



# How to Get the Most Out of Clinical Supervision

Presented By:

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# Learning Objectives

The participant will:

- have a greater understanding of the **key elements within the models of clinical supervision** and when to utilize them.
- have the opportunity to **utilize case studies and role play in experiential learning** of supervision roles in order to practice their new skills.
- be able to **develop written objectives for supervision**, from either the trainee or supervisor perspective, and understand how to monitor performance within supervision.

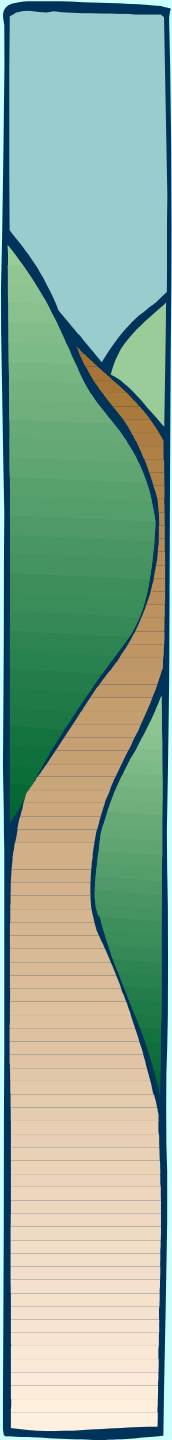


# Presentation Format & Activity

**Discussion** - of key elements and prominent models of clinical supervision

**Case Study & Role Play** – in supervisor, counselor in training, and observer roles

**Discuss / Develop** –written objectives & monitoring processes for supervision



# Supervision

## Issues, Objectives & Models



## Supervision objectives:

- Enhancing the **professional functioning** of the supervised persons
- Ensuring the quality of professional **services offered to the clients** they see
- and serving as a **gatekeeper** of those who are to enter / practice in the particular profession



# Supervision: Working Definition

**Purpose:** enhance knowledge, skills, behavior of person in training

## Supervision Requirements

- Supervisor must have **training** in this role
- Actual **clinical client experience** serve as basis for training
- **Triadic relationship** – welfare of client and supervisee is of concern
- Counselor performance is **monitored/observed directly or indirectly**

# **Supervision** Blended Definition

## **Disciplined:**

- has regular schedule, agenda, goals, preparation

## **Tutorial:**

- Individualized to specific needs of trainee, based on review of actual activity, concerns, etc.

## **Relational Process**

- trusting relationship between trainee and supervisor

## **Principles are transformed into practice**

- Theoretical underpinnings for activity are understood; case conceptualization, interventions, and evaluation is theoretically and logically grounded



# **Supervision** scope / elements:

## **Evaluative** –

- trainee performance vs objectives

## **Clinical** –

- training, skills development, building discernment

## **Supportive** –

- personal and professional development

## **Administrative** –

- Too often receives the bulk of supervision focus!





## Supervision issues:

Many **professional standards require** supervision of those “in training” and perhaps in practice

**But there is often...**

- Lack of formal **supervisor training**
- Lack of appropriate **supervisee expectations**
- Lack of formal **objectives & processes**
- Exposure to **professional and legal risk**



## Supervisor: Key Attributes

Supervisors should be able to give their **theoretical orientation**, say what they believe about:

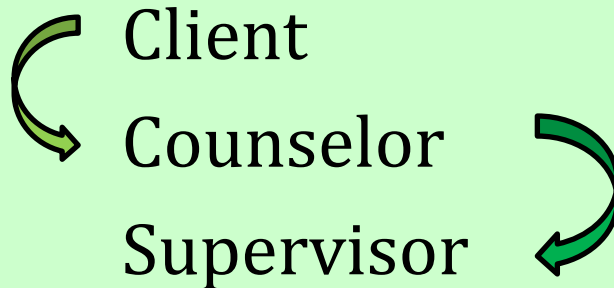
- **how change occurs** for people
- **critical variables** in training / supervision
- how **success** is measured
- the supervisor's **role** in achieving success
- what **learning objectives** should be, and what techniques support meeting them

# Supervision Relationships

Relationship with Supervisee is foundational

- Trusting, empathic, genuine
- Compared to client/counselor relationship

**Triadic**, Complex inter-relationships



# Supervision Boundaries

Personal Counseling	Supervision
1. The goal is personal growth and development, self-exploration, becoming a better person.	1. The goal is to make the counselor a better counselor.
2. Requires exploration of personal issues.	2. Requires monitoring of client care and facilitating professional training.
3. The focus of exploration is on the origins and manifestations of cognitions, affects, and behaviors associated with life issues and how these issues can be resolved.	3. The focus is on how issues may affect client care, the conceptualization of the client problems and counseling process, and accomplishment of client goals.

