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# Advanced Topics in College Counseling **SUPERVISION**

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# Little Bit about Lisa

- Past-President of ACCA
- Licensed Counselor
- Approved Clinical Supervisor
- 20 Years Experience in College Counseling
- Clinical Interests -- grief, crisis response, multi-cultural issues, threat assessment, legal/ethics, and supervision





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# Little about Kathy

- Member-at-Large (Community Colleges), ACCA
- Licensed Counselor, Master Addictions Counselor, Substance Abuse Professional, Qualified Clinical Supervisor
- 13 years experience in college counseling; 10+ years in community mental health
- Clinical Interests: substance use disorders, Veterans services, clinical supervision

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- LPCs?
- Psychologists?
- LCSWS?
- Others represented?
- Counseling Directors?
- Students?
- New to College Counseling?
  - More than 20 years in College Counseling?
  - More than 10 years in College Counseling?
  - More than 5 years in College Counseling?

A Little About You!





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# Learning Objectives

- Participants will identify critical theory in clinical supervision.
- Participants will understand how to structure the supervision process
- Participants will be able to assess the developmental level of graduate interns.



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# Outline of session

- Supervision theory
- Assessing a supervisee's level of development
- What supervisory approach to use when
- Structuring Supervision



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# A quick history of supervision theory.



Supervision Models



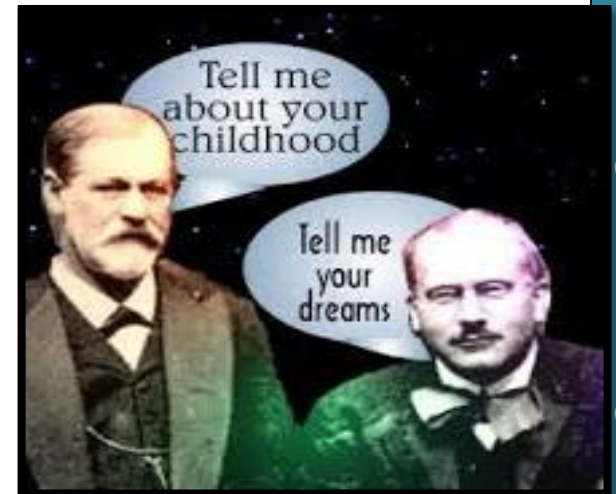
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# Psychoanalytic Based Supervision

Clinical supervision : observing, assisting and receiving feedback.

*Supervision is a natural extension of therapy itself.*

- Patient centered – supervisor instructs counselor on the clients issues as the uninvolved expert.
- Supervisee centered – supervisor focuses on counselors resistance and anxieties, counselor’s growth comes from better understanding of self.



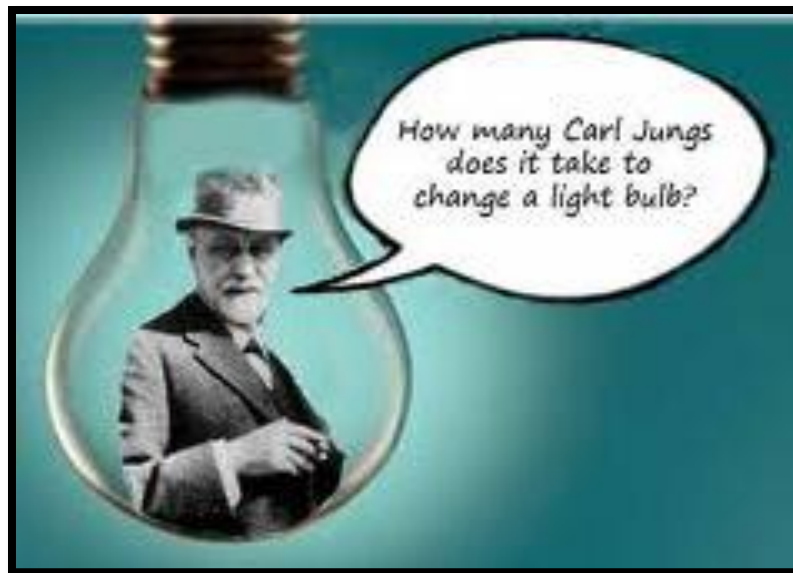




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# Psychoanalytic Based Supervision

Supervisory Matrix Centered – Supervisor and counselor explore the supervisor – supervisee relationship. Supervision becomes relational. The supervisor becomes a participant in the reflective process to interpret relational themes that arise within the dyad.



