School of Education
Department of Counselor Education

8000 Utopia Pkwy, Sullivan Hall, Ground Floor;
Jamaica, NY 11439 (718) 990---6455,

Practicum and Internship Site Supervisor Manual

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<u>**Program Overview**</u>

A. Overview of St. John's Mission

St. John's University's mission embodies our identity as a Catholic, Vincentian, and Metropolitan University. As a University, we commit ourselves to academic excellence and the pursuit of wisdom which flows from free inquiry, religious values and human experience. We strive to preserve and enhance an atmosphere in which scholarly research, imaginative methodology, global awareness and an enthusiastic quest for truth serve as the basis of a vital teaching---learning process and the development   of lifelong learning. We aim not only to be excellent professionals with an ability to analyze and articulate clearly what is, but also to develop the ethical and aesthetic values to imagine and help realize what might be. Read the entire University mission at <u>http://www.stjohns.edu/about/general/mission</u>.

B. Overview of St. John's Counselor Education Programs

1.1.1   *Program Mission*

The mission of the Counselor Education Program at St. John's University, a Catholic University in the Vincentian tradition is to create a climate and curriculum that fosters the values described in the University vision and mission statements, as well as, to implement published standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). We seek to maintain our diverse population of Counselor Education students from regional, national and global communities. We are committed to a strong emphasis on diversity, advocacy, social justice and human rights as integral to our scholarly inquiry and research as we strive for a just and safe society. Finally, we are committed to ongoing self---evaluation and growth, while continuing to develop courses and programs that meet the needs of students who come to St. John's University's Counselor Education program seeking an excellent education that prepares them for their work as professional school counselors and clinical mental health counselors.

1.1.2   *Program Objectives*

1. To offer systematic programs that meet CACREP standards at the graduate level in School Counseling and Clinical Mental Health Counseling.
2. To enable students to understand and integrate professional ethical standards into their own personal code of ethics.
3. To encourage collaborative study, reflection, research and the development of critical judgment that will enable students to interpret, organize and communicate principles of counseling practice.
4. To expose students to research---oriented "best practice" models that will increase their professional competence.
5. To respond appropriately to the recommendations and suggestions of advisory board members, site supervisors and professional colleagues.
6. To consult with former students and practitioners in the field.
7. To work collaboratively with program graduates, site supervisors and clinical associates to insure quality practicum and/or internship experiences for all students.

1.1.3 *School Counseling (SC) Program*

The School Counseling and School Counseling with Bilingual Extension Programs have been developed as 48 credits Master of Science in Education programs that meet the academic requirements for New York State permanent certification. In both cases permanent certification also requires two years of full---time paid employment as a school counselor. Under current law both programs provide opportunities for students to obtain provisional New York State certification upon completion of 30 credits of specified coursework that includes the appropriate practicum.

Students in the SC program complete one practicum and two internships. Per CACREP standards, practicum must be a minimum of 100 hours including at least 40 hours of direct service and one hour per week of supervision. Each internship must be a minimum of 300 hours, including at least 120 hours of direct service and one hour per week of supervision.

1.1.4 *Clinical Mental Health Counseling (CMHC) Program*

The Clinical Mental Health Counseling Program is a 60---credit program leading to a Master of Science in Education degree. The New York State Department of Education Office of Professions has approved the program as license qualifying and thus it meets the education requirement for Licensed Mental Health Counselor.

Students in the CMHC program complete one practicum and two internships. Per CACREP standards, practicum must be a minimum of 100 hours including at least 40 hours of direct service and one hour per week of supervision. Each internship must be a minimum of 300 hours, including at least 120 hours of direct service and one hour per week of supervision.

A. Role of Faculty Supervisor

The faculty supervisor is responsible for the following:

- Securing internship site for students

- Maintaining regular contact with site supervisors

- Providing weekly two---hour group supervision sessions

B. Fieldwork Requirements

The fieldwork component of each program consists of a Practicum and two Internships. Each course is one semester long and requires students to complete 100 hours (practicum) and 300 (internship) hours. School Counseling interns train under the supervision of a permanently certified school counselor. Clinical Mental Health interns receive clinical training under the supervision of a Licensed Mental Health Counselor, Licensed Clinical Social Worker, Licensed Psychologist, Psychiatrist, or Psychiatric Nurse (with at least two years of experience) who will serve as the student's site supervisor. Of the 100 hours required for each practicum, students must complete 40 of direct contact hours with clients. In regards to the internship course, 120 of the 300 hours require direct contact hours.

