



Supervision Potpourri

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Objectives

- As a result of this session, participants will be able to increase their knowledge regarding population specific supervision.
- As a result of this session, participants will be able to increase their knowledge regarding location specific supervision.
- As a result of this session, participants will be provided with information, resources, and assessments to evaluate supervisee professional development and competency.
- As a result of this session, participants will increase their knowledge regarding the topics of decision making, gatekeeping, and intentional non-disclosure in supervision.

Population Specific Supervision - Children

Considerations for supervisors when they have trainees working with children (Donald, Culbreth, & Carter, 2015):

- Normalize the trainees' stress they may experience when working with children.
- Model playfulness in supervision as a parallel process of the trainees' play therapy attitude in sessions with clients.
- Importance of person-of-the-therapist identity for children/play therapists; model genuineness and work on fostering the trainees' genuineness in the therapeutic relationship and address any over-focus on skills.
- If the supervisor has no play therapy experience, seek supervision of your supervision and/or seek self-directed learning on play therapy techniques to understand what the trainee is implementing in their work as a play therapist.

Population Specific Supervision - Children

- Novice supervisees “may be highly anxious and prone to respond somewhat reactively to unexpected behaviors on the part of the child” (p. 66); roleplay and modeling of patience and understanding in working with children may equip the trainee when sessions or activities do not go according to their plan.
- Create open dialogue with the trainee regarding the fitness of a child-centered therapeutic approach for the trainee vs comfortability and effectiveness of other therapeutic orientations when working with children as the trainee may explore in session approaches other than a child-centered approach.
- Assess the trainees’ beliefs and attitudes toward children in general and pay attention to countertransference behaviors between the trainee and the client.
- Basic skills for a beginning child/play therapist include 1) tracking and attending to everything the client does as the trainee’s role is to be a commentator on the child’s actions in session; 2) reflecting the feelings of toys/objects to approach feelings from a more distant perspective rather than identifying/reflecting the child’s feelings directly; then 3) identifying and reflecting the child’s feelings.

Donald, Culbreth, & Carter, 2015

Population Specific Supervision – Military/Veterans

- Considerations for supervisors when they have trainees working with military and veterans (Hayden & Briggs, 2019):
- The risk of vicarious traumatization by trainees who are repeatedly exposed to clients' trauma narratives
- Taking a Wellness approach to supervision helps trainees reflect on their emotional and cognitive resources to deal with effects of their work with military clients
- Helping trainees assess for symptoms of PTSD and mild traumatic brain injury (MTBI) in clients who have been deployed
- Helping trainees assess for suicide risk
- Modeling and roleplaying how to address a military client's guilt and shame and clients' reluctance to share about behavior in the military

Population Specific Supervision - Military/Veterans

- Teaching the trainee counseling modalities and skills that work well with this population, such as CBT, strengths-based, and solution-focused interventions.
- Help the trainee identify any personal biases or stereotypes associated with military culture; can utilize the multicultural competency development techniques to help the trainee work through values conflicts they may encounter when hearing clients' narratives.
- Assign homework to the trainee to learn more about military culture

Hayden & Briggs, 2019

Population Specific Supervision – Eating Disorders

- Considerations for supervisors when they have trainees working with clients with eating disorders (Picot, McClanahan, Conviser, et al., 2010):
- Transference of clients' body image issues onto the trainee
- Addressing impasses and client defenses in therapy and helping the trainee think complexly about the emotional meaning and function of clients' disordered eating
- Helping the trainee decide whether to disclose a personal history of disordered eating with their clients
- For female supervisees working with female clients, the consideration of how to talk about body image as a woman and helping the supervisee work through her own feelings about her body
- Utilizing role play and conversations about multicultural competency development to address how race and culture play a part in body image and eating
- Helping the trainee consider and pay attention to clients' perceptions of the trainee's comments during sessions, especially self-disclosure about diet and exercise habits.

