COUNSELING PROGRAM

MISSION STATEMENT

The counseling program at Northern State University emphasizes the development of counseling professionals who are competent in their counseling knowledge, skills, and practice. Utilizing a creative, strength-based approach, the program endorses self-reflective, theory-based, intentional counseling. The pillars of NSU's program include the celebration of human diversity, a belief in the dignity and inherent worth of others, and a commitment to fostering students' identities as professional counselors.

ORIENTATION TO CLINICAL SUPERVISION AND PROFESSIONAL DEVELOPMENT (OCSPD)

Training Module I:

Basics of Clinical Supervision

Department of Psychology and Counseling

OCSPD

Thank you for your willingness to share your experience, expertise, and time with our students. We understand that supervising field placement experiences entails substantial commitments in terms of personal time, energy, and site resources. However, we also believe that the experience often represents one of the most enriching phases of our counselor education program for students. As life-long learners, we also believe that the provision of supervision can represent one of the most rewarding aspects associated with being a professional counselor.

With those sentiments in mind, ***Module I: Basics of Clinical Supervision***, has been designed to provide you with an overview of supervision theory and important information related with current best practice strategies in the field of Clinical Supervision. Our hope is that the information provided will assist you in working with practicum or internship students throughout their field placement experience. Additionally, the time you take in completing the module not only helps us to remain in compliance with accreditation standards but also, helps us to ensure that the field placement experience proves to be an enriching one for students, site-supervisors, faculty supervisors, and perhaps most importantly, consumers of counseling services delivered at your site. The following page provides an outline of the contents of Module I. Once you have completed the entire training module, we would appreciate it if you take a moment to complete the online survey and to provide us with feedback about the module.

Once again, thank you for your time and consideration; we very much look forward to working with you.

Sincerely,

Counseling Department Faculty.

BASICS OF CLINICAL SUPERVISION (BCS)

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- Clinical Supervision
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  - National
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CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

- The use of clinical supervision in the professional preparation of counselors has been a relied upon standard of practice for centuries.
  - For example,
    - Modern clinical supervision practice is based on the idea of 'mentoring,' examples of which can be seen across a wide-array of professions especially, the helping professions.
    - The tradition of 'self-analysis' within Freud's school of classical psychoanalysis was considered foundational for all aspiring analysts both prior to working with clients and also, throughout their careers.
    - Medical schools have long used the *'study one, watch one, do one, teach one,'* technique as a guide to training.

CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

- As described in Bernard and Goodyear's classic text, *Fundamentals of Clinical Supervision* (1998), supervisors must assume multiple roles at different times depending on the professional needs of the supervisee. Based on that idea Bernard and Goodyear defined supervision as:

An intervention provided by a more senior member of a profession to a more junior member of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession. (p. 6)

CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
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The working definition of supervision provided by Bernard and Goodyear (1998) contains a number of key terms that help inform supervision practice namely…

An intervention provided by a more senior member of a profession to a more junior member of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession.

Taking a closer look at each of the key terms contained in the definition can help shed light on the multiple roles/functions that supervisors perform as well as characteristics of effective supervision practice

CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
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…intervention…

Supervision, like counseling, both should be intentional and individualized or based on the unique needs of the supervisee. Like effective counselors, effective supervisors assess the professional needs of supervisees to identify knowledge/skill (performance) deficits. Once performance deficits have been identified, effective supervisors integrate knowledge of supervision theory into a working supervisory conceptualization that includes appropriate intervention strategies.

CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
  - Definitions
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…evaluative…

In this way, supervision can be considered as an evaluative process. A process that examines the level of supervisees' counseling performance against established counseling theory and technique, counseling practice guidelines, and counseling professionalism. As a result, effective supervisors possess not just professional experience, but also, knowledge of performance benchmarks and best practices that define the counseling profession.

CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
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… *extends over time*…

As with client assessment or evaluation in the delivery of professional counseling services, supervisory evaluation is also on-going in time. Like counselors, supervisors also recognize that behavioral (professional) change is often incremental. In that regard, professional competency can be considered to follow a developmental progression that begins with uncertainty and ineffectiveness and that may culminate with professional confidence and therapeutic effectiveness. Towards that end, supervisors also recognize the relationship between on-going formative evaluation and the eventual development of counseling competency.

CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
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… *enhancing*…

Perhaps, the single most important function of all clinical supervisors is to safeguard the safety and wellbeing of consumers of counseling services. In that regard, one of the guiding purposes of clinical supervision is to facilitate the on-going professional development (professional competency) of supervisees. Supervisors who enhance the professional development of their supervisees must foster a trusting supervisory relationship and be prepared to match supervision interventions with the strengths and growing edges of their supervisees known through careful assessment and clinical observation. The old saying…'garbage in equals garbage out,' illustrates how important it is for supervisors to establish on-going trust with supervisees while simultaneously evaluating their needs and providing them with feedback related with performance. However, supervisors may often fail to close the gap between careful assessment or evaluation and providing supervisees with feedback. Individualized, intentional, theory-based intervention strategies are the essential elements that link assessment with feedback and, when taken together, represent the tools necessary to enhance supervisees' professional development.

CLINICAL SUPERVISION (BCS_DEFINITIONS)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

… *monitoring*…

Monitoring the services supervisees provide represents a critical component associated both with ensuring clients' wellbeing and also, enhancing supervisees' professional development. Monitoring the quality of counseling services delivered enables supervisors to cover both important bases. However, effectively monitoring the quality of services delivered involves more than self-report by supervisees. Rather, supervisors must develop more objective measures of quality that provide a useful source of information by which to structure supervisory feedback and nurture the development of supervisees' abilities to engage in reality-based, professional self-reflection.

CLINICAL SUPERVISION (BCS_DEFINITIONS)

... serving...

In the name of protecting client welfare, supervisors are ethically obligated to serve as gatekeepers to the profession. Indeed, both as described in the Ethical Standards of the American Counseling Association (ACA, 2014) and also, the Council for the Accreditation of Counseling and Related Educational Programs educational standards (CACREP, 2009), supervisors must continually assess the personal, professional, clinical, and academic readiness of supervisees and to take action when individuals are deemed to be not adequately prepared or competent in any one of those areas.

