

HANDOUTS

Clinical Supervision and Boundaries: Ethical Issues in Practice

Presented By

Marijane Fall, Ed.D., LCPC, ACS

Monday

8:15 a.m. Registration (continental breakfast buffet)

9:00 **"You decided not to report what?"**

- Nightmares for clinical supervisors
- Distinguishing among basic concepts
- Supervision vs. counseling vs. consultation
- Clinical vs. administrative supervision
- Ethical vs. legal issues and standards

Short film segment

10:20 Break (coffee and tea)

10:35 **Boundaries and Navigating them**

- Supervisor competence, training, and assignment
- Cultures of the supervisor and supervisee
- Roles of the supervisor

12:00 Lunch (on your own)

1:30 **Documents and Structures for Supervision**

Notes

- Disclosure statements for practice and teaching
- Contract or plan
- Evaluation and gate-keeping

2:45 Break (coffee, tea, soda, snack)

3:00 **Ethical Guidelines & Boundary Dilemmas**

4:30 Adjournment (pick up one-day certificates)

Tuesday

7:45 a.m. Registration (continental breakfast buffet)

8:30 **The Supervision Relationship**

- Similarities and differences between counseling and supervision relationships
- Characteristics of administrative and clinical supervisory relationships
- Exercise—Getting back in touch with the basics

9:50 Break (coffee and tea)

10:05 **Helping Supervisees Work Through Issues**

- Ways to encourage more self-disclosure
- Adapting expressive therapy techniques to supervision
- A model for peer group supervision

11:30 Lunch (on your own)

12:45 **The Good the Bad and the Ugly:
Issues of Trust & Power**

2:00 Break (coffee, tea, soda, snack)

2:15 **Boundary Dilemmas**

- The Quiz
- Ethical vs. Legal

3:45 Adjournment (pick up certificates)

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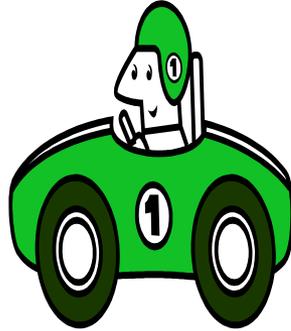
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Basic Concepts

- We all need the same directions (definitions) in order to be in the same race



Distinguishing between terms

- **Counseling** – me and you talking about you with the purpose of growth
- **Consultation** - me and you talking about him or her (the client).
- **Supervision** –you and me talking about you working with him or her (the client)
- **Case conferencing** is you telling me about what happened with him or her (the client) and me telling you what to do next

A Definition

(Bernard & Goodyear: 2004)

- “Clinical supervision is an **intervention** provided by a **more senior** member to a more junior member of the same profession. The relationship is **evaluative, extends over time,** and has **three simultaneous purposes:**
 1. **Enhancing the functioning** of the more junior person
 2. **Monitoring** the quality of professional services to the client
 3. Serving as **gatekeeper** of the profession

Supervision is..

- **Teaching vs. supervision**
No uniform curriculum
Intervention tailored to the individual
- **Counseling vs. supervision**
Therapeutic intervention only related to clients
Supervision may not have a choice of supervision or supervisor
Supervisor has some evaluative responsibility
- **Consulting vs. supervision**
Consultation is brief and not ongoing
Relationship is between two equals
Consultation seldom has any evaluative components

Supervision is continued..

- Knowledge generally develops in two ways-1.formal theories and research & 2.professional practice

Supervision is teaching that occurs in the context of practice and can provide the bridge between theory and practice

We learn through systematic feedback and reflection

Supervision is continued...

- **Research points out that experience seldom results in an increase in skills but experience with supervision results in increased competence**
- Supervision research
 - None until 60's
 - Kell said, "The blind leading the blind"
 - Last 15 years - huge growth in research
 - 32 reviews of empirically based studies
 - Little or no research on – personal characteristics of supervision, supervision of supervision, live supervision, empirically validated treatments/treatment manuals

Ethical vs. Legal Standards

- Ethical codes are conceptually broad in nature, few in number, open to interpretation by the practitioner (Bernard & Goodyear, 2004)
- The law is specific in nature, concerned with minimal acceptable behavior, only introduced when an act endangers or harms those served by the professional

(Bernard & Goodyear, 2004)

3 Reasons for Examining Ethical Issues in Supervision

1. Supervision serves as the primary training method for teaching counseling skills
2. The supervisory relationship is one that is inherently unequal in status, power, and expertise
3. The relationship possess therapy like qualities such as self evaluation and expectation of personal growth

Clinical vs. Administrative Supervision

- **Administrative supervision** refers to supervisory activities that increase the efficiency of the delivery of counseling services.
- **Clinical supervision** refers to supportive and educative activities of the supervisor designed to improve the application of counseling theory and techniques directly to clients and to facilitate supervisee growth.

