



Dr. Sonja Sutherland, LPC, ACS, BC-TMH



The Advanced Clinical Supervisor:

Next Level Tools for Ethical Supervision

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COURSE-PACK OF ACTIVITIES & HANDOUTS

IN ORDER OF USE



The Advanced Clinical Supervisor: *Next Level Tools for Ethical Supervision*

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Today's Agenda

1. Quick Supervision Basics Overview
2. Supervision Best Practice Reminders
3. Supervision Techniques, Roles, Functions & Competencies
4. Supervision Conceptual Model
 - Supervisee Stages of Development & Critical Issues
 - Choosing & Applying Interventions
5. Evaluation & Assessment
6. Diversity & Cultural Competence Considerations
7. Crisis Intervention in Distance Counseling


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Working in ZOOM Today

1. Handouts
2. Mute/Unmute
3. Use of Chat for asking questions
(for discussion following each segment)



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The Advanced Clinical Supervisor: *Next Level Tools for Ethical Supervision*

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Quick Supervision Basics Overview

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OVERVIEW OF THE BASICS OF SUPERVISION

1. Facilitation of Development
2. Hierarchical and Evaluative
3. Extends Over Time
4. Monitors Quality
5. Gatekeeping
6. Supervisor Liability



(Bernard & Goodyear, 2009, p. 7)

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PURPOSE OF SUPERVISION

Fosters

- ✓ Exploration
- ✓ Learning
- ✓ Development

Transmission

- ✓ Skills
- ✓ Knowledge
- ✓ Attitudes



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PURPOSE OF SUPERVISION

Gate Keepers

- ✓ Client Care
- ✓ Personal & Professional Development
- ✓ Development of Professional Accountability
- ✓ Continuation of teaching
- ✓ Self-Supervision Skills



ACA 2014

F.5.a. Ethical Responsibilities

Students and supervisees have a responsibility to understand and follow the *ACA Code of Ethics*. Students and supervisees have the same obligation to clients as those required of professional counselors.



F.2.a. Supervisor Preparation

Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.



F.2.b. Multicultural Issues/ Diversity in Supervision

Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.



APA 2017

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.



APA 2017 Code of Ethics

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.



AAMFT 2015

4.4 Oversight of Supervisee Competence.

Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level experience, and competence.

4.5 Oversight of Supervisee Professionalism.

Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.



NASW 2018

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation (whether in-person or remotely) should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.



THE WORKING ALLIANCE



- ✓ Supportive
- ✓ Challenging
- ✓ Collaborative
- ✓ Self-Evaluative

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(Bernard & Goodyear, 2009)

18

THE WORKING ALLIANCE

- ✓ Supportive
- ✓ Challenging
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- ✓ Self-Evaluative



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(Bernard & Goodyear, 2009)

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THE WORKING ALLIANCE

Loganbill, Hardy and Delworth (1982)	Stoltenberg, McNeill, and Delworth (1997)	Agency Administrators (Cook, Berman, Genco, Repka, and Shrider, 1986)
<ul style="list-style-type: none"> ✓ Competence ✓ Emotional awareness ✓ Autonomy ✓ Theoretical identity ✓ Respect for individual differences ✓ Purpose and direction ✓ Personal motivation ✓ Professional ethics 	<ul style="list-style-type: none"> ✓ Intervention skills ✓ Assessment techniques ✓ Interpersonal assessment ✓ Client conceptualization ✓ Individual differences ✓ Theoretical orientation ✓ Treatment goals and plans ✓ Professional ethics 	<ul style="list-style-type: none"> ✓ Individual and family counseling and psychotherapy ✓ Knowledge of individual differences ✓ Written skills ✓ Knowledge of ethics and multicultural populations ✓ Group counseling skills ✓ Intake procedures ✓ Screening ✓ Treatment planning ✓ Case management ✓ Crisis intervention ✓ Report writing and record keeping ✓ Consultation and referral

SUPPORT



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ROLE AMBIGUITY

Definition: Takes place when the supervisee is unaware of the expectations placed upon him or her which can interfere with the development and process of the working alliance.

SUPPORT



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ROLE AMBIGUITY

Leads to:

- ✓ Supervisee anxiety and dissatisfaction
- ✓ Dominance anxiety

Recognizing the signs:

- ✓ Helpless/stuck
- ✓ Overachieving

The Supervision Contract



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(Bernard & Goodyear, 2009)

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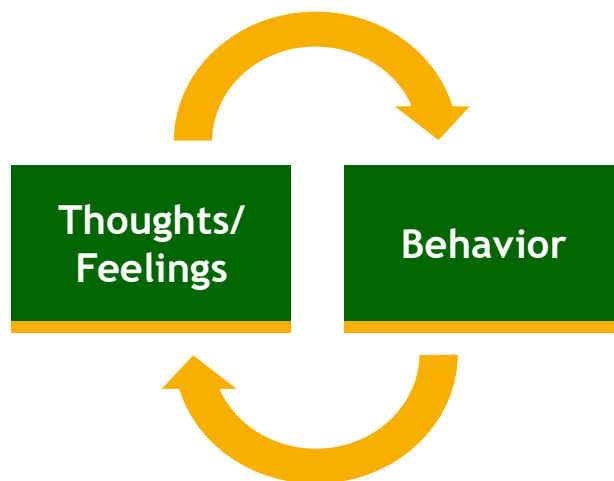
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(Bernard & Goodyear, 2009)

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THE WORKING ALLIANCE

- ✓ Supportive
- ✓ Challenging
- ✓ Collaborative
- ✓ Self-Evaluative



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(Bernard & Goodyear, 2009)

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QUALITIES OF EFFECTIVE SUPERVISEES

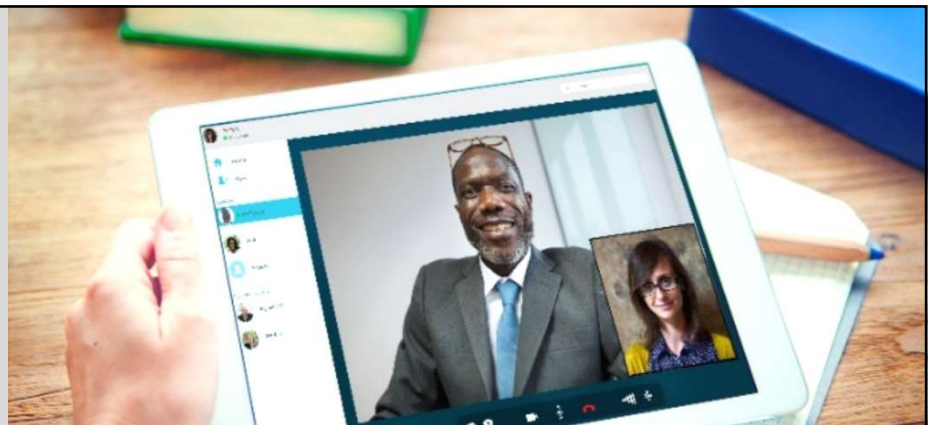
Discuss with supervisees:

- ✓ Prepared
- ✓ Participants
- ✓ Requests
- ✓ Read and research
- ✓ Constantly evaluative
- ✓ Open to feedback
- ✓ Honesty



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Supervision
Best Practice Reminders

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BEST PRACTICES

- ✓ Check your insurance
- ✓ Participate in professional organizations
 - State-level
 - ACES
- ✓ Active license



BEST PRACTICES

- ✓ Supervisors should screen supervisees
- ✓ Review state laws, policies & procedures
- ✓ Review goals, benefits, risks
- ✓ Post-screening documentation
- ✓ Supervisee guidance



BEST PRACTICES

- ✓ What are your boundaries?
- ✓ When are you accessible and when are you not?
- ✓ Phone consultation policy
- ✓ Text policy
- ✓ Synchronous video supervision
- ✓ Email
- ✓ Voicemail



BEST PRACTICES

- ✓ Personal Issues
- ✓ Social media policies
- ✓ Memos of Agreement
- ✓ Identification procedures
- ✓ Asynchronous vs synchronous methods
- ✓ Emoticons & Online clinical lexicon



BEST PRACTICES

- ✓ Technological failure
- ✓ Logs of sessions
- ✓ Insurance
- ✓ Platform encryption



Hushmail

doxy.me

thera-LINK®

VSee

tigertext

qliq

Signal

TOTALHIPAA
COMPLIANCE

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RECORD KEEPING

- ✓ The date of the supervision session
- ✓ Supervision start and stop times
- ✓ The modality of supervision provided
- ✓ Documentation of all written communication during the supervisory relationship
- ✓ Notes on recommendations or interventions suggested
- ✓ Maintain copies of records for minimum of 5 – 7 years beyond termination



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SAMPLE DOCUMENTATION IN YOUR COURSE-PACK

Summary of Individual Supervision Hours

Supervisee Name: _____

CLINICAL Supervisor Name: Sonja Sutherland, PhD, LPC, ACS

LICENSURE REQUIREMENTS	
Pre 10/1/2018	STARTING 10/1/2018
50 Hours of Experience per month on average	85 Hours of Experience per month on average
600 Hours of Experience per year	1000 Hours of Experience per year

Date: _____

Amount of Clock Time (min.)	SPV Modality: <input type="checkbox"/> Individual <input type="checkbox"/> Triad <input type="checkbox"/> Group <small>(MAX OF 3)</small>	Topic(s) (i.e., client review, documentation, clinical research, etc.)	Notes
90	<input type="checkbox"/> Individual/ <input type="checkbox"/> Triadic <input type="checkbox"/> Group Therapist 1 Therapist 2	Addictions Basic responding skills Building rapport Client Review Case conceptualization skills Clinical Goal Development Discussion Continuing education opportunities for specialization & improving scope of practice Counselor self-awareness Documentation Review Diagnosis & Medication Ethical Behavior / Treatment Marital Counseling Multicultural considerations Professional Development Self-care Theoretical Orientation Transference-Counter Transference Treatment planning Trusting client resiliency Working with vicarious trauma / compassion fatigue Other: _____	<ul style="list-style-type: none"> Beginning of Sup Relationship. Initial Documentation Review (Bill of Rights, Professional Disclosure, Supervision Contract, Supervision Best Practices (ACES), Supervision Informed Consent, NBCC Practice of Internet Counseling, Links & Resources) Goals of Supervision –

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SAMPLE DOCUMENTATION IN YOUR COURSE-PACK

Date: _____

Clock Time (min.)	SPV Modality: <input type="checkbox"/> Individual <input type="checkbox"/> Triad <input type="checkbox"/> Group <small>(MAX OF 3)</small>	Topic(s) (i.e., client review, documentation, clinical research, professional development, etc.)
60	<input type="checkbox"/> Individual/ <input type="checkbox"/> Triadic <input type="checkbox"/> Group Therapist 1 Therapist 2	Addictions Basic responding skills Building rapport Client Review Case conceptualization skills Clinical Goal Development Discussion Continuing education opportunities for specialization & improving scope of practice Counselor self-awareness Documentation Review Diagnosis & Medication Ethical Behavior / Treatment Marital Counseling Multicultural considerations Professional Development Self-care Theoretical Orientation Transference-Counter Transference Treatment planning Trusting client resiliency Working with vicarious trauma / compassion fatigue Other: _____

Client Identifier: _____ New Client or Update Demographics: (i.e. age, ethnicity, etc.)

Presenting Issue: _____

Clinical Discussion: _____

Therapist Considerations: _____

Suggestions/Follow-Up: _____

Client Identifier: _____ New Client or Update Demographics: (i.e. age, ethnicity, etc.)

Presenting Issue: _____

Clinical Discussion: _____

Therapist Considerations: _____

Suggestions/Follow-Up: _____

Client Identifier: _____ New Client or Update Demographics: (i.e. age, ethnicity, etc.)

Presenting Issue: _____

Clinical Discussion: _____

Therapist Considerations: _____

Suggestions/Follow-Up: _____

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SAMPLE DOCUMENTATION IN YOUR COURSE-PACK

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SAMPLE DOCUMENTATION IN YOUR COURSE-PACK



CONTRACT FOR COUNSELOR SUPERVISION
 Dr. Sonja Sutherland, LPC, BC-TMH, ACS
 (Revised 05.29.2021)

Your Name: _____
 APC Beginning Date: _____
 Expected LPC Submission Date: _____

The Contract for Supervision with each supervisee covers the enumerated items below. Any additional items will be covered during supervision sessions.

1) **Types of Supervision and Formats:** The supervisor and the supervisee agree that supervision will be (initial all that apply):

_____ Group supervision (Note: group supervision is defined as 3 - 5 persons)
 _____ Individual / Triadic supervision (Note: individual supervision is defined as being with one or two supervisees (triadic) at a time)
 _____ Both group and individual supervision
 _____ Face-to-face
 _____ Tele-health (HIPPA compliant video, phone, text)



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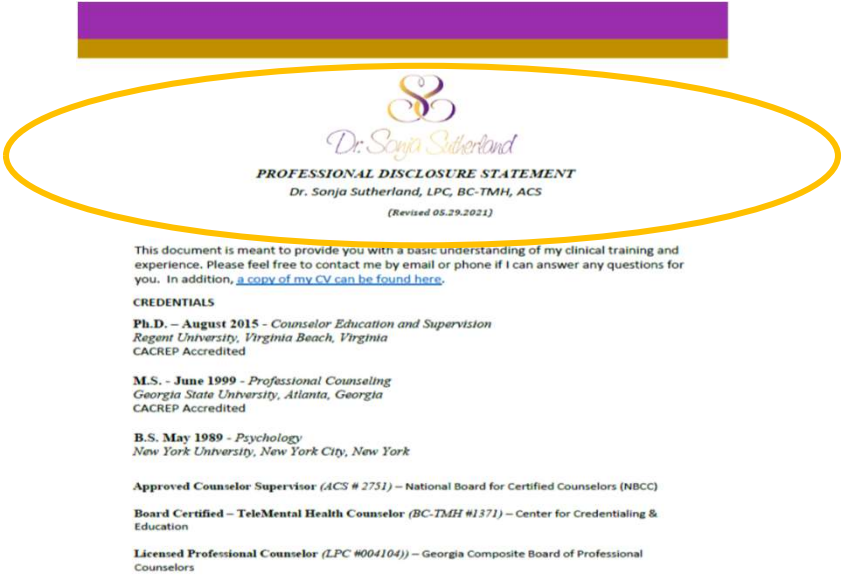
SAMPLE DOCUMENTATION IN YOUR COURSE-PACK

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SAMPLE DOCUMENTATION IN YOUR COURSE-PACK

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The image shows a sample professional disclosure statement for Dr. Sonja Sutherland. At the top, there is a purple and gold header bar. Below it, a yellow oval highlights the title "Dr. Sonja Sutherland" and the text "PROFESSIONAL DISCLOSURE STATEMENT", "Dr. Sonja Sutherland, LPC, BC-TMH, ACS", and "(Revised 05.29.2021)". The main body of the document includes a paragraph stating the purpose of the document and a link to a CV. It then lists credentials: Ph.D. (August 2015, Counselor Education and Supervision, Regent University, Virginia Beach, Virginia, CACREP Accredited), M.S. (June 1999, Professional Counseling, Georgia State University, Atlanta, Georgia, CACREP Accredited), and B.S. (May 1989, Psychology, New York University, New York City, New York). It also lists professional certifications: Approved Counselor Supervisor (ACS # 2751) - National Board for Certified Counselors (NBCC), Board Certified - TeleMental Health Counselor (BC-TMH #1371) - Center for Credentialing & Education, and Licensed Professional Counselor (LPC #004104) - Georgia Composite Board of Professional Counselors. The footer includes the Legacy Changers Training Institute logo and the text "© Dr. Sonja Sutherland".

