

**UNIVERSITY OF SOUTHERN MAINE**  
**School of Education and Human Development**  
**Counselor Education Program**

Those of you who serve as site supervisors for our interns are greatly appreciated! The quality supervision you provide to interns contributes mightily to their professional development and identity. Both the faculty and students of the USM Counselor Education Program thank you very much for your time, expertise, and generosity.

This information packet is intended to provide you with a general overview of clinical supervision, as well as expectations for interns and site supervisors. Our accrediting body, the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP), asks that we make sure our site supervisors have “relevant training in counseling supervision”, as well as “knowledge of the program’s expectations, requirements, and evaluation procedures”. This packet is intended to fulfill this requirement. The focus of this training is the supervision of internship students within the field of counseling, so the emphasis within this training will be a bit counselor-centric.

**ONLINE MANUAL OVERVIEW**

1. GENERAL OVERVIEW – INTERNSHIP EXPECTATIONS
2. DEFINITION AND HISTORY OF CLINICAL SUPERVISION
3. MODELS OF SUPERVISION
  - a. Integrated Developmental Model
  - b. Discrimination Model
4. ETHICAL AND LEGAL ISSUES
5. SUPERVISION PREPARATION
  - a. For Supervisee
  - b. For Supervisor
6. SUPERVISION RELATIONSHIP
7. A WORD ABOUT DISTANCE SUPERVISION
8. HOW TO BE A LOUSY SUPERVISOR
9. EXPERIENTIAL WORKSHOP DAY AGENDA

## 10. REFERENCENCES AND FURTHER RESOURCES

### 11. APPENDIX A – 3Q Answers

### 12. APPENDIX B – Affidavit for your signature

## **GENERAL OVERVIEW – INTERNSHIP EXPECTATIONS**

As you know, the USM Counselor Education Program has three concentrations: mental health counseling, school counseling, and rehabilitation counseling. The requirements for internship are slightly different for each concentration. For example, school and rehabilitation counseling interns are required to complete 600 hours, whereas mental health counseling interns are required to complete 900 hours. You are encouraged to become familiar with the specifics of your intern's particular concentration, visit the USM Counselor Education website.

### **Expectations of Interns**

Generally, interns are expected to attend an internship seminar that entails two and a half hours of instruction and group supervision. In this class, interns will be required to turn in a memo of understanding from the internship site, a goals contract created with the site supervisor, as well as weekly logs signed by the site supervisor. They will also be expected to participate at their internship site each week accomplishing the tasks outlined by the memo of understanding and goals contract. Perhaps most importantly, they will be expected to have weekly supervision with the site supervisor. At the end of internship, the intern will be expected to complete an evaluation regarding their internship experience. During the internship experience, the intern seminar instructor will visit your site and check the intern's progress.

### **Expectations of Site Supervisors**

You can access supervisor handbooks for the mental health, school, or rehabilitation counseling concentrations on the counselor education website. In addition to becoming familiar with the supervisor handbook for your intern's concentration, you will be expected to sign the memo of understanding with the intern, set up goals for internship with your intern, sign weekly logs, and provide weekly supervision for your intern. These forms may be found in the supervisor handbook on the counselor education website. Formal evaluations are expected throughout the internship experience, as well as at the end of the internship experience. However, you are more than welcome to provide additional feedback to your intern as needed. Also, please do not hesitate to contact the program office with questions or concerns at any time. We want to support you in any way we can.

## **3Q or THREE QUIZ QUESTIONS**

You will find a short quiz at the end of each section for you to take. Please take out a piece of paper to document your answers! Each quiz consists of three true or false questions, so are called 3Q's. There are 15 questions in all. Here is your first quiz.

### **3 Q - General Overview**

1. The Counselor Education Program at USM has two concentrations.  
True or False?
2. Interns need weekly supervision.  
True or False?
3. Site Supervisors are provided handbooks.  
True or False?

### **DEFINITION AND HISTORY OF SUPERVISION**

Clinical supervision is a term used by many professions such as nursing, case workers, teachers, and others. So what do we mean by clinical supervision in the field of counseling? The definition most used and accepted is from Bernard and Goodyear:

Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession (1992, 1998, 2004, 2009).

This definition allows for supervision to be recognized as a discrete intervention on its own. This dynamic is an important aspect to highlight because many have assumed that one can become a good supervisor simply because one is a competent counselor. This is not necessarily the case. Just as a counselor needs appropriate training to be competent, so does a clinical supervisor.

Historically, supervision or mentoring as a practice has been around for centuries; a more experienced individual passing on knowledge and skills to a less experienced individual. However, in the realm of counseling, the concept of supervision as a discrete dynamic became important as the training of counselors progressed over time (Leddick & Bernard, 1980). As the profession of counseling matured, more and more recognition of supervision as an important part of a counselor's professional development progressed also. As such, research into supervision began slowly in the 1950's and 1960's. By the 1980s, there was a call for a science of supervision (Holloway & Hosford, 1983) and in 1993, the first ethical guidelines specifically for clinical supervision were developed by the Supervision Interest Network (Bernard & Goodyear, 2009). Within the last decade or so, the growth in supervision research has been remarkable. (Just a note here to say that existing research tends to lean toward academic views rather than the 'real world' experiences and application of supervision. Maybe one of you will be the clinician/practitioner to take on this line of research?)