Ethical Issues Related to this Area

- *Ethical Standards*
- We must know what we are doing, why we are doing it, and share that with clients
- We must be trained in supervision and receive ongoing training if we are to supervise (ACES ethical standard)

Boundaries and Navigating Them



(If only there was a prescription for success!)

Supervisor competence, training, and assignment

Our codes of ethics are clear - Supervisors must be trained and must continue to update training

- Most doctoral programs in psychology, counseling, social work require training as a supervisor – accreditation standard
- Most state licensure guidelines require it of supervisors of conditional, pre and post doc interns
- ACS credential-30 hour coursework, supervised practice
- Does that mean we are competent? (Vasquez)
- Supervisors must require audio and video tapes along with notes –not just self-report (Vasquez)
- Where is the boundary between these three?

What about culture?

- *Codes of ethics: We must have an awareness of cultural differences that can affect our work and open discussions with our supervisees*
- Why might culture become a boundary?
- Two examples
- Sarah Lawrence Lightfoot said that the gender differences between a white male and she, a Native American, were far greater than the racial differences.

Culture continued (2)

- We must be aware of the power of our own cultural assumptions
- Quote from Hird, Cavalieri, Dulko, Felice & Ho about cultural differences
- More supervisors represent white, middle-class cultural perspectives than do their supervisees or their supervisees' clients
- How does that affect boundaries?

Supervisors use different roles according to the developmental level of supervisees

- *ACA says that supervisors must supervise clinical performance – one size doesn't fit all*
- Three roles are prominent in the literature
Supervisor as teacher
Supervisor as counselor
Supervisor as consultant
- There is a developmental progression inherent in these roles

Supervisor in the teaching role

- Teaching by providing answers
- Teaching by asking important questions
- Teaching by role playing as counselor or as client
- Teaching by providing ethical or legal guidelines
- Teaching by modeling own behavior

Supervisor in the counseling role

- Asking a question about thinking or feeling
“When that happens are you thinking about your deceased child?”
“What feelings are stirred up in you when he talks of being attracted to you?”
- Dealing with transference or countertransference
- Modeling how to deal with issues
- No therapy but may agree on an intervention that is time limited, one time. Example of a death in the family.

Supervisor in the consulting role

- Facilitating the supervisee’s process by asking a question, making an observation
- Modeling an open investigative role
- Often used with more experienced therapists

What is Your Preferred Role?

Teacher?

Counselor?

Consultant?

- *We need to have informed knowledge about what we are doing*

So do we need all those roles?

- Developmental literature has answers
Stoltenberg and Delworth
Ronnestad and Skovholt
- Is it for us or for them?

Documents and Structures for Clinical Supervision



- Weigh in on the safe side – it will help your supervisee

Supervision Records: Some considerations

Notes from all supervisory sessions (Upchurch, Knapp & Vandercreek)

- a. Notations of cases discussed and information supervisor shared- when and what (Cormier & Bernard)
- b. Notations of significant decisions
- c. Notations of important ethical and legal discussions
- d. Notations of decision making process (with eliminations) for ethical and legal matters

Considerations continued . . .