# Supervision Models

tend to follow psychological theories

## Models Grounded in Psychotherapy Theory

Psychodynamic

Person-Centered

Cognitive Behavioral

Constructivist

## Developmental Models

**Integrated Development Model (IDM)**

The Loganbill, Hardy, and Delworth Model

The Ronnestad and Skovholt Model

## Social Role Models

**The Discrimination Model**  
(Bernard)

The Hawkins and Shoet Model

The Holloway Systems Model



## 2 popular Supervision Models

Integrated Developmental Model (IDM)

Discrimination Model (DISC)

Describe likely

- Supervision session **areas of focus** given
- **supervisee status in various dimensions**



# Integrated Developmental Model (IDM)

Best known and most widely used model

Both

- *descriptive* of trainee process and
- *prescriptive* of supervisor interventions

**Counselor-in-training (CIT) development occurs**

- across **four CIT stages over time**
- Within three overriding *structures*
- Covering **8 domains of competence**



# IDM – Supervisee Four Stages

**Level 1:** Supervisees have *limited training*

**Level 2:** Supervisees are *transitioning* away from high dependence

**Level 3:** Supervisees are focusing more on a *personalized approach*

**Level 3i:** Supervisees are integrating across all three domains





# IDM - Three performance structures

**Self-Other Awareness:** Where the supervisee is in terms of self-preoccupation, awareness of the client's world, and enlightened self-awareness

**Motivation:** Reflects the supervisee's interest, investment, and effort expended in clinical training and practice

**Autonomy:** Reflects the degree of independence that the supervisee is manifesting

# IDM – Eight Domains of Competence

***interventions skills*** competence - confidence to engage in therapeutic interventions

***assessment techniques*** - administering psychological assessments

***interpersonal assessment*** - using personal skills in conceptualizing client issues

***client conceptualization*** - understanding how the clients environment, history, and personality influence functioning

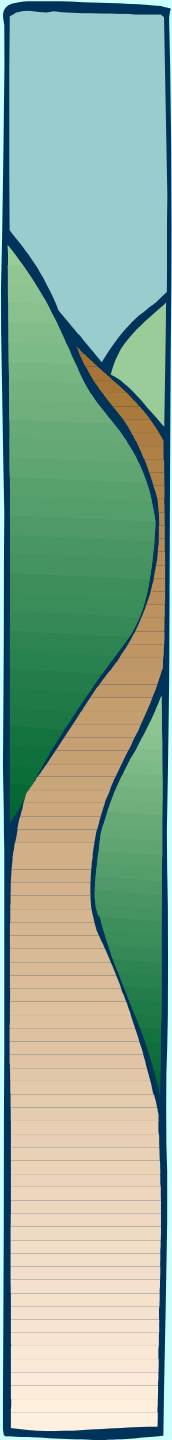
## IDM – Eight Domains of Competence (cont.)

***individual differences*** - competence in dealing with racial, ethnic, cultural, or other differences

***theoretical orientation*** - the depth of understanding related to theory

***treatment plans and goals*** - the ability to determine appropriate intervention strategies based upon identified goals

***professional ethics*** - the ability to integrate professional and personal ethics



# Discrimination Model

# Bernard's Discrimination Model (DISC)

Another “best” known model of supervision with *strong empirical support*

training model based on the needs of the individual supervisee, structured using

- Three **Performance Areas of Focus** and
- Three **Supervisor Roles**

# DISC – Areas of Focus

**Process Skills-** how the supervisee *conducts counseling session* (what are they *doing* during the session)

- help supervisee process the counseling skills/ interventions the supervisee is using; maybe even countertransference issues