As counselor educators, the faculty of the NSU counseling program are committed to upholding the gatekeeping imperative and regularly communicate with students information about evaluation criteria, remediation, and possible dismissal to ensure that students rights for due process may also be upheld. The program's 'Student Gatekeeping and Remediation' policy can be reviewed in the Counseling Student Field Placement Handbook that was provided to your agency by the Field Placement Coordinator as part of the program/site affiliation process. The handbook is also available on our website. Key aspects of the program's gatekeeping and remediation policy and more detailed information about this important responsibility in the provision of clinical supervision are reviewed in the Supervision Regulations and Standards section of the current training module.

Upholding the gatekeeping function can be a challenging venture for supervisors. To do so, supervisors not only must posses a high level of knowledge about counseling competencies but also, effective means by which to evaluate professional growth. Theories of counselor development are an indispensible resource that help guide and inform the provision of supervision. The following section provides information about several models of supervision and their theoretical foundations that you might use either to structure or to enhance the supervision your work with supervisees.

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

Models and Theoretical foundations of Clinical Supervision abound in the counseling scholarly literature. Recent years has seen a wide array of books, articles, dissertations, and online resources on the topic become available. Most supervisors already appreciate the importance of a solid theoretical foundation as a means by which to guide their clinical practice. The next step is to extend that appreciation to the theories that focus on supervision practice and process. While a detailed description of the nuts, bolts, and underlying assumptions of each theory of supervision is beyond the scope of the current BCS Module, information provided in this section will provide you with a basic understanding of some of their guiding tenants. The primary theories addressed in this section include:

1. Psychotherapy theory-based models
2. Developmental models
3. Social Role models
4. Integrational models

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- ***Psychotherapy Theory-Based Supervision –***

Examples of models of supervision based on existing theories of psychotherapy include:

- Psychodynamic supervision (e.g.., Bordin, 1983)
  - Parallel process (Doehrmann, 1976) and working alliance models (Bordin, 1979)
- Person Centered supervision (e.g.., Hackney & Goodyear, 1984; Patterson, 1983; Rice, 1980)
- Cognitive-Behavioral supervision (e.g.., Leddick & Bernard, 1980; Fredberg & Taylor, 1994)
- Systemic supervision (e.g.., Liddle, Becker, & Diamond, 1997) and,
- Narrative supervision (e.g.., Parry & Doan, 1994; Clifton, Doan, & Mitchel, 1990)

Each of the approaches integrates the guiding assumptions and strategies that characterize their corresponding psychotherapy theory into the provision of clinical supervision. Supervisee growth and development are viewed similarly to the ways in which each underlying theory views human growth and development. Consequentially, both the practice and process of supervision closely mirror the ways in which therapy would be provided with individual clients. Supervision delivered from psychotherapy theory-based approaches utilize many of the same techniques and intervention strategies to foster professional growth that would be used in therapy settings to foster clients' personal growth. For many, structuring supervision around the theoretical basis that guides their clinical practice represents a natural extension of familiar techniques across similar settings or applications. However, while similar in many ways, supervision must never be confused with personal therapy. Supervisors who practice from a psychotherapy theory-based approach must always ensure that they maintain appropriate boundaries associated with functioning in a supervisory role.

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

- ***Developmental Approaches to Supervision –***

Examples of models of supervision based on Developmental approaches include:

- Littrell, Lee-Borden, & Lorenz model (Litrell et al., 1977)
- Stoltenberg model (Stoltenberg, 1981)
- Loganbill, Hardy, and Delworth model (Loganbill et al., 1982)
- Stoltenberg & Delworth model (Stoltenberg & Delworth, 1987)
- Skovbolt & Ronnestad model (Skovbolt & Ronnestad, 1992a; Ronnestad & Skovbolt, 1993)

Unlike psychotherapy theory-based models of supervision that draw from previously established counseling techniques and then utilize them as a spring-board for supervision, the origins of developmental approaches to supervision derive almost exclusively from clinical supervision research including research that examines counselor competencies, the developmental process counselor trainees experience as they acquire those competencies, and supervision best-practice strategies used to facilitate supervisees' professional development and counseling competence. The Integrative Developmental Model (IDM) described by Stoltenberg, McNiel, and Delworth (1998) represents one of the most comprehensive developmental approaches currently available. The IDM forms the basis for the Structured Developmental Model (SDM) later described by Maki & Delworth (1995) utilized in the NSU counseling program. Both the IDM and SDM provide a developmental framework by which to assess counselor trainees' developmental level in terms of three primary dimensions that include: (1) awareness of self/others; (2) motivation toward the developmental process; (3) amount of dependency/autonomy. Trainees' level of development is evaluated against three counseling meta domains that include: (1) individual differences; (2) theory; (3) ethics and, five counseling process domains that include: (1) interpersonal assessment; (2) client assessment; (3) case conceptualization; (4) treatment planning and goals; (5) intervention strategies. Both the IDM and SDM help guide the supervision process and enable supervision interventions to be tailored to the unique developmental needs of supervisees.

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

- ***Developmental Approaches to Supervision – IDM***

According to White and Portman (2008), models of supervision can be divided into two distinct camps, those based primarily in clinical theory and those derived independently from pre-established psychotherapeutic theories (Benard & Goodyear, 1998). The former approach interprets the relationship between supervisor and supervisee as one that mirrors the counselor and client relationship. Within this view, supervision consists of an extrapolation of methods of interpretation and intervention from clinical theory. Such models tend to focus on the dynamic relationship between supervisor and supervisee formed over the course of supervision much the way therapy focuses on the client/counselor relationship (Kugler, 1995). The latter approach focuses less on extrapolation from clinical theory to supervision technique and more on the overall growth or development of counselor trainees.

Within developmental models of supervision, counselor trainees are viewed from a process-oriented perspective incorporating context variables, the trainee's level of past experience, and formal training. As such, counselor trainees' professional development is viewed in terms of an ongoing progression through specific developmental stages. Each of these stages contains specific cognitive and behavioral markers indicating the growth process. Distinct supervisory interventions are used within each stage to facilitate trainee growth and development from lower stages to more advanced stages (Chagnon & Russell, 1995).

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

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- ***Developmental Approaches to Supervision – IDM***

Based on the IDM, supervisees pass through four levels of development that range form Level I – Level 3/3i. As described in the model, each level of development can be characterized by specific developmental (behavioral) markers that supervisors look for as a means by which to conceptualize supervisees' needs as well as to inform development of supervision plans or interventions.