Population Specific Supervision Approaches

Using roleplay in supervision (in group, triadic, or individual):

- to help trainees build emotional stamina when working with complex clients
- to have trainees practice broaching sensitive subjects, such as trauma history or substance use
- to “help the supervisee build skills in crisis work, such as assessing for suicidal and homicidal ideation, in a small and nonthreatening setting” (Smith, 2009, p. 135)

Population Specific Supervision Models

- Application of a new model of supervision that is a combination of the integrated development model of supervision (McNeill & Stoltenberg, 2016) and cognitive-behavioral (Milne et al., 2011) supervision models that support supervisee development.
- This task-oriented developmental model of supervision (TO-DM) also incorporates multicultural counseling competencies in the developmental growth of supervisees, which could be beneficial if the specific populations trainees are working with are of different race, culture, ethnicity, etc. than the trainee.
- This can be a framework to consider for when/how to address trainees' confidence levels when working with specific populations, especially if their site supervisor can be the one to help teach specific skills for the clients at the specific site, and the licensure supervisor may complement skill acquisition with addressing multicultural competency development.
- Mason & Mullen, 2022

Location Specific Supervision

- *As a result of this part of the presentation, participants will be able to increase their knowledge regarding location specific supervision*



Location Specific Supervision

Supervision of staff in the helping professions is valued and considered effective for the promotion of positive delivery and effective care amongst young clinicians

Understanding of the Supervisee's location, the specific demands, and needs at that location is imperative for the success of the supervisee

Certain settings like Community Mental Health or Non-Profit organizations will face tensions in ensuring quality services while limiting program costs





Supervision for Community Mental Health

**How many provide
supervision for this
setting?**

What is unique to providing supervision in community mental health?

- Licensure supervision may be a "benefit" of working at the agency.
 - Who is really the client?
Possible conflicts of interest?
- Supervisees may have little control regarding choice of supervisor.
- May occur more often in this setting vs private practice.
 - More supervision in residential settings and community mental health settings. (Tugendrajch et al., 2023)
- Other differences?
- Impacts on supervision?

Supervision in Community Mental Health

- Supervisor's must understand the demand of the publicly funded settings
 - This demand on Supervisors includes long hours, variability in acuity, lack of resources for the Supervisee to access.
 - The demand includes the Supervisees consumers irritability around a lack of appointment ability and inability to schedule in other settings due to insurance or private pay
- Understanding Obscure Needs
 - Creating a compelling rationale for the supervisee to protect all clients, especially the marginalized clients seen.
 - Ensuring the supervisee feels supported in delivering quality services
 - Educating the Supervisee on demands of the nonprofit world of Mental Health
- Conquering demanding schedules
 - High percentages of Low-Income clients is associated to a greater need for supervisor approval
 - The supervisee will often face feelings of oversight and less comfort in the care provided to the consumer, as well as amount of supervision received.
 - Community Mental Health and Inpatient facilities are associated with the need for more supervision time

Community Mental Health – EPS

- Emergency Psychiatric Care (EPS) is one the main focuses for Community Mental Health
 - EPS services are provided in Davidson County through the Mental Health Cooperative (MHC)
 - 24/7 Inpatient services are provided at local behavioral hospitals, and housing within Emergency Departments
 - 6-404/6-401 are often required for these kinds of stays. Supervisors should become knowledgeable about the state requirements for such, as well as proceedings so that Supervisees' can be walked through the process should it be necessary
- Acuity within EPS services, both Medically and Psychiatrically
 - Often Supervisees' will deal with high suicidality, high homicidally, or active psychosis
 - Supervisors should help supervisees understand what these feelings and thoughts mean
 - Supervisors can better support their supervisees when educated on the 'typical' consumer
 - Homeless, low income or socioeconomic status, substance abuse/use,
- Local resources for EPS including Centerstone, Mental Health Cooperative etc.
 - EPS including a 24/7 crisis resource center for voluntary treatment with the Mental Health Cooperative
 - Police and EMS response teams for consumers with active SI/HI/AH/VH in the community
 - Outpatient treatment resources through Centerstone and Mental Health Cooperative