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# Feminist Model of Supervision

Feminist theory affirms that the personal is political. All personal interactions reflect the society's institutionalized values and attitudes.

- Supervision focuses on equity, contextualizing the clients experience, strives to be equalitarian and acknowledges the power differential in the therapy dynamic as well as in the supervisory one.



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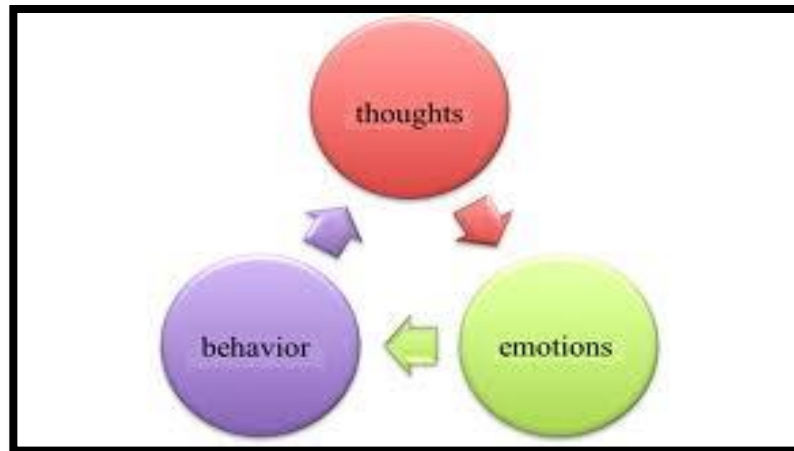


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# Cognitive-Behavioral Supervision

Supervision focus is on teaching the CBT techniques consistent with theoretical orientation.

- Observable cognitions and behaviors related to the professional identity of the counselor are the primary focus in supervision.



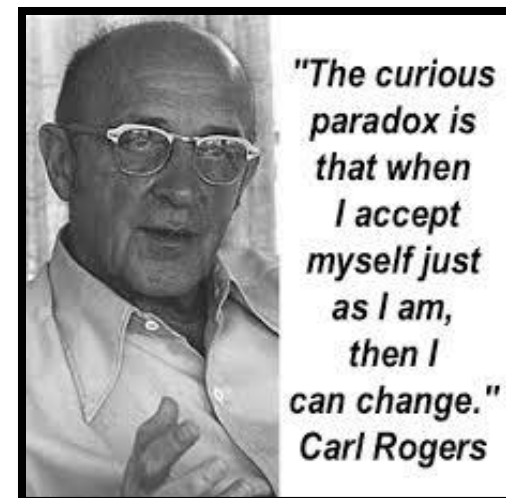
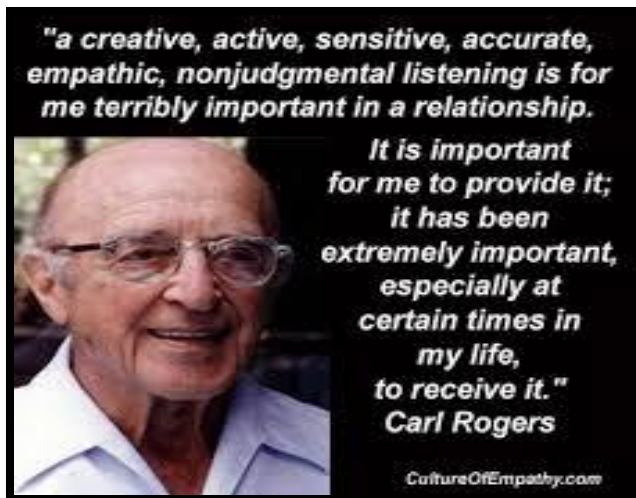
- Supervision utilizes bridging between supervisory sessions, homework, capsule summaries for the supervisor and clear agendas for each session.