As mentioned, the IDM outlines a model of supervision that describes the development of counseling trainees with respect to three general areas including awareness, motivation, and autonomy. These areas are used to assess a trainee's progress across eight specific competency domains that include professional ethics, individual differences, assessment techniques, client conceptualization, theoretical orientation, treatment plans/goals, intervention skills competence, and interpersonal assessment (Stoltenberg et al., 1998). Supervisors who use the IDM are able to measure counselor development by assessing an individual's status in each of the eight competency domains with regard to the three general areas (White and Portman, 2008).

Clinical supervisors can use the IDM to conceptualize the professional development of supervisees' into four distinct levels each of which is characterized by a unique set of domain specific, structural descriptors and associated supervisory interventions. Achieving competency across domains and transitioning to more advanced levels is the primary focus of the supervision process (Stoltenberg et al.).

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

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- ***Developmental Approaches to Supervision – IDM***

LEVEL I

Level 1 of the IDM is a time of high motivation and information seeking (Stoltenberg et al. 1998). Individuals at this level are often new to the profession or have little formal experience with counseling or supervision. Level 1 counselor trainees tend to be highly focused on aspects of their own clinical performance and knowledge leading many to experience problems regarding treatment planning and case conceptualization. Level 1 counselor trainees exhibit a high degree of dependence on their supervisor in an effort to gain clinical skills and to increase their level of comfort with the unfamiliar role of counselor. Paradoxically however, many Level 1 counselors simultaneously experience significant distress at the thought of being evaluated whether by supervisors, peers, or clients. In an effort to ease performance anxiety and tension, Level I trainees often feel driven to learn as many new techniques as possible in their hopes of learning the "right way" to interact with clients (Stoltenberg et al.). The high focus on skill development and personal performance exhibited by Level 1 trainees has the potential to create substantial developmental barriers. For example, the ability to share their clients' perspectives or to realistically evaluate personal emotions and thoughts in response to client interactions can become obscured or altogether lost (Stoltenberg et al.). During Level 1, the motivation to

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- ***Developmental Approaches to Supervision – IDM***

LEVEL I (Continued)

perform professionally and to act competently runs high. Elevated anxiety and fear of evaluation can result in Level 1 trainees becoming hypersensitive to thoughts of potential failure and the inevitability of supervisor criticism and disapproval. However, with the passing of time and experience coupled with appropriate supervision, Level 1 trainees often begin to feel more confident. The troublesome anxiety and self-focus begin to wane with no significant decreases in motivation (Stoltenberg et al.). Toward the end of Level 1, self-confidence begins to blossom and may even escalate to a point of overconfidence that others may interpret as "cockiness" (Stoltenberg et al.).

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- ***Developmental Approaches to Supervision – IDM***

LEVEL II

A renewed sense of efficacy stimulates Level 2 counselor trainees to seek emancipation from the safe haven they formerly found in their dependence on the supervisor during Level 1. Nevertheless, Level 2 can be a time of great instability and change for trainees. Motivation tends to fluctuate widely from day to day finding trainees beaming with confidence and enthusiasm one day only to be plunged back into a state of self-doubt and anxiety the next (Stoltenberg et al. 1998). While Level 2 counselor trainees exhibit an enhanced ability for emphatic understanding and case conceptualization, they may experience considerable difficulty with establishing appropriate professional boundaries and may feel overwhelmed by the perceived complexity and vastness of the psychotherapeutic process (Stoltenberg et al.).

In contrast with Level 1, supervisees may now begin to sympathize with clients to the extent of becoming enmeshed in their clients' worldview (Stoltenberg et al. 1998). Whereas Level 1 trainees tend to distance themselves from their clients as a result of focusing on issues related to personal performance, technique, and clinical theory, Level 2 trainees often show a loss of objectivity and a marked tendency to over identify with their clients. Level 2 counselor trainees may hold "strong beliefs in the veracity of the client's subjective reporting of …concerns, a desire to advocate strongly for the client in various realms, (and often share) the client's position regarding attitudes toward significant others" (Stoltenberg et al., p. 67), including the clinical supervisor. Stoltenberg et al., (1998) maintain that counselor trainees'

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- ***Developmental Approaches to Supervision – IDM***

LEVEL II (Continued)

diminished objectivity and their tendency to over identify with clients evident during Level 2 may be coupled with significant resistance to participating in supervision. Accordingly, Level 2 trainees may come to view supervision as a threat to the unique therapeutic relationship established with clients or to their perceived clinical skills and competencies. Consequently, clinical supervisors who structure supervision around the IDM evaluate the extent to which trainees can establish and maintain appropriate professional boundaries, as well as trainees' views regarding supervision. Supervisors utilize such information as a means to gauge trainees' developmental level and to inform supervisory interventions.

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

- ***Developmental Approaches to Supervision – IDM***

LEVEL III/3i

With continued supervised clinical experience, many trainees eventually transition to the more advanced, master or expert status known as Level 3/3i. Those reaching Level 3/3i are able to focus on the client while maintaining professional objectivity. At this level, counselors posses a wide range of finely tuned clinical skills in combination with a reality-based capacity for self and other awareness (Stoltenberg et al. 1998). Level 3/3i counselors have developed an enhanced clinical awareness that enables an effective and balanced implementation of both theory and therapeutic techniques. Level 3/3i master counselors have a solid grounding in the use of clinical skills necessary to draw out the client and focus on essential information while discarding irrelevant information (Stoltenberg et al.). The capacity for encouraging clients in self-exploration is now well developed, and both the timing and intensity of interventions are well conceived in terms of meeting the needs of the client (Stoltenberg et al.).