- Significant problems encountered in supervision and how they are resolved
- Copies of important documentation such as releases of information
- Supervisee intake, contract, disclosure
- Performance evaluations
- Complaints
- Confidentiality (APA)

Disclosure statements

- What would you want to know about a supervisor that you were going to come to with your most distressing issues?
- ACS credential says: name, training as a therapist and as a supervisor, licenses, theory of supervision, confidentiality guidelines, where to go with complaints, evaluation procedures, fees, availability

Supervision Contract or Plan

- Dual purpose: 1. To promote supervisee development and 2. safeguard clients
- Minimum should be time of meeting, frequency, method of monitoring, supervision modalities to be used, description of clientele to be served
- Some states require conditional counselors to submit records of all clients, all notes to be reviewed.
- Some licenses require live supervision or videotape review-this is on the increase
- Duties and responsibilities of supervisor and supervisee

Evaluation and Gate Keeping

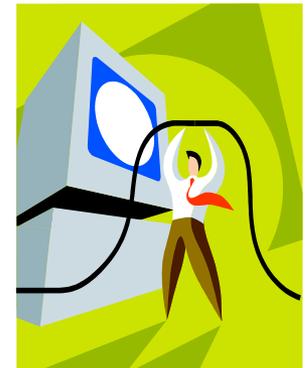
- We are inclined to resist this most important function.
- Formative and summative evaluation
 - Differences
 - Formats
 - No surprises (my bias)
- Give all forms ahead of time.
- It goes both ways.

Tying it all Together

- Our notes can alert us to boundary concerns before there are serious problems
- Our documentation can assist our supervisee (and ourselves) in firming up boundaries
- We are the prominent models for ethical boundaries – so we best do it!

Ethical guidelines and Boundary Dilemmas

- Where does it stop?
- Where does it start?
- What is it anyway?
- Please give me the answer.
- Help!



The Five Ethical Principles of Supervision

(Sacuzzo, 2002)

1. Competence

- A. Supervisor must be competent to supervise by education, training, study
- B. Supervisor must be competent to see the client to whom supervisee is assigned – means supervisor must assess first
- C. Must assign to supervisee only those clients supervisee is competent to treat and must monitor the work
- D. Supervisee must assess own competence

5 ethical principles continued

2. Confidentiality

- A. Clients must be informed of confidentiality limits in advance
- B. Self-report is not adequate so must have audio, video, observation, or face to face interaction and supervisees must discuss this with clients prior to taping
- C. Share information with as few people as possible

5 ethical principles continued

3. Avoidance of Multiple Relationships

- A. No sex
- B. Supervisee must recognize position of power he or she holds and avoid any exploitation
- C. Supervisor must be alert to possible multiple relationships between supervisee and client
- D. Supervisor's judgment and ability to protect client must not be compromised
- E. Current dialog on APA ethics listserve

5 ethical principles continued

4. Welfare of the consumer

- A. Two primary consumers of supervisory services: supervisee and the client. Supervisor must protect both.
- B. Protect supervisee when providing clear goals, preferably written, and timely evaluative feedback. Failure to provide evaluative feedback is less than the minimum standard of care
- C. Supervisor must monitor the supervision to protect the welfare of the client

**IN SUPERVISION,
RESPONSIBILITY IS
MULTIPLIED, NEVER DIVIDED**

(Let the Master Beware)

5 Ethical principles continued

5. Informed Consent

- A. Both supervisee and client must be informed of any factors that might influence their willingness to enter the relationship
- B. Informed consent for supervisees is the duties, training philosophy, expectations, evaluations (disclosure statement)
- C. Informed consent for clients is clarification of the relationship, status of supervisee, and limits of confidentiality

**6 Factors to Assess Supervisor's
Duty to Assure Client Safety**_(Saccuzzo)

- The extent of the intention to do harm by the supervisee
- The foreseeability of harm to client
- The degree of certainty that client suffered harm
- The closeness of the connection between the supervisor's conduct and the "injury"
- The moral blame attached to that conduct
- The policy of preventing future harm

Ethical Guidelines

1. What information does the supervisee need to disclose to their clients?
 - A. Student or license status
 - B. Whatever is required by law or rules
 - C. Supervisee is being supervised
 - D. Supervisee needs to disclose to supervisor issues having the potential to affect therapist effectiveness (Upchurch)

Continued 2

2. Are dual (multiple) relationships permitted between supervisor and supervisee?

A. Key variables

1. impairment of professional judgment
2. increased risk of exploitation

B. General

1. No sex
2. No family members
3. No present or former clients
4. When in doubt, discuss
5. It's a slippery slope
6. Clarify!