Dr. Sonja Sutherland
PROFESSIONAL DISCLOSURE STATEMENT
Dr. Sonja Sutherland, LPC, BC-TMH, ACS
(Revised 05.29.2021)

This document is meant to provide you with a basic understanding of my clinical training and experience. Please feel free to contact me by email or phone if I can answer any questions for you. In addition, [a copy of my CV can be found here](#).

CREDENTIALS

Ph.D. – August 2015 – Counselor Education and Supervision
Regent University, Virginia Beach, Virginia
CACREP Accredited

M.S. – June 1999 – Professional Counseling
Georgia State University, Atlanta, Georgia
CACREP Accredited

B.S. May 1989 – Psychology
New York University, New York City, New York

Approved Counselor Supervisor (ACS # 2751) – National Board for Certified Counselors (NBCC)

Board Certified – TeleMental Health Counselor (BC-TMH #1371) – Center for Credentialing & Education

Licensed Professional Counselor (LPC #004104) – Georgia Composite Board of Professional Counselors

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LEGAL CONSIDERATIONS, LICENSURE & CERTIFICATION

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Professionally oriented website links that should be included on your site

1. Local, state, provincial and national statutes
2. Codes of professional membership organizations
3. Professional certifying bodies
4. State or provincial licensing boards
5. State rules and opinions on questions pertaining to internet counseling/supervision



The image shows a stone with the word "Licensure" highlighted in green. The text on the stone includes "to be best in any point of view.", "permission to", "require a licens", and "to regulate som".

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TELEMENTAL HEALTH ETHICS & SOCIAL MEDIA

Distance Supervisors should:

1. Be aware of potential social media-based ethical violations
 - a. Prohibition of the establishment of a “personal virtual relationship” with supervisees (*Facebook, etc.....*)
 - b. Beware of supervisors posting on social media that may unintentionally compromise supervisee’s/client’s confidentiality
 - c. Prohibits supervisors visiting supervisee’s/client’s social media pages
 - d. Separate professional and personal social media pages and emails, etc....




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Supervision Techniques, Roles, Functions, & Competencies

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SUPERVISOR QUALITIES

Ideal supervisors are...

empathic	open & flexible	supportive
respectful	integrity	sense of humor
invested	honest	tactful
experienced	encouraging	concerned
non-critical	genuine	knowledgeable

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FUNCTIONS OF SUPERVISION

1. Monitoring Client Welfare
2. Enhancing Growth Within Stages
3. Promoting Transition from Stage to Stage
4. Evaluating the Supervisee



Loganbill, Hardy & Delworth (1983). *Supervision: A Conceptual Model*

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Supervisor Roles & Competencies

	TEACHER	“COUNSELOR”	CONSULTANT
FOCUS OF INTERACTION	On the supervisee as a counselor	On the supervisee as a person	On the client of the supervisee

Stoltenberg (1981) *Integrative Developmental Model (IDM)*

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Supervisor Roles & Competencies

	TEACHER	“COUNSELOR”	CONSULTANT
FOCUS OF INTERACTION	On the supervisee as a counselor	On the supervisee as a person	On the client of the supervisee
GOAL OF SUPERVISOR	To instruct	To facilitate supervisee self-growth as a counselor	To generate data

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Stoltenberg (1981) Integrative Developmental Model (IDM)

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Supervisor Roles & Competencies

	TEACHER	“COUNSELOR”	CONSULTANT
SPECIFIC ACTIVITIES	Evaluate counseling sessions; identify interventions; teach, demonstrate, and/or model intervention techniques; interpret significant events in the counseling session	Explore supervisee feelings during the counseling and/or supervision session; explore supervisee feelings concerning specific techniques and/or interventions; facilitate supervisee self-exploration of confidences and/or worries in the counseling sessions; help supervisees define personal competencies and areas for growth	Provide alternative interventions and/or conceptualizations for supervisee use; encourage supervisee discussion of client problems, motivation, etc.; solicit and attempt to satisfy supervisee needs during the supervision session; allow the supervisees to structure the supervision session

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Stoltenberg (1981) Integrative Developmental Model (IDM)

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SELF-EVALUATIVE

Interpersonal Process Recall

- ✓ Relationship dynamics in supervision
- ✓ Underlying thoughts and feelings of the supervisee
- ✓ Addressing supervisee's anxiety



Cashwell (1984)

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SELF-EVALUATIVE

Interpersonal Process Recall

- ✓ Audio-Video Tape sessions
- ✓ Review prior to supervision
- ✓ Create a non-threatening environment
- ✓ Play portions of tape in session
- ✓ Facilitate self-discovery by asking relevant open-ended questions
- ✓ Attend to non-verbals
- ✓ Process incongruence
- ✓ Explore to resolution
- ✓ AVOID TEACHING



Cashwell (1984)

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SELF-EVALUATIVE

Interpersonal Process Recall Supervisory Inquiry Questions

1. What do you wish you had said to him/her?
2. How do you think he/she would have reacted if you had said that?
3. What would have been the risk in saying what you wanted to say?
4. If you had the chance now, how might you tell him/her what you are thinking and feeling?
5. Were there any other thoughts going through your mind?
6. How did you want the other person to perceive you?



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Cashwell (1984)

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SELF-EVALUATIVE

Interpersonal Process Recall Supervisory Inquiry Questions

7. Where those feelings located physically in some part of your body?
8. Were you aware of any feelings? Does that feeling have any special meaning for you?
9. What did you want him/her to tell you?
10. What do you think he/she wanted from you?
11. Did he/she remind you of anyone in your life?



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Cashwell (1984)

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SELF-EVALUATIVE

Parallel Process / Isomorphism

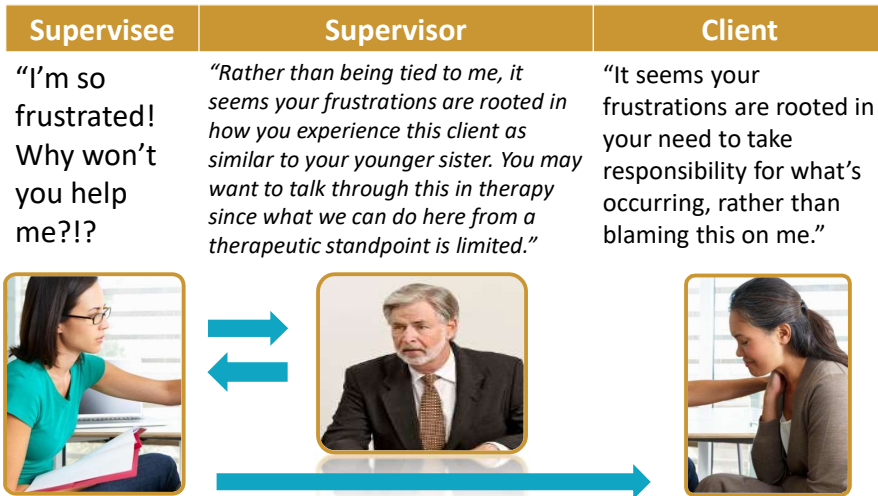
- ✓ Relationship dynamics
- ✓ Analyze difficulties with supervisees
- ✓ Broad application in supervision



Parallel Process / Isomorphism



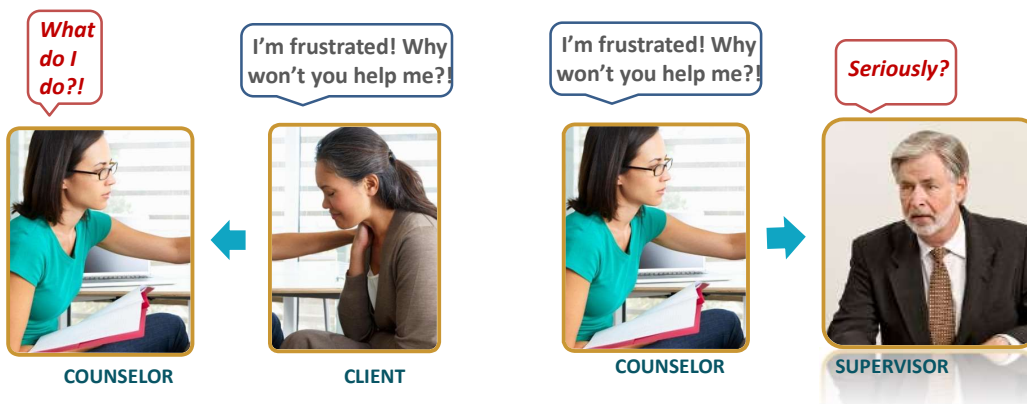
Parallel Process / Isomorphism



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Parallel Process / Isomorphism



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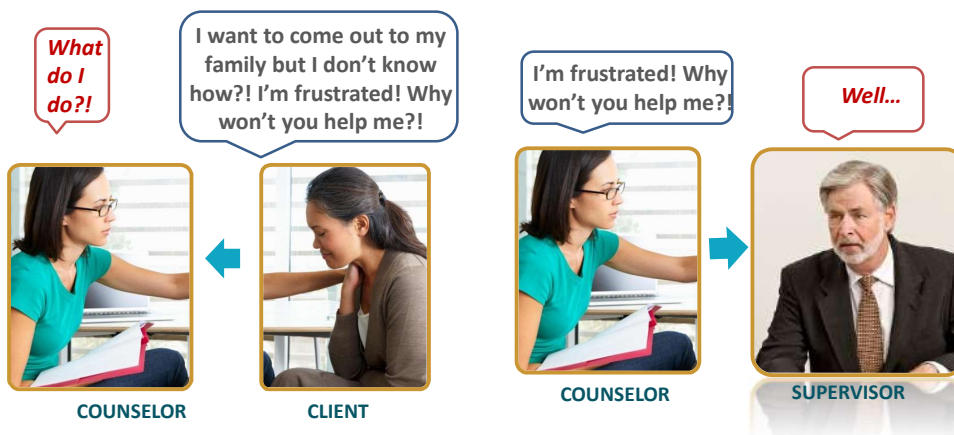
Parallel Process / Isomorphism



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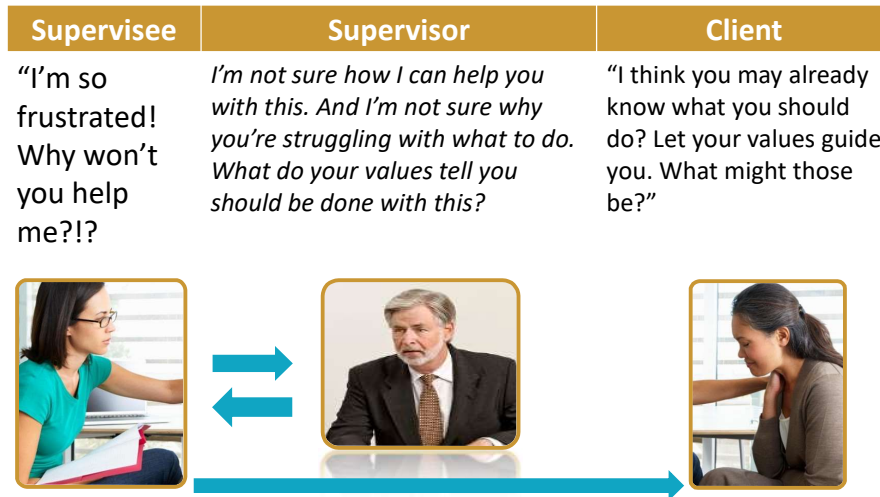
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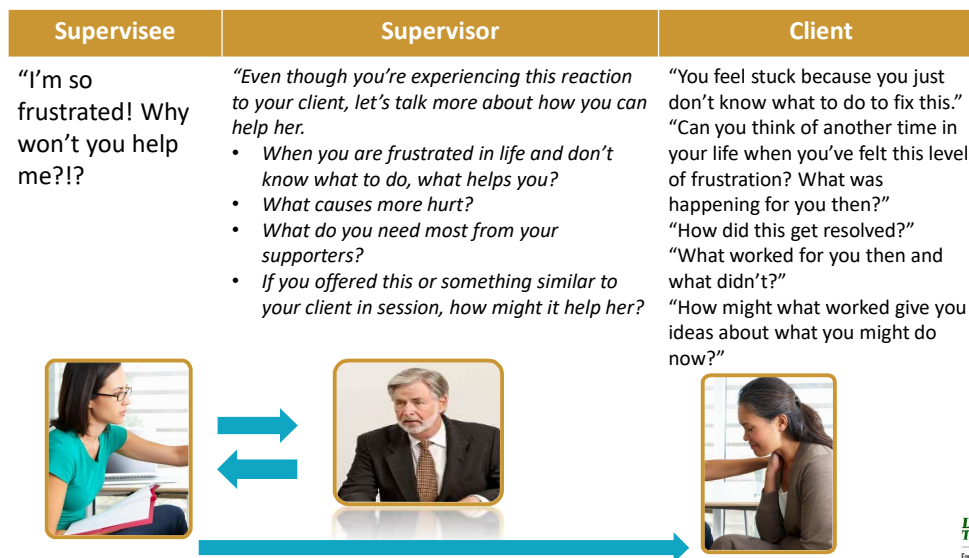
Parallel Process / Isomorphism