Level 3/3i clinicians exhibit enhanced skills in case conceptualization, self-reflection, and third-person assessment. Furthermore, Level 3/3i clinicians are skilled in assessing the impact that countertransference and personal past history has on the therapeutic situation (Stoltenberg et al. 1998). Unlike Level 1 trainees, who are highly self-focused and theory driven, Level 3/3i counselors are comfortable in communicating with clients on a more personal level. Due to a greater capacity for making third-person inferences regarding the therapeutic process combined with an enhanced capacity for freely sharing with clients while maintaining their professional

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

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- ***Developmental Approaches to Supervision – IDM***

LEVEL III/3i (Continued)

objectivity, Level 3/3i counselors are able to make more accurate decisions and clinical choices relative to Level 2 trainees (Stoltenberg et al.). The clinical practice of Level 3/3i counselors is further enhanced both by their desire and ability to engage in meaningful periods of reflection and continued supervision. Periods of reflection and supervision tend to be a highly valued means of enhancing clinical skill through clarifying interactions with clients and processing associated complexities. Consequently, Level 3/3i counselors are able to utilize supervision more effectively and tend to view supervision much more positively than do Level 1 or Level 2 trainees (Stoltenberg et al.).

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- Clinical Supervision
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- ***Developmental Approaches to Supervision – IDM***

LEVEL I - III/3i

As the table at right summarizes, each level of development can be identified based on the specific types of developmental markers exhibited by supervisees. Conceptualizing supervisee development in these terms can assist supervisors to effectively work with supervisees to develop individualized supervision plans that target their unique developmental needs and that foster advancement to higher levels of development (White and Portman, 2008)

IDM
Level 1
Dependent on Supervisor
Highly self-focused
Theory driven-no use of therapeutic self in sessions
Unaware of personal strengths/weaknesses
Performance anxiety/evaluation apprehension
Level 2
Confusion, despair & vacillation
Dependency-autonomy conflict
Highly client focused/may become enmeshed
Level 3/I
Aware of personal strengths/weaknesses
Autonomous
Focus is on client, process & self
Uses therapeutic self in sessions
Monitors impact of personal on professional life

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- Clinical Supervision
  - Definitions
  - Theoretical Foundations

- ***Social Role models to Supervision –***

Examples of Social Role models include:

- The Discrimination model (Benard, 1997)
- The Hawkins and Shohet model (Hawkins and Shohet, 1989)
- The Holloway model (Holloway, 1995, 1997)

Social role models of supervision are based on conceptualizations of supervision that emphasize the need for supervisors to assume specific roles in response to identified needs among supervisees. For example, supervisors may first assume the role of 'teacher' when working with less experienced supervisees, the role of 'counselor' or 'facilitator' if working with more advanced supervisees, or the role of 'consultant' with supervisees who, through increasing professional experiences, are able to consistently demonstrate the ability to function independently due to advanced levels of knowledge and skill associated with basic clinical competency. Social role models propose that supervisors evaluate and monitor supervisee growth throughout the supervisory relationship for specific indicators or clues that suggest the need to assume different roles, and associated intervention strategies, when working with supervisees.

CLINICAL SUPERVISION (BCS_MODELS/THEORIES)

- ***Integrational models to Supervision –***

Examples of Integrational models include:

- Benard's discrimination model (Benard, 1979, 1997)
- Webb's life model (Webb, 1983)
- Sharon's ABCX model (Sharon, 1986)

Integrational models are based on the idea that, with experience, most supervisors eventually develop their own unique approach to supervision that integrates, or draws upon, components from multiple models or theories. In this way, the integrational approach to supervision can be considered as similar to theoretical integrationsim as an approach to providing counseling services. At the core of integrational models is the goal of producing a conceptual framework that synthesizes the best aspects of two or more theoretical approaches under the assumption that the outcome will be more greatly enhanced than what either theory alone might otherwise produce.

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CLINICAL SUPERVISION (BCS_REGULATIONS/STANDARDS)

- Supervision Regulations and Standards
  - National
  - South Dakota
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- National Standards
  - National standards for licensure as a professional counselor require completion of at least **3000 hours** (in most states) of post-master's degree supervised clinical experience. Clinical supervisors must be appropriately credentialed before supervision they provide will be recognized as approved supervision used towards obtaining counselor licensure. The **Approved Clinical Supervisor (ACS)** credential is recognized by many states as the required credential for the provision of independent clinical supervision services. Offered by the Center for Credentialing and Education (CCE), the ACS credential is intended to identify mental health professionals who have met national professional supervision standards, to promote the professional identity, visibility, and accountability of clinical supervisors; and to encourage on-going professional growth of clinical supervisors (CCE, 2015). According to CCE, beginning July 1, 2016, CCE will implement a number of changes to the ACS application requirements. The ACS will require five years and 4,000 hours of mental health practice experience. The alternate entry option will no longer be available. The training course requirement will increase to 45 clock hours. In addition, the continuing education (CE) maintenance requirement will increase to 20 clock hours every five years for all ACS credential holders.

- State Standards
  - The state of South Dakota requires completion of at least **2000 hours** of post-master's degree supervised clinical experience to obtain the LPC-MH credential with **100 hours** of direct supervision; at least 50 of which must be face-to-face. Secure video or telephone conferencing may be utilized for the remainder. At least half of the supervision must be individual; the South Dakota Board credits sessions that include two supervisees as individual supervision The supervisor may be recognized as an approved clinical supervisor by the NBCC/CCE or the American Association for Marriage and Family Therapy (AAMFT) or may hold a license in a mental health field and meet the South Dakota Board's experience standards. The professional may be credentialed as a Licensed Professional Counselor-Mental Health, Certified Social Worker-Private Independent Practice, Licensed Marriage and Family Therapist, psychologist, or psychiatrist; the Board approves only those who have been 1) licensed a minimum of three years or 2) have been licensed a minimum of one year and has had 15 hours of training in supervision that meets standards of state administrative code.

CLINICAL SUPERVISION (BCS_REGULATIONS/STANDARDS)

- Supervision Regulations and Standards
  - National
  - South Dakota
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    - Student Gatekeeping and Remediation

- NSU Counseling Program Standards

  - The Counseling program adheres to both National and State standards both with regard to supervision requirements that apply towards licensure and also, site supervisor credentialing requirements. Faculty members provide group supervision with field placement students in accordance with CACREP accreditation standards. In our effort to uphold the 'Gatekeeping' function required of counselor educators, the program has implemented several policies that outline procedures related with *Student Gatekeeping and Remediation, Admissions, and Dispositional Evaluation.* The student *Gatekeeping and Remediation* policy is used to document concerns raised by faculty members, instructors, and supervisors related with students' performance or readiness to succeed in the program. A copy of the Gatekeeping and Remediation policy is provided to all new students during the application and admissions process. Additionally, the policy is available in the Counseling Student Handbook, the Field Placement Handbook, and on the counseling program website. Dispositional evaluations are preformed each semester for all students enrolled in the program as a means by which to gauge their readiness to enter into filed placements or to continue in the program. Students enrolled in a field placement course are evaluated with the Counseling Skills Acquisition form. Copies of the Counseling Skills Acquisition form are available in the Field Placement Handbook.