### **3Q – Definition and History**

1. Supervision requires training.  
True or False?
2. Supervision does not have its own ethical guidelines.  
True or False?
3. Research in supervision is a growing field.  
True or False?

### **MODELS OF SUPERVISION**

Models for supervision fall into three general categories: therapy/theoretical orientation, developmental, and social role/integration models (Bernard & Goodyear, 2009; Leddick, 1994). The theoretical orientation models stem from the theories counselors use in counseling. The developmental models recognize that the supervisee has a process in his/her growth as a counselor. The social role/integration models combine ideas in new ways to explain supervision.

For the purposes of this training, you will only be introduced to the Integrated Developmental Model (Stoltenberg, McNeil, & Delworth, 1998) and the Discrimination Model (Bernard, 1997; Luke & Bernard, 2006). These models help the supervisor take into account the supervisee's developmental level and helps the supervisor consider how to approach supervision. It is felt that these two models complement each other well and can be a good introduction to providing supervision.

#### ***The Integrated Developmental Model (IDM)***

The Integrated Developmental Model (Stoltenberg, McNeil & Delworth, 1998) is a model that addresses the dynamic of supervisees moving through different levels of development based on their experience. The model outlines four levels of development:

- Level 1: Naïve awareness
- Level 2: Confusion
- Level 3: The calm after the storm
- Level 3i: Integrated

Consider each level a phase that supervisees travel through as they develop professionally. It is a fairly step-wise progression, but not rigid. The movement is fluid and supervisees will develop skills into the next level bit by bit until proficiency and efficacy are achieved. The table on the next page provides descriptions of each level and what the supervisor may expect of the supervisee at each level.

**TABLE 4.1** Supervisee Characteristics and Supervisor Behavior for Each of the Four IDM-Specified Supervisee Developmental Levels (Bernard & Goodyear, 2009, p. 91).

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**Level 1.** These supervisees have limited training, or at least limited experience in the specific domain in which they are being supervised.

- *Motivation:* Both motivation and anxiety are high; focused on acquiring skills. What to know “the correct” or “best” approach with clients.
- *Autonomy:* Dependent on supervisor. Needs structure, positive feedback, and little direct confrontation.
- *Awareness:* High self-focus, but with limited self-awareness; apprehensive about evaluation.

**Level 2.** Supervisees at this level are “making the transition from being highly dependent, imitative, and unaware in responding to a highly structured, supportive, and largely instructional supervisory environment” (p.64). Usually after two or three semesters of practicum.

- *Motivation:* Fluctuating as the supervisee vacillates between being very confident to unconfident and confused.
- *Autonomy:* Although functioning more independently, he or she experiences conflict between autonomy and dependency, much as an adolescent does. This can manifest as pronounced resistance to the supervisor.
- *Awareness:* Greater ability to focus on and empathize with client. However, balance still is an issue. In this case, the problem can be veering into confusion and enmeshment with the client.

Stoltenberg et al. notes that this can be a turbulent stage and “supervision of the Level 2 therapist...[requires] considerable skill, flexibility, and perhaps a sense of humor” (p.87).

**Level 3.** Supervisees at this level are focusing more on personalized approach to practice and on using and understand of “self” in therapy.

- *Motivation:* Consistent; occasional doubts about one’s effectiveness will occur, but without being immobilizing.
- *Autonomy:* A solid belief in one’s own professional judgment has developed as the supervisee moves into independent practice. Supervision tends to be collegial as differences between supervisor and supervisee expertise diminish.
- *Awareness:* The supervisees return to being self-aware, but with a very different quality than at Level 1. Supervisees at this level are able to remain focused on the client while also stepping back to attend to their own personal reactions to the client and then to use this in decision making about the client.

**Level 3i (Integrated)** This level occurs as the supervisee reaches Level 3 across multiple domains (e.g., treatment assessment, conceptualization). The supervisee’s task is one of integrating across domains. It is characterized by a personalized approach to professional practice across domains and the ability to moves easily across them. This supervisee has strong awareness of his or her strengths and weaknesses.

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### ***The Discrimination Model***

The Discrimination Model (Bernard, 1997; Luke & Bernard, 2006) is based on three general roles one can take on as a supervisor: teacher, counselor, and consultant. The teacher role is instructive, the counselor role allows for exploration of affect and insight, and the consulting role is one of exploring options and opportunities. It is important to note that the counseling role is not counseling. You will not be counseling your supervisee, but rather helping your supervisees explore and understand their reactions to clients/issues raised in the counseling room to be more effective and objective

The model is also based on three foci of the supervision process: intervention, conceptualization, and personalization. The intervention focus is what the supervisee is doing with his or her client; the conceptualization focus is how the supervisee is thinking about the client/client issues; the personalization focus is how the supervisee makes counseling their own style, while keeping objectivity. As a supervisor, you are keeping these foci in mind and helping your supervisee become more adept in each area.