**Conceptualization Skills-** the supervisee's level of *understanding about the client and the counseling process*

- Guide the supervisee to identify patterns/ themes; and theorize/ hypothesize about the case
- Review treatment plan

**Personalization Skills-** how the supervisee is affecting the counseling process due to *their own characteristics*

- Explore own personality traits and style of relating to others
- Notice how the supervisee impacts you in supervision roles

# DISC – Supervisor Roles

## **Teacher-** instructor/ guide,

- Help the supervisee learn counseling skills
- Provide relevant information
- Can be done in many ways (videos, role-play, live supervision, etc.)
- “What could you do differently next time?”

## **Counselor-** help identify personal issues that may affect counseling

- Develop strategies to limit potential problems/ negative client impact  
“How could this impact your client?”
- “What can you do to work through this issue?”

## **Consultant-** Acting more like a peer with the supervisee

- Generating ideas together,
- Discussing new ideas and alternatives

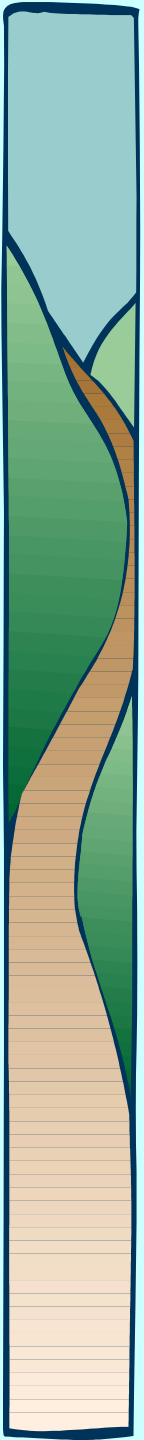
Perhaps also **Advisor** on career or other issues??

# DISC – Supervision Focus

## Named the discrimination model because...

- The **supervisor must discriminate what role and what focus** is called for at a particular time
- Adapt your role as the **situation mandates**
- Tailor your role based on the **supervisee's needs**
- **Roles and focus may change from session to session, or within the same session**





# Role-Plays

# Role-Play Instructions

## Packet Includes:

- Recap Sheet
- Role-Play Scenarios
- Supervision Worksheet

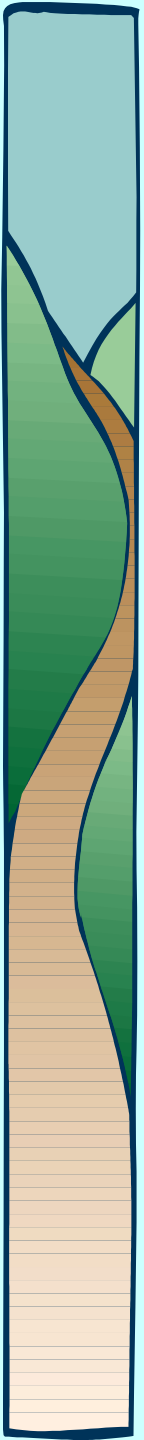
## Work in groups of 3 for assigned role-play

- Each person will play one of the following roles:
  - Supervisor
  - Counselor
  - Observer
- Take 5-10 minutes to review the case setup
- Then 15-20 minutes for the role-play exercise

# Role-Play Discussion

## Reflect on the following:

- **Supervisor – Counselor relationship**
  - Did you notice what role the supervisor played?
  - Did the stage of development impact supervision?
  - How does counselor preparation increase effectiveness?
- **Overall**
  - What about this experience was unexpected?
  - How was the experience overall?



# Establishing the Supervision Process

# Establishing the Supervision Process

People will do what is *inspected*,  
Not necessarily what is expected...