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CLINICAL SUPERVISION (BCS_PRACTICE & PROCESS)

- Practice & Process
  - Research Basis

- The Association for Counselor Education and Supervision (ACES), a division of the ACA, disseminates a multitude of valuable resources that address clinical supervision including original research, opportunities of continuing education, and information related with supervision best practice strategies. According to the most recently published ACES best practice guidelines, supervisors should receive specialized training and instruction in the following areas:
  - Models of supervision
  - Models of counselor development
  - Formats of supervision
  - Supervisory relationship dynamics
  - Supervision methods & techniques
  - Multicultural considerations
  - Counselor assessment, feedback, & evaluation
  - Executive/administration skills
  - Ethical, legal, & professional regulatory issues
  - Supervision research

CLINICAL SUPERVISION (BCS_PRACTICE & PROCESS)

- Practice & Process
  - Research Basis

- The ACES Supervision Best Practices Guidelines outline supervision strategies as related with twelve core domains of supervision practice including:

  - Initiating Supervision
  - Goal-Setting
  - Giving Feedback
  - Conducting Supervision
  - The Supervisory Relationship
  - Diversity and Advocacy Considerations
  - Ethical Considerations
  - Documentation
  - Evaluation
  - Supervision Format
  - Supervisor Characteristics
  - Supervisor Preparation

More detailed information about each of the ACES Best Practice Guidelines is available in training modules 2-13.

CLINICAL SUPERVISION (BCS_PRACTICE & PROCESS)

- Practice & Process
  - Research Basis

- Research Basis
  - Recent years has seen an upsurgence in the availability of original research that addresses the topic of clinical supervision. For example, a quick psychinfo search using the phrase 'clinical supervision in counseling,' generated over 2,370 articles dating form as early as 1939 to present. Available research in supervision addresses a wide-range of topics from empirically-based studies to conceptual commentaries, many with a basis in supervision theory. The remainder of this section provides a general overview and summary of two recently published studies in the clinical supervision. A complete reference list of resources that address clinical supervision is available in the ***Clinical Supervision Resources*** folder accessed on the NSU Counseling program website.

CLINICAL SUPERVISION (BCS_PRACTICE & PROCESS)

- Practice & Process
  - Research Basis

- Research Basis
  - Current findings in clinical supervision research.

Borders, D. L. et al., (2014). Best practices in clinical supervision: Evolution of a counseling specialty. *The Clinical Supervisor, 33*(26-44). DOI: 10.1080/07325223.2014.905225.

This article describes the development of the ACES Supervision Best Practices Guidelines and provides both a detailed description of each practice standard as well as commentary on the ways in which the standards can be practically applied. The authors note that the ACES guidelines are *best* practices rather than *minimally acceptable* practices and are intended to support supervisors in their work with supervisees. The article further notes that practicing counselors can use the best practice guidelines document to advocate to advocate for the quality of supervision they need to be effective with their clients.

Additionally, the article recommends that school counselors, who often lack opportunities for clinical supervision, use the guidelines as a blueprint to establish peer supervision groups as well as their work with school counselors-in-training. The article concludes with noting that continued research on counselor development, supervisor development, effective supervision practice, and client outcomes are not only essential for building our knowledge base of clinical supervision but also, critical for building a legacy of improved supervision, as supervisee receive best practices and subsequently, provide the same to their own supervisees.

CLINICAL SUPERVISION (BCS_PRACTICE & PROCESS)

- Practice & Process
  - Research Basis

- Research Basis
  - Current findings in clinical supervision research.

Borders, D. L. (2014). Best practices in clinical supervision: Another step in delineating effective supervision practice. *American Journal of Psychotherapy, 68,2*(151-162).

In this article, Borders describes the professional context of the best practices in clinical supervision statement, content of the best practices guidelines, and identifies several underlying themes in the best practices standards. Borders first outlines the twelve best practice guidelines for supervisors and comments on several key phases of the supervisory relationship including initiating supervision, goal setting, evaluation and communicating feedback, diversity considerations, and ethical implications. Themes that characterize the best practice guidelines discussed in the article include those that characterize supervision as a proactive, planned, purposeful, goal-oriented, and intentional activity. The article concludes with a discussion of the ways in which supervision best-practice strategies transcend disciplinary lines within the mental health care services setting making them relevant for a wide variety of practice specializations and service contexts.

BASICS OF CLINICAL SUPERVISION (BCS)

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- **Ethical Implications**
- FAQ's and Resources
- Module Feedback & Follow-up

CLINICAL SUPERVISION (BCS_ETHICAL IMPLICATIONS)

- Ethical Implications

The practice of clinical supervision brings with it a multitude of ethical considerations. For example, clinical supervisors must remain focused on safeguarding client welfare while simultaneously monitoring supervisees' abilities to provide competent counseling services. In many respects, the provision of clinical supervision can often be akin to providing counseling services vicariously through a less knowledgeable, less experienced, less prepared surrogate. Couple this with the fact that most supervisees, due to their limited experience, feel particularly anxious and nervous both about providing counseling 'with real people' and also often, fearful about supervisory evaluation or the prospect of 'failure' Along those lines, supervision can also sometimes resemble the game *telephone* which illustrates how the initial meaning or intent of a message or piece of information can become dramatically distorted by virtue of transpersonal communication.

Though, as the majority of supervisors would quickly agree, supervision can hardly be considered a game. Rather, supervision is a serious endeavor in which the stakes are quite often high. Competent supervision requires that supervisors possess a high level of ethical knowledge, skill, and awareness. While a complete discussion of the vast array of potential ethical issues faced by supervisors is beyond the scope of this module, basic information about ethical implications and major ethical issues related with clinical supervision is provided on the following pages.