The roles within this model allow the supervisor to adjust his or her approach to the supervisee based on what might be needed by the supervisee moment by moment, and overall in the realms of intervention, conceptualization, and personalization. For example, using the intervention focus across roles:

- from the teaching role, a supervisor may instruct a supervisee how to use a particular skill;
- from the counselor role, the supervisor may explore how using a particular skill with a particular client feels; and
- from the consulting role, the supervisor may discuss with the supervisee what skill may be best used with the client.

For further examples of how this model might work in action, see the table on the next page.

**TABLE 4.4 The Discrimination Model (Bernard & Goodyear, 2009, p. 103).**

SUPERVISOR ROLE			
FOCUS OF SUPERVISION	Teacher	Counselor	Consultant
Intervention	<p>S-ee would like to use systematic desensitization with a client but has never learned the technique</p> <p>S-or teaches the S-ee relaxation techniques, successive approximation, hierarchy building, and the desensitization process</p>	<p>S-ee is able to use a variety of process skills, but with one client uses question-asking as her primary style</p> <p>S-or attempts to help S-ee determine the effect of this client on her that limits his or her use of skills in therapy sessions</p>	<p>S-ee finds her clients reacting well to her metaphor and would like to know more ways to use metaphor in counseling</p> <p>S-or works with S-ee to identify different uses of metaphor in counseling to practice these</p>
Conceptualization	<p>S-ee is unable to recognize themes and patterns of client thought either during or following therapy sessions</p> <p>S-or uses session transcripts to teach S-ee to identify thematic client statements (e.g., blaming; dependence)</p>	<p>S-ee is unable to set realistic goals for her client who requests assertion training</p> <p>S-or helps S-ee related her discomfort to her own inability to be assertive in several relationships</p>	<p>S-ee would like to use a different model for case conceptualization</p> <p>S-or discusses several models for S-ee to consider</p>
Personalization	<p>S-ee is unaware that her preference for a close seating arrangement reflects her own cultural background and intimidates the client</p> <p>S-or assigns the reading of literature summarizing proximity studies</p>	<p>S-ee is unaware that his female client is attracted to him sexually</p> <p>S-or attempts to help the S-ee confront his own sexuality and his resistance to recognizing sexual cues from women</p>	<p>S-ee would like to feel more comfortable working with older clients</p> <p>S-or and S-ee discuss developmental concerns of older people</p>

*Note:* S-or=supervisor; S-ee=Supervisee.

*Source:* Compiled from “Supervision Training: A Discrimination Model,” by Bernard, 1979, *Counselor Education and Supervision*, 19, pp. 60-69.

### **30 - Models**

4. It is important to assess the developmental level of your intern so as to have a better idea regarding the most effective supervisory interventions to use.  
True or False?
  
5. New Interns will most likely be at Level 3 in their development (according to the IDM).  
True or False?
  
6. The consultant role, as outlined in the Discrimination Model, is used most often with more advanced students who can brainstorm various options with the supervisor.  
True or False?

**ETHICAL AND LEGAL ISSUES** – Additional information on counselor education website.

Ethical and Legal Questions to Ask Yourself (*The material in this section is modified from Clinical Supervision: A Handbook for Practitioners (2004) by M. Fall and J.M. Sutton, Jr., pp. 8-11*)

Supervisors are charged with the responsibility for the development of the supervisee, the treatment of the supervisee's client, and the protection of the public from incompetent practitioners (Bernard & Goodyear, 2004; Bradley & Ladany, 2001; Falvey, 2002; Haynes, Corey, & Moulton, 2003; Stoltenberg, McNeill, & Delworth, 1998). These multiple roles combine with a complex structure that involves a host of rules, regulations, standards, and guidelines. Consequently, there are many ethical and legal standards that apply directly to supervision. Furthermore, supervisors assume a wide range of responsibilities that require in-depth knowledge of the ethical standards of the profession as well as the pertinent laws and legal standards that relate to the professional activities of both the supervisor and the supervisee.

The multiple levels of practice and the complexity of the process of supervision are demonstrated by the following responsibilities held by supervisors. First, supervisors must adhere to all applicable ethical and legal guidelines governing their profession. Second, supervisors assume the responsibility for supervisee compliance with these same ethical and legal standards. Third, supervisors are responsible for instructing supervisees on ethical and legal matters and for monitoring ethical and legal decision making. Fourth, supervisors must behave both ethically and legally in their role as supervisors. These are challenging tasks that no supervisor can take lightly. To meet this challenge, supervisors must be well informed and highly skilled. Following is an outline of a series of questions on ethical and legal issues to assist you as you prepare for your role as a supervisor.