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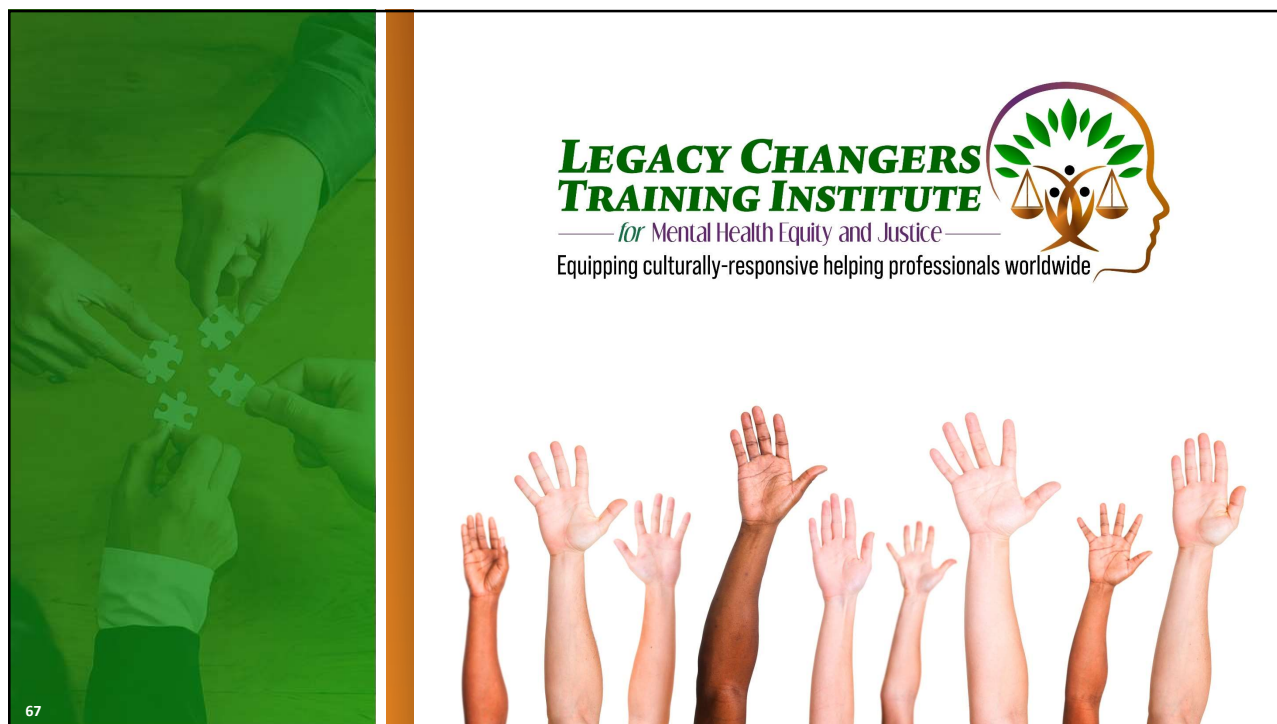
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Parallel Process / Isomorphism



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CORTEZ

(adapted from ACA Ethics case study)

Your supervisee Cortez is a 1st year post-masters clinician. He has been with you for 7 months. Cortez is a 48-year-old Latino male. He enjoys close family relationships with his father who is 70 years old (lives with him), his younger sister and brother, and his daughters who are 25 and 27 years old. He attends church regularly, but he is not involved in any of the activities provided by the church other than Sunday services.

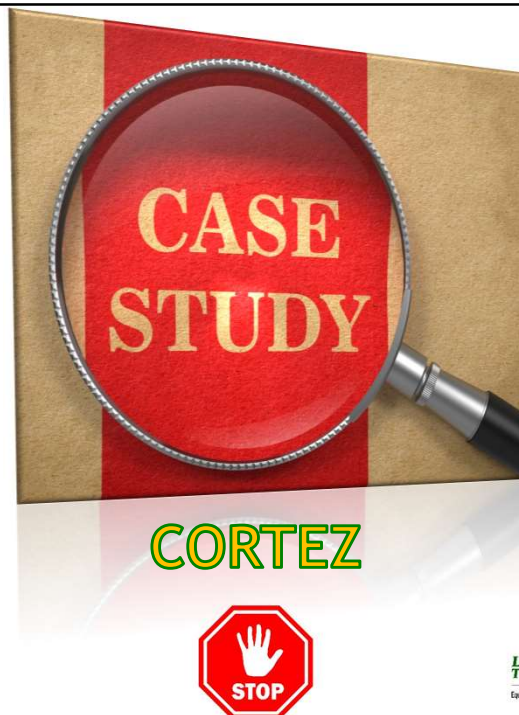
Today he has brought to you his most recent case. For the last 6 months, he has been counseling a 45-year old African American woman with a presenting problem of difficulty coping with the death of her mother. Her mother and grandmother (who is also deceased) suffered from progressive Alzheimer's disease. Cortez's client revealed to him that she administered a lethal dose of sleeping pills to her grandmother during the final stages of the Alzheimer's, and that she has also caused the death of her mother by withholding cardiac medication. It was then revealed that it is likely she will have to take care of a third relative with Alzheimer's disease, an elderly Aunt.

As you engaged with Cortez to help him determine how to clinically assess this client and update his treatment plan, Cortez indicated he didn't know what to think about the fact that his client aided in the deaths of her grandmother and mother. He believes strongly in familismo, and his spiritual beliefs tell him that this is wrong.

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Assessment of the Supervisory Role

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CORTEZ – Part 1

According to these approaches to supervision, what do you think Cortez needs from his supervisor?

What evidence suggests this?



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CORTEZ – Part 1

Supervisee Assessment Guide (Part 1)

Assess the **supervisor approach/role needed** by the supervisee

Teacher <i>(To instruct)</i> What evidence suggests this?	<input type="checkbox"/> Evaluate counseling sessions <input type="checkbox"/> Identify interventions <input type="checkbox"/> Teach, demonstrate, and/or model intervention techniques <input type="checkbox"/> Interpret significant events in the counseling session <input type="checkbox"/> Other _____	Application for Interpersonal Process Recall? Parallel Process/Isomorphism? What supervisory inquiries would be relevant and why?
“Counselor” <i>(To facilitate supervisee self-growth as a counselor)</i> What evidence suggests this?	<input type="checkbox"/> Explore supervisee feelings during the counseling and/or supervision session <input type="checkbox"/> Explore supervisee feelings concerning specific techniques and/or interventions <input type="checkbox"/> Facilitate supervisee self-exploration of confidences and/or worries in the counseling sessions <input type="checkbox"/> Help supervisees define personal competencies and areas for	

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CORTEZ – Part 1

"Counselor" <i>(To facilitate supervisee self-growth as a counselor)</i> What evidence suggests this?	<input type="checkbox"/> Explore supervisee feelings during the counseling and/or supervision session <input type="checkbox"/> Explore supervisee feelings concerning specific techniques and/or interventions <input type="checkbox"/> Facilitate supervisee self-exploration of confidences and/or worries in the counseling sessions <input type="checkbox"/> Help supervisees define personal competencies and areas for growth	
Consultant <i>(To generate data)</i> What evidence suggests this?	<input type="checkbox"/> Provide alternative interventions and/or conceptualizations for supervisee use <input type="checkbox"/> Encourage supervisee discussion of client problems, motivation, etc. <input type="checkbox"/> Solicit and attempt to satisfy supervisee needs during the supervision session <input type="checkbox"/> Allow the supervisees to structure the supervision session	



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CORTEZ – Part 1

According to these approaches to supervision, what do you think Cortez needs from his supervisor?

What evidence suggests this?

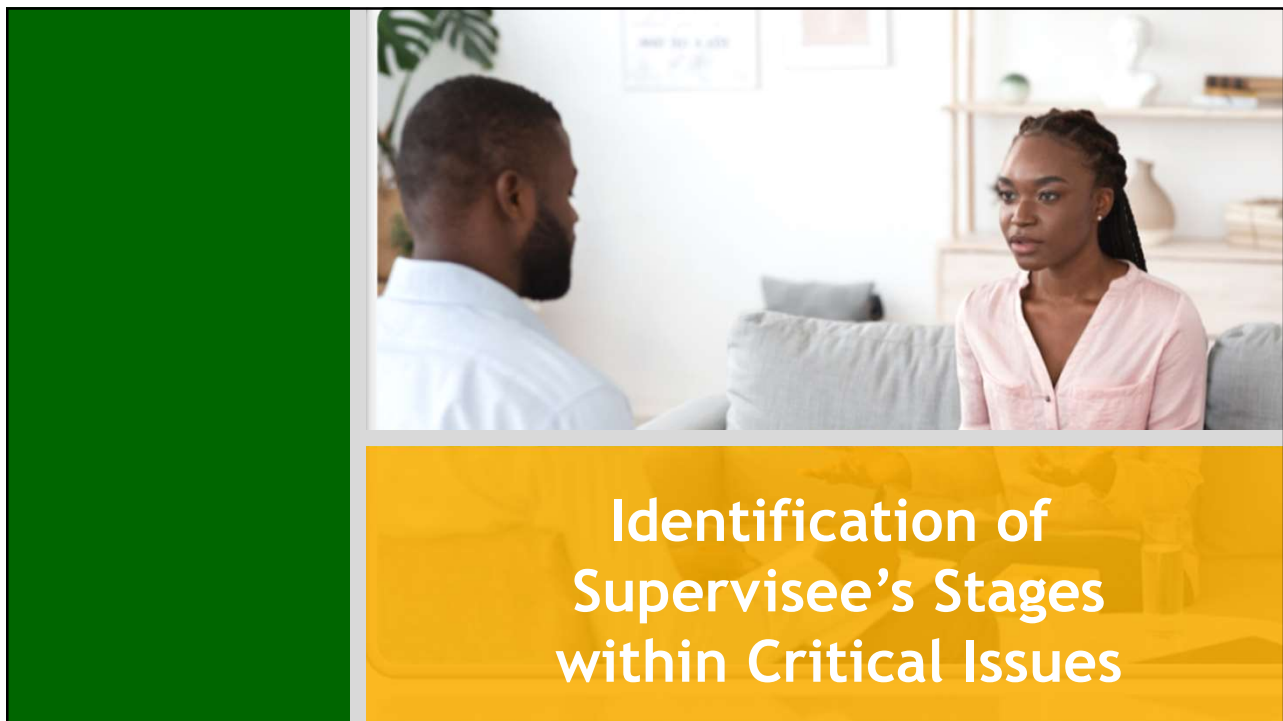


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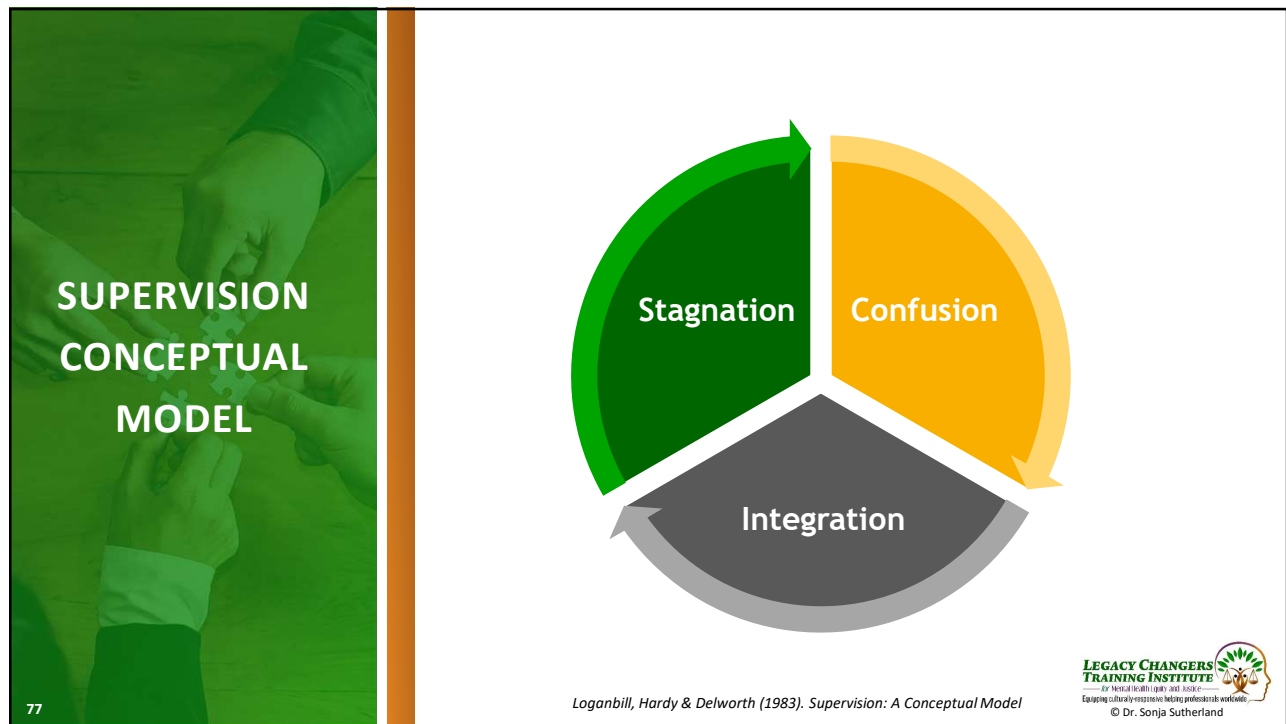
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STAGE 1 OF SUPERVISEE DEVELOPMENT

Stagnation

1. Poor initial awareness and insight as to their impact on others (client; supervisor)
2. High self focus
3. Tendency towards black and white thinking
4. Strong dependency on the supervisor

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Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model

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STAGE 2 OF SUPERVISEE DEVELOPMENT

Confusion

1. Instability, disorganization, disruption, conflict
2. Liberated from rigid ways of thinking about clinical application
3. Ambivalence - fluctuate between feelings of failure and incompetence to feelings of great expertise and ability
4. Dependent on supervisor with disappointment and anger

79

Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model



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STAGE 3 OF SUPERVISEE DEVELOPMENT

Integration

1. Reorganization, integration, flexibility, new cognitive understanding
2. Increased awareness and taking responsibility for what is occurring in supervision and in client relationships sense of direction and future
3. Realistic view of self-acceptance of stronger and weaker areas
4. More reasonable view of supervisor

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Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model



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CORTEZ – Part 2

According to this conceptual model of supervision, what do you observe about Cortez' stage of development?