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# Rogerian Supervision

- Person-centered approach is designed to cultivate a reflective learning relationship.
- It is through the establishment of reflective dialogue that learning occurs.
- Supervisors model the reflective dialogue and creating safety and trust allow challenge and learning to occur.
- Allowing the supervisee to review sessions is part of the reflective process.



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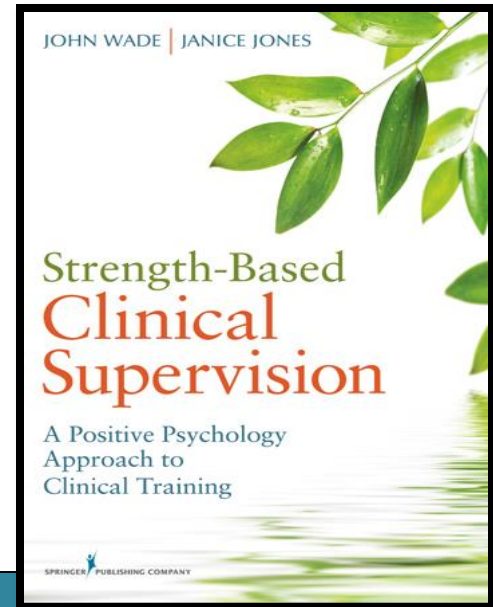
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# Positive Psychology Supervision

- Roots in Rogerian Supervision as well as works of Maslow
- Martin Seligman-Father of Positive Psychology
- Strengths-Based-VIA
- Counselor utilizes interventions as well as student
- Ongoing assessment part of supervision  
[www.authentichappiness.com](http://www.authentichappiness.com)



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# Models of Supervision



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# Models of Supervision

## No-Model Model

- In the past, Supervisors were chosen because they are good therapists, clinicians and administrators not because they have any specific supervisory training.
- This type of supervisor tends to be reactive, retrospective using their own supervisee experience for reference.
- “Let me know if you have any problems, my door is always open.”



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# Models of Supervision

## Expert Model

- Traditional model, often found in the medical community.
- Supervisor is the master/teacher and trainee is a blank slate.
- Supervisor critiques what the trainee 'did' to the client and gives corrective feedback.
- Supervision is no longer necessary after a certain level of expertise (supervision = beginner).





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# Models of Supervision

## One Size Fits All Model

- Treat all supervisees in the same way regardless of expertise, level of experience or development.
- Supervision is a “burden”.
- Treating every one the same = being fair (fallacy).
- No variation of method or technique in supervision.



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# Models of Supervision

## Supervisee as Patient

- When mistakes occur the supervisor looks for some underlying pathology in the supervisee.
- Does not lead to learning.
- Does not consider relational or situational factors.
- Supervisee's rarely appreciate being treated like a psychotherapy patient.



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# Creating a supervisory style

## Parallel/Isomorphism

- looks at the relationship dynamic found in supervision.
- A parallel exists between the client and supervisee dynamic and the dynamic between supervisor and supervisee.
  - i.e.: relationship problems between supervisor and supervisee reflect relationship problems between client and supervisee.