## Training

- What training or qualifications does a supervisor need?
  - *Answer.* For the purposes of internship, the site supervisor should have the following qualifications, as taken from the USM Counselor Education Internship information webpage:
    - have at least a master's degree in counseling or a related field;
    - a minimum of two years, post-masters experience; and
    - the appropriate licensure or certification to practice in the setting.
      - Mental Health Counseling Intern can be supervised by individuals with an LCPC, LCSW, PhD/PsyD in Psychology or other professionals approved by program faculty
      - School Counseling interns are ideally supervised by fully certified school counselors
      - Rehabilitation Counseling interns need to be supervised by individuals with CRC
      - Additionally, if you plan to supervise substance abuse issues, you may need further training to competently supervise around these issues
- What do professional associations say about training in supervision?
  - *Answer.* For the purposes of internship, our accrediting body (CACREP) asks that all our site supervisors receive training in clinical supervision. This is why we are offering this training.

## Confidentiality

- What are the parameters of confidentiality in the supervisory relationship?
  - *Answer.* The confidentiality in the supervisory relationship is similar to that of counseling. Supervisors keep the confidentiality of the supervisees' clients. It is also important for full disclosure that the supervisee informs his/her clients that he/she is in supervision, as well as the supervisor informing the supervisee of his/her own supervision of supervision. The limits of confidentiality are similar to the limits in counseling to maintain all participants' safety. It is the job of the supervisor to model and maintain these dynamics.

## Informed Consent

- What information does a supervisee need to disclose to a supervisor?
  - *Answer.* It is important for supervisees to share their training, areas of skill comfort, areas of needed growth, any issues that may limit their performance (i.e., health or mental health concerns), expectations for training/goals during internship, and any other information pertinent to their duties while on internship. This information can be discussed during an "intake" with the supervisor where these areas are explored early in the internship experience.
- What information does a supervisor need to disclose to a supervisee?
  - *Answer.* It is important for supervisors to inform their supervisees of their training in supervision, educational background, areas of competence, expectations within supervision, methods of evaluation, and any other information pertinent to the supervisees' training and job performance (i.e., site expectations, emergency procedures, etc.). This can be put into a disclosure statement created for this purpose.

### Professional Development

- What is the supervisor's responsibility toward his/her own professional development?
  - *Answer.* Just as with any area of professional competence, ongoing training in supervision should be part of a supervisor's ongoing continuing education. This training should include all areas of competence including deepening of model application, skill use, ethical behavior, and multicultural sensitivity, etc...

### Crisis Situations

- What are the role and responsibility of a supervisor when the supervisee has a crisis event?
  - *Answer.* Supervisees should be made aware of crisis policies as soon as possible. Supervisors should be available for crises and if cannot be available, should provide information to the supervisee of how to contact backup resources.

### Supervisee Impairment

- What is the responsibility for the supervisor when the supervisee is impaired and not providing competent services?
  - *Answer.* Supervisors are the gatekeepers of the profession. Because of that, it is the responsibility of the supervisor to closely monitor the care offered to supervisees' clients and intervene as necessary to prevent harm. In the case of internship, please contact university faculty as soon as an issue arises, so a remediation plan can be put in place as soon as possible.

### Record Keeping

- What records is the supervisor responsible for maintaining within the supervisory relationship?
  - *Answer.* It is important that supervisors maintain records for each supervisee so progress can be mapped, client issues followed, and concerns documented.
- What records is the supervisee responsible for maintaining within the supervisory relationship?
  - *Answer.* Interns are responsible for whatever paperwork is necessary for the internship site, as well as for their internship class. It would also be important for the supervisee to come prepared for supervision and to maintain their own documentation of their progress and relevant issues from supervision.

### Evaluation

- What is the responsibility of the supervisor for evaluating the supervisee?
  - *Answer.* For internship, the evaluation procedure is outlined in the internship materials from the USM internship webpage. It is important that the supervisor inform the supervisee of the evaluation procedure early in the internship experience, so the intern will know what to expect from you. If you plan to use additional evaluation procedures to those expected of USM, it would be important to consider the following questions as you proceed and to inform your supervisee as soon as convenient:
    - How will the supervisee be evaluated?
    - How often will evaluation take place?
    - What will be the content of evaluations?
    - How will the supervisor be evaluated?

## Dual Relationships

- When are dual relationships in supervision considered unethical?
  - *Answer.* There are many dual relationships within the training process with students (i.e. being a student and a grad assistant; being a student in a class and an individual supervisee in practicum). Not all of these dual relationships are harmful. The dual relationships to be concerned with are those that may cause harm. It is important to keep clear boundaries with your supervisee. Examples of poor boundaries: dating, becoming best friends, or using supervisees as personal assistants.