What evidence suggests this?



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CORTEZ – Part 2

Supervisee Assessment Guide (Part 2)

Assess the supervisee's stage of development

Stagnation	<input type="checkbox"/> Poor initial awareness and insight as to their impact on others (client; supervisor) <input type="checkbox"/> High self-focus <input type="checkbox"/> Tendency towards black and white thinking <input type="checkbox"/> Strong dependency on the supervisor	Notes
What evidence suggests this?		
Confusion	<input type="checkbox"/> Instability, disorganization, disruption, conflict <input type="checkbox"/> Liberated from rigid ways of thinking about clinical application <input type="checkbox"/> Ambivalence – fluctuate between feelings of failure and incompetence to feelings of great expertise and ability <input type="checkbox"/> Dependent on supervisor with disappointment and anger	Notes
What evidence suggests this?		
Integration	<input type="checkbox"/> Reorganization, integration, flexibility, new cognitive understanding <input type="checkbox"/> Increased awareness and taking	Notes
What evidence suggests this?		

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CORTEZ – Part 2

Confusion What evidence suggests this?	<input type="checkbox"/> Instability, disorganization, disruption, conflict <input type="checkbox"/> Liberated from rigid ways of thinking about clinical application <input type="checkbox"/> Ambivalence – fluctuate between feelings of failure and incompetence to feelings of great expertise and ability <input type="checkbox"/> Dependent on supervisor with disappointment and anger	Notes
Integration What evidence suggests this?	<input type="checkbox"/> Reorganization, integration, flexibility, new cognitive understanding <input type="checkbox"/> Increased awareness and taking responsibility for what is occurring in supervision and in client relationships sense of direction and future <input type="checkbox"/> Realistic view of self-acceptance of stronger and weaker areas <input type="checkbox"/> More reasonable view of supervisor	Notes



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CORTEZ – Part 2

According to this conceptual model of supervision, what do you observe about Cortez' state of development?

What evidence suggests this?



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8 CRITICAL ISSUES IN SUPERVISION

1. Issues of Competence
2. Issues of Emotional Awareness
3. Issues of Autonomy
4. Issues of Theoretical Identity
5. Issues of Respect for Individual Differences
6. Issues of Purpose and Direction
7. Issues of Personal Motivation
8. Issues of Professional Ethics



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8 CRITICAL ISSUES IN SUPERVISION

1. **Issues of Competence** - Skills, Technique, Mastery
2. **Issues of Emotional Awareness** - Knowing oneself. Awareness of Feelings



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8 CRITICAL ISSUES IN SUPERVISION

- 3. **Issues of Autonomy** - Sense of Self, Independence, Self-directedness
- 4. **Issues of Identity** - Theoretical consistency, synthesized theoretical identity, Conceptual integration



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8 CRITICAL ISSUES IN SUPERVISION

- 5. **Issues of Respect for Individual Differences** - Non-Judgmentalness, Acceptance of other's perspectives Valuing of others
(changed from *Tolerance, Non-Judgmentalness, Acceptance of others*)
- 6. **Issues of Purpose and Direction** - Setting goals, Direction in Counseling, Appropriate short or long-term goals



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8 CRITICAL ISSUES IN SUPERVISION

- 7. Issues of Personal Motivation -
Personal Meaning, Reward
Satisfaction
- 8. Issues of Professional Ethics -
Values



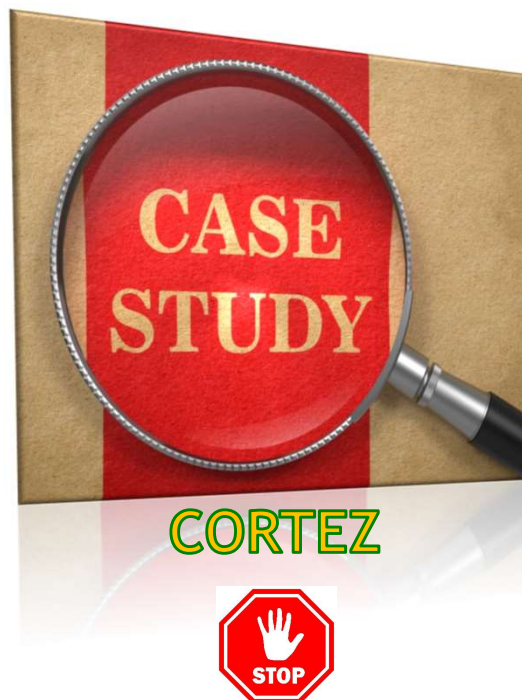
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Assessment of Supervisee's Critical Issues



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CORTEZ – Part 3

Based on what you know of Cortez, which critical issue(s) might he be dealing with right now?

What evidence suggests this?

For each of those critical issues, in which stage of development does he seem to be (*stagnation, confusion, integration*)?



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CORTEZ – Part 3

Supervisee Assessment Guide (Part 3)

Digging deeper to **identify critical issues** in supervisee development.

Competence	<input type="checkbox"/> Skills <input type="checkbox"/> Technique <input type="checkbox"/> Mastery	Notes
What evidence suggests this?		
Emotional Awareness	<input type="checkbox"/> Knowing oneself <input type="checkbox"/> Awareness of Feelings	Notes
What evidence suggests this?		
Autonomy	<input type="checkbox"/> Sense of Self <input type="checkbox"/> Independence <input type="checkbox"/> Self-directedness	Notes
What evidence suggests this?		
Theoretical Identity	<input type="checkbox"/> Theoretical consistency <input type="checkbox"/> Synthesized theoretical identity <input type="checkbox"/> Conceptual integration	Notes
What evidence suggests this?		
Respect for Individual Differences	<input type="checkbox"/> Non-judgmentalness <input type="checkbox"/> Valuing of others (<i>changed from Acceptance</i>) <input type="checkbox"/> Acceptance of other's perspectives (<i>changed from Tolerance</i>)	Notes
What evidence suggests this?		

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CORTEZ – Part 3

Respect for Individual Differences What evidence suggests this?	<input type="checkbox"/> Non-Judgmentalness <input type="checkbox"/> Valuing of others [changed from Acceptance] <input type="checkbox"/> Acceptance of other's perspectives [changed from Tolerance]	Notes
Purpose & Direction What evidence suggests this?	<input type="checkbox"/> Setting goals <input type="checkbox"/> Direction in Counseling <input type="checkbox"/> Appropriate short or long-term goals	Notes
Personal Motivation What evidence suggests this?	<input type="checkbox"/> Personal Meaning <input type="checkbox"/> Reward Satisfaction	Notes
Professional Ethics What evidence suggests this?	<input type="checkbox"/> Values	Notes



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CORTEZ – Part 4

- Now that you have identified Cortez' critical issues, it's time to pull together his assessment in one place.
- This will be the document you will review with him each quarter in supervision.
- Your ratings here are based on your earlier more detailed assessments, which you will use to clarify your ratings during the conversation.



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SAMPLE COMPLETED ASSESSMENT

SAMPLE

Supervisee's Name: _____ Today's Date: _____

☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

8 Critical Supervision Issues	STAGNATION	CONFUSION	INTEGRATION
	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence	→		
2. Emotional Awareness	→		
3. Autonomy	→		
4. Theoretical Identity	→		
5. Respect for Individual Differences	→		
6. Purpose and Direction	→		
7. Personal Motivation	→		
8. Professional Ethics	→		

96

96

SAMPLE COMPLETED ASSESSMENT

SAMPLE

Supervisee's Name: _____ Today's Date: _____

☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

8 Critical Supervision Issues	STAGNATION	CONFUSION	INTEGRATION
	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence	→		
2. Emotional Awareness	→		
3. Autonomy	→		
4. Theoretical Identity	→		
5. Respect for Individual Differences	→		
6. Purpose and Direction	→		
7. Personal Motivation	→		
8. Professional Ethics	→		

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SAMPLE COMPLETED ASSESSMENT

SAMPLE

Supervisee's Name: _____ Today's Date: _____

☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

8 Critical Supervision Issues	STAGNATION	CONFUSION	INTEGRATION
	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence	→		
2. Emotional Awareness	→		
3. Autonomy	→		
4. Theoretical Identity	→		
5. Respect for Individual Differences			→
6. Purpose and Direction			→
7. Personal Motivation			→
8. Professional Ethics	→		

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SAMPLE COMPLETED ASSESSMENT

SAMPLE

Supervisee's Name: _____ Today's Date: _____

☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

8 Critical Supervision Issues	STAGNATION	CONFUSION	INTEGRATION
	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence		→	
2. Emotional Awareness	→		
3. Autonomy	→		
4. Theoretical Identity	→		
5. Respect for Individual Differences			→
6. Purpose and Direction			→
7. Personal Motivation			→
8. Professional Ethics	→		

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SAMPLE COMPLETED ASSESSMENT

SAMPLE

Supervisee's Name: _____ Today's Date: _____

☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

8 Critical Supervision Issues	STAGNATION	CONFUSION	INTEGRATION
	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence	→		
2. Emotional Awareness	→		
3. Autonomy	→		
4. Theoretical Identity	→		
5. Respect for Individual Differences	→		
6. Purpose and Direction	→		
7. Personal Motivation	→		
8. Professional Ethics	→		

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100

CORTEZ – Part 4

CORTEZ' QUARTERLY DEVELOPMENTAL TRACKING SHEET
Complete a tracking sheet for Cortez. Follow the example on the previous page.

☐ Initial Assessment ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4


8 Critical Supervision Issues	STAGNATION	CONFUSION	INTEGRATION
	1.....5.....10	1.....5.....10	1.....5.....10
1. Competence			
2. Emotional Awareness			
3. Autonomy			
4. Theoretical Identity			
5. Respect for Individual Differences			
6. Purpose and Direction			
7. Personal Motivation			
8. Professional Ethics			

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CORTEZ – Part 4

- Now that you have identified Cortez' critical issues, it's time to pull together his assessment in one place.
- This will be the document you will review with him each quarter in supervision.
- Your ratings here are based on your earlier more detailed assessments, which you will use to clarify your ratings during the conversation.
- In your groups, collaboratively complete the quarterly rating scale. Choose a reporter to share your group's perspectives on the reasons for your ratings.



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Choosing & Applying Interventions

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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

1. Monitoring Client Welfare
2. Enhancing Growth Within Stages
3. Promoting Transition from Stage to Stage
4. Evaluating the Supervisee



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Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model

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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

1. Monitoring Client Welfare

- Primary ethical responsibility of supervisor
- Prescriptive interventions



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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

1. Monitoring Client Welfare

2. Enhancing Growth Within Stages

- Deepen and enrich the experiencing of each developmental stage



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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

1. Monitoring Client Welfare
2. Enhancing Growth Within Stages
3. Promoting Transition from Stage to Stage



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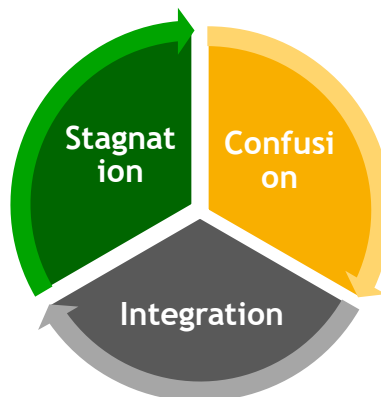
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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage



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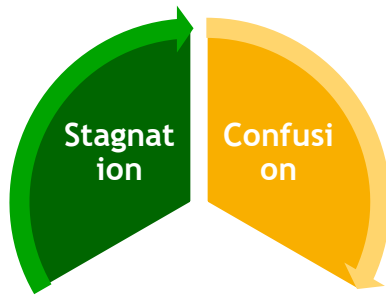
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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage



Stagnation

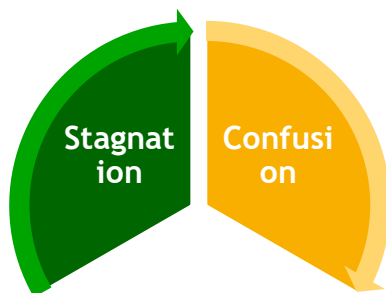
1. Poor initial awareness and insight as to their impact on others (client; supervisor)
2. High self focus
3. Tendency towards black and white thinking
4. Strong dependency on the supervisor

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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage



Stagnation

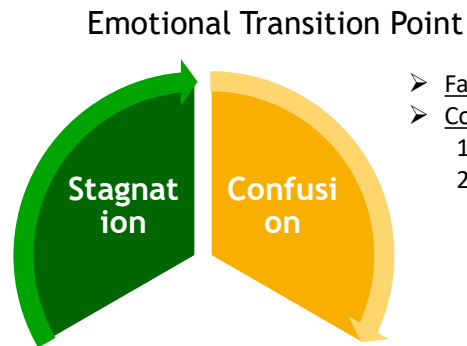
SAMPLE									
Supervisee's Name: _____					Today's Date: _____				
[] Initial Assessment [] Q1 [] Q2 [] Q3 [] Q4									
8 Critical Supervision Issues	STAGNATION			CONFUSION			INTEGRATION		
	1.....	5.....	10.....	1.....	5.....	10.....	1.....	5.....	10.....
1. Competence									
2. Emotional Awareness									
3. Autonomy									
4. Theoretical Identity									
5. Respect for Individual Differences									
6. Purpose and Direction									
7. Personal Motivation									
8. Professional									

Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model

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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage



- Facilitative Interventions
- Confrontive Interventions
 1. Supervisee discrepancies
 2. Supervisor perceptions
 - Supportive, strengths-based, non-judgmental challenging that seeks to tap unused resources, under-realized or underdeveloped potential.