1.2 Student Responsibilities

Students enrolled in fieldwork courses are expected to:

- Have valid liability insurance
- Have internship application completed and submitted one semester prior to starting fieldwork.
- Maintain weekly activity logs
- Maintain weekly journals

1.3 Supervisor Responsibilities

The site supervisor is asked to commit to the following responsibilities:

- Conduct or arrange an orientation for students covering the organization's physical plant, relevant policies, procedures and practices and an introduction to other staff and their roles.
- Work out a schedule with students for the days and hours that they will spend on site, taking into consideration the student's established school schedule, hours of operation, best times to engage with clients, availability of staff for regular and emergency support, and opportunities to engage in the full range of organization activities (internship especially), such as staff meetings, in-service trainings and case conferences.
- Provide students with the opportunity to observe their (or colleagues') clinical work and/ or engage in co-counseling.
- Facilitate the screening of clients for assignment to students with consideration given to each student's abilities and readiness in relation to the client's needs.
- Provide live supervision of the student conducting counseling session.
- Meet with students individually for the equivalent of one hour of supervision each week to review and critique the student's clinical work, address ethical and professional issues, assess readiness for assignment of more clients or more difficult clients and give feedback on the quality of record-keeping. The bases for supervisory feedback will include direct observation, reports from other staff and review of weekly logs.
- Work cooperatively with students in an effort to help them meet the established requirements for total clock hours and minimum direct care hours.
- Meet with the student's faculty instructor on site at least one time each semester and maintain phone and e-mail contact throughout the semester to review and discuss the student's performance.

- ♦ Immediately report any problems or concerns such as non---attendance, tardiness or misconduct related to ethical or professional standards.

- ♦ Immediately report to the faculty instructor any conduct by the student that violates organizational policy or indicates that the student is having difficulty performing his/her responsibilities.

- ♦ Participate with faculty members and the student in any corrective or remedial action.

- ♦ Provide a written formal evaluation of student progress in relation to learning objectives at the end of the semester.

I. Overview of Clinical Supervision

A. Importance of Supervision

Supervision of counselor---interns, or any mental health professional, serves three primary purposes:
1. To protect the welfare of the clients/students that the counselor---intern is treating
2. To facilitate the professional growth and development of the counselor---intern, and
3. To identify, confront and give corrective feedback to the counselor---intern regarding any impairment that would negatively impact on his or her professional functioning.

While an internship or practicum experience provides a counselor---intern with true "hands on" clinical or school experience, the supervision that the intern receives on site often defines how a student will learn to grow and develop as a counselor---in---training.

Many site supervisors may mistake counseling, educating, or consulting with a counselor---intern as effective supervision. While supervision may contain elements of these interventions, effective supervision is
- evaluative,
- continues over time,
- monitors client well---being, and
- enhances the professional functioning of the counselor---intern.

Supervision is an intervention used for effective counselor development. Prior experience as a counselor or therapist is not the only prerequisite of an effective site supervisor. Effective site supervisors undergo formal preparation and training in supervision, such as the Site Supervisor Orientation that St. John's provides annually to new supervisors, as well as reviewing the information contained in this manual. St. John's University's Counselor Education programs have created this manual and the supervisor orientation to provide foundational knowledge and training in supervision to internship site supervisors.

(Bernard & Goodyear, 1998, 2009)

B. The Supervisory Relationship

The supervisory relationship is an important dimension of the counselor---intern experience. The supervisory relationship is impacted by (1) professional differences, (2) cultural differences, and (3) the balance of power.

Supervisors must be keenly aware of differences that exist between themselves and their interns, as well as how the supervisory relationship may be affected. Supervisors and interns may experience professional differences in theoretical counseling orientations, use of counseling interventions, learning styles, cognitive styles, and belief systems, such as spirituality. Supervisors and interns may also encounter cultural differences such as race, gender, age, ethnicity, sexual orientation, religion, or political beliefs. As with any counseling relationship, supervisors and counselor---interns must, at a minimum, respect their theoretical and cultural differences. Additionally, these differences provide learning and growth opportunities for both the supervisor and the counselor---intern. Supervisors have the added responsibility of monitoring how the differences may be impacting

1. the well---being of the intern's clients/students,
2. the supervisory relationship, and
3. the intern's ability to learn/grown/develop during their internship.

Supervisors have a responsibility to work towards maintaining an equal balance of power, and to monitor how the power dynamic may be impacting the supervisor---supervisee relationship. Supervisors, by nature of their position, bring more experience to the relationship, while also representing a successfully employed counselor. Supervisors must maintain appropriate and professional boundaries with counselor interns, in adherence with professional standards. Effective supervisors attempt to provide meaningful experiences for interns, which will expand their counseling experiences, helping them to learn and grow as professional counselors. (Bernard & Goodyear, 1998, 2009.)

C. The Supervisory Process

The supervision is a complex process which has several variables depending on both the individuals and the environment in which it occurs. Bernard and Goodyear (1998, 2009) categorize supervisory processes and issues into four main groups. These processes and issues and briefly described below.