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Assessments

- The Supervisee completing assessments for EPS will partake in the following process
 - Assess the client and develop a plan of action dependent on presenting symptomology
 - Discuss with their supervisor on site to develop a plan of action for the client
 - Options may include involuntary inpatient treatment under 6-404 or 6-401, voluntary inpatient treatment, intensive outpatient resources / treatment, or outpatient resources through various community mental health organizations
 - The supervisee will discuss with the client the developed plan and follow up accordingly
 - The supervisor can best help their supervisee in these moments of crisis or when dealing with high acuity is to understand the process of events and be supportive.
 - The Supervisor can also be most helpful when the process of 6-404/6-401 is well known or needed for the supervisor
 - Debriefing should also be invited for the supervisee to process the events that have occurred



Supervision for Private Practice

How many provide supervision for this setting?

What is unique about supervision in the private practice setting?

- Often supervisees have more choice in supervisor selection.
- May be paying for supervision
 - Contract
 - No show fees
 - Collecting payments
- Supervision may not be with a clinician on site
- Other factors?
- Impacts?

Private Practice

- One of the more common choices for supervisees' when entering the field of counseling
- The development of self-awareness and self-efficacy is often a focus with the emphasis on growth and development
- The working alliance between the supervisor and counselor in which the counselor can offer an account or recording their work, reflect on it, & receive feedback and guidance
 - Allowing the Supervisee to gain in ethical competence, confidence, compassion, and creativity to give the best possible services to the client

Private Practice

- Supervisors are often seen taking over specific roles:
 - Lecturer: Presentation of theory or technique by giving talks or discussing case material
 - Teacher: teaching the skills and evaluating the supervisee
 - Psychotherapist: discover the blind spots within the trainee
 - Monitor: inspecting or discussing the supervisees' skills at times from a distance without hands-on help
- Supervisees voiced appreciation for the development of direct roles in the supervision relationship
 - Endorsing the development of relationship allows the supervisee to better know how to approach the supervisor when conflict or disruption occurs

Private Practice: How to Support Supervisees

- Understand work hours, session fees, and paperwork time for the supervisee in training
- Discuss openly and honestly about stress related to structural conditions and relationships with clients as well as the frequency of work with challenging clients
- Discussing the importance of self-care and its effect on the supervisee
- Unexpected challenges from within the profession
- A need to decrease work's interference with family, evaluate impediments to daily balances, and identify tipping points for where subjective stress over structural conditions markedly increase



Supervision for Group Therapy Settings

How many provide supervision for this setting?





Group Therapy

- Supervisees see multiple clients in a group therapy center
 - Typically, 5-15 participants meeting for about sixty minutes per week
- Designed to target a specific problem such as depression, anxiety panic disorders etc.
- Supervision here is unique to the discussion of multiple cases in the same room at the same time
- Increase focus on development of plans and treatment goals specific to all persons in the room
- Overall understanding for the need of effective leadership and its development


Lohani, G., & Sharma, P. (2023)

Unique Supervision Techniques

- Group therapy, unlike some other psychotherapies, can involve more enticing and colorful practices such as
 - Art Therapy
 - Equine Assisted Psychotherapy
 - Wilderness / Recreational Therapy
 - Meditation
 - Beach Therapy
- Supervisors can educate themselves on the above to further support Supervisees in their implementation for such techniques in therapy



Lohani, G., & Sharma, P. (2023).



**Any questions
regarding
supervision of
specific
populations or
settings?**





Gatekeeping Defined

- Gatekeeping is defined as: "the ethical responsibility of counselor educators and supervisors to monitor and evaluate an individual's knowledge, skills, and professional dispositions required by competent professional counselors and to remediate or prevent those that are lacking in professional competence from becoming counselors." (CACREP, 2016)
- "Gateslipping" - advancing trainees without remediation (Vacha-Haase et al., 2019)

Gatekeeping: The Supervisor's Ethical Responsibility



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- Supervisors have obligation to both supervisee and to the public.
- Evaluation of competence is key responsibility of supervisor.
- Much research is devoted to gatekeeping in education programs, with site supervisor's holding much responsibility.