## Other General Questions Related to Ethics

- What is the role of catch-as-catch-can supervision?
  - *Answer.* Having an open-door policy with supervisees is not a poor practice, but if it is the only kind of supervision you are providing, this is a problem. Supervisors should provide the appropriate amount of formal supervision each week that is appropriate to the amount of work a supervisee is doing on site each week.
- To whom does the supervisee complain when there is an unresolved conflict with a supervisor?
  - *Answer.* Hopefully, supervisees feel comfortable sharing with their supervisors when they feel they need something more or different from their supervisors. However, when communication and trust feel compromised, it is important that supervisees know they can contact USM faculty for recourse and that they have this right.
- What are the implications for the supervisor when complaints are made against the supervisee?
  - *Answer.* Supervisors are responsible for their supervisees' behavior. In legal terms, this is known as 'respondent superior.' This is why it is important to receive training in supervision, be familiar with ethical considerations, receive your own supervision of supervision, and to document what is happening in supervision.

## Key Legal Issues in Clinical Supervision (*The material in this section is taken from Clinical Supervision: A Handbook for Practitioners (2004) by M. Fall and J.M. Sutton, Jr., p. 11*)

**Following are some recommendations that may assist you in protecting clients, supervisees, and yourself from unwanted and unnecessary legal questions:**

1. Supervise only in areas of expertise.
2. Choose a specific supervisory model.
3. Avoid/manage dual relationships.
4. Regular evaluation of the supervisee.
5. Be available for supervision.
6. Formulate a sound contract.
7. Be aware of financial considerations.
8. Maintain professional liability coverage.
9. Supervise honestly and with integrity.

### **3Q – Legal and Ethical Issues**

7. Professionals in their first year of working after receiving their master's degree are qualified to supervise USM counseling interns.  
True or False?
8. Supervisors should choose and work from a model of supervision.  
True or False?
9. It is important for supervisors to let their supervisees know how/when they will be evaluated.  
True or False?

### **SUPERVISION PREPARATION**

#### Preparation for the Supervisee

Well-trained supervisees make us look good as supervisors! We believe this is so important that we begin our section on the supervisor tasks and process with training for the supervisee. Following is a document that can be copied and handed to supervisees prior to the first meeting. It will help to explain the phases of supervision and supervisee preparation.

#### ***Phases and Structure of a Clinical Supervision Session***

It may be helpful to think of each supervision session as having three separate phases. Not participating in any one phase detracts from the impact of the supervision experience in its entirety.

#### ***Phase 1: Advanced Preparation***

We consider this phase to be the most important, as it determines how much one gains from a supervision session. The following questions provide structure that leads us through the preparation process.

1. What will you bring up in supervision? Examples of content and process are listed below.
  - A. Content.
    - Introducing new cases
    - Reviewing previously discussed cases
    - Personal awareness
    - Reviewing administrative issues
    - Evaluation
    - Cultural influences
    - Crisis issues
    - Ethical and legal issues
    - Professional development

B. Process. It is the supervisee's responsibility to construct the supervision agenda. Supervisees are the architects of their own learning and need to be proactive, assertive, and, most importantly, courageous in reflecting on themselves, their clients, and their behavior as counselors/therapists. In the reflection process, there are a number of focus points and questions to consider.

- Counseling technique dilemmas  
What are you doing to assist the client? How is it helping? Where are you stuck? What ideas do you have about helping your client? What is stopping you from trying out your ideas? How could you behave differently?
- Client problems  
What puzzles you about your client? What would you like to know about his or her problem? How could you find out what you don't know? What resources do you need?
- Personal issues  
What is happening to you in this situation? How are you feeling? How are these feelings influencing your counseling? What is your purpose? How is your counseling behavior related to assisting your client? What are your hypotheses about your own behavior? What needs to happen for you to behave differently?
- Administrative questions  
What are the ethical/ legal issues involved with this client? What assistance do you need with maintaining your professional qualifications, your professional development?
- Treatment planning/action issues  
What are your client's symptoms/problems? What hypotheses do you have about your client and/or your client's behavior? What meaning do your client's situation/personal issues have for treatment? What are the counselor's goals, and are they separate from the client's goals? In what stage of change is the client? What treatment modalities/interventions will be used? What additional resources are necessary?
- Unresolved issues  
What are the multicultural issues between you and the client? Between you and your supervisor? How will you address these issues? What disagreements do you have with your supervisor? How will you handle these disagreements? Have you asked how your supervisor would like you to implement his/her suggestions?

2. What is the priority for your supervision topics?

3. What do you need from your supervisor around each topic?

4. How will you present this topic to your supervisor (i.e., what modality will you use)?

Examples of modalities are self-report, audio/video recording, case note review, observation, co-counseling, live supervision, role-play, telephone conversation, and supervision via computer technology. It is important to use differing modalities for supervision leaning and for you to get the most from your time with your supervisor.

### ***Phase 2: Supervision Session***

This is your actual supervision session. You present your supervisor with your agenda. You control the session to the extent that you need to make sure that you get your needs met. It is helpful to share your proposed agenda with the supervisor at the beginning of the session. Then, as you proceed to each topic, explain what it is that you need from supervision. At the same time, it will be important to take notes of the session so that discussion and decisions will be easily translated to new counseling behaviors.