1. **Supervision as a Three---person system (Intern/Supervisor/Client):** The most common example of a three---person system is that of the Intern/Supervisor/Client. In this system, also known as interpersonal triangles, individuals are either aligned or opposed to each other. These triangles may inhibit effective working relationships. Parallel processes also occur in this system, where the intern learns from the supervisor, thus benefiting the client/student. Thus the learning and growth of one is parallel to the learning and growth of the other.
2. **Supervision as a Two---person system (Supervisor / Supervisee):** When supervision is viewed as a two---person system, it is important that the supervisor and intern develop a healthy working alliance, whereas the intern has healthy attachments to the supervisor. As discussed in the previous "Supervisory Relationship" section of this manual, the two person system requires both parties to work collaboratively to manage issues of conflict, power, and trust.
3. **Supervisee as a source of variance:** Whether you are examining the supervisory process from a two---person or three---person system, specific variables may impact the supervisory process. Specifically the supervisee's need to appear competent, level of anxiety, and transference all impact their ability to grow and learn from the internship experience. Supervisors should assess these variables periodically throughout the internship.

4. **Supervisor as a source of variance:** Supervisor counter transference may also influence the supervisory process. There are several types of counter transference including personality, inner conflicts, reactions to supervisee, sexual or romantic attraction, and cultural counter transference. Supervisees are required to self---monitor their issues of counter transference, seeking supervision and counseling for themselves as needed. If necessary, supervisors would appropriately terminate the counseling relationship. (Bernard & Goodyear, 1998, 2009)

D. Legal and Ethical Issues in Supervision

Multiple legal and ethical codes drive our practice in working with counseling---interns. Legal guidelines are too expansive to enumerate in this document, however, supervisors must be aware of and follow all legal guidelines pertaining to the profession in relation to their district or governing body (i.e. New York State, NYC, Suffolk County, Nassau County, etc.). It is important for supervisors to remain abreast of policies and laws which drive their particular practice setting (i.e. schools, clinics, agencies, etc.), as well as updates to these laws and policies. Legal and policy issues should be communicated to the intern, as they pertain to their work on the internship site. Reinforcement of these issues on---site is a critical element in the intern's ability to link classroom instruction to clinical practice.

Multiple professional counseling organizations provide guidelines on supervision of counselor---interns, specifically the American Counseling Association (ACA), the American School Counselors Association (ASCA), and the American Mental Health Counselors Association (AMHCA). The following summaries provide a highlight of relevant ethical codes that supervisors should adhere to. Additionally, supervisors may adhere to ethical codes of other professions to which they are licensed (i.e. social workers, psychologists, etc.).

1.4 **American Counseling Association (ACA) Code of Ethics, 2014**
     Section F – Supervision Training, and Teaching
   F.1. Counselor Supervision and Client Welfare
       F.1.a Client Welfare
       F.1.b Counselor Credentials
       F.1.c Informed Consent and Client Rights
   F2. Counselor Supervision Competence
       F.2.a Supervisor Preparation
       F.2.b Multicultural Issues/Diversity in Supervision
       F.2.c Online Supervision
   F.3 Supervisory Relationships
       F.3.a Extending Conventional Supervisory Relationships
       F.3.b Sexual Relationships
       F.3.c Sexual Harassment
       F.3.d Friends or Family Members

F.4. Supervisor Responsibilities

       F.4.a Informed Consent for Supervision

       F.4.b Emergencies and Absences

       F.4.c. Standards for Supervisees

       F.4.d Termination of Supervisory Relationship

F.5. Student and Supervisee Responsibilities

       F.5.a Ethical Responsibilities

       F.5.b Impairment

       F.5.c Professional Disclosure

F.6. Counseling Supervision, Evaluation, Remediation, and Endorsement

       F.6.a Evaluation

       F.6.b Gatekeeping and Remediation

       F.6.c. Counseling for Supervisees

       F.6.d. Endorsement

F.7. Responsibilities of Counselor Educators

       F.7.a. Counselor Educators

       F.7.b. Counselor Educator Competence

       F.7.c. Infusing Multicultural Issues/Diversity

       F.7.d. Integration of Study and Practice

       F.7.e. Teaching Ethics

       F.7.f. Use of Case Examples

       F.7.g. Student-to-Student Instruction

       F.7.h. Innovative Theories and Techniques

       F.7.i. Field Placements

F.8. Student Welfare

       F.8.a. Program Information and Orientation

       F.8.b. Student Career Advising

       F.8.c. Self-Growth Experiences

       F.8.d. Addressing Personal Concerns

(adapted from ACA, 2014)

1.5   **American School Counselors Association (ASCA) Ethical Standards for School Counselors**