CLINICAL SUPERVISION (BCS_ETHICAL IMPLICATIONS)

- Ethical Implications

Several codes of ethics that apply to the practice of clinical supervision are available. For example, the National Board For Certified Counselors (NBCC, 2013) ethics code states that:

- NCCs who act as counselor educators, field placement or clinical supervisors shall not engage in sexual or romantic intimacy with current students or supervisees. They shall not engage in any form of sexual or romantic intimacy with former students or supervisees for two years from the date of last supervision contact.
- NCCs who provide clinical supervision services shall keep accurate records of supervision goals and progress and consider all information gained in supervision as confidential except to prevent clear, imminent danger to the client or others or when legally required to do so by a court or government agency order. In cases in which the supervisor receives a court or governmental agency order requiring the production of supervision records, the NCC shall make reasonable attempts to promptly notify the supervisee. In cases in which the supervisee is a student of a counselor education program, the supervisor shall release supervision records consistent with the terms of the arrangement with the counselor education program.
- NCCs who provide clinical supervision services shall intervene in situations where supervisees are impaired or incompetent and thus place client(s) at risk.
- NCCs who provide clinical supervision services shall not have multiple relationships with supervisees that may interfere with supervisors' professional judgment or exploit supervisees. Supervisors shall not supervise relatives.

CLINICAL SUPERVISION (BCS_ETHICAL IMPLICATIONS)

- Ethical Implications

Similarly, ethical standards for Approved Clinical Supervisors (APS) amended by the Center for Credentialing and Education (CCE, 2008) are as follows:

1. Ensure that supervisees inform clients of their professional status (e.g., intern) and of all conditions of supervision. An Approved Clinical Supervisor shall ensure that supervisees inform their clients of any status other than being fully qualified for independent practice or licensed. For example, an Approved Clinical Supervisor shall ensure that supervisees inform clients if they are students, interns, trainees or, if licensed with restrictions, and the nature of those restrictions (e.g., associate or conditional). In addition, an Approved Clinical Supervisor shall ensure that supervisees inform clients of the requirements of supervision (e.g., the audio taping of all clinical sessions for purposes of supervision).
2. Ensure that supervisees inform clients of clients' rights to confidentiality and privileged communication when applicable, as well as the limits of confidentiality and privileged communication. The general limits of confidentiality are when harm to self or others is threatened, when the abuse of children, elders or disabled persons is suspected, and in cases when the court compels the mental health professional to testify and break confidentiality. These are generally accepted limits to confidentiality and privileged communication, but they may be modified by state or federal statute.
3. Inform supervisees about the process of supervision, including supervision goals, case management procedures, evaluation processes, and the Approved Clinical Supervisor's preferred supervision method(s). An Approved Clinical Supervisor also shall inform supervisees of the Approved Clinical Supervisor's credentials, areas of expertise, and training in supervision.
4. Keep and secure supervision records and consider all information gained in supervision as confidential.
5. Avoid all dual relationships with supervisee that may interfere with the Approved Clinical Supervisor's professional judgment or exploit the supervisee. Sexual, romantic, or intimate relationships between and Approved Clinical Supervisor and supervisees shall not occur. Approved Clinical Supervisors shall not engage in sexual harassment or sexual bias towards supervisee. Approved Clinical Supervisors shall not supervise relatives.
6. Establish procedures with supervisees for handling crisis situations.
7. Provide supervisees with adequate and timely feedback as part of an established evaluation plan.
8. Render assistance to any supervisee who is unable to provide competent clinical services to clients.
9. Intervene in any situation where the supervisee is impaired and clients may be at risk.

CLINICAL SUPERVISION (BCS_ETHICAL IMPLICATIONS)

- Ethical Implications

Ethical standards for Approved Clinical Supervisors (APS) Continued:

10. Refrain from endorsing an impaired supervisee when such impairment deems it unlikely that the supervisee can provide adequate clinical services.
11. Offer only supervision for professional services for which they are trained or have supervised experience. An Approved Clinical Supervisor shall not assist in diagnosis, assessment, or treatment without prior training or supervision. An Approved Clinical Supervisor shall correct any misrepresentation of his or her qualifications by others.
12. Ensure that supervisees are aware of the current ethical standards related to the supervisees' professional practice, as well as legal standards that regulate the supervisee's professional practice.
13. Ensure that both supervisees and clients are aware of their rights and of due process procedures. An Approved Clinical Supervisor shall be ultimately responsible for the welfare of supervisees' clients.
14. Engage supervisees in an examination of cultural issues that might affect the supervision process and/or supervisees' clinical practice.

CLINICAL SUPERVISION (BCS_ETHICAL IMPLICATIONS)

- Ethical Implications

Similarly, standards that address clinical supervision in the American Counseling Association's ethical code (ACA, 2014) appear in multiple sub-sections including:

Section F. Supervision, Training, and Teaching
Introduction

Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees.

F.3.a. Extending Conventional Supervisory Relationships

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment

Counseling supervisors do not condone or subject supervisees to sexual harassment.

F. 10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships

from sexual or romantic interactions or relationships with students currently enrolled in a counseling or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

F.10.b. Sexual Harassment

Counselor educators do not condone or subject students to sexual harassment.

F.10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.

CLINICAL SUPERVISION (BCS_ETHICAL IMPLICATIONS)

- Ethical Implications

As the preceding ethical codes illustrate, clinical supervisors must not just be cognizant of the range of supervisory responsibilities and their associated regulatory standards, but they must also posses a high level of ethical awareness to ensure that their supervision practice and, supervisees' clinical practice, remain in compliance with established guidelines. By virtue of the nature of clinical supervision, supervisor encounter a myriad of ethical dilemmas on an on-going and often daily, basis. The findings of research studies that examine ethical and legal considerations in clinical supervision recommend that supervisors must be especially aware of legal issues that pertain to malpractice, duty to warn, and liability including both direct and also, vicarious forms (Benard and Goodyear, 1998). Major ethical themes that clinical supervisors must be especially aware of relate to due process, informed consent, dual relationships and maintaining professional boundaries, personal professional competence and monitoring supervisee competence, confidentiality, and ethical decision making (Benard and Goodyear). The sheer number of ethical and legal considerations described in the supervision scholarly literature can in itself seem overwhelming. However, supervisors that possess a high level of knowledge regarding the mandatory ethical and legal standards that govern their practice coupled with a high level of ethical sensitivity and awareness are most likely to effectively navigate the sometimes murky waters inherent to ethical decision making.