### ***Phase 3: Translation of Ideas into Action***

You leave supervision.

- What is your plan for translating your notes into action?
- How will you incorporate this new learning into your counseling session?

### **Preparation for the Supervisor**

We begin this section with an overview of the supervision process.

### ***Session Structure***

Well-prepared supervisees deserve well-prepared supervisors. Supervisees have provided us with feedback that in order to have a vision of the process, they need concrete and specific information. In response, we formulated that list below to inform supervisees of the nuts and bolts of a supervision session.

- Give the “Phases and Structure of Clinical Supervision Session” document to the supervisee.
- Have the supervisee arrive at supervision with a prioritized agenda.
- As each agenda item is introduced, help the supervisee clarify what the issues is and how you the supervisor, can help. This exploration often results in an unfolding process that may lead in unanticipated directions. Typical questions that may be asked by the supervisor listed on the supervisee’s handout. For example:
  - What is confusing to you about this case?
  - What would you like to happen as the result of our discussion?
  - What puzzles you about this client?
- What will be the focus for supervision?
  - Skill development?
  - Case conceptualization?
  - Personal awareness?
  - Professional behavior?
- What role will you use?
  - Teaching?
  - Counseling?
  - Consulting?
- Check and recheck with the supervisee. For example:
  - Did you get what you needed?
  - Are we finished with this?
  - Have we covered this enough?

## **SUPERVISION PREPARATION**

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### ***Phases and Structure of a Clinical Supervision Session***

It may be helpful to think of each supervision session as having three separate phases. Not participating in any one phase detracts from the impact of the supervision experience in its entirety.

#### ***Phase 1: Advanced Preparation***

We consider this phase to be the most important, as it determines how much one gains from a supervision session. The following questions provide structure that leads us through the preparation process.

5. What will you bring up in supervision? Examples of content and process are listed below.

A. Content.

- Introducing new cases
- Reviewing previously discussed cases
- Personal awareness
- Reviewing administrative issues
- Evaluation
- Cultural influences
- Crisis issues
- Ethical and legal issues
- Professional development

B. Process. It is the supervisee's responsibility to construct the supervision agenda.

Supervisees are the architects of their own learning and need to be proactive, assertive, and, most importantly, courageous in reflecting on themselves, their clients, and their behavior as counselors/therapists. In the reflection process, there are a number of focus points and questions to consider.

- Counseling technique dilemmas
  - What are you doing to assist the client? How is it helping? Where are you stuck?
  - What ideas do you have about helping your client? What is stopping you from trying out your ideas? How could you behave differently?
- Client problems
  - What puzzles you about your client? What would you like to know about his or her problem? How could you find out what you don't know? What resources do you need?

- Personal issues  
What is happening to you in this situation? How are you feeling? How are these feelings influencing your counseling? What is your purpose? How is your counseling behavior related to assisting your client? What are your hypotheses about your own behavior? What needs to happen for you to behave differently?
  - Administrative questions  
What are the ethical/ legal issues involved with this client? What assistance do you need with maintaining your professional qualifications, your professional development?
  - Treatment planning/action issues  
What are your client's symptoms/problems? What hypotheses do you have about your client and/or your client's behavior? What meaning do your client's situation/personal issues have for treatment? What are the counselor's goals, and are they separate from the client's goals? In what stage of change is the client? What treatment modalities/interventions will be used? What additional resources are necessary?
  - Unresolved issues  
What are the multicultural issues between you and the client? Between you and your supervisor? How will you address these issues? What disagreements do you have with your supervisor? How will you handle these disagreements? Have you asked how your supervisor would like you to implement his/her suggestions?
6. What is the priority for your supervision topics?
  7. What do you need from your supervisor around each topic?
  8. How will you present this topic to your supervisor (i.e., what modality will you use)?  
Examples of modalities are self-report, audio/video recording, case note review, observation, co-counseling, live supervision, role-play, telephone conversation, and supervision via computer technology. It is important to use differing modalities for supervision leaning and for you to get the most from your time with your supervisor.

### ***Phase 2: Supervision Session***

This is your actual supervision session. You present your supervisor with your agenda. You control the session to the extent that you need to make sure that you get your needs met. It is helpful to share your proposed agenda with the supervisor at the beginning of the session. Then, as you proceed to each topic, explain what it is that you need from supervision. At the same time, it will be important to take notes of the session so that discussion and decisions will be easily translated to new counseling behaviors.

### ***Phase 3: Translation of Ideas into Action***

You leave supervision.

- What is your plan for translating your notes into action?
- How will you incorporate this new learning into your counseling session?

## Preparation for the Supervisor

We begin this section with an overview of the supervision process.

### ***Session Structure***

Well-prepared supervisees deserve well-prepared supervisors. Supervisees have provided us with feedback that in order to have a vision of the process, they need concrete and specific information. In response, we formulated that list below to inform supervisees of the nuts and bolts of a supervision session.