Section F. F. RESPONSIBILITIES TO THE PROFESSION

F.1. Professionalism

Professional school counselors:
a. Accept the policies and procedures for handling ethical violations as a result of maintaining membership in the American School Counselor Association.

b. Conduct themselves in such a manner as to advance individual ethical practice and the profession.

c. Conduct appropriate research, and report findings in a manner consistent with acceptable educational and psychological research practices. School counselors advocate for the protection of individual students' identities when using data for research or program planning.

d. Seek institutional and parent/guardian consent before administering any research, and maintain security of research records.

e. Adhere to ethical standards of the profession, other official policy statements, such as ASCA's position statements, role statement and the ASCA National Model and relevant statutes established by federal, state and local governments, and when these are in conflict work responsibly for change.

f. Clearly distinguish between statements and actions made as a private individual and those made as a representative of the school counseling profession.

g. Do not use their professional position to recruit or gain clients, consultees for their private practice or to seek and receive unjustified personal gains, unfair advantage, inappropriate relationships or unearned goods or services.

F.2. Contribution to the Profession

Professional school counselors:
a. Actively participate in professional associations and share results and best practices in assessing, implementing and annually evaluating the outcomes of data-driven school counseling programs with measurable academic, career/college and personal/social competencies for every student.

b. Provide support, consultation and mentoring to novice professionals.

c. Have a responsibility to read and abide by the ASCA Ethical Standards and adhere to the applicable laws and regulations.

F.3 Supervision of School Counselor Candidates Pursuing Practicum and Internship Experiences:

Professional school counselors:
a. Provide support for appropriate experiences in academic, career, college access and personal/social counseling for school counseling interns.

b. Ensure school counselor candidates have experience in developing, implementing and evaluating a data-driven school counseling program model, such as the ASCA National Model.

c. Ensure the school counseling practicum and internship have specific, measurable service delivery, foundation, management and accountability systems.

d. Ensure school counselor candidates maintain appropriate liability insurance for the duration of the school counseling practicum and internship experiences.

e. Ensure a site visit is completed by a school counselor education faculty member for each practicum or internship student, prefer- ably when both the school counselor trainee and site supervisor are present.

F.4 Collaboration and Education about School Counselors and School Counseling Programs with other Professionals

School counselors and school counseling program directors/supervisors collaborate with special educators, school nurses, school social workers, school psychologists, college counselors/admissions officers, physical therapists, occupational therapists and speech pathologists to advocate for optimal services for students and all other stakeholders.

(adapted from ASCA, 2010)

1.6 American Mental Health Counselors Association (AMHCA) Code of Ethics

B. COMMITMENT FOR CLINICAL SUPERVISION
Clinical supervision is an important part of the mental health treatment process. This purpose is two-fold: to assist the supervisee to provide the best treatment possible to counseling clients, through guidance and direction by the supervisor regarding clinical, ethical, and legal issues; and to provide training to the supervisee, which is an integral part of counselor education. Supervision is also a gatekeeping process to ensure safety to the client, the profession and to the supervisee.

Confidentiality of Clinical Supervision
Clinical supervision is a part of the treatment process, and therefore all of the clinical information shared between a supervisee and supervisor is confidential. Clinical supervisors do not disclose supervisee confidences regarding client information except:

a) To prevent clear and imminent danger to a person or persons.
b) As mandated by law for child or senior abuse reporting.
c) Where there is a waiver of confidentiality obtained, in writing, prior to such a release information
d) Where the release of records or information is permitted by state law.
e) In educational or training settings where only other professionals who will share responsibility for the training of the supervisee are present, and formal written client consent has been obtained for such disclosures for training purposes.

Clinical Supervision Contract
A clinical supervision contract signed by both supervisor and supervisee, should be prepared, which provides for the fees for both individual and group supervision sessions. The contract should also specify the records that will be maintained by both the supervisor and supervisee regarding issues discussed in supervision; the number of hours of supervision that take place, and whether the supervision was individual or group. In addition, the contract should specify the agreement of supervisor and supervisee regarding how often the supervision sessions will be scheduled. The frequency of supervision sessions shall comply with state regulations. In addition, the supervisor and supervisee should agree to the following terms:

a) **Insurance**
The supervisee will maintain a professional liability insurance policy during the clinical supervision process, and provide a copy of a certificate of insurance to the supervisor.

b) **Compliance with the AMHCA Code of Ethics**
The supervisor should provide a copy of the AMHCA Code of Ethics to the supervisee, or ensure that the supervisee has obtained a copy. The supervisee must agree to comply with the AMHCA Code of Ethics in all treatment provided. As needed, the supervisor and supervisee will discuss the principles contained in the AMHCA Code of Ethics. The supervisor needs to be aware of other codes of ethics which may apply to the supervisee.