(Bernard & Goodyear, 2019)

ACA Code of Ethics (2014) Gatekeeping Activities

- F.6.b. Gatekeeping and Remediation
- Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance.
- Supervisors assist supervisees in securing remedial assistance when needed.



ACA Code of Ethics (2014) Gatekeeping Activities

- F.6.b. Gatekeeping and Remediation
- They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients.



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ACA Code of Ethics (2014) Gatekeeping Activities

- F.6.b. Gatekeeping and Remediation
- Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance.
- They ensure that supervisees are aware of options available to them to address such decisions.



Ethical Dilemmas in Supervision

(adapted from Chae et al., 2021)

- Enrique is a new licensure supervisor who is providing supervision to two pre-licensed counselors who work in a group practice clinical setting. He has developed a romantic interest in one of his supervisees (Madeline) but has not acted on his interest. Both supervisees have strong ties to social and political movements in the community.
- Enrique's supervision mentor, Dr. Smith, has noticed the growing relationship between Enrique and Madeline. Dr. Smith consulted with Enrique about his concern, and Enrique assured him there was no problem.

Ethical Dilemmas in Supervision

(adapted from Chae et al., 2021)

- The supervisees, Madeline and Farah, participated in a political rally and invited Enrique through Facebook. They are all friends on social media.
- Enrique saw that on one of Madeline's Facebook posts she diagnosed a political leader.
- Enrique attended the rally, and both of his supervisees gave speeches where they diagnosed political leaders and recommended actions for community members. Madeline named her clinical site in her speech.
- Enrique decided to address his concerns with his supervisees but did not discuss the issues with Dr. Smith.

Ethical Dilemmas in Supervision

(adapted from Chae et al., 2021)

- What ethical dilemmas do you notice?
- What other issues do you notice?
- How would you address these from Enrique's position?
- From Dr. Smith's position?

Ethical Decision-Making Model

1. Identify the problem.
2. Apply the *ACA Code of Ethics*.
3. Determine the nature and dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options and determine a course of action.
6. Evaluate the selected course of action.
7. Implement the course of action.

(Forester-Miller & Davis, 2016, p. 5)

Barriers to Gatekeeping in Supervision

(Rothwell et al., 2021)

Lack

Lack of opportunities and time to devote to remediation efforts

Lack

Lack of supervisor confidence in recognizing supervisee impairment

Lack

Lack of supervisor comfort in managing supervisee impairment

Barriers to Gatekeeping in Supervision

(Rothwell et al., 2021)

Lack	Lack of support from employers
Fear	Fear of impact on own career
Lack	Lack of experience with supervisee impairment and remediation plans

Counselor Impairment

- A significantly diminished capacity to perform professional functions (ACA Code of Ethics, 2014)
- "Therapeutic impairment occurs when there is a significant negative impact on a counselor's professional functioning which compromises client care or poses the potential for harm to the client." (Lawson & Venart, n.d.)