Ensure **clinical sites** have **written internal expectations** for clinical work and supervision

**Also, as outside provider of interns you should have**

- Supervision **Contracts** for Site, Interns, & Site Supervisors
- **Individualized Intern Development Plans**
- Detailed Intern **Performance Evaluation** criteria
- Periodic **meetings/document review** with site supervisors

# Site Supervision Contract - Student



Masters of Health Science in Addiction Studies  
Internship Training Forms (ADDS 8800 and 8810)  
College of Health & Human Services  
Addiction Studies/Behavioral Health

## Site Supervision Contract (for students)

*Supervisee: As an intern, I agree to the following conditions related to supervision. Specifically, I agree to:*

- 1) Take supervision time seriously and be prepared to use the time effectively. Prepare questions and cases to discuss in supervision.
- 2) Practice ethically, legally, and professionally as outlined by the State Licensing Board and professional organizations (i.e. ICB and ACA). Be respectful of and abide by confidentiality, required reporting, and related regulations (HIPAA, Joint Commission).
- 3) Always work within the limits of my competency, skills, and role. Ask for help when needed.
- 4) Comply with all clinic and program policies, procedures, and paperwork.
- 5) Actively participate in the supervision process by setting goals and identifying criteria for success.
- 6) Strive to be self-aware, self-reflective, and willing to work toward professional growth and competence. Engage in regular self-care.

\_\_\_\_\_  
Supervisee Signature

\_\_\_\_\_  
Date Reviewed and Signed

# Site Supervision Contract - Supervisor



Masters of Health Science in Addiction Studies  
Internship Training Forms (ADDS 8800 and 8810)  
College of Health & Human Services  
Addiction Studies/Behavioral Health

## Site Supervision Contract (for supervisor)

Supervisor: I agree to the following conditions related to supervision. Specifically, I agree to:

- 1) Orient supervisees to supervision and the supervisory process.
- 2) Provide face-to-face supervision on a regularly scheduled basis.
- 3) Take the supervision time seriously, be on time, and be prepared to address questions/concerns.
- 4) Supervise according to high ethical, legal, and professional standards as outlined by the State Licensing Board and professional organizations (i.e. ICB and ACA).
- 5) Share relevant resources and teach evidence-based skills as part of supervision.
- 6) Review my competency evaluations of the supervisee in person at end of the training.
- 7) Keep the Internship Coordinator informed of the supervisee's progress.

My signature below indicates that I have read the Supervision Contract and have agreed to abide by its terms.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Reviewed and Signed

# Individualized Internship Plan

## Individualized Internship Plan

This plan has been designed to assist the trainee in managing clinical work and planning for additional internship to meet competencies. The trainee's areas of internship interest, individual needs to develop competency, and areas that the supervisors feel would be appropriate to challenge the trainee are all appropriate for the plan. Competency areas to consider may include: ethics, diversity, research/scholarly inquiry, professionalism, communication and interpersonal skills, assessment, intervention, supervision, and consultation. This plan will be developed at the beginning of the internship and may be updated as needed.

### Internship Goal 1:

Task for trainee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Task for supervisor to support trainee or resources requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Competency Ratings for Evaluation

- 1- **Unsatisfactory/Needs Remediation:** Displays significant problems. May have apparent lack of aptitude for the task or role. This includes unethical practice or boundary violations.
- 2- **Entry Level:** Requires continuous supervision. Expected to last no longer than the first 3-4 weeks of internship. Has classroom knowledge and understanding of tasks, theory, techniques, and skills yet displays limited experience in putting knowledge into practice.
- 3- **Intermediate:** Typical skill set for practice during middle of internship. Displays significant knowledge of role, and functions professionally with regular supervision.
- 4- **High:** Typical skill set for completion of internship. Requires supervision, but displays highly developed professional skills and judgment. Supervision is often focused on consultation, non-routine tasks, and refinement of advanced skills.
- 5- **Advanced/Autonomous:** Indicates knowledge and skill necessary for autonomous practice.

# Midterm Evaluation – Areas of Competence

## Areas of Competence

**Clinical Evaluation** (screening, intake, orientation, & assessment)

N/A            1            2            3            4            5

**Treatment Planning** – identify problems, establish goals, decide treatment process, etc.

N/A            1            2            3            4            5

**Intervention Skills** (counseling, crisis intervention, & client education)

N/A            1            2            3            4            5

**Service Coordination** (consultation & case management)

N/A            1            2            3            4            5

**Referral Skills** – identifying areas of unmet need and assisting with resources

N/A            1            2            3            4            5

**Documentation Skills** – writing reports, progress notes, discharge summaries, etc.

N/A            1            2            3            4            5

**Professional & Ethical Standards** – ability to follow all standards of ICB Codes of Ethics as well as the ACA Code of Ethics.