As you likely recall from your master's course in professional orientation and ethics, ethical decision making is an intentional, systematic process with the goal of identifying the best possible course of action in response to an identified ethical dilemma. Carful decision making is crucial so that the core ethical principles of beneficence, non-maleficence, autonomy, justice, and fidelity, that are central to the counseling profession may be upheld. As you might also recall, professional counselors and supervisors who utilize an established ethical decision making model as a means to guide, and document, the decision making process are known to generate the best possible course of action. One such ethical decision making model namely, the Tarvydas Integrative Ethical Decision making model (Tarvydas, 2003), is briefly outlined on the following page. Our experience has been that the Tarvydas model represents one of the most comprehensive and useful models currently available to counseling professionals and we encourage you to utilize the model in your own supervision practice.

CLINICAL SUPERVISION (BCS_ETHICAL IMPLICATIONS)

- Ethical Implications

Tarvydas Integrative Decision-Making Model of Ethical Behavior (Tarvydas, 2003) –

Themes or Attitudes maintained in the Integrative Model

- Maintain attitude of reflection.
- Address balance between issues and parties to the ethical dilemma.
- Pay close attention to the context(s) of the situation.
- Utilize a process of collaboration with all rightful parties to the situation.

Stage I. Interpreting the situation through awareness and fact finding
- Component 1. Enhance sensitivity and awareness
- Component 2. Determine the major stakeholders and their ethical claims in the situation
- Component 3. Engage in the fact-finding process

State II. Formulating and ethical decision
- Component 1. Review the problem or dilemma
- Component 2. Determine what ethical codes, laws, ethical principles, and institutional policies and procedures exist that apply to the dilemma.
- Component 3. Generate possible and probable courses of action.
- Component 4. Consider potential positive and negative consequences for each course of action
- Component 5. Consult with supervisors and other knowledgeable professionals.
- Component 6. Select the best ethical course of action.

Stage III. Selecting an action by weighing competing, normative values, personal blind spots, or prejudices.
- Component 1. Engage in reflective recognition and analysis of personal competing non-moral values.
- Component 2. Consider contextual influences on values selection at the collegial, team, institutional, and societal levels.
- Component 3. Select the preferred course of action.

Stage IV. Planning and executing the selected course of action
- Component 1. Determine a reasonable sequence of concrete actions to be taken.
- Component 2. Anticipate and work out personal contextual barriers to effective execution of the plan of action, and effective countermeasures for them.
- Component 3. Carry out, document, and evaluate the course of action as planned.

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CLINICAL SUPERVISION (BCS_FAQ/A'S)

- **FAQ's** & Resources

- Site Supervisor Frequently Asked Questions

Q. *Who do I talk to if I have a question about my responsibilities as a site supervisor?*

A. *Dr. Karyl Meister is the current Field Placement Coordinator. Her email is klmeister@northern.edu and her phone number is 606-626-3397.*

Q. *What is the paperwork you need from me to ensure that I am a qualified site supervisor?*

A. We *need a copy of your credentials on file when you agree to take a student. A copy of your school counselor license or your LPC license is acceptable. Also, a copy of verification that you have worked in your career for two years is necessary. If the copy of the license you provide is not dated, a letter from your administrator is acceptable to show you've been in the field for two years. This does not mean you have to have worked at your current location for two years, simply that you've been in the field at least two years.*

CLINICAL SUPERVISION (BCS_FAQ/A'S)

- Site Supervisor Frequently Asked Questions

Q. *What are my responsibilities as a site supervisor?*

A. *Your responsibilities are listed below.*

- Review the practicum and Internship Handbook to become familiar with the requirements.
- Provide practicum and/or internship learning experiences commensurate with the program objectives and in consultation with the faculty supervisor.
- Provide an appropriate working environment and serve as a resource for the graduate candidate during the practicum and/or internship experience(s).
- Coordinate with the faculty supervisor to allow him or her with access to the site to complete a minimum of three (3) formal observations of the graduate candidate's interactions with clients through live supervision or through use of audio/video recordings. Appropriate informed consent procedures will be followed.
- Inform the graduate candidate and faculty supervisor of relevant site policies and procedures.
- Provide one (1) hour of supervision (individual or triadic) each week throughout the practicum and/or internship experience.
- Provide the graduate candidate with formative feedback related to their performance.
- Complete a minimum of three (3) formal observations of the graduate candidate's interactions with clients.
- Communicate at least biweekly with the faculty supervisor throughout the practicum and/or internship experience regarding the graduate candidate's progress.
- Verify the graduate candidate's *Weekly Hours Log* to ensure the minimum number of direct and indirect hours has been completed.
  - Direct Hours Requirement:
    - Practicum = 40 hours
    - Internship = 240 hours, including experience leading groups.
  - Indirect Hours Requirement:
    - Practicum = 60 hours
    - Internship = 360 hours
- Complete the Counseling Skills Acquisition Mid-term evaluation (8th week of the term).
- Complete the Counseling Skills Acquisition Final evaluation (final week of the term).
- Complete the Field Placement Coordination Evaluation (final week of the term).
- Terminate the field placement, and contact the faculty supervisor if the candidate violates the established procedures and policies of the filed placement site.

- **FAQ's** & Resources

CLINICAL SUPERVISION (BCS_FAQ/A'S)

- FAQ's & Resources

- Site Supervisor Frequently Asked Questions

Q. *Where do I get a copy of the Practicum and Internship Handbook to review?*

A. *The Counseling program Field Placement Coordinator will provide you with a copy of the NSU Practicum and Internship Handbook at the time affiliation agreements are developed. However, we also ask the student to send you a copy at the time of their request to be a Practicum or Internship student with you. Additionally, the faculty in charge of your supervisee's Practicum or Internship section will send you a copy of the most recent handbook via email within the first two weeks of class. This way, if any changes have occurred since the student gave you a copy of the handbook, you will always get the updated version directly from a faculty member when the semester starts.*

Q. *Where do I get all the forms I need to fill out for the student's evaluation?*

A. *All necessary forms are in the Practicum and Internship Handbook. They are found in the Appendices and are color-coded with a purple-band on the top of the page.*

Q. *Do I get any kind of reminder about completing the forms?*

A. *Students are encouraged to remind their site supervisor about completing the evaluations about two weeks prior to the due date. The faculty supervisor will also remind you about completing these forms when doing their biweekly check-in with you.*