Counselor Impairment Assessment

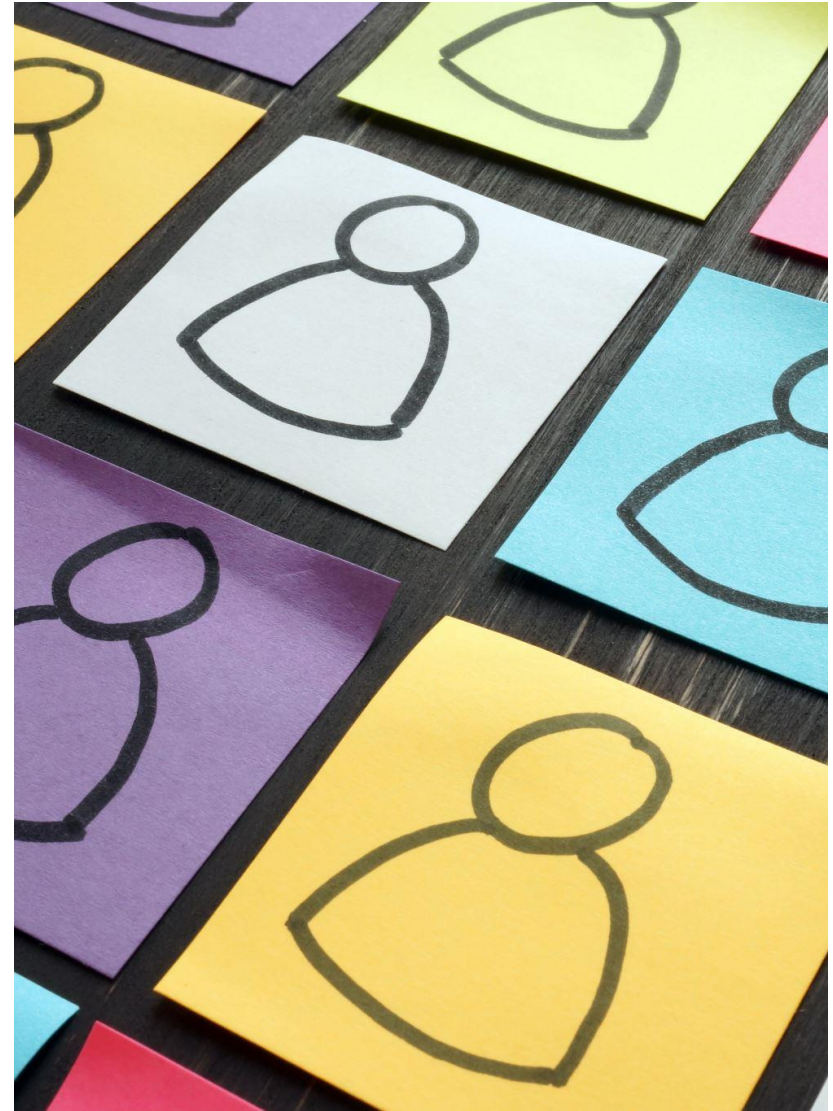
- Impairment assumes prior competency
- Impairment does not necessarily result in unethical behavior
- Impairment differs from "stressed" or "distressed"

(Lawson & Venart, n.d.)

Intentional Practices for Gatekeeping

(DeCino et al., 2020; Rapp et al., 2018)

- Develop policies and procedures regarding gatekeeping
- Conduct interviews and request references
- Communicate policies and procedures to supervisees prior to and routinely throughout the course of supervision
- Develop clear language to utilize when communicating concerns of competency with supervisees
- Identify legal consultation and resources to be equipped for concerns *before* they arise