c) **State Licensing Board Rules**
The supervisee needs to obtain a copy of the appropriate State Licensing Board Rules, and agree to comply with them. As needed, the supervisor and supervisee will discuss the provisions of board rules. The supervisor will be aware of all credentials and membership organizations regulating the supervisee.

d) **Compliance with State Laws**

The supervisor should inform the supervisee of state laws contained in the Practice Act for counselors, and other legal provisions which apply to treatment, requirements for licensure, billing, and the discipline of counselors.

e) **Duty of the Clinical Supervisor**

The contract should specify that the duty of the clinical supervisor will be to direct the treatment process, and to assist the supervisee in complying with all legal and ethical standards for treatment.

f) **Billing for Treatment**

Supervisee should agree that all bills submitted for treatment will accurately reflect the amount of time spent in counseling session, and will also identify the professional who provided services to the client.

g) **Treatment Records and Bills**

As part of the supervision process, the supervisee will agree to provide treatment records and billing statements to the clinical supervisor upon request. In addition, the supervisee will agree to maintain all treatment records securely, to maintain their confidentiality and to comply with state recordkeeping requirements.

h) **Informed Consent**

The supervisee will agree to obtain informed consent in writing from the counseling client in compliance with state law. In addition, the supervisee will obtain informed consent in writing from any client whose treatment session is to be videotaped, recorded, or observed through one-way glass.

i) **Dual Relationships**

Supervisors will avoid all dual relationships that may interfere with the supervisor's professional judgment or exploit the supervisee. Any sexual, romantic, or intimate relationship is considered to be a violation. Sexual relationship means sexual conduct, sexual harassment, or sexual bias toward a supervisee by a supervisor.

j) **Termination of Supervision**

When a supervisee discontinues supervision, a written notice that the supervision process has terminated should be provided by the supervisor, along with an appropriate referral for supervision. If during supervision a conflict arises which causes impairment to the professional judgment of the supervisor or supervisee, the process should be terminated and a referral made. Both the supervisor and the supervisee have the right to terminate supervision at any time, with reasonable notice being provided regarding the voluntary termination of supervision.

k) **Consultation for the Supervisor**

Whenever a clinical supervisor needs to discuss questions regarding the clinical services being provided, ethical issues, or legal matters, the supervisor should obtain a consultation in order to resolve the issue. That consultation must be documented in the supervisor's clinical supervision notes.

l) **Credentials for Supervisors**

A supervisor should have the level of clinical experience required by state regulations, which is required for supervision of other professionals. In addition, the supervisor should have training in the clinical supervision process.

m) **Credentials for Supervisees**

Supervisors must ensure that supervisees have the requisite credentials under state law to provide counseling to clients. If at any time during the supervision process a supervisor concludes that the supervisee does not have the requisite skills and education to provide counseling safely, and the supervisee is not showing evidence of learning or progressing, the supervisor should inform the supervisee of the deficiencies noted in the supervisor's evaluation of the supervisee, and terminate the relationship

(adapted from AMHCA, 2015)

Methods of Supervision
This section will provide an overview of common supervision methods. As clinical supervision is becoming an increasingly growing field, a variety of supervision models have been developed. The methods vary in their approach from a general approach to supervision to those that include specific techniques.

1.7   **Supervision Formats**

There a number of ways to provide effective supervision. The most prevalent form used today is individual supervision. Other forms of supervision include group and triadic.

1. **Individual Supervision---** The supervisor and supervisee meet face---to---face to discuss cases and   topics relevant to the supervisee's personal and professional development. The duration and frequency of individual supervision varies depending on requirements of the licensing agencies.
2. **Group Supervision**--- The supervisor provides supervision to three or more supervisees at once. This type of supervision allows for members to interact and learn from each other. It is usually viewed as supplemental to individual supervision.
3. **Triadic Supervision---** The supervisor provides supervision to two students simultaneously. The supervision provided in the context is usually from a tutorial and mentoring perspective.

(Corey, Hayes, Moulton, & Muratori, 2010)

1.8   **Methods Used in Supervision**

ï   **Case Consultation---** The case consultation method involves a discussion of the client's cases. This method of verbal exchange typically involves the supervisee sharing information about a particular case. Things that are usually discussed in this dynamic are: the client's purpose for seeking therapy, diagnostic formulations, specific techniques used, relationship issues, and ethical, legal, and multicultural issues.

ï   **Co---therapy---** This method involves the supervisor and client working collaboratively with a client   or group. The two discuss the nature of the case or group and their respective roles they will play as they work together.

ï   **Live Observation---** Also referred to as live supervision, live observation involves the supervisor observing the supervisee in an actual counseling session, through a one---way mirror, or on a video monitor. The focus is on the supervisee's counselee session and therapy skills.

ï   **Video Recording---** The supervisee arranges for a video session(s) with a client or group of which will be shown during supervision.