- Give the “Phases and Structure of Clinical Supervision Session” document to the supervisee.
- Have the supervisee arrive at supervision with a prioritized agenda.
- As each agenda item is introduced, help the supervisee clarify what the issues is and how you the supervisor, can help. This exploration often results in an unfolding process that may lead in unanticipated directions. Typical questions that may be asked by the supervisor listed on the supervisee’s handout. For example:
  - What is confusing to you about this case?
  - What would you like to happen as the result of our discussion?
  - What puzzles you about this client?
- What will be the focus for supervision?
  - Skill development?
  - Case conceptualization?
  - Personal awareness?
  - Professional behavior?
- What role will you use?
  - Teaching?
  - Counseling?
  - Consulting?
- Check and recheck with the supervisee. For example:
  - Did you get what you needed?
  - Are we finished with this?
  - Have we covered this enough?

## RELATIONSHIP IN SUPERVISION

*(This material modified from Clinical Supervision: A Handbook for Practitioners (2004) by M. Fall and J.M. Sutton, Jr.)*

Similar to the relationship between counselor and client, the relationship between the supervisor and supervisee is very important for positive progress. A healthy working relationship between supervisor and supervisee can allow for the successful processing of the more challenging aspects of professional development that occurs throughout internship.

Some important dynamics to remember about the supervisory relationship:

- It is not the same as a counseling relationship
- Supervisees need to know the rules
- There is a power differential in the relationship – the supervisor has the responsibility
- Sometimes supervisees need to take a stand
  - Ethics
  - Legal Issues
  - Administrative Tasks
  - Safety Issues
  - Evaluation
- Conflict is inherent in the relationship (and can be healthy)

On the following page, you will find a handout created by Marijane Fall regarding how to center yourself in ways that may help in the supervisory relationship. When you are centered and quiet within, this way of being can facilitate being present with your supervisees.

**Quieting the voice within:  
Continuing to learn the art of relationship**  
Marijane Fall

**Mindfulness...**

- Knowing what you are doing while you are doing it
- Is a word that encompasses a multitude of meanings, beliefs, and practices
- Is another word for awareness
- Is hard work: It requires both attention and concentration to be present in the current moment
- Means being fully present in the counseling session
- Invites us to move beyond our preconceived thoughts to seeing our clients anew
- Implies having direct experiences with our clients and utilizing immediacy as a routine way of doing therapy
- Opens our minds to creativity and exploration, transforming the shackles of “what we now: to an inquiry of “what is happening right now?”
- Increases our sense of choice and our feelings of responsibility for what we are doing

**Mindlessness...**

- Is being unaware
- Is when we are daydreaming or acting out of habit, not connecting with our client’s unique stories and situations
- Is when we limit our belief systems because that is the way it has always seemed to us
- Is when we are highly goal versus process driven, our anxiety increases and joy is limited
- Leads to burn-out because of the perfectionism and high anxiety that results from being so outcome focused
- Limits our growth because we see ourselves and our clients based on past performance instead of evolving people
- Limits our genuineness and ability to stay in the moment with our client

**We can apply mindfulness to clinical practice by...**

- Increasing our realization that there are as many perspectives as there are people, and each of us has our own view of reality
- Being open to see different motivations that may be hidden under a more acceptable name for our client (impulsive versus spontaneous)
- Recognizing that we are experiencing a conditional view and sense of possibility, because every moment and every situation is a new context

**We can increase our mindfulness by increasing our awareness. Awareness can be increased by...**

- Practicing diaphragmatic breathing
  - **Exercise in breathing** – begin by taking a few deep, slow breaths allowing your abdomen to move up and down while you breathe. Place one hand on your stomach and one on your chest. Notice how your body moves as you breathe. This focus on your breath will help calm and relax you. While in

session, as you notice yourself become nervous or anxious, take a moment and focus on your breath. You may consider slowing down the session and inviting your client to take a 3-minute meditation or breathing time to change to a more mindful and calm state.

- Bring our minds back to the moment and have a nonjudgmental attitude
  - **Exercise with another person** –
- Connecting consciously with our bodies
  - **Exercise with body scan** – a great way to build self-compassion, turning inside and listening to your body

### **3Q – Supervision Preparation**

10. It is the supervisor's responsibility to teach the supervisee how to prepare for supervision.

True or False?

11. It is important that the supervisor spend time preparing for supervision with the intern assigned to him/her.

True or False?

12. The relationship between the supervisor and supervisee is not as important as the relationship between the counselor and client/student.

True or False?

## **A WORD ABOUT DISTANCE SUPERVISION**

(Information modified from: Bernard, J.M., & Goodyear, R.K. (2009). Supervision interventions. In *Fundamentals of clinical supervision* (4<sup>th</sup> ed.) (pp. 236-237). Upper Saddle River, NJ: Pearson Education, Inc.)