Let's Play with it

- Gender dilemmas
 1. You find it easier to discuss interpersonal attraction with same sex supervisees.
 2. You notice that you tend to use a teaching modality more often with a female who tends to take a subservient role.
 3. Your supervisee wears distracting clothing.
 4. A male supervisee states that he expected his female supervisor to be more supportive.

Playing continued..

- The psychotherapy culture (we have our own belief systems, language, customs, governance – (Holiman and Lauver)
 1. Cultural characteristics in common may lead to denial of other cultural characteristics
 2. If supervisors don't initiate discussions of cultural differences, they will not occur (Gatmon et al)
 3. Do you tend to deny the power of your race, your gender, your ethnicity by not processing it? (Killian)
 4. What's it like for you to listen to me, a woman, a counselor, speak to you, a social worker or psychologist when I don't know all your literature? (Substitute words and examples here)

The Supervision Relationship

Mystery

and

Celebration



Supervision Relationships

- Similar to a counseling relationship BUT different in terms of evaluation, power differential, safety (the supervisor can make or break your career)
- Supervisor wants the supervisee to be vulnerable and bring their questions and issues, yet he or she evaluates
- May “feel” like a counseling relationship BUT is not

Issues in the relationship need to be processed

- Issues inherent in the power differential
“I want to be just like you”
“I didn’t do what you recommended.”
- Issues concerning trust
“It sounds like you have seen your client outside.”
- Issues concerning transference and countertransference
“You remind me of my mom”
“Every time I look at you I see my dad.”

The role of conflict in the supervisory relationship

- Ronnestad and Skovholt say it is the breaking and repairing of boundaries that make up the relationship
- Types of conflict
 - Opposing goals
 - A mistake one party has made
 - Developmental level
 - Role conflict
 - Multiple relationships
 - Power and trust
- Supervisees and supervisors are both sources of variance in the relationship

Supervision relationship continued

- Ellis – Supervision relationship is the most frequently identified critical incident element in supervision
- Cultural differences
 - Political nature of the helping professions
 - Racial issues within multicultural supervision
 - Gender issues within multicultural supervision –male and female, power
 - Lesbian, gay, and bisexual issues

Supervisory Relationship Major Boundary Points

- It's not the same as a counseling relationship
- Supervisees need to know the rules
- Sometimes supervisors need to take a stand
- Conflict is inherent in the relationship

SO WHAT DO YOU DO ABOUT ATTRACTION?

(speaking of boundaries)

Helping Supervisees Work Through Issues

Some Bright Ideas for When You Need Them



Ways to encourage more self-disclosure

- It's not easy to always talk of our frailties!
- Modeling our humanness – safety first
- Referencing others who are human as well – Yalom's "Love's Executioner"
- Reflect the risk and note the courage
- Link supervisees with others via examples
- Use immediacy and reflect what you see
- Expressive media can help

Expressive Modalities for Supervision

- Movement can unlock our mind
Gestalt example: "Be the Gorilla"
Supervisor message and movement: "It's like you're saying I'm this tall," as the supervisor stands up.
- Artwork sometimes is active, sometimes is passive, and sometimes combines movement with these
- Art may be passive such as viewing black and white postcards as stimuli, feeling words in a deck of cards, diagrams.
- Art may be active such as drawing, clay

The Modality of Sandtray

- Sandtray provides visual and kinesthetic stimuli which can unlock stuck thinking
- Individual supervision
"Show me the relationship in the sandtray."
"Show me the dilemma in the sandtray."
"Diagram the ethical issue in the sandtray."
"Show how you want the sandtray to change."

Group supervision and sand

- Examples from groups
Invite the supervisee to the sand
Illustrate the issue
Show your dilemma
What was it like for you?
What's the relationship like?
Invite a group member to the sand
View the tray from all sides
Use the tray to manipulate the contents

Group supervision and sand continued

- One model
Borders(1991) model with one addition
Supervisee asks question, shares issue
Supervisor assigns roles
Supervisee shares more about the issue, may share a selection from tape
All members of group give feedback from the assigned role in answer to the supervisee's question or dilemma
Supervisee responds to feedback

ISSUES OF TRUST AND POWER

- Can I trust this tool to do the job?
- Can I trust myself?
- Who has got the power here?
- Can we really work together?
- Am I safe?