Examples from Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model

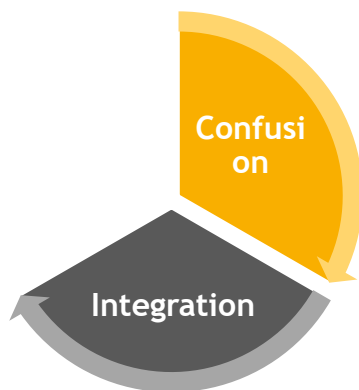
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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage

Confusion



1. Instability, disorganization, disruption, conflict
2. Liberated from rigid ways of thinking about clinical application
3. Ambivalence - fluctuate between feelings of failure and incompetence to feelings of great expertise and ability
4. Dependent on supervisor with disappointment and anger

Loganbill, Hardy & Delworth (1983). Supervision: A Conceptual Model

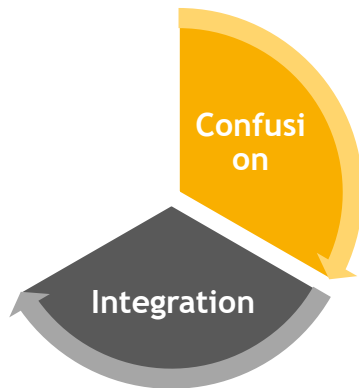
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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage

Confusion



SAMPLE

Supervisee's Name: _____ Today's Date: _____

[] Initial Assessment [] Q1 [] Q2 [] Q3 [] Q4

8 Critical Supervision Issues	STAGNATION			CONFUSION			INTEGRATION		
	1	5	10	1	5	10	1	5	10
1. Competence	→								
2. Emotional Awareness	→								
3. Autonomy	→								
4. Theoretical Identity	→								
5. Individual Differences	→								
6. Purpose and Direction	→								
7. Personal	→								
8. Professional Ethics	→								

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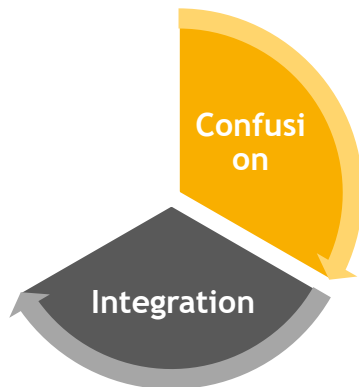
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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage

Confusion

Integration



1. Instability, disorganization, disruption, conflict
2. Liberated from rigid ways of thinking about clinical application
3. Ambivalence - fluctuate between feelings of failure and incompetence to feelings of great expertise and ability
4. Dependent on supervisor with disappointment and anger

1. Reorganization, integration, flexibility, new cognitive understanding
2. Increased awareness and taking responsibility for what is occurring in supervision and in client relationships sense of direction and future
3. Realistic view of self-acceptance of stronger and weaker areas
4. More reasonable view of supervisor

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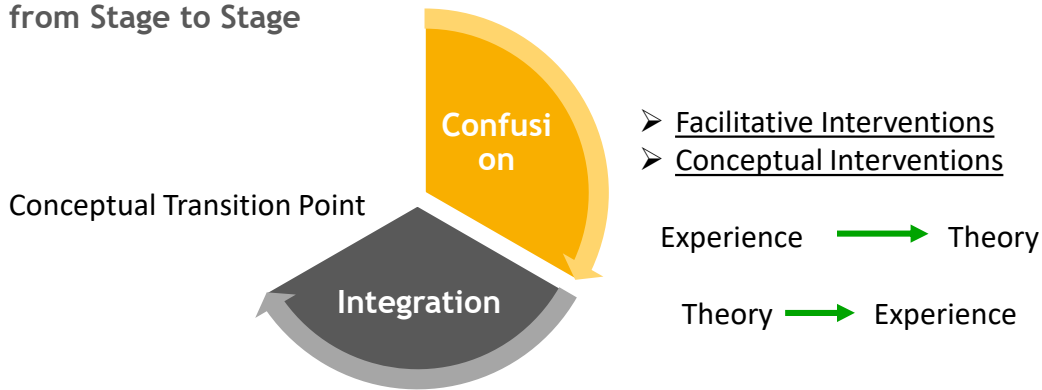
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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

3. Promoting Transition from Stage to Stage



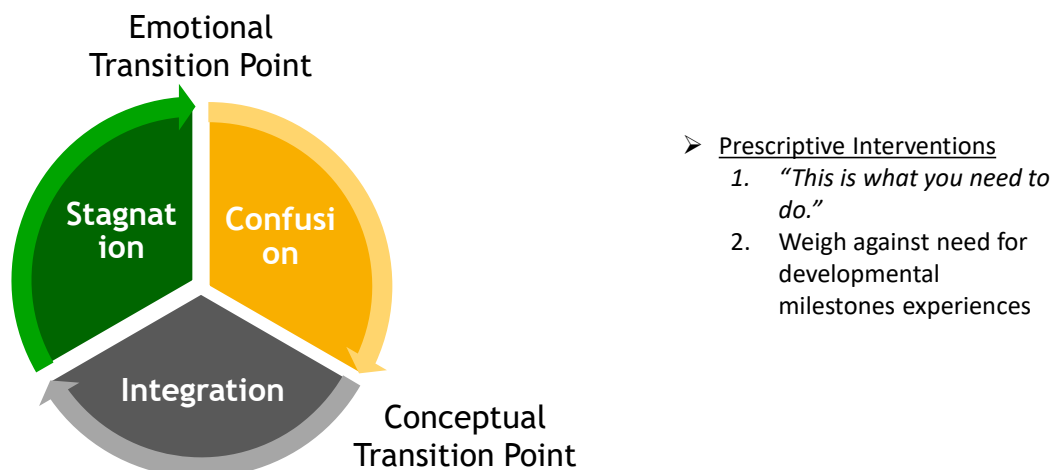
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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

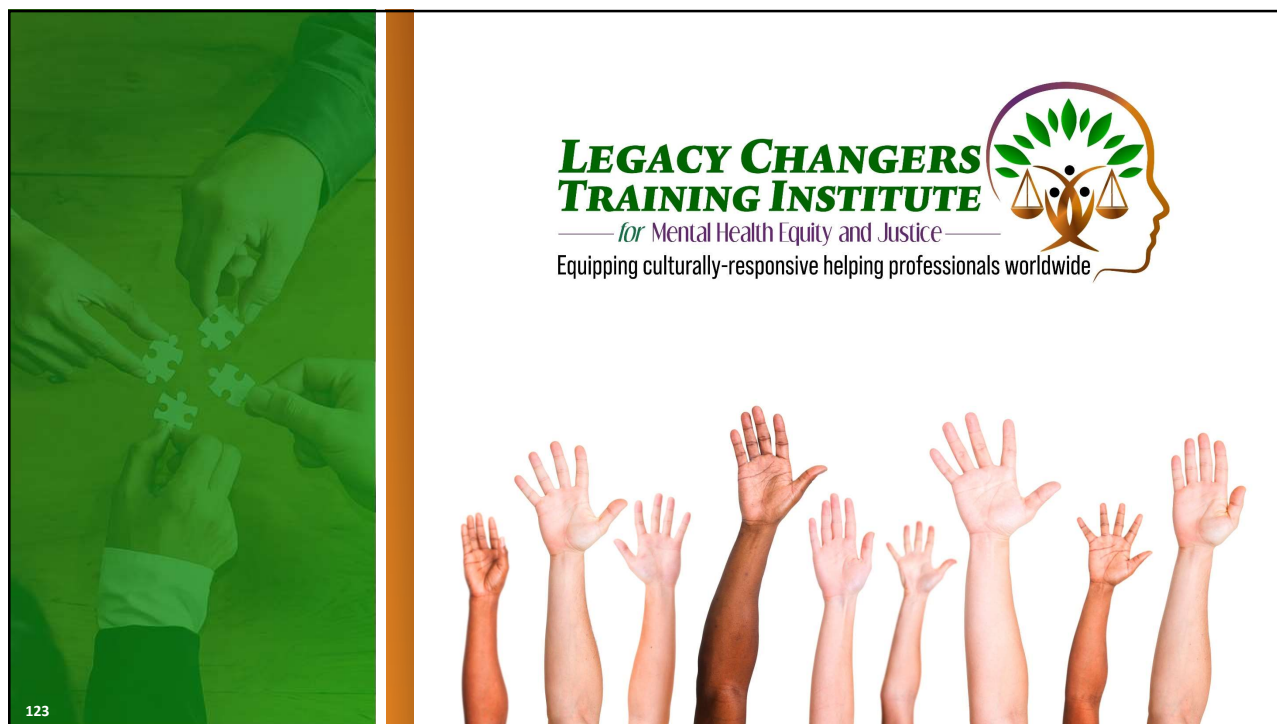


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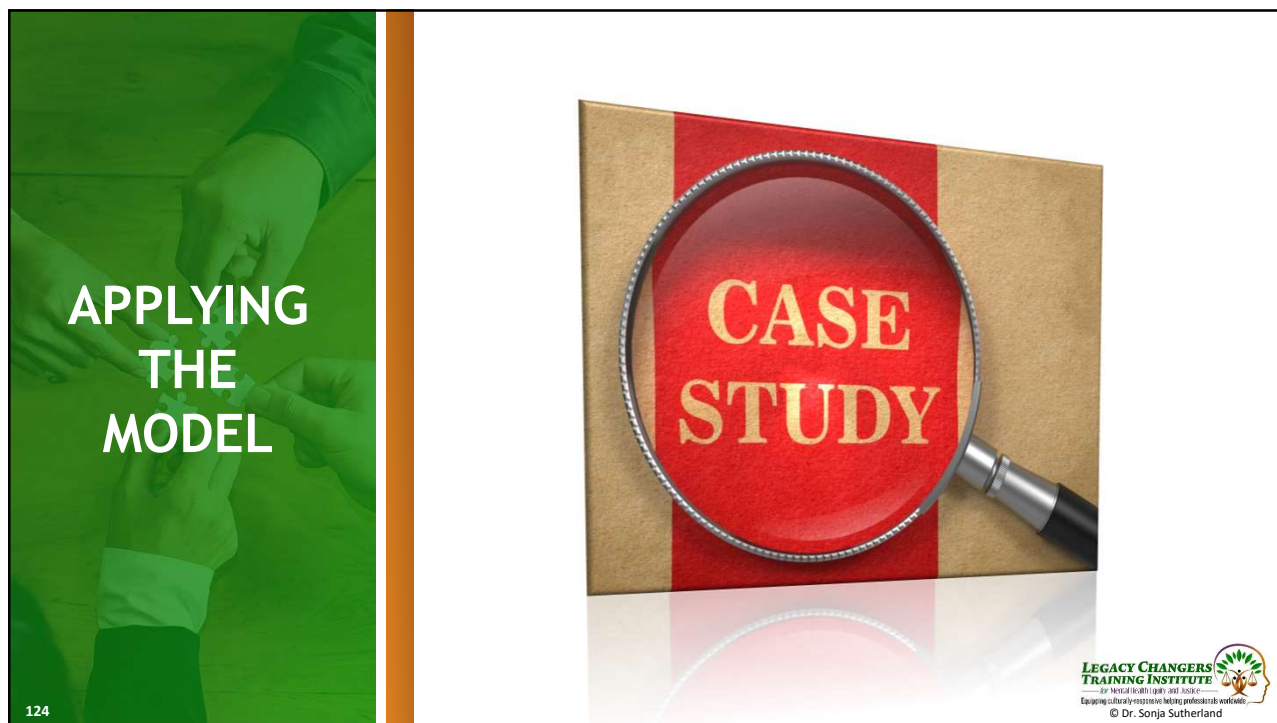
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CORTEZ – Part 4

Revisit your group's final assessment
of Cortez (Supervisee Quarterly
Developmental Tracking Sheet)

CORTEZ' QUARTERLY DEVELOPMENTAL TRACKING SHEET

Complete a tracking sheet for Cortez. Follow the example on the previous page.

	Initial Assessment			Q1			Q2			Q3			Q4					
	STAGNATION						CONFUSION						INTEGRATION					
8 Critical Supervision Issues	1	5	10	1	5	10	1	5	10	1	5	10	1	5	10			
1. Competence																		
2. Emotional Awareness																		
3. Autonomy																		
4. Theoretical Identity																		
5. Respect for Individual Differences																		
6. Purpose and Direction																		
7. Personal Motivation																		
8. Professional Ethics																		



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Supervisor Roles & Competencies

	TEACHER	“COUNSELOR”	CONSULTANT
FOCUS OF INTERACTION	On the supervisee as a counselor	On the supervisee as a person	On the client of the supervisee
GOAL OF SUPERVISOR	To instruct	To facilitate supervisee self-growth as a counselor	To generate data
SPECIFIC ACTIVITIES	Evaluate counseling sessions; identify interventions; teach, demonstrate, and/or model intervention techniques; interpret significant events in the counseling session	Explore supervisee feelings during the counseling and/or supervision session; explore supervisee feelings concerning specific techniques and/or interventions; facilitate supervisee self-exploration of confidences and/or worries in the counseling sessions; help supervisees define personal competencies and areas for growth	Provide alternative interventions and/or conceptualizations for supervisee use; encourage supervisee discussion of client problems, motivation, etc.; solicit and attempt to satisfy supervisee needs during the supervision session; allow the supervisees to structure the supervision session

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CORTEZ – Part 4

Revisit your group's final assessment of **Cortez** (*Supervisee Quarterly Developmental Tracking Sheet*)

What interventions would you apply?

- Facilitative?
- Confrontive?
- Conceptual?
- Prescriptive?

- ✓ When would you apply them?
- ✓ Why would you apply them?
- ✓ What would be your approach?
- ✓ Teacher? Counselor? Consultant?