N/A            1            2            3            4            5

# Midterm Evaluation – Evaluation Summary

**Strengths:** \_\_\_\_\_

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**Areas for Growth and Recommendations:** \_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

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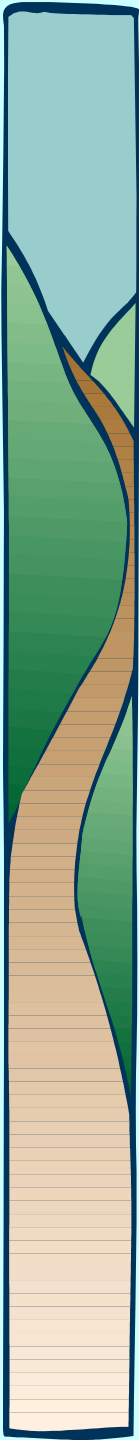
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Note: Trainee signature acknowledges receipt of this evaluation, though not necessarily agreement with it. Trainees have the option of providing comments in an attached separate sheet to be saved in the trainee's file with this evaluation. Trainee's also have the option of setting up an additional meeting with the Internship Coordinator to discuss any concerns with the outcome of their evaluation.



# Final Evaluation – Competency 1

## Competency 1: Clinical Evaluation

**Goal:** Select and apply screening, intake, and assessment and use methods appropriate to the identified goals and questions as well as relevant diversity characteristics. Interpret evaluation information following current research and professional standards to inform case conceptualization, classification, and recommendations. Communicate findings and implications in an accurate and effective manner.

**Objective 1:** Demonstrates knowledge and skill in building rapport and interviewing clients as part of evaluations to accurately and effectively gather enough information for diagnostic clarity and treatment planning.

N/A            1            2            3            4            5

**Objective 2:** Demonstrates knowledge and ability to make accurate diagnoses, in addition to level of care recommendations, supported by information on file, evaluation, observations, and collateral information.

N/A            1            2            3            4            5

**Objective 3:** Demonstrates competence and sensitivity to individual and cultural differences when completing evaluations including asking about factors of individual difference and integrating these factors.

N/A            1            2            3            4            5

**Objective 4:** Demonstrates skill in formulating client-centered treatment recommendations and treatment plans based on evaluation results. Documentation of this meets Joint Commission Standards.

N/A            1            2            3            4            5

**Objective 5:** Demonstrates the knowledge and ability to assess for risk of harm to self or others and document clearly and in a timely and accurate manner. Able to make sound clinical decisions in regards to risk.

N/A            1            2            3            4            5

# Resources

Association for Counselor Education and Supervision (ACES) Executive Counsel. (2011). *Best practices in clinical supervision*.

<https://acesonline.net/wp-content/uploads/2018/11/ACES-Best-Practices-in-Clinical-Supervision-2011.pdf>

Bernard, J. M., & Goodyear, R. K. (2018). *Fundamentals of clinical supervision* (6th ed.). Pearson.

Center for Substance Abuse Treatment. (2014). *Clinical Supervision and Professional Development of the Substance Abuse Counselor*. Treatment Improvement Protocol (TIP) Series 52. HHS Publication No. (SMA) 144435. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Corey, G. (2017). *Theory and practice of counseling & psychotherapy* (10th ed.). Belmont, CA: Brooks/Cole-Thomson.

# Resources

Durham, T. G. (2019). *Clinical supervision: An overview of functions, processes, and methodology*. Alexandria, VA: NAADAC, the Association for Addiction Professionals.

[https://www.naadac.org/assets/2416/clinical\\_supervision\\_workbook-sneak\\_peek.pdf](https://www.naadac.org/assets/2416/clinical_supervision_workbook-sneak_peek.pdf)

Pearson, Q. M. (2004). Getting the most out of clinical supervision: strategies for mental health. *Journal of Mental Health Counseling*, 26(4), 361+.

<https://link.gale.com/apps/doc/A124344388/AONE?u=googlescholar&sid=googleScholar&xid=b056ca5f>