Issues inherent in the Power Differential

- The supervisee appears to need to prove how much he or she knows
- The supervisee only brings up “safe” topics
- The supervisee is so busy trying to please me that we don’t get anywhere
- No matter what I say, the supervisee is apt to say, “No. That isn’t it.”
- I feel like we are in a power struggle

So?

- Reflect what is going on
 - Use humor
 - Use tentative language
 - Use reality
- Give power
 - Supervisee directs session
 - Supervisee cues up tapes and asks own questions
- Use supervisee goals...etc.

Issues Concerning Trust

- The supervisee doesn’t appear to feel safe in the relationship
 - Accept, reflect, address
 - How can I help? What would you like from me?
- We aren’t getting to any depth in our work
 - See above
 - What is the developmental level of the supervisee?
- The supervisee expects me to only give negative feedback or only wants praise
 - Ask, “How do you like to receive feedback?”

It's not all about our supervisees

1. Sometimes do you feel unfairly treated by supervisee countertransference?
2. Annoyance over disorganization
3. Bringing our personal life into the supervision session is hazardous
4. What if your supervisee reminds you of a bully in your workplace?
5. Can you trust your supervisee?

So what's the good (and bad)?

- Working (or not working) through the power and trust issues
- Teaching (modeling) by your example
- We are often unaware of the power inequality when we have more power
- "Power is a tool that the supervisor uses in the service of protecting the client and enhancing the learning of the supervisee (Bernard & Goodyear, p. 176)"

So what's the Ugly?

- Treating your supervisee unfairly due to supervisor countertransference 4 sources
External stress from workload
Disappointment that supervisee not taking work seriously
Overidentification with beginning counselor
Wanting trainee to be a better therapist (Walker & Gay)
- A full blown power struggle – no one ever wins

Cues to Countertransference

(Ladany)

- Strong positive or negative feelings when interacting with supervisee
- Different feelings toward supervisee than usually expect
- Experiencing a gradual change in feelings towards supervisee or sessions with
- Discussions with colleagues (especially own supervisors)

So now let's really talk about attraction

- Supervisee towards supervisor
- Supervisor towards supervisee
- Mutual attraction

**Disclosure Statement for Clinical Supervision of Counselors
in Agencies and Private Practice**

Affiliation address

E-mail address

Calling service and office telephone numbers

I am pleased you have selected me as your clinical supervisor and look forward to a productive relationship. This professional disclosure statement is designed to acquaint you with my qualifications as a supervisor, to provide an overview of the supervision process, and to inform you of a number of administrative details.

I hold a master's degree (MS Ed.) and a doctoral degree (Ed.D.) in counseling. I am licensed in this state as a Licensed Clinical Professional Counselor (LCPC). I am certified as a counselor and as an approved clinical supervisor by the National Board of Certified Counselors, a private national counselor certifying agency.

I have been a clinical supervisor for 25 years and have held a variety of positions in public agencies, private practice, university teaching, and publishing in the counseling field. My training in supervision includes coursework and workshops attended over the past 28 years. In addition, I have designed curricula and taught workshops and courses in clinical supervision. Currently I am a professor of counselor education and have a part-time private practice. The supervision portion of my practice includes individuals and groups. I supervise mental health professionals who treat children, adolescents, and adults. My general areas of competence in counseling include examining issues with relationships, life transitions, and self-direction, including areas of mental illness.

Supervision is a process whereby one person is designated to facilitate the professional development and therapeutic competence of another person or persons. I have chosen to conduct my supervision using a model that employs three roles: teacher, counselor, and consultant. Most often I use the teacher and consultant roles. The counselor role is used at those times when the supervisee's thoughts or feelings are stimulated by the client to the point where they may interfere with the efficacious treatment of the client. However, any intervention will be limited to treatment-related issues, as ethically I cannot provide therapy for you as part of my supervision.

In addition to these roles, I will assist you to focus on the following skill and knowledge areas: process, personal awareness, conceptualizing, and administration. The process skills comprise counseling technique and other essential aspects of the interview process. Personal awareness refers to those aspects of your experience that relate to you as a person and the various influences that occur between counselor and client, and vice versa. Conceptualizing focuses on how you think about, plan for, and analyze your cases. The administration function covers other aspects of counseling from case notes to ethics, and licensure to business practices.