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SUPERVISION FUNCTIONS & RELATED INTERVENTIONS

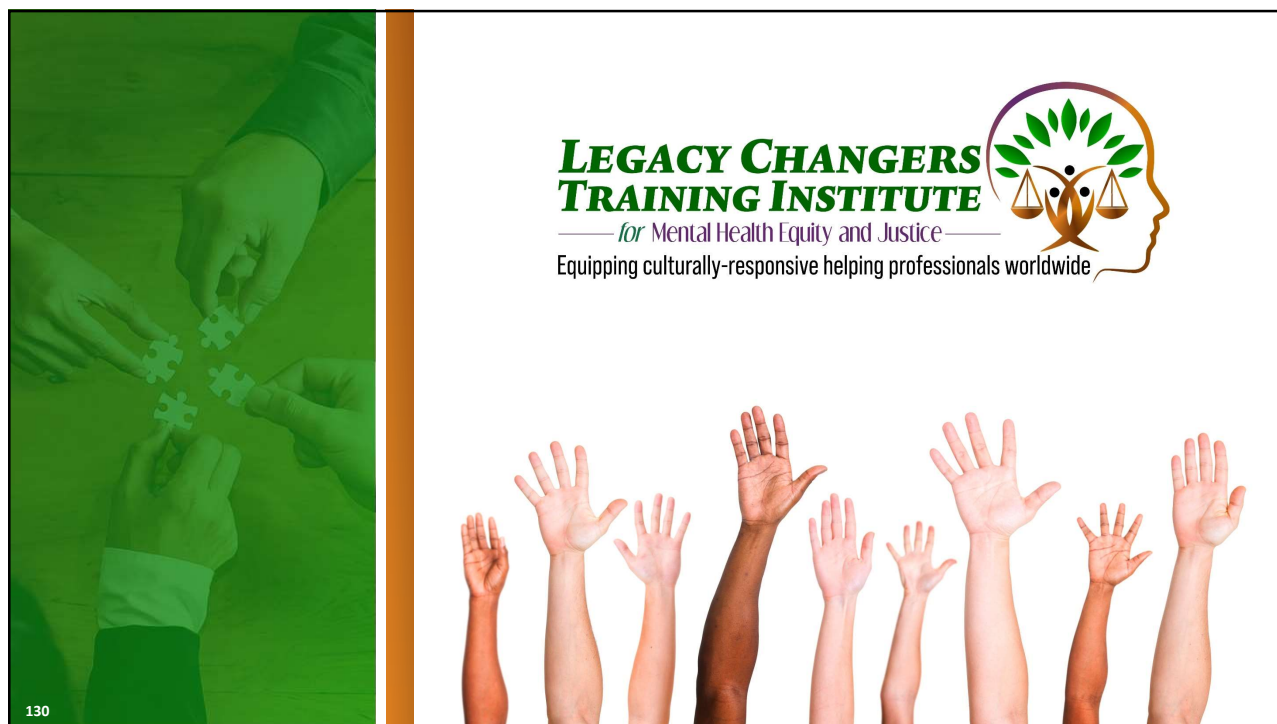
1. Monitoring Client Welfare
2. Enhancing Growth Within Stages
3. Promoting Transition from Stage to Stage
4. Evaluating the Supervisee



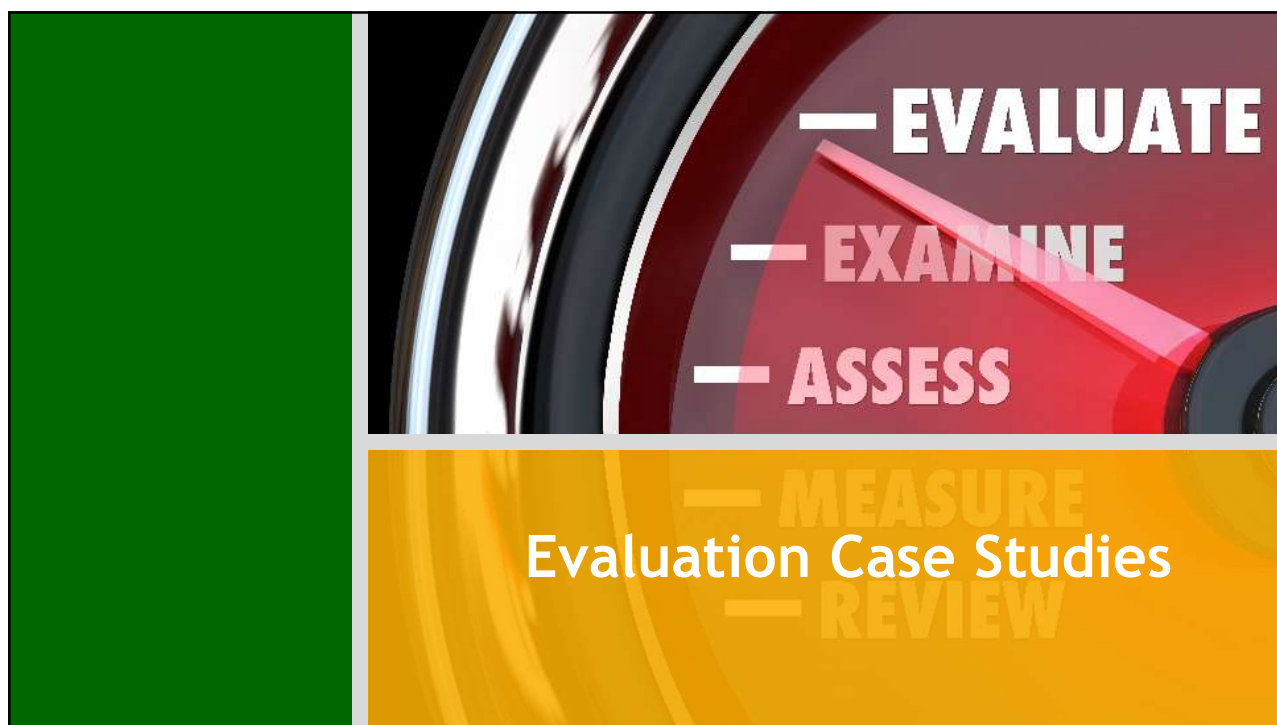
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CONDITIONS FOR EVALUATION

1. Criteria
2. Direction
3. Regularity
4. Response
5. Discussion
6. Self-Assessment
7. Safety
8. Multicultural
9. Premature Evaluation
10. Honest
11. Fair
12. Model



EVALUATION PROCESS

Two types of Evaluations

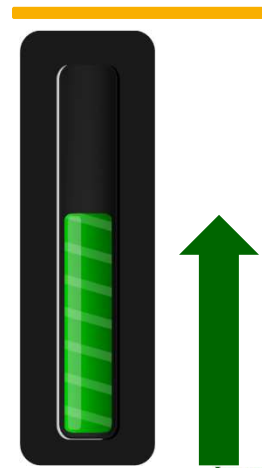
- ✓ Formative
- ✓ Summative



TYPES OF EVALUATION

Formative

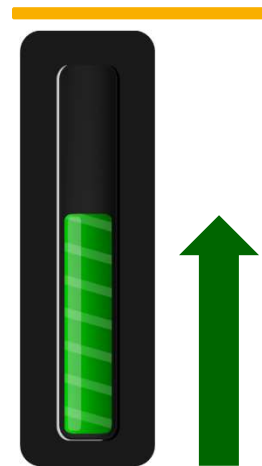
- ✓ The process of facilitating skills acquisition and professional growth through direct feedback.



TYPES OF EVALUATION

Formative

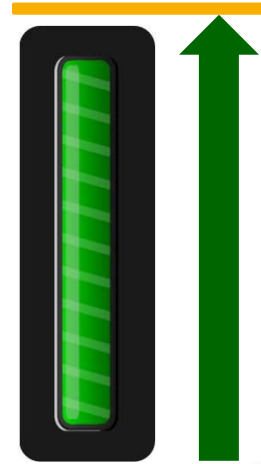
- C Clear
- O Owned
- R Regular
- B Balance
- S Specific



TYPES OF EVALUATION

Summative

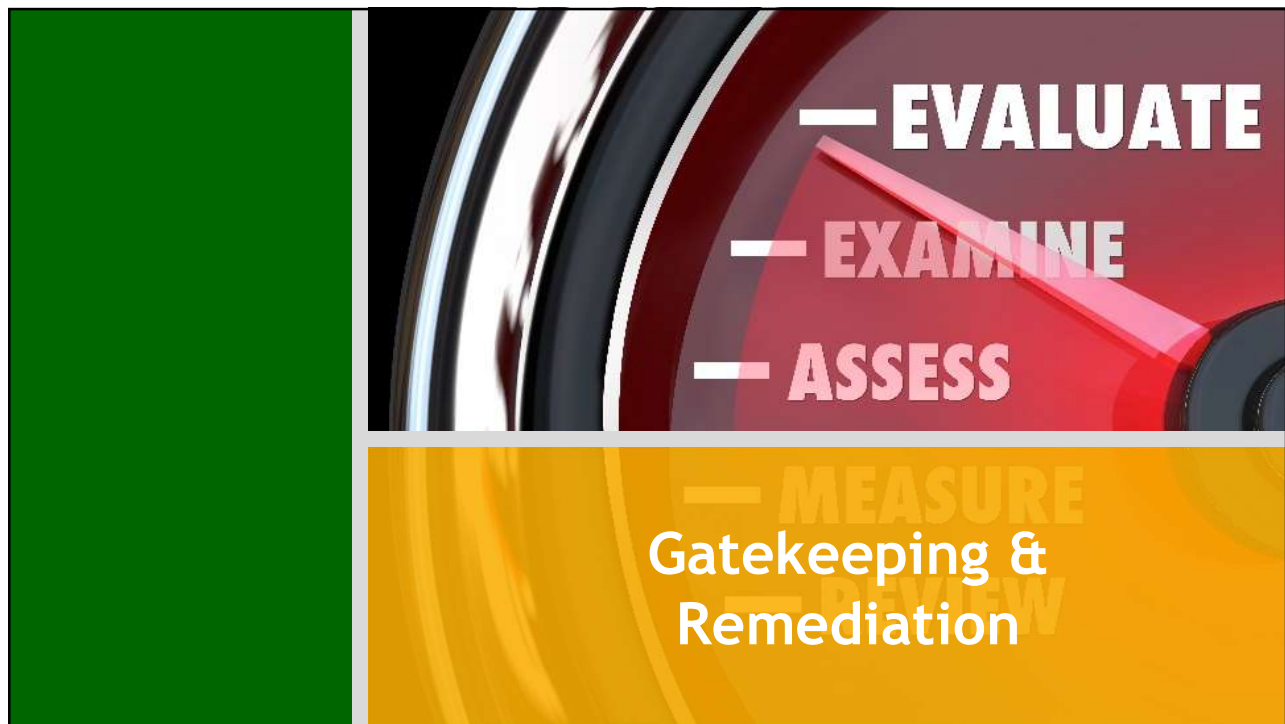
- ✓ Comprehensive evaluation focused on the final outcome.



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ACA 2014 Code of Ethics

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. 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. 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.

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GATEKEEPING EFFECTIVENESS

- ✓ Client Care
- ✓ Personal & Professional Development
- ✓ Development of Professional Accountability
- ✓ Continuation of teaching
- ✓ Self-Supervision Skills



PROBLEMS & REMEDIATION

Gatekeeping

- ✓ Assess
- ✓ Consult
- ✓ Communicate
- ✓ Develop
- ✓ DOCUMENT



Supervisor Roles & Competencies

	TEACHER	COUNSELOR	CONSULTANT
FOCUS OF INTERACTION	On the supervisee as a counselor	On the supervisee as a person	On the client of the supervisee

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Supervisor Roles & Competencies

	TEACHER	COUNSELOR	CONSULTANT
SPECIFIC ACTIVITIES	Evaluate counseling sessions; identify interventions; teach, demonstrate, and/or model intervention techniques; interpret significant events in the counseling session	Explore supervisee feelings during the counseling and/or supervision session; explore supervisee feelings concerning specific techniques and/or interventions; facilitate supervisee self-exploration of confidences and/or worries in the counseling sessions; help supervisees define personal competencies and areas for growth	Provide alternative interventions and/or conceptualizations for supervisee use; encourage supervisee discussion of client problems, motivation, etc.; solicit and attempt to satisfy supervisee needs during the supervision session; allow the supervisees to structure the supervision session

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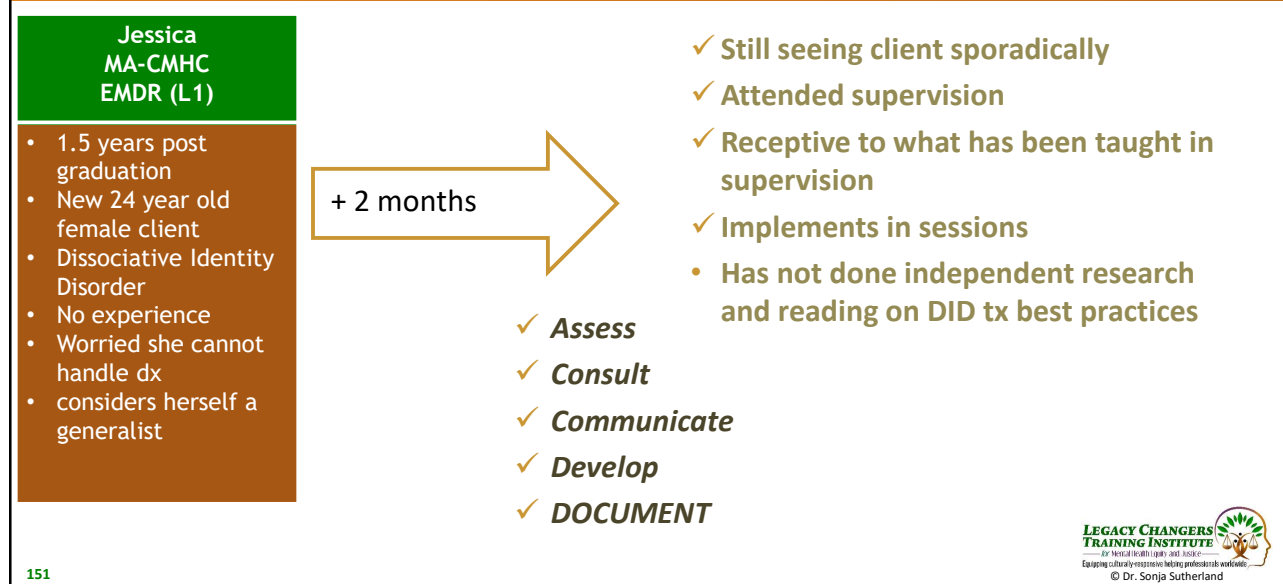
Supervisee Case Studies: Supervisor Roles & Competencies

Jessica MA-CMHC EMDR (L1)			
<ul style="list-style-type: none"> 1.5 years post graduation New 24 year old female client Dissociative Identity Disorder No experience Worried she cannot handle dx considers herself a generalist 	<ul style="list-style-type: none"> JESSICA is your supervisee. She brought a new client to supervision, and she has given a provisional diagnosis of Dissociative Identity Disorder. Jessica has never worked with this diagnosis before and is worried that she cannot handle it. She has been in the field 1.5 years post graduation and sees a range of different patients and diagnoses. She has a full-time private practice. She considers herself a generalist 		

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How might you approach remediation for Jessica?