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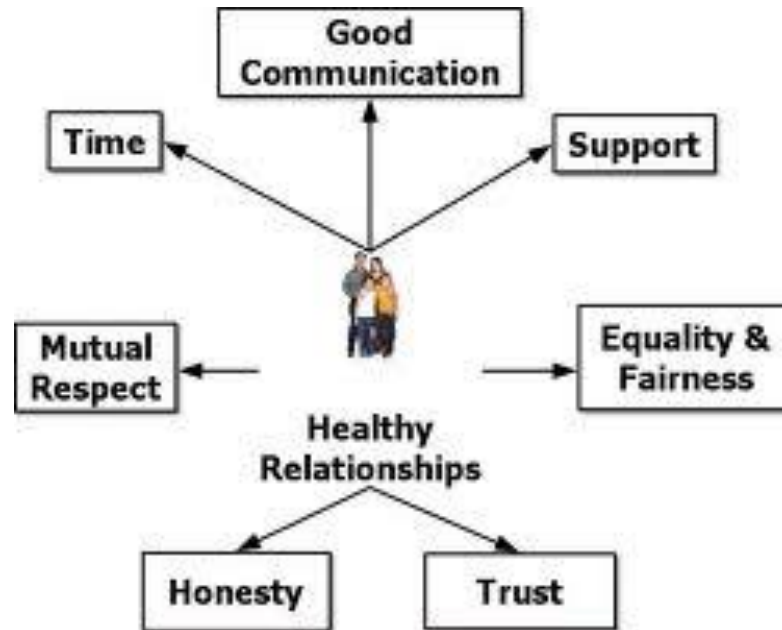


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# Creating a supervisory style

## Interactional

- Supervision is a reciprocal relationship based on mutual needs.
- Relationship issues within the supervisory relationship can be resolved and positively impact client care.



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# Creating a supervisory style

## Relational

- The supervisory relationship is the medium through which supervision occurs.
- Create an atmosphere of trust, safety with an understanding of the authority and power dynamic inherent in this relationship.



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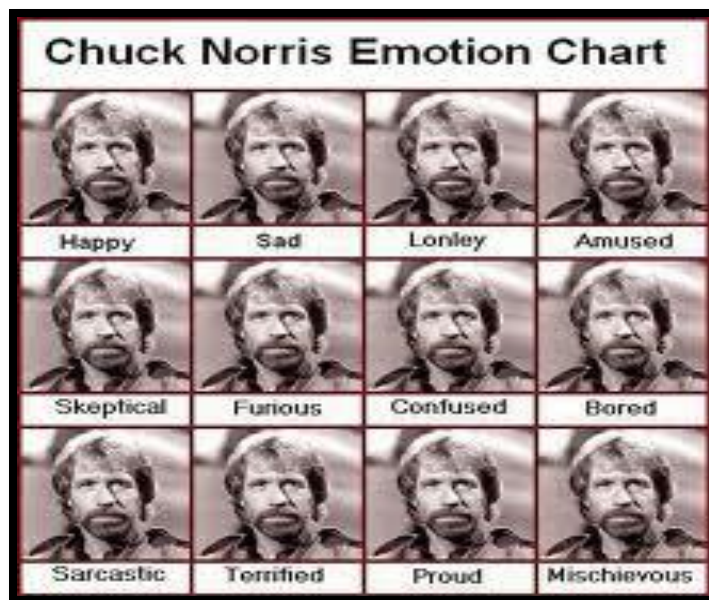


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# Creating a supervisory style

## Interpersonal Process Recall

- Process emotional content of the therapy & supervisory experience.
- Supervisee experiences anxiety when beginning to work with clients.
  - Provide supervisee with an opportunities to explore that affective response to clients.



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# Creating a supervisory style

## Developmental

- Relationships change in quality over time, the supervisory relationship changes with time and experience.
- Supervision is customized based on the developmental needs of the supervisee.



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# Creating a supervisory style

## Comprehensive

- It is critical that supervision include multiple styles and perspectives.
- Captures the complexity of the role and relationship(s) of supervision.