More and more technology is being used to work with supervisees who live at a geographical distance from us. Currently, this type of supervision seems to take place mostly by webcam through Skype or other web-based program that has proven to be more (or less) secure.

There are pros and cons to this method of supervision. (And know that sometimes pros can become cons and vice-versa)

### **Pros**

- Allows for supervisees who live in rural areas access supervision
- Allows for intern students to complete their program of study if their internship sites are far away from their home university
- Allows for supervisees to access supervisors with specific clinical expertise
- Allows for access to supervision for supervisees with certain disabilities

## Cons

- Not all areas/individuals have equal access to technology (i.e. broadband internet or webcams)
- Technology does fail at times and can sometimes be difficult to manage
- Concerns for confidentiality/security
- Loss of body cues or other non-verbal cues due to not being able to see whole person
- Difficulty transferring paperwork and/or recordings of clinical work securely

The use of technology is here to stay. Making sure we are working with technology in a respectful, ethical, and secure manner is, and will continue to be, important!

## HOW TO BE A LOUSY SUPERVISOR

(Bernard & Goodyear, 2009, p. 163)

### Table 6.1 How to Be a Lousy Supervisor: Lessons from the Research

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From Worthen 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 Kozłowska, 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. Only point out weaknesses.
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. Retaliate 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 that 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. Use her 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.
- 

*Source:* From table based on paper, *How to be a Lousy Supervisor: Lessons from the Research*, by M.L. Nelson, October, 2002, presented at the convention of the Association for Counselor Education and Supervision, Park City, UT.

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**Web Pages:** (All hyperlinks are listed on the counselor education website.)

American Counseling Association (ACA)

American Mental Health Counselors Association (AMHCA)

American Rehabilitation Counseling Association (ARCA)

American School Counselor Association (ASCA)

Council for the Accreditation of Counseling and Related Educational Programs (CACREP)

National Council on Rehabilitation Ed

Maine Department of Education (DOE) re: School Counseling Certification

Maine Mental Health Counselors Association (MeMHCA)

Maine School Counselors Association (MeSCA)

Maine State Board of Counseling Professionals Licensure

## **APPENDIX A - 3Q ANSWERS**

### **3Q - General Overview**

1. **The Counselor Education Program at USM has two concentrations.**  
False - there are three concentrations
2. **Interns need weekly supervision.**  
True – it is important to have formal supervision each week
3. **Site Supervisors are provided handbooks.**  
True – it can be found through the Counselor Ed Website at the link provided at the beginning

### **3Q – Definition and History**

4. **Supervision requires training.**  
True – supervision is an intervention and as such requires a body of training for application
5. **Supervision does not have its own ethical guidelines.**  
False – ethical guidelines have been created just for supervision
6. **Research in supervision is a growing field.**  
True – in the last decade or so, it has virtually exploded

### **3Q - Models**

7. It is important to assess the developmental level of your intern so as to have a better idea regarding the most effective supervisory interventions to use.  
True – part of what we do as supervisors is to determine what will work best with our supervisors
8. New Interns will most likely be at Level 3 in their development (according to the IDM).  
False – most likely, they will be at Level 2
9. The consultant role, as outlined in the Discrimination Model, is used most often with more advanced students who can brainstorm various options with the supervisor.  
True – these folks tend to be more confident in their ideas and abilities

### **3Q – Legal and Ethical Issues**

10. Professionals in their first year of working after receiving their master’s degree are qualified to supervise USM counseling interns.  
False – individuals should have two years’ experience
11. Supervisors should choose and work from a model of supervision.  
True – just like choosing a theory of counseling, it is important that supervisors have a model of supervision
12. It is important for supervisors to let their supervisees know how/when they will be evaluated.  
True – this allows all parties to be on the same page with expectations

### **3Q – Supervision Preparation**

13. It is the supervisor’s responsibility to teach the supervisee how to prepare for supervision.  
True - not only does this instruct the supervisee how to use supervision, it is an opportunity to share your expectations
14. It is important that the supervisor spend time preparing for supervision with the intern assigned to him/her.  
True - just like you expect your intern to prepare for meeting with you, it is important that you put thought into your supervision
15. The relationship between the supervisor and supervisee is not as important as the relationship between the counselor and client/student. False - it is just as important and can have implications for the relationship of your supervisee with clients/students, as well as for their professional development

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**ACKNOWLEDGEMENT OF SUPERVISION TRAINING COMPLETION**

By signing below, I acknowledge that I have thoroughly read the supervision training materials access through the USM Counselor Education web site. I also attest that I have succeeded in answering all of the supervision quiz provided in these training materials and clarified all of my questions with the counselor education faculty.

I understand that it is my responsibility to read and become familiar with all of the information within the supervision training materials, as well as within the appropriate supervisor's handbook provided to me through the counselor education website.

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Site Supervisor's Name

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Date

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Internship Site Location

Please mail or fax (within one week of completion) the completed form to 780-5315 or mail to Counselor Education Program, 8 Bailey Hall, USM, Gorham, ME 04038.

Thank you!