaluation requirements should be discussed during informed consent
- Supervisee should understand
 - Criteria for evaluation
 - Expectations and standards to be met to successfully to complete training experience
 - How and when evaluation process will be conducted

Barnett & Molzon (2014)

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.4.a. Informed Consent for Supervision** 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. The issues unique to the use of distance supervision are to be included in the documentation as necessary

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.1.c. Informed Consent and Client Rights** 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. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.5.c. Professional Disclosure** 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.

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BOUNDARIES

- Boundaries are ground rules in all professional relationships
- Each boundary can be avoided, crossed, or violated
- Boundary crossings may be clinically appropriate and perhaps necessary, at times
- Boundary violations, by definition, are harmful and unethical
- Supervisors ought to be ethical role models regarding appropriate management of boundaries

Barnett & Molzon (2014)

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MULTIPLE RELATIONSHIPS

- A multiple relationship occurs when a therapist or supervisor (person of power) has a simultaneous relationship with a client or a supervisee (less powerful individual) in addition to supervisory or therapeutic relationship
- Roles become problematic because of competing nature and have potential to be harmful
- Within supervision, there are numerous examples of when multiple relationships may occur; Personal, social, business, financial, or other similar type of multiple relationship

Westerfeld (2009)

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MULTIPLE RELATIONSHIPS

- Examples of multiple relationships:
 - Supervisee may begin seeing a client for therapy who supervisor knows socially
 - Supervisor may consider asking a supervisee to babysit or housesit
 - Supervisee/supervisor may be thrown together socially, in a variety of venues
 - Supervisor and supervisee may become attracted to each other

Westerfeld (2009)

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- Section F: Supervision, Training, and Teaching
 - **F.3.a. Extending Conventional Supervisory Relationships** Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs
 - **F.3.d. Friends or Family Members** Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective

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- Section F: Supervision, Training, and Teaching
 - **F.10.c. Relationships With Former Students** Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.
 - **F.10.d. Nonacademic Relationships** Counselor educators avoid nonacademic relationships with students in which there is a risk of potential harm to the student or which may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement. F.10.e. Counseling Services Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

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- Section F: Supervision, Training, and Teaching
 - **F.10.f. Extending Educator- Student Boundaries** Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.

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SEXUAL RELATIONSHIPS

- Some multiple relationships are unavoidable, such as rural settings and certain other "closed" communities
- All multiple relationships that are exploitive, such as sexually intimate relationships, should always be avoided
- Such relationships are always unethical and demonstrate a clear abuse of the imbalance of power in the professional relationship

Barnett & Molzon (2014)

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- Section F: Supervision, Training, and Teaching
 - **F.3.b. Sexual Relationships** Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships
 - **F.10.a. Sexual or Romantic Relationships** Counselor educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a counseling or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

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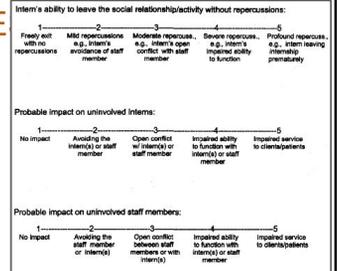
BURIAN & SLIMP (2000)

- Likert Scales
 - Three essential questions that are rated on a 1-5 point Likert scale
 - Scales are rated from *least potential for harm* (1) to *most potential for harm* (5)
 - 1. Intern's ability to leave the social relationship/activity without repercussions
 - 2. Probable impact on uninvolved interns
 - 3. Probable impact on uninvolved staff members
- Authors strongly recommend consultation with an unbiased third party to help candidly and honestly evaluate the issue

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LIKERT SCALE

- Any rating on likert scale of 2 or higher, person of power (supervisor) should STOP
- Authors identify model may be conservative and with help of unbiased colleague, may decide that "less conservative choices also hold little risk for harm"



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MALPRACTICE

- Though supervision-related lawsuits are uncommon, we do live in a litigious world
- Supervisors be cognizant of issues that relate to both the ethics and legalities of supervision
- Supervisors must teach trainees about duty to warn, competency issues, appropriate boundaries, multiple relationships, and issues related to documentation in supervision

Westerfeld (2009)

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MALPRACTICE

- Malpractice lawsuit is based on negligence in carrying out professional responsibilities/duties
 - The counselor's obligation to use his or her care and skill in dealing with a client, or
 - Failure to follow requirements of a protective statute (reporting)
- Negligence is type of a *tort*; legal action is designed to set right
- Four elements that must be proven in a negligence case:
 - Duty
 - Breach
 - Causation
 - Damages

Wheeler & Bertram (2015)

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DUTY

- Legal obligation to act in best interests of client
- Client has right to expect due care from counselor; counselor is obligated to provide standard of care
- Must be a legal duty arising from a special relationship between parties that will be determined by the facts of situation
 - Casual conversation at a dinner party not likely therapeutic relationship
- Courts will look at professional identity of counselors to determine what standards of practice they should be bound by
- Which standard of care applies to determine if counselor has breached duty
 - Typically determined by licensing statutes, professional standards of practice, and codes of ethics
- Would "reasonably prudent" counselor in similar circumstance have acted in same way?
 - If answer is yes, liability usually will not be found