ï   **Interpersonal Process Recall (IPR)---** The supervisee is video recorded while conducting a counseling session and them shown the video immediately after the session.

ï   **Audio Recording---** The supervisee audio records the counseling session.

ï   **Technology Assisted Techniques**--- Providing supervision via the world wide web. Online supervision may include using the discussion board, video conferencing, Skype, email, chat rooms, instant messaging, etc.

ï   **Role---Play Reversal**--- The supervisors engage the supervisee by simulating cases where the supervisee would act as therapist and/or client.

ï   **Modeling and Demonstration**--- Teaching the supervisee through observing the supervisor's behavior, particularly, the supervisor's decision making as well as formulating and applying clinical methods.

ï   **Homework---** The supervisor provides the supervisee with specific assignments to complete prior to the next session. Such assignments may include reading journal articles, texts, viewing and CD's and/or DVD's

ï   **Process Notes---** Written notes outlining the supervisee's conceptualization of counseling including diagnosis, goals, objectives, and treatment options.

| **Process Recording –** Written notes of the supervisee recording the his/her inner feelings and "gut reactions."

(Corey, Hayes, Moulton, & Muratori, 2010)

F. Models of Supervision

A model of supervision is a theoretical description of what supervision is and how the supervisee's learning and development occur. Some models describe the learning and developmental process, while others describe what learning and development is to take place during supervision.

1. **Developmental Models of Supervision:** In general, developmental models of supervision define progressive stages of supervisee development from novice to expert with each stage consisting of discrete characteristics and skills. For example, supervisees at the beginning or novice stage would be expected to have limited skills and lack confidence as counselors, while middle stage supervisees might have more skill and confidence and have conflicting feelings about perceived independence/dependence on the supervisor. A supervisee at the expert end of the developmental spectrum is likely to utilize good problem---solving skills and be reflective about the counseling and supervisory process (Haynes, Corey, & Moulton, 2003).

2. **Integrated Development Model (IDM):** The IDM describes three levels of counselor development:

    ï   Level 1 supervisees are generally entry---level students who are high in motivation, yet high in anxiety and fearful of evaluation;

    ï   Level 2 supervisees are at mid---level and experience fluctuating confidence and motivation, often linking their own mood to success with clients; an

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| Level 3 supervisees are essentially secure, stable in motivation, have accurate empathy tempered by objectivity, and use therapeutic self in intervention

The IDM stresses the need for the supervisor to utilize skills and approaches that correspond to the level of the supervisee. So, for example, when working with a level---1 supervisee, the supervisor needs to balance the supervisee's high anxiety and dependence by being supportive and prescriptive. The same supervisor when supervising a level---3 supervisee would emphasize supervisee autonomy and engage in collegial challenging.

3. **Ronnestad and Skovholt's Life Span Supervision Model:** This model is comprised of six phases of development. The first three phases (The Lay Helper, The Beginning Student Phase, and The Advanced Student Phase) roughly correspond with the levels of the IDM. The remaining three phases (The Novice Professional Phase, The Experienced Professional Phase, and The Senior Professional Phase) are self---explanatory in terms of the relative occurrence of the phase in relation to the counselor's career. Ronnestad and Skovholt (2003) note that counselor/therapist development is a complex process requiring continuous reflection.

4. **Integrative Models of Supervision:** Integrative models of supervision rely on more than one theory and technique (Haynes, Corey, & Moulton, 2003). Haynes, Corey, and Moulton describe two approaches to integration: technical eclecticism and theoretical integration. Technical eclecticism tends to focus on differences, chooses from many approaches, and is a collection of techniques. This path calls for using techniques from different schools without necessarily subscribing to the theoretical positions that spawned them. In contrast, theoretical integration refers to a conceptual or theoretical creation beyond a mere blending of techniques. Examples of Integrative supervision models include: Bernard's (1979) discrimination model, and Holloway's (1995) systems approach to supervision.

5. **Bernard's Discrimination Model:** The Discrimination model is comprised of three separate foci for supervision (i.e., intervention, conceptualization, and personalization) and three possible supervisor roles (i.e., teacher, counselor, and consultant) (Bernard & Goodyear, 2009). The supervisor could, in any given moment, respond from one of nine ways (three roles x three foci). For example, the supervisor may take on the role of teacher while focusing on a specific intervention used by the supervisee in the client session, or the role of counselor while focusing on the supervisee's conceptualization of the work. Because the response is always specific to the supervisee's needs, it changes within and across sessions. The supervisor first evaluates the supervisee's ability within the focus area, and then selects the appropriate role from which to respond. Bernard and Goodyear (2009) caution supervisors not to respond from the same focus or role out of personal preference, comfort, or habit, but instead to ensure the focus and role meet the most salient needs of the supervisee in that moment.