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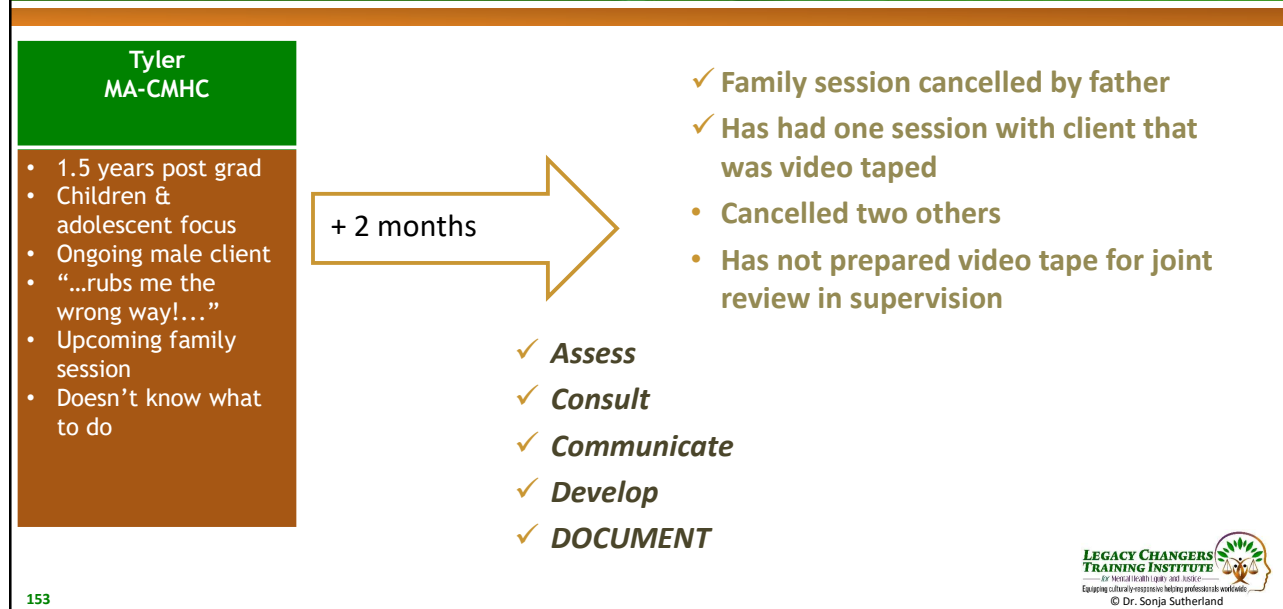
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Supervisee Case Studies: Supervisor Roles & Competencies

Tyler MA-CMHC			
<ul style="list-style-type: none"> • 1.5 years post grad • Children & adolescent focus • Ongoing male client • "...rubs me the wrong way!..." • Upcoming family session • Doesn't know what to do 	<ul style="list-style-type: none"> • TYLER is another of your supervisees. He has also been in the field for 1.5 years post graduation and has a full-time private practice. He has been working as a therapist in a practice with a pediatrician since that time. He primarily sees children and adolescents that are referred to him by the in-house pediatrician. Tyler is having a difficult time with an adolescent client who he says he does not like. In supervision he told you, "something about him just rubs me the wrong way". There is an opportunity for the Tyler to facilitate a family session with a father who is reluctant to get involved. Although he has worked with families and teens before, he emails you and says he has no idea what to do in the session and that he is not looking forward to it. 		

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How might you approach remediation for Tyler?



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Supervisee Case Studies: Supervisor Roles & Competencies

Monique
MA-MFT
EMDR (L1)

- 2.5 years post grad
- 19yr old male client
- SI - 1 attempt w/ crisis stab.
- Autism spectrum
- Gender dysphoria
- *Peer consult**

MONIQUE is supervised by a peer of yours who has come to your supervision group for a consult. Monique is 2.5 yrs post graduation and closing in on licensure. She has a male client she has seen on two occasions, who has a suicide attempt by documented history (treated inpatient for 1 week), but who also indicates it wasn't intentional, and it's not something he would ever do again (walked out in the middle of the street). The client is 19 years old, rates as moderate on the autism spectrum, and struggling with gender dysphoria. Your colleague is seeing consultation because he (the supervisor) does not specialize in working with autism, nor gender dysphoria. He is unsure how to guide his supervisee.

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How might you approach remediation for Monique?

Monique
MA-MFT
EMDR (L1)

- 2.5 years post grad
- 19yr old male client
- SI - 1 attempt w/ crisis stab.
- Autism spectrum
- Gender dysphoria
- *Peer consult**

+ 2 months

- Your colleague reports back that Monique has continued to see this client despite recommendation that he be referred.
- Therapist has not connected with supervisor with specific expertise.
- Missed two of last 4 supervision sessions.
- Therapist brought in licensure docs for supervisor signature

- ✓ Assess
- ✓ Consult
- ✓ Communicate
- ✓ Develop
- ✓ DOCUMENT

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Supervisee Case Studies: Supervisor Roles & Competencies

Juan 2 nd Semester Intern			
<ul style="list-style-type: none"> 8 months working with teens under your supervision Builds strong rapport New client Completed intake, dx, and tx plan correctly without assistance “What direction should I take?” 	<ul style="list-style-type: none"> JUAN is a final semester intern who has been interning for the last 8 months at the psychiatric facility where you are on staff and supervise him. Juan assists you in providing support for your caseload of 15 teenagers whose diagnoses encompass mood dysregulation and behavioral disorders with varying severity. Juan is 25, and seems to easily build strong rapport with the teens, probably because of their closeness in age and his familiarity with teen culture. He has been good about avoiding boundary crossings with the teens, and is responsive to supervision, and says he is learning a lot from you and from his experiences. You have a new client on your caseload. Juan started this case with you from the beginning, did the intake (with you present) without significant assistance from you (since he’s observed and assisted for the last 6 months). You have confirmed Juan’s initial impressions of the dx (Major Depressive Disorder) and his tx plan draft. The case is similar to several he has helped you with in the past. Juan asks you in supervision – “What direction should I take?” 		

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How might you approach remediation for Juan?



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PROBLEMS & REMEDIATION



Supervisee Concerns Report & Remediation Plan

Supervisee Name: _____ Today's Date: _____

☐ Specific Incident ☐ Ongoing observation Date of Incident (if specific) _____

Concern Involves:	<input type="checkbox"/> Suspected Dishonesty	<input type="checkbox"/> Health Concerns – Anxiety - Depression
	<input type="checkbox"/> Supervision Engagement (<i>attendance, preparation, etc</i>)	<input type="checkbox"/> Clinical Skills / Concerns
	<input type="checkbox"/> Self-awareness	<input type="checkbox"/> Other – Please clarify _____
	<input type="checkbox"/> Cultural Competence	

Description of the situation or concern (*initiated by supervisor and collaboratively discussed and developed with supervisee*):



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CRISIS

Crisis Intervention In Distance Counseling

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SUPERVISOR LIABILITY

- ✓ Direct Liability can be incurred when the actions of supervisors are the cause for harm (i.e. inappropriate or no direction on client care; expectations beyond supervisee competence)
- ✓ Vicarious liability pertains to the responsibilities supervisors have to oversee the actions of their supervisees



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CRISIS INTERVENTION BASICS

- ✓ Crisis – a serious or decisive state where an action will have positive or negative consequences
- ✓ Crisis counseling – a process that has its focus on the emotional ramifications of a crisis
- ✓ Crisis intervention – steps to address the immediate problem using a variety of resources



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HOW TO BE PREPARED FOR A CRISIS

- ✓ Set Expectations
- ✓ Laws and ethics



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ETHICS OF TMH CLINICAL SERVICE PROVISION

- ✓ **ACA Code of Ethics – Section H**
- ✓ **AAMFT Code of Ethics – Standard VI**
- ✓ **NBCC Guide for Online Counseling**
- ✓ **Individual State-level TeleMental Health Rules**



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HOW TO BE PREPARED FOR A CRISIS

- ✓ **Set Expectations**
- ✓ **Laws and ethics**
- ✓ **Specific client's needs**
- ✓ **Crisis protocol**
 - **Development**
 - **Implementation**
 - **Follow up**



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CRISIS ASSESSMENT FRAME

Three Reactions to Personal Crisis

- ✓ Cope
- ✓ Survive
- ✓ Break down



PLANNING FOR CRISIS MANAGEMENT

1. Ask the right questions
2. Precipitating events
3. Establish goals
4. Create a crisis response plan



PLANNING FOR CRISIS MANAGEMENT

Crisis Protocol

- ✓ Provide a local or national crisis hotline resources
- ✓ 1-800-273-TALK
- ✓ Chat-based or text-based crisis hotlines
- ✓ International hotlines such as the Befrienders/Samaritan
- ✓ 911



DURING A CRISIS

- ✓ Don't Freak Out!
- ✓ Suicidal Ideation ?
 - assess for intention, plan, bxs related to suicide
- ✓ Homicidal ideation ?
 - assess for intention, plan and bxs related to homicide



DURING A CRISIS: IMPLEMENT PROTOCOL

If your client verbalizes suicidal or homicidal ideation, AND cannot commit to a safety plan, AND refuses voluntary admission to a hospital, AND/OR you lose communication AND cannot regain it, **you will need to follow through with your planned crisis protocol.**



DURING A CRISIS: INVOLUNTARY HOSPITALIZATION

- ✓ Some states allow petition for involuntary hospitalization
- ✓ May need to request services of police or client's family



FOLLOWING A CRISIS

1. If client is admitted...
2. Reassess the client...
3. If Distance/Online counseling is to be continued...



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ADDITIONAL RESOURCES

- ✓ BeFriends Worldwide: International Suicide Prevention Support Network
 - <http://www.befrienders.org/>
- ✓ I am alive Chat Crisis Site
 - <https://www.imalive.org/>
- ✓ National Suicide Prevention Lifeline Chat Site
 - <http://www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx>



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SUPERVISION SCENARIO

You are supervising Sherry and Tanisha twice monthly (3 hrs per month) in group supervision. Cortez attends this group once per month as well. Sherry is a 40-year-old, Caucasian, cisgender, female, doctoral student who is completing her required counseling internship (eating disorders specialization) in your group practice. She is fully licensed. Tanisha is a 30-year-old non-binary person of color who has been in the field for 2 years and is in her 2nd year of her associate licensure.

Tanisha is engaged in video-based counseling with a Caucasian 65-year-old male client who can no longer drive due to increased vision impairment. His company retired him 5 years ago during an organizational restructuring. He still has access to benefits through his company. Tanisha is on his plan and had the first availability for seeing him.

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SUPERVISION SCENARIO

He has been experiencing heavy depression and has been increasingly verbally aggressive with his wife since retirement. She has given him an ultimatum - go to therapy or get a divorce. Divorce is not what he wants.

During supervision you learn that Tanisha's client has made negative comments about race, age and gender identity, which would be considered microaggressions. While the client does know Tanisha is African-American, he does not know Tanisha identifies as non-binary. It has come out in session that when he was downsized, he was replaced by a younger African-American male who he believes was gay, and also unqualified to replace him. He spoke derogatorily of black men and the LGBTQIA+ community as a whole. As Tanisha described some of his statements, she could tell Sherry was visually uncomfortable and unusually quiet, which made Tanisha choose to leave out some details of the experience.

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SUPERVISION SCENARIO

When you as the supervisor ask Tanisha what her experience is working with this client, your supervisee Tanisha states that she can “handle” the situation and that she does not want her client to feel embarrassed or bad by confronting him about these microaggressions. Cortez verbalized that he thought the client was wrong, and also indicated he would not confront him because of his age.

Until now within supervision, you as the supervisor have not broached the topic of race, ethnicity, gender identity, sexual orientation, age differences, etc. within the supervisory relationships.

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SUPERVISORY EFFECTIVENESS

How do you measure supervision effectiveness in the area of cultural competence ~~competence~~ responsiveness?

“Supervision, whether in the same room or via the Internet, is “effective” to the extent that it facilitates growth in professional identity.”



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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS IN SUPERVISION?

- Supervisory cultural ~~competence~~ responsiveness involves the ability to engage in actions or *create conditions that maximize the optimal development* of supervisors and supervisees.
- It begins the parallel process that shows up between supervisees and their clients.



WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS IN SUPERVISION?

- It is essential that supervisors initiate discussions and practices that address multicultural competence, for the benefit of the therapist and the client (Inman & Ladany 2014).
- When supervisors attend to issues related to diversity, supervisees report that they experience increase satisfaction with supervision (Murphy & Wright, 2005).



WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS IN SUPERVISION?

1. Competency 1 - Counselor (Supervisor) Self-Awareness:

Privileged and marginalized clinicians
(supervisors) develop self-awareness,
so that they can explore their attitudes
and beliefs, and develop knowledge,
skills, and action relative to their self-
awareness and worldview. *(Multicultural
& Social Justice Counseling Competencies)*

COMPETENCE



Ratts et al., 2016

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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS IN SUPERVISION?

- ### 2. Competency 2 - Client (Supervisee) Worldview:
- Privileged
and marginalized clinicians
(supervisors) are aware,
knowledgeable, skilled, and action-
oriented in understanding
clients' (supervisee's) worldview.
*(Multicultural & Social Justice Counseling
Competencies)*

COMPETENCE



Ratts et al., 2016

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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS IN SUPERVISION?

3. Competency 3 - Counseling (Supervisory) Relationship:

Privileged and marginalized clinicians
(supervisors) are aware,
knowledgeable, skilled, and action-
oriented in understanding how client
(supervisee) and clinician(supervisor)
privileged and marginalized statuses
influence the counseling relationship.
(*Multicultural & Social Justice Counseling
Competencies*)

COMPETENCE



Ratts et al., 2016

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(*Multicultural & Social Justice Counseling
Competencies*)

COMPETENCE



Ratts et al., 2016

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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS IN SUPERVISION?