Wheeler & Bertram (2015)

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BREACH, CAUSATION, DAMAGES

2. Breach
 - Legal duty arising from relationship must have been breached; mental health professional must have failed to uphold standard of care or practice expected of a counselor in that position or violated law (e.g., failed to report suspected abuse/neglect)
3. Causation
 - The plaintiff must prove causation; Injuries received would not have occurred but for counselor's breach of duty
 - Even when other contributing factors are present, counselor may be held liable for damages if injury to client was foreseeable and resulted from counselor's conduct
4. Damages
 - Must have been actual injury to the plaintiff, such as physical harm, emotional distress, or depression, that is evidenced by specific symptoms, worsening or problems, changes in life circumstances, etc.,
 - Often, some evidence of financial loss is also presented

Wheeler & Bertram (2015)

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MALPRACTICE

- Within supervision, the primary area of concern with regard to malpractice is the principle of vicarious liability
 - If the supervisee is negligent, the supervisor is legally accountable
- Issues related to the establishment of malpractice are;
 - The existence of a relationship in supervision
 - The existence of a care standard through ethical codes
 - The extent to which there has been harm via supervision, and
 - The possible direct cause of harm if it could be foreseen that harm was possible

Westerfeld (2009)

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REDUCING THE RISK OF MALPRACTICE

- Develop an informed-consent/supervision contact
- Document supervision in detail
 - Include maintaining not only records of supervisee's client contacts, but also supervisee evaluations
- Can be in form of a log that contains every supervision contact, dated, with a description of what transpired in supervision
- Recommendation for notes on each client and a record of termination, referral, follow-up, etc...

Westerfeld (2009)

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REDUCING THE RISK OF MALPRACTICE

- Supervision on a regular basis
- Awareness of what has occurred in the therapy sessions
- Provision of high-quality supervision
- Supervisors must be available, review tapes/observe supervisees, and must be in touch with supervisee capabilities
- Supervisors must also be careful to avoid supervising outside of the boundaries of expertise

Westerfeld (2009)

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CULTURAL COMPETENCE

- One of the most important areas to consider related to the process of clinical supervision is multiculturalism
- Falender & Shafranske (2004) indicate
 - "Notwithstanding that it is a core component of psychology training, diversity is one of the most neglected areas in supervision training and research"
- Diversity experiences in training combined with personal experiences involving in diversity resulted in higher scores related to multicultural competence
- Research has also found higher amounts of coursework in multiculturalism, attending workshops on multiculturalism, and supervision in a multicultural situation all contributed to a higher skill level in terms of multicultural competence

Westerfeld (2009)

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ACA CODE OF ETHICS

- Section F: Supervision, Training, and Teaching
 - **F.2.b. Multicultural Issues/Diversity in Supervision** Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

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CULTURAL COMPETENCE

- In supervision must address following to help supervisee do same with clients
 - Cultural issues
 - Issues of power
 - Issues of oppression
 - Issues of privilege
- Some supervisors may be reluctant to address these issues because they:
 - Believe supervisees are better prepared than they are to engage in dialogue related to diversity and advocacy
 - Do not believe/unaware that such dialogues are relevant/necessary
 - Concern they will be viewed as being overly concerned about diversity/advocacy
 - May lack self-efficacy regarding abilities to effectively manage such dialogues

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CULTURAL COMPETENCE

- Supervisors can initiate discussions or activities to explore issues of culture, power, and privilege
- Assists supervisees in becoming more aware of these issues and better prepared to address such topics with clients
- Supervisors 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 supervision process
- Before they are likely able to assist supervisees in becoming social justice advocates supervisors must have "the ability to recognize and challenge oppressive and dehumanizing political, economic, and social systems"

Glossoff & Durham (2010)

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CULTURAL COMPETENCE

- Thoughtful supervisors will push supervisees to consider and address how factors of diversity may affect supervisee in their clinical work with clients
- Essential that cultural competence is considered an essential aspect of clinical competence and is integrated into all aspects of supervisee's clinical work as well as into all aspects of clinical supervision
- Diversity includes:
 - Culture
 - National Origin
 - Ethnicity
 - Language
 - Socioeconomic status
 - Sexual orientation
 - Religion
 - Disability/ableness
 - Age
 - Gender identity
 - Race

Barnett & Molzon (2014) & Falender & Shafranske (2004)

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CULTURAL COMPETENCE

- Literature indicates there may be a relationship between diversity issues and issues of interpersonal competence (impairment)
- Professional problematic behavior of supervisees may overlap with cultural experiences (hostility to members of other races), gender socialization, religious training and beliefs, and/or other life experiences and training that may not be easily changeable
- By addressing issues in supervisory process, trainees can be aided in developing true multicultural competence

Westerfeld (2009)

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SUPERVISION BEST PRACTICES

- Best Practices in Clinical Supervision
 - Adopted by the ACES Executive Council (2011)
- 6. Diversity and Advocacy Considerations
- 7. Ethical Considerations
- 11. The Supervisor
- 12. Supervisor Preparation: Supervision Training and Supervision of Supervision

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WRAP-UP

- Questions?
- Evaluation
- Thank you!

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