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# Supervision Self-Reflection Exercise

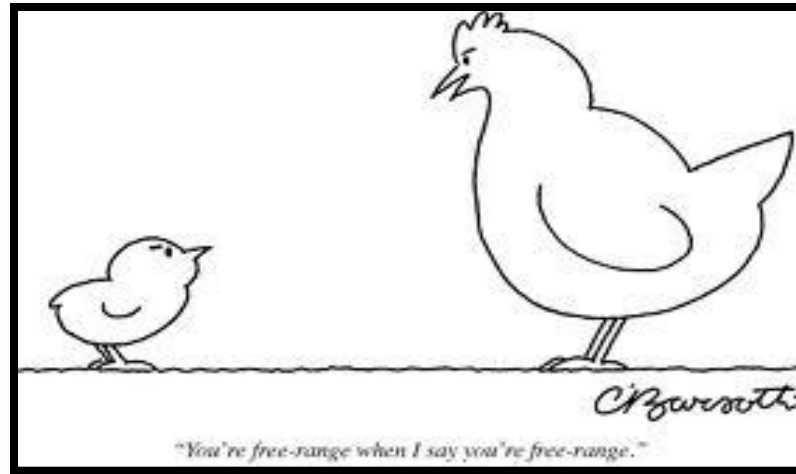
- Think about your own personal experiences with clinical supervision.
  - What style(s) of supervision have you experienced?
  - What style(s) have you utilized?



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# Developmental Framework

Stages of growth for new,  
and not so new, therapists

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# Guiding Framework

Supervisee's move through three stages of development.

level I – new first year interns.

level II – some experience in clinical settings.

level III – experienced interns, ready for professional practice.



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# Level 1

Level one counselors are insecure about their abilities and skills. Often they display:

- High levels of anxiety.
- Reliance on supervisor for direction and approval.
- Less aware of clients needs, more focused on their own feelings.
- Focused on what to do in the next session.
- Often overly reliant on intake forms and paperwork



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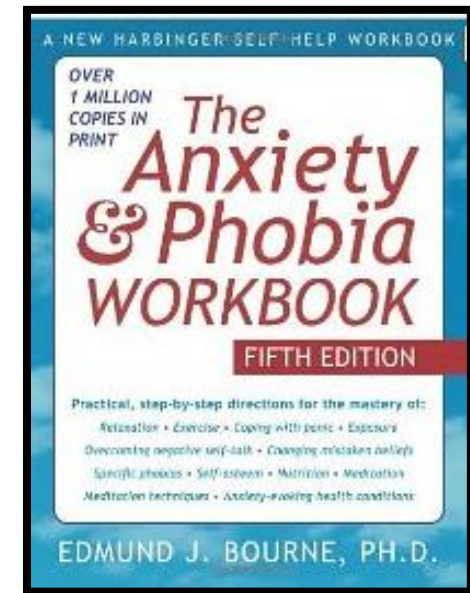
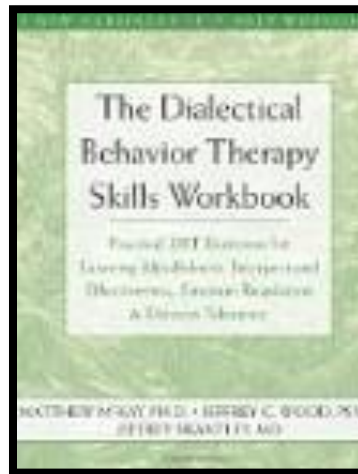
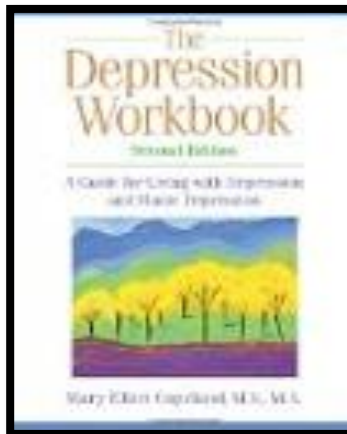
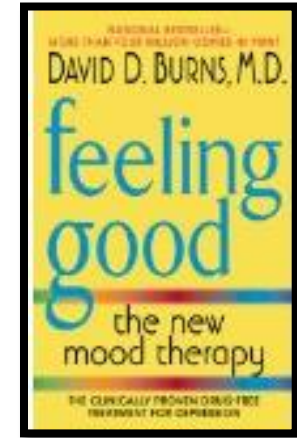