6. **Systems Approach:** In the systems approach to supervision, the heart of supervision is the relationship between supervisor and supervisee, which is mutually involving and aimed at

bestowing power to both members (Holloway, 1995). Holloway describes seven dimensions of supervision, all connected by the central supervisory relationship. These dimensions are: the functions of supervision, the tasks of supervision, the client, the trainee, the supervisor, and the institution (Holloway). The function and tasks of supervision are at the foreground of interaction, while the latter four dimensions represent unique contextual factors that are, according to Holloway, covert influences in the supervisory process. Supervision in any particular instance is seen to be reflective of a unique combination of these seven dimensions.

7. **Psychotherapy---Based Supervision Models:** Psychotherapy---based models of supervision often feel like a natural extension of the therapy itself. "Theoretical orientation informs the observation and selection of clinical data for discussion in supervision as well as the meanings and relevance of those data (Falender & Shafaanske, 2008, p. 9). Thus, there is an uninterrupted flow of terminology, focus, and technique from the counseling session to the supervision session, and back again.

8. **Psychodynamic Approach to Supervision:** Psychodynamic supervision draws on the clinical data inherent to that theoretical orientation (e.g., affective reactions, defense mechanisms, transference and countertransferece, etc.). Frawley---O'Dea and Sarnat (2001) classify psychodynamic supervision into three categories: patient---centered, supervisee---centered, and supervisory---matrix---centered.

9. **Patient---centered Supervision:** The supervision session focuses on the patient's presentation and behaviors. The supervisor's role is didactic, with the goal of helping the supervisee understand and treat the patient's material. The supervisor is seen as the uninvolved expert who has the knowledge and skills to assist the supervisee, thus giving the supervisor considerable authority (Frawley---O'Dea & Sarnat, 2001). Because the focus is on the patient, and not on the supervisee or the supervisory process, very little conflict occurs between supervisor and supervisee, as long as they both interpret the theoretical orientation in the same way.

10. **Supervisee---centered Psychodynamic Supervision:** The supervision focuses on the content and process of the supervisee's experience as a counselor (Frawley---O'Dea & Sarnat, 2001; Falender & Shafranske, 2008). Process focuses on the supervisee's resistances, anxieties, and learning problems (Falender & Shafranske). The supervisor's role in this approach is that of the authoritative, and uninvolved expert (Frawley---O'Dea & Sarnat, 2001).

11. **The Supervisory---Matrix---Centered Approach:** The supervision examines the relationship between supervisor and supervisee. The supervisor's role is no longer one of uninvolved expert. Supervision within this approach is relational and the supervisor's role is to "participate in, reflect upon, and process enactents, and to interpret relational themes that arise within either the therapeutic or supervisory dyads" (Frawley---O'Dea & Sarnat, 2001, p. 41). This includes an examination of parallel process, which is defined as "the supervisee's interaction with the supervisor that parallels the client's behavior with the supervisee as the therapist" (Haynes, Corey, & Moulton, 2003).

12. **Feminist Model of Supervision:** Feminist theory affirms that the personal is political; that is, an individual's experiences are reflective of society's institutionalized attitudes and values (Feminist

Therapy Institute, 1999). Feminist therapists, then, contextualize the client's –and their own— experiences within the world in which they live (Feminist Therapy Institute; Haynes, Corey, & Moulton, 2003).

13. **Cognitive---Behavioral Supervision:** Cognitive---behavioral supervision makes use of observable cognitions and behaviors—particularly of the supervisee's professional identity and his/her reaction to the client (Hayes, Corey, & Moulton, 2003). Cognitive---behavioral techniques used in supervision include setting an agenda for supervision sessions, bridging from previous sessions, assigning homework to the supervisee, and capsule summaries by the supervisor (Liese & Beck, 1997).

14. **Person---Centered Supervision:** Person---centered supervision assumes that the supervisee has the resources to effectively develop as a counselor. The supervisor is not seen as an expert in this model, but rather serves as a "collaborator" with the supervisee. The supervisor's role is to provide an environment in which the supervisee can be open to his/her experience and fully engaged with the client (Lambers, 2000).

(Corey, Hayes, Moulton, & Muratori, 2010)

G. Evaluation in Supervision

Evaluation is a vital aspect of supervision which can be one of the most challenging and anxiety---producing tasks for supervisors. During evaluation, the following four goals should be accomplished:

(a) Promoting development of the supervisee.
(b) Protecting the welfare of the client.
(c) Serving as a gatekeeper of the profession.
(d) Fostering empowerment of the supervisee

The evaluation process is most effective when it is planned and organized and discussed with the supervisee at the beginning of the supervisory relationship.

1.9   Codes of Ethics and Evaluation

Evaluation is required by most of the professional and licensing standards and although they may vary with specifics in regards to evaluation, there is a shared goal across professions relative to the need for frequent feedback and evaluation as an expected process in supervision.