Intentional Practice for Gatekeeping

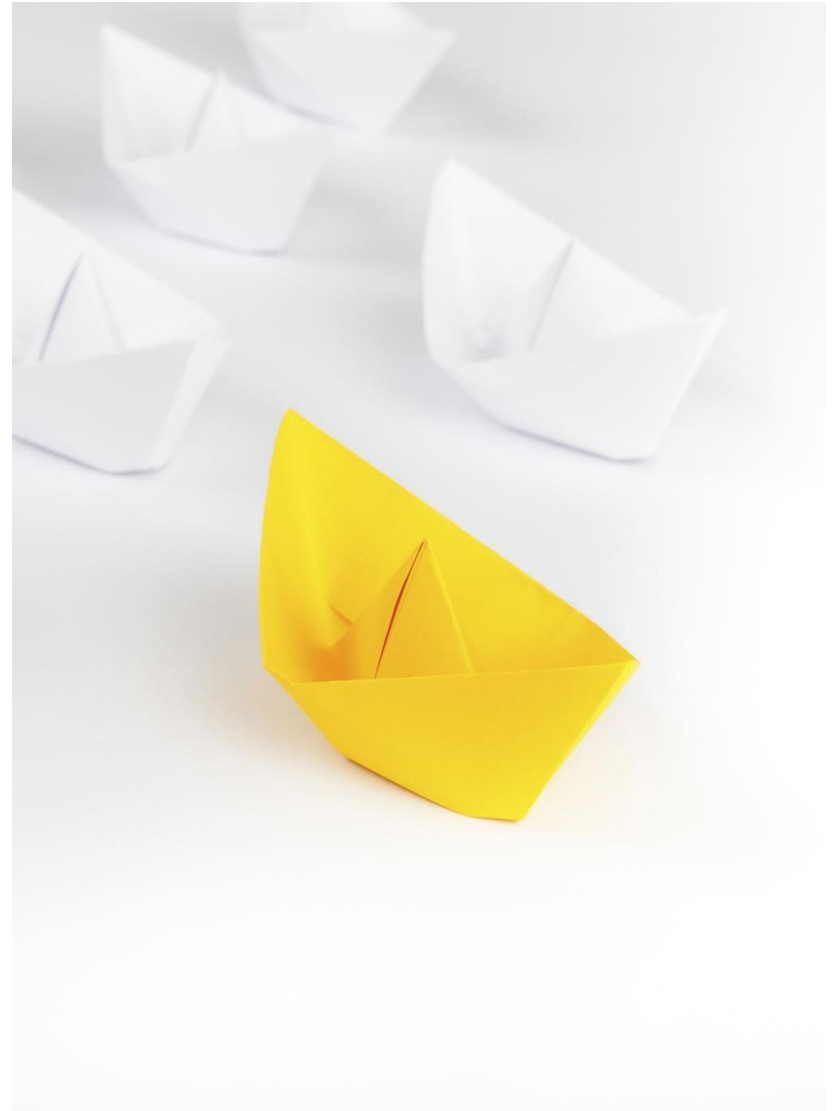
- Identify early warning signs
- Monitor for escalating issues
- Routinely assess for differences between emotional distress and clinical impairment
- Consider and plan for supervisees potential reactions or responses
- Document concerns and details regarding how this has been communicated with supervisees
- Integrate cultural considerations when conceptualizing concerns with competency

(DeCino et al., 2020; Rapp et al., 2018)

Navigating Stressors of Gatekeeping

- Emotionally intense gatekeeping experiences are natural
- Negative experiences can increase supervisor's commitment to maintain ethical practices and communicate policies/procedures clearly
- Negative experiences can encourage a re-evaluation of how a supervisor practices transparency and fairness
- Reflect on impact of gatekeeping on the supervisor and engage in appropriate care of self

(DeCino et al., 2020)





Supervisor Care in Gatekeeping

- Practice appropriate transparency with supports to normalize emotional difficulty of gatekeeping process
- Implement boundaries to better navigate stress of managing multiple responsibilities during gatekeeping process
- Utilize self-care strategies to encourage intentional decision-making regarding gatekeeping
- Identify mentors to provide support

(DeCino et al., 2020)

Intentional Non-disclosure of Supervisees

What is intentional non-disclosure in supervision?

- When the supervisee conceals/decides NOT to share information **relevant** to the supervision process

(Zvelc & Zvelc, 2021)





Why does non-disclosure matter?

- Clinical supervisors assume legal responsibility for the quality of services rendered to their supervisees' clients (Magnuson et al. 2000)
- Supervisors are reliant on pre-licensed counselors to accurately recall details of their counseling work and to honestly discuss their developmental needs (Cook, Jones, & Welfare, 2020)
- Postgraduate supervision is critically important to a counselor's developmental growth (Henriksen et al., 2019)

Factors Contributing to Non- Disclosure

- Post-graduate supervision is required for licensure
- It is a “business-like” relationship
- Post-graduate, pre-licensed counselors autonomously self-identify their clinical concerns and developmental needs and convey this to supervisors
 - Pre-licensed counselors are better able to self-monitor clinical needs
 - Limited time in supervision
- There is an evaluative component inherent in the supervisory relationship
- Dual roles such as combining administrative and clinical supervision

(Borders et al., 2011; Cook et al., 2020; Cook & Sackett, 2018; Ladany et al., 1996; Loganbill et al., 1982; Stoltenberg & McNeill, 2011; Rønnestad & Skovholt, 2003)

What does it look like?