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# Level 2

Counselors in this level of development display a:

- Wide variation in confidence, anxiety and motivation.
- Struggle with seeking supervision and wanting autonomy.
- Overall increased awareness of clients and of issues.
- Overly reliant on technique and/or handouts.



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# Level 3

Counselors in this level of development display:

- Higher degree of autonomy.
- Increased focus on internal process and integration over technique.
- Move toward consultation with supervisor.
- More open to challenge and exploration of self in the therapeutic relationship.
- Counselor takes a strong role in the content of supervision sessions.



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# Format for Supervision

- Individual
- Group (supervisee's and supervisor)
- Triadic
- Peer
- Team (supervisee, supervisor and all professional staff members)
- Formal or informal format or combination

***What are the pros and cons of each  
supervisory structure?***

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# Structuring the Hour

## Administrative

- Task Lists
- Outreach/Programs
- Referrals
- Case management
- Client termination
- Psychiatry utilization
- Documentation
- Supervision of Supervision

## Clinical

- Priority cases
- New intakes
- Group plan
- Utilization of cases
- Caseload Review
- Client Issues
- Ethical Issues
- Multicultural Considerations

## Developmental

- Self as Counselor
- Theory development
- Assessment
- Self Care
- Professional Identity





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# Relationships with Intern Field Supervisors

- How much contact?
- How much is too much?
- What are the boundaries?
- Site visits?
- Goals of Intern's University vs your clinic
- Paperwork and orientations required
- Splitting red flags!





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# Supervision of Supervision SOS

- When is someone ready to supervise?
- How is SOS structured?
- How many supervisee's?
- What are the benefits of rotating supervision for supervisor and for supervisee?
  - Downsides?
- Continuing Education for supervisors?
- Perks for supervisors?



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# Helpful Tools

- Supervision Checklists
- Supervision Evaluations
- Self-evaluations
- Program Evaluations
- VIA Survey of Strengths
- [www.authentichappiness.com](http://www.authentichappiness.com)

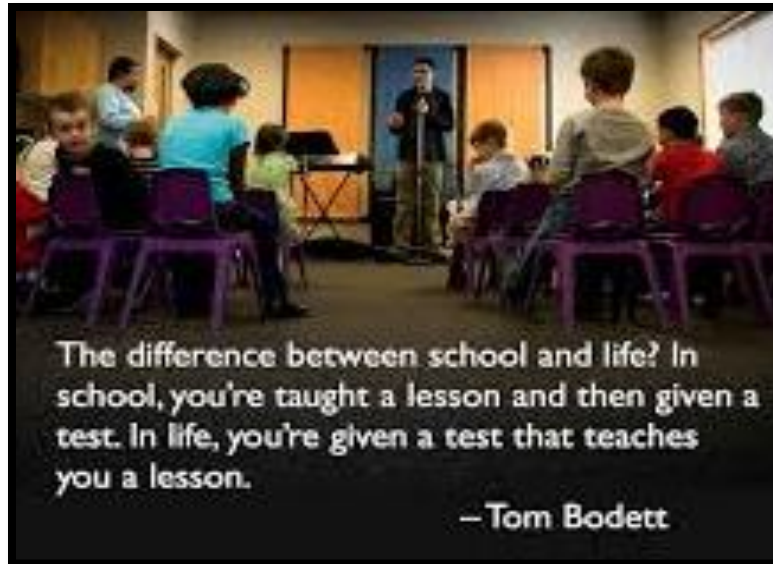




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