4. Competency 4 - Counseling (Supervision & Advocacy

Interventions: Privileged and marginalized clinicians (*supervisors*) intervene with, and on behalf, of clients (*supervisees*) at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels. (*Multicultural & Social Justice Counseling Competencies*)

COMPETENCE



Ratts et al., 2016

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Initiating Multicultural Dialogues (*early in supervision*)

- It is essential that supervisors initiate discussions and practices that address multicultural competence, for the benefit of the therapist and the client (Inman & Ladany 2014).
- When supervisors attend to issues related to diversity, supervisees report that they experience increase satisfaction with supervision (Murphy & Wright, 2005).



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Initiating Multicultural Dialogues *(early in supervision)*

- *It is essential that supervisors initiate discussions and practices that address*
 - *Lived experiences of privilege, marginalization, power, oppression*
 - *Underlying cultural assumptions & blind spots*
 - *Bias*
 - *Early in supervision*



YOUR LIVED EXPERIENCES

What have been your lived experiences of

- *privilege,*
- *marginalization,*
- *Power*
- *oppression?*

What knowledge do you have of your underlying cultural assumptions and blind spots?

Share your thoughts with your group.



ETHICAL CODES AND CULTURAL COMPETENCE

1) ACA (2014) Code of Ethics:

- a) A.2.c; A.11.b*
- b) B.1.a
- c) E.5.b; E.8
- d) F.2.b; F.7.c
- e) F.11.a,b,c
- f) H.5.d

2) APA (2017):

- a) Principle E
- b) 2.01b
- c) 3.01; 3.03
- d) 9.06
- e) 9.09

3) NASW:

- a) 1.1.05
- b) 1.1.06
- c) 1.1.09
- d) 1.1.10
- e) 3.3.01b
- f) 6.6.01
- g) 6.6.04

4) AACC:

- a) a.ES1: 500

5) ASERVIC:

- a) Culture and World Views

6) AMHCA:


- a) Principle 1.E
- b) Principle 4.A.5
- c) Principle 4.C.5, 6
- d) Principle 7.C
- e) Principle 10.A

7) AAMFT:


- a) a.1.1
- b) b.6.7
- c) c.7.5


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Ideas for Culturally Responsive Group Supervision

In your groups, again review the supervision case study. Discuss from a cultural competence development standpoint.

1. What do you see in this supervisory dynamic?
2. What might be some courses of action in this scenario as a supervisor?
3. How might approaching this in a triadic or group session be different from doing so in an individual session?



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Developing a Cross-Culturally Responsive Practice Mindset

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Cross-Cultural Civility-Mindset Development *4-Stage* Model

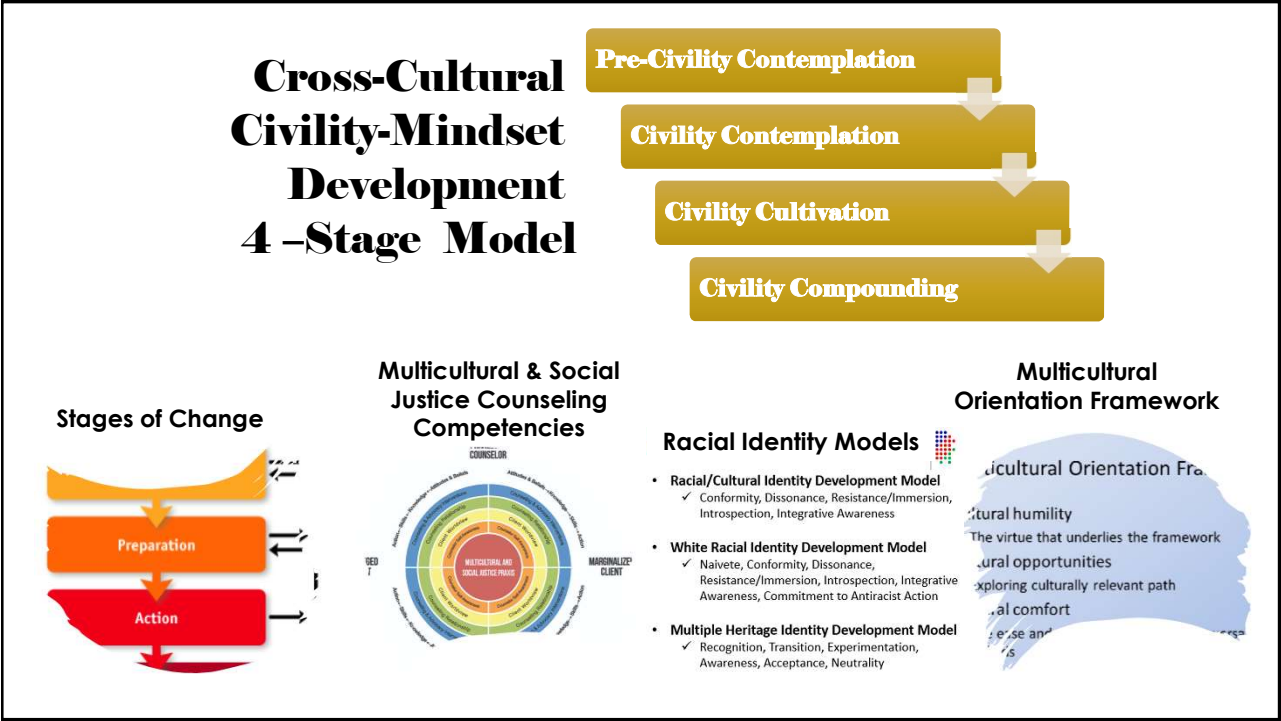
Pre-Civility
Contemplation

Civility
Contemplation

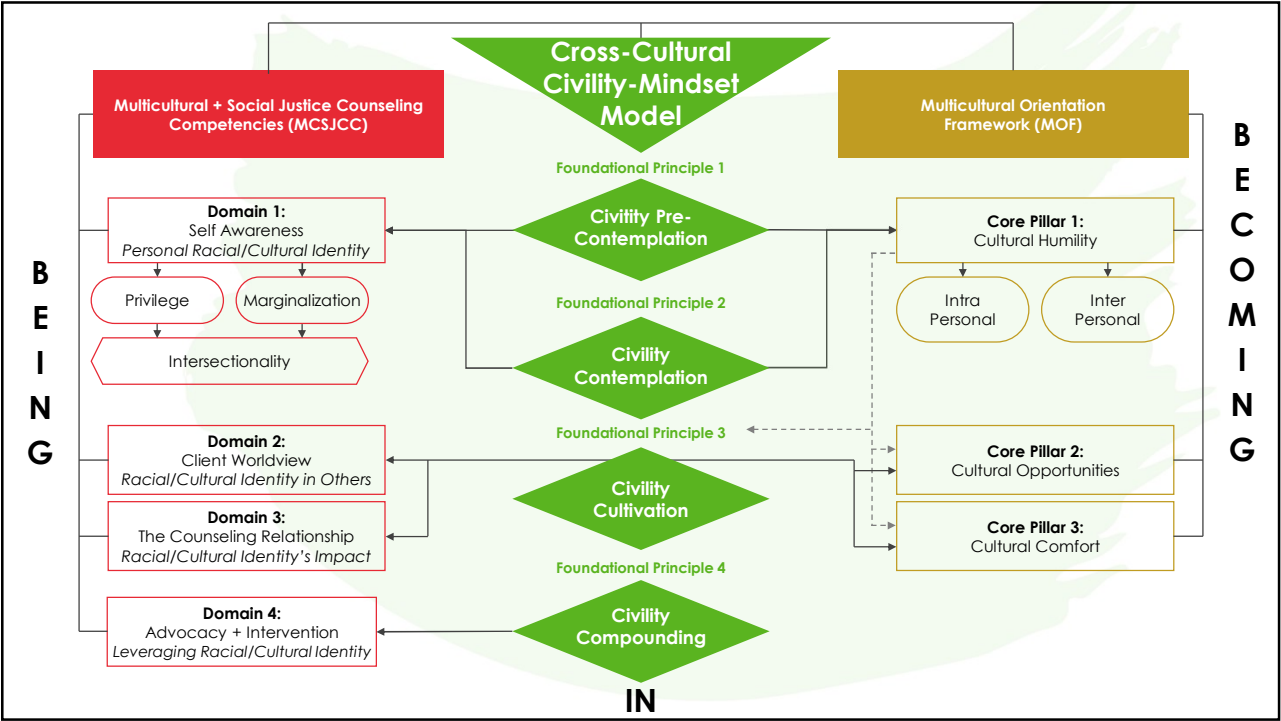
Civility Cultivation

Civility
Compounding

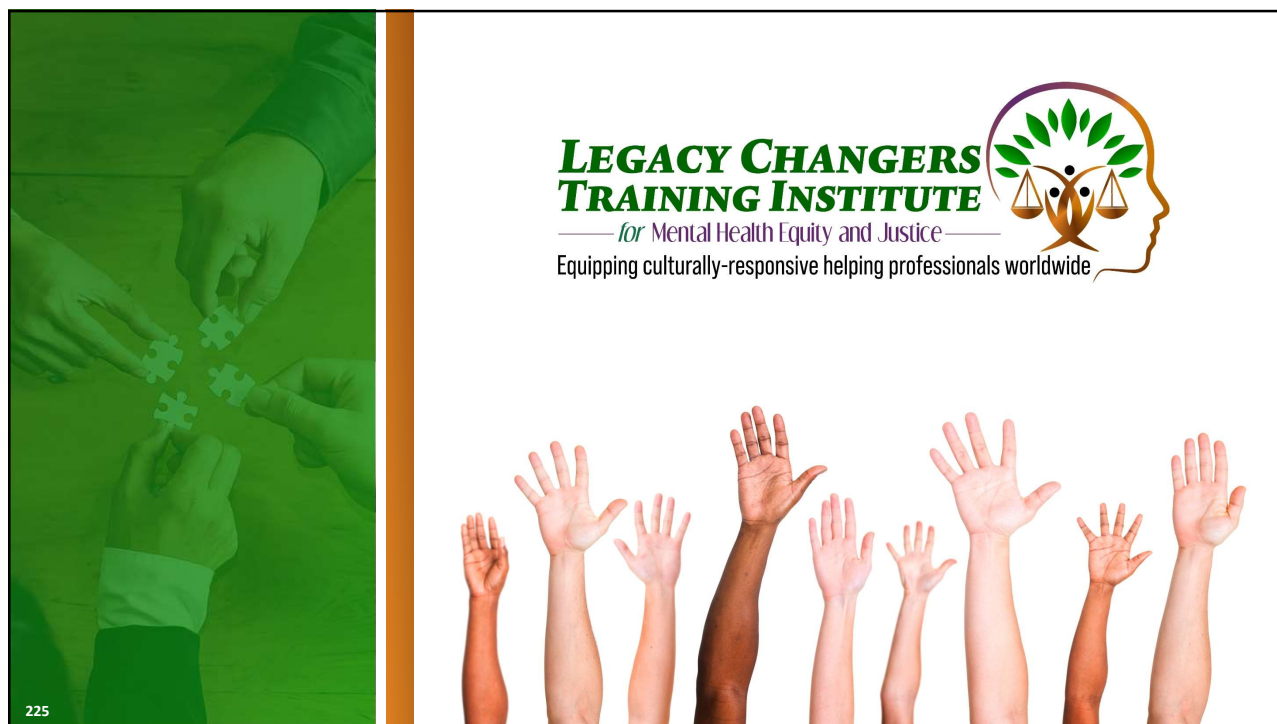
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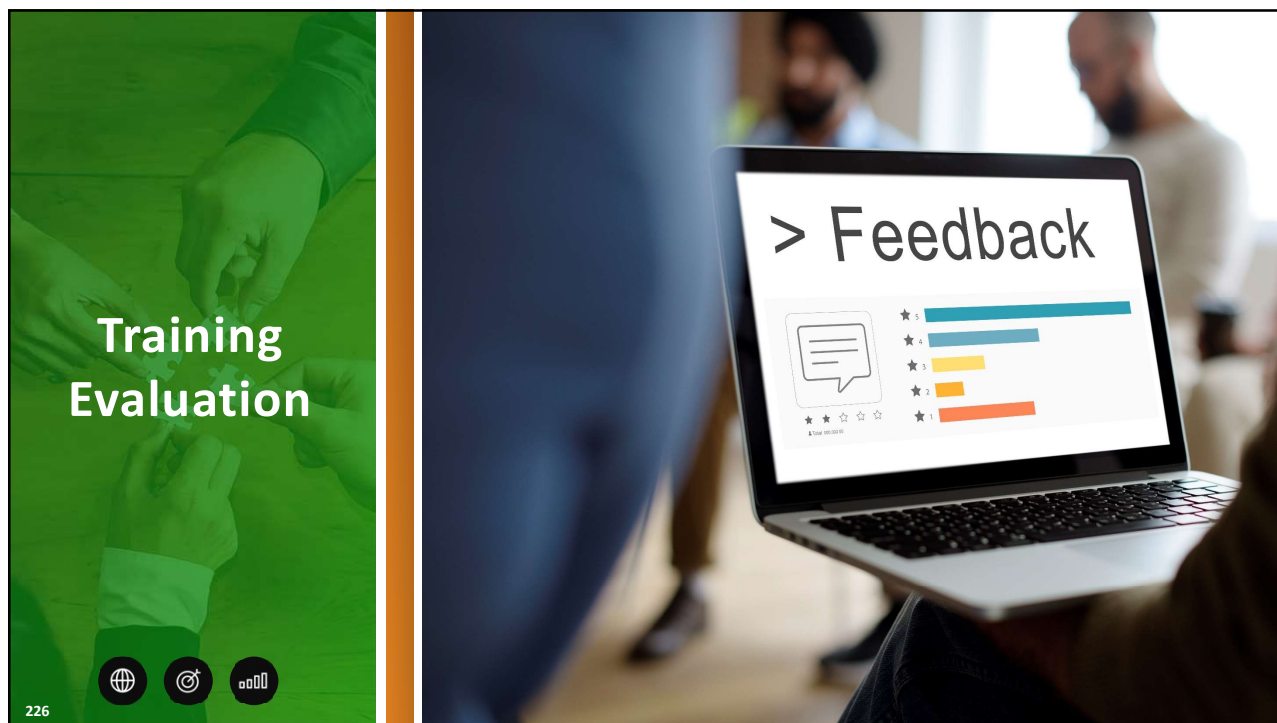
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