- Most reports of non-disclosure are related to negative experiences in supervision, personal matters, and negative perceptions of the supervisor
- Most of the supervisees (83%) concealed their non-disclosure in a passive way, meaning that neither they nor the supervisor talked about the topic
- Other modes of non-disclosure
 - redirection (when the trainees redirected attention by talking about something else)
 - active non-disclosure (when the trainees explicitly told their supervisor they did not wish to talk about an issue)



Factors Contributing to Disclosure

- The relationship/working alliance is the strongest predictor of non-disclosure
 - a strong SWA, shared trusting, emotional bond, trainee has voice in negotiating goals/tasks
 - Negative supervisor reactions led to non-disclosure
- Essential for supervisors to create a welcome, open, and non-judgmental atmosphere for supervisees to feel safe and willing to disclose
- An interpersonal approach to supervision was significantly associated with less withholding of clinically related and supervision-related material
- Collaborative: the supervisor and supervisee mutually agree and work together on the processes and activities of supervision - contributes to openness because the trainee is invited to help determine the direction



(Cook et al., 2020; Cook et al., 2019; Gibson et al., 2019; 47
Ladany et al., 1996; Rousmaniere & Ellis, 2013)

Pro-Disclosure Relational Behaviors

Using explicitly relational behavior such as exploring supervisees' feelings about clients and the supervision process creates an atmosphere of responsivity that facilitates disclosure.

Five explicitly relational behaviors

1. Exploring feelings - how it feels to share?
2. Focusing on countertransference - how it's showing up personally
3. Attending to parallel process
4. Focusing on the SWA – strongest predictor
5. Focusing on the therapeutic process - how it affects therapy



(Gibson, Ellis, & Friedlander, 2019)

Clarity Promotes Sharing

- Explicitly state any potential benefit that supervisees' self-disclosure may have for clients
 - Clarify why each particular self-disclosure is beneficial
- Communicate to students the potential benefit of self-disclosure to their own development
- Demonstrate respect for supervisees' privacy and individual sense of professional boundaries

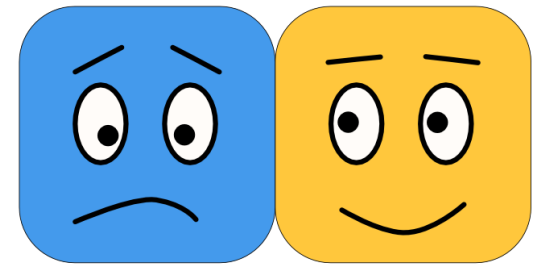


(Hutman & Ellis, 2020; Staples-Bradley et al., 2019)

What can we do about it?

A supportive supervisory alliance involves supervisors creating a climate where supervisees can openly discuss:

- a) the relationship
- b) the power differential in supervision
- c) their reactions to the supervisor and supervision
- d) the supervisor's, supervisee's, and client's multiple intersecting identities



A safe space to share

(Gardner, 2002; Knox, 2015; Knox et al., 2008; Inman, 2006; Soheilian et al., 2014)

Cultural Considerations



Supervisors who initiate open discussions:

1. Promote an atmosphere of transparency
2. Enhance diverse supervisees' willingness to disclose in supervision
3. Further their ability to intervene effectively with diverse clients

(Knox, 2015; Knox et al., 2008; Gardner, 2002)

Be early and explicit!

Address nondisclosure **early** on and **explicitly** both to normalize it and to facilitate supervisee disclosure!



(Gardner,
2002)

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