1.10 Essential Features of Supervision

In most cases, evaluation has largely been subjective rather than objective. There is a paucity of standardized methods for evaluating supervisee and supervisors as well as training programs have basically developed their own assessment and evaluation procedures. However, Kaslow, Rubin, Forrest, et al. (2007) suggested that falls into two primary categories: formative and summative. Formative evaluation involves providing ongoing evaluation, typically in the form of feedback, throughout the supervisory process, to facilitate the supervisee's long---term professional growth and development. Summative evaluation refers to evaluation that is provided regarding the supervisee's performance and typically consists of an endpoint evaluation.

1.11 Evaluation of the Supervisor

A comprehensive evaluation process often includes an assessment of the supervisor's performance by the supervisee whenever appropriate. It is an opportunity for the supervisor to enhance their professional growth and learning as well.

(Corey, Hayes, Moulton, & Muratori, 2010)

H. Culturally Competent Supervision

Becoming a culturally competent supervisor involves three components: awareness of self, awareness
of others, and utilizing culturally specific interventions whenever appropriate (Sue et al., 2012). Self---awareness has to deal with understanding how individual beliefs, attitudes, behaviors, biases could have a profound impact on the helping relationship. Awareness of others involves having specific knowledge of other cultural groups with whom one works as well as understanding how sociopolitical influences impact their lives. The third dimension involves skills, intervention techniques, and strategies for working with diverse groups.

An additional part of multicultural competence involves recognizing one's limitations and whenever appropriate, seeking consultation, participating in continuing education and making referrals to a professional who is competent to work with a particular group.

1.12 Guidelines for Dealing with Diversity in Supervision

The following guidelines are provided to operationalize multicultural actions and attitudes in
the supervisory relationship.

- Explore multicultural dynamics in supervision
- Assist Supervisees in developing cultural self---awareness
- Accept your limits as a multicultural supervisor
- Model cultural sensitivity
- Provide the opportunity for multicultural case conceptualization
- Promote culturally appropriate interventions
- Model social advocacy

(Corey, Hayes, Moulton, & Muratori, 2010)

III. Additional Resources

A. <u>University Resources</u>

University Library

http://www.stjohns.edu/academics/libraries

Writing Center

http://www.stjohns.edu/academics/centers/iws/writingcenter

1.13 Counseling & Consultation Services

http://www.stjohns.edu/about/administrative-offices/operations/division-student-affairs/center-counseling-and-consultation

1.14 Career Center

http://www.stjohns.edu/services/career

1.15 Disability Support Services

Marillac 130

http://www.stjohns.edu/about/administrative-offices/operations/division-student-affairs/disabilities-services

1.16 Financial Aid
Lourdes Hall/ Q, Kelleher Center/ SI

http://www.stjohns.edu/services/financial

1.17 Information Technology

http://www.stjohns.edu/about/administrative-offices/operations/information-technology

B. Professional Resources

American Counseling Association (ACA) --- http://www.counseling.org/

American School Counselors Association (ASCA) --- http://www.schoolcounselor.org/

American Mental Health Counselors Association (AMHCA) --- http://www.amhca.org/

NYS School Counselors Association (NYSCA) --- http://nyssca.org/

NYS Mental Health Counselor Association (NYMHCA) -- http://nymhca.org/

ACA of NY (ACA---NY) -- http://www.counselingny.org/

C. Program Contact Information

Dr. Robert Eschenauer, LMHC
Associate Professor and Chair of
Counseling Programs
St. John's University
Sullivan Hall SB9
8000 Utopia Parkway
Queens, NY 11439
Phone: (718) 990---2120
eschenar@stjohns.edu

Dr. Heather Robertson
Assistant Professor and Coordinator of
Clinical Mental Health Counseling St.
John's University
Sullivan Hall SB6
8000 Utopia Parkway
Queens, NY 11439
Phone: (718) 990---2108
robertsh@stjohns.edu

Dr. Andrew Ferdinandi, CRC, LMHC
Associate Professor and Coordinator
of School Counseling
St. John's University
Sullivan Hall SB6
8000 Utopia Parkway
Queens, NY 11439
Phone: (718) 990---6455
ferdinaa@stjohns.edu

Dr. Ming---Hui Li, LPC, LMHC
Associate Professor and Coordinator
of Bilingual School Counseling
St. John's University
Sullivan Hall SB6
8000 Utopia Parkway
Queens, NY 11439
Phone: (718) 9902756
lim@stjohns.edu

Prof. Susan Chilingerian
Instructor and Clinical Coordinator,
School Counseling Program
St. John's University
Sullivan Hall SB6
8000 Utopia Pkwy
Queens, NY 11439
Phone: (718) 990---6455
chilings@stjohns.edu

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