CLINICAL SUPERVISION (BCS_FAQ/A'S)

- FAQ's & Resources

- Site Supervisor Frequently Asked Questions

Q. *How often do I interact with the faculty supervisor for my Practicum or Internship student?*

A. *At minimum, per CACREP standards, faculty supervisors are to initiate at least biweekly check-ins with the site supervisor. These check-ins can be via phone, email, or in person. Also, you are encouraged to contact the faculty supervisor whenever there is an issue that needs to be addressed or in any type of emergency situation relating to the student's performance at their Practicum or Internship site. You are also welcome to contact the Field Placement Coordinator in the event that the situation remains unresolved, you are unable to get a hold of the regular faculty supervisor, or should you have any questions or concerns about field placements.*

CLINICAL SUPERVISION (BCS_RESOURCES)

- FAQ's & **Resources**

- Resources in Clinical Supervision

Association for Counselor Education and Supervision
APA Guidlines for Clinical Supervision in Health Service Psychology
Clinical Supervision and Professional Development of the Substance Abuse Counselor

Pearson, Q. P. (2004). Getting the most out of clinical supervision: Strategies for mental health counseling students. *Journal of Mental Health Counseling, 26*(4), 361-373.

Supervision Interest Network, (1990). Standards for Counseling Supervisors. *Journal of Counseling and Development, 69*(1), 30-32

Kassan, A., Fellner, K. D., Jones, M. I., Palandra, A. L., & Wilson, L. J. (2015). (Re)considering novice supervisor development through a social justice lens: An experiential account. *Training And Education In Professional Psychology*, *9*(1), 52-60.

Tsong, Y., & Goodyear, R. K. (2014). Assessing supervision's clinical and multicultural impacts: The Supervision Outcome Scale's psychometric properties. *Training And Education In Professional Psychology*, *8*(3), 189-195. doi:10.1037 tep0000049

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Donohue, K. M., & Perry, K. E. (2014). Bringing theory to life for trainees in professional psychology: The role of setting, assignments, and supervision. *Training And Education In Professional Psychology*, *8*(2), 119-126. doi:10.1037/tep0000016

Gonsalvez, C. J., & Calvert, F. L. (2014). Competency-based models of supervision: Principles and applications, promises and challenges. *Australian Psychologist*, *49*(4), 200-208. doi:10.1111/ap.12055

Ray, D. C., Jayne, K. M., & Miller, R. M. (2014). Master counselors as teachers: Clinical practices of counselor educators. *Journal Of Mental Health Counseling*, *36*(1), 78-94.

Ellis, M. V., Hutman, H., & Chapin, J. (2015). Reducing Supervisee Anxiety: Effects of a Role Induction Intervention for Clinical Supervision. *Journal Of Counseling Psychology*, doi:10.1037/cou0000099

CLINICAL SUPERVISION (BCS_RESOURCES)

- FAQ's & **Resources**

- Resources in Clinical Supervision

Murphy, M. J. (2015). Review of Clinical supervision activities for increasing competence and self-awareness. *Journal Of Marital And Family Therapy*, *41*(3), 383-384. doi:10.1111/jmft.12107

Benjamin, B. A. (2014). Review of Solution-focused supervision: A resource-oriented approach to developing clinical expertise. *British Journal Of Guidance & Counselling*, *42*(2), 229-232. doi:10.1080/03069885.2014.880622

Huber, J. R. (2014). Review of Solution-focused supervision: A resource-oriented approach to developing clinical expertise. *Journal Of Marital And Family Therapy*, *40*(2), 264-266. doi:10.1111/jmft.12046

Hoge, M. A., Migdole, S., Cannata, E., & Powell, D. J. (2014). Strengthening supervision in systems of care: Exemplary practices in empirically supported treatments. *Clinical Social Work Journal*, *42*(2), 171-181. doi:10.1007/s10615-013-0466-x

Hilsenroth, M. J., Kivlighan, D. J., & Slavin-Mulford, J. (2015). Structured supervision of graduate clinicians in psychodynamic psychotherapy: Alliance and technique. *Journal Of Counseling Psychology*, *62*(2), 173-183. doi:10.1037/cou0000058

McMahan, E. H. (2014). Supervision, a nonelusive component of deliberate practice toward expertise. *American Psychologist*, *69*(7), 712-713. doi:10.1037/a0037832

Owen, J. (2015). Supervisory processes in the training of psychotherapists: Introduction to the special section. *Psychotherapy*, *52*(2), 151-152. doi:10.1037/pst0000020

Ladany, N. (2014). The ingredients of supervisor failure. *Journal Of Clinical Psychology*, *70*(11), 1094-1103. doi:10.1002/jclp.22130

Benard and Goodyear, R. (1998). *Fundamentals of Clinical Supervision (2nd ed.)*. Boston, MA: Allyn & Bacon.

Gallon, S. (2002). *Clinical supervision training manual*. Portland, OR: Northwest Frontier ATTC.

Chagon, J. and Russell, R. K. (1995). Assessment of supervisee developmental level and supervision environment across supervisor experience. *Journal of Counseling and Development, 73*, 553-558.

Powell, D. (1993). *Clinical supervision in alcohol and drug abuse counseling. Principles, Models, and Methods*. New York, NY: Lexington Books.

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OCSPD

- Module Feedback & Follow-up

Once again, thank you for your willingness to share your experience, expertise, and time with our students. We hope you have found the information provided in this module both interesting and useful. In our efforts to assist site supervisors who work with our students to maximize the potential for a rewarding field placement experience, we will be adding new web-based resources to the Orientation to Clinical Supervision and Professional Development site on a regular basis throughout the academic year so, please check the site for updates and new content.

To assist us in providing you with resources and information that best meets your needs, please take a moment to complete the online survey that accompanies the Basics of Clinical Supervision training module you have just completed. Once you have completed the brief survey, please feel free to share any additional suggestions or recommendations for new content or resources with us in the space provided on the last page of the survey. Once you have completed the survey, you will receive a log-in code that can be used for off-campus access to the NSU Williams Library research databases as an expression of our gratitude. We hope that you will find the resources available through the Williams Library as valuable tools that can be used to enhance your supervisory practice!

To launch the survey, please…

CLICK HERE.

Thank you for your time and consideration; we very much look forward to working with you.

Sincerely,
Counseling Department Faculty.