Evaluation is an important and integral part of the supervision process. Evaluation involves making judgments and providing feedback about the quality of work, need for improvement, and the observation of ethical boundaries. We will spend much of our time together focused on your work as a counselor, and my feedback will be ongoing, emphasizing process and progress rather than outcome. At least once a year, there will be a formal, planned evaluation. This evaluation will be based on your goals and other mutually agreed upon criteria. The evaluation will be written and will become part of your administrative file.

I will provide you with the best supervision possible. Our relationship will be professional in nature and built upon mutual respect and trust. My supervision will be consistent with the ethical standards set forth by the Board of Counseling Professionals Licensure. Although the focus of supervision will be on you and your professional development as a counselor, a primary concern will be client care.

I will keep a record of our sessions together. These records will be available to you to view at any time, and I will maintain them for seven years. I suggest that you also maintain your own records. As a supervisee, you are in control of the relationship and may end the supervision at any time, and I will be supportive of your decision.

All information you share with me about your clients or yourself, including any records I may keep, will be kept confidential and will not be shared with others. There are several important exceptions that pertain to the release of confidential information. We both are required to break confidentiality under the following circumstances:

- any threats to harm self or others
- reasonable suspicion of the abuse of a child, elder, or an incapacitated person
- when ordered by the court
- in defense against a legal action or formal complaint made before a court or regulatory board.

You may request that I provide information to others, and I will do so after you have signed a release statement.

In keeping with my own professional development as well as my commitment to effectiveness as a counselor and supervisor, I meet regularly with a counseling supervisor. Although I may discuss your client's case or my supervision of you, I will not disclose your client's name, your name, or other identifying information so that the confidentiality of all parties will be protected.

My fee is \$ _____ per supervision hour. The fee is due at the conclusion of each session. Cash or personal checks are acceptable for payment. I will provide you with a receipt for all fees paid. In the event you are unable to keep an appointment, please notify me 24 hours in advance.

My normal appointment day is Thursday. I usually schedule appointments from 8 a.m. through 8 p.m. Appointments on other days will not be readily available but may be scheduled in an emergency. If you need to reach me by phone, please call _____ or _____ . If you are unable to reach me at either number, you may leave a message for me, and I will return your call as soon as possible. If you have an emergency and cannot reach me, please call one of the following individuals:

Dr.
Dr.
Dr.

If at any time you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns, you may report your complaints to:

Board of Counseling Professionals Licensure
Department of Professional and Financial Regulation
Division of Licensing and Enforcement
Address
Telephone Number

If you have any questions concerning what is contained in this statement or on other matters related to your supervision, please feel free to raise them at any time.

Please sign and date this form.

(Date)

(Date)

Supervisee Intake

Supervisee name _____

Address (home) _____

Address (work) _____

Phone (home) _____ (work) _____ (cell) _____

E-mail address _____

Please answer all questions that apply to you.

License(s)

Expiration date(s)

Supervision requirement

Liability insurance company

Limits of liability

Professional training (include educational background, special training)

Have you had an ethics course or workshop?

If so, when?

What code of ethics is your guide?

Have you ever been charged with an ethical violation? If so, when, and what was the outcome?

Describe your job(s) as a professional counselor. Please include information concerning average number of clients per week and particular populations you may serve.

What is your preferred counseling modality/theory?

Do you receive supervision from another professional? If so, please describe how you envision this working for you.

Supervision, by definition is a planned intervention that occurs over time. How frequently do you wish to have scheduled supervision appointments?

What are your goals for supervision with me at this time?

Do you have any concerns of which I should be aware that might impact your counseling?

How do you best learn?

Supervision Tasks and Process

Preparation for the Supervisee

Well-trained supervisees make us look good as supervisors! We suspect that this was evident to you as you read the preceding transcript. The supervisee arrived with a prioritized agenda of what she wanted to get from supervision that day. We believe this is so important that we begin our section on the supervisor tasks and process with training for the supervisee. Following is a document that can be copied and handed to supervisees prior to the first meeting. It will help to explain the phases of supervision and supervisee preparation.

Phases and Structure of a Clinical Supervision Session

It may be helpful to think of each supervision session as having three separate phases. Not participating in any one phase detracts from the impact of the supervision experience in its entirety.

Phase 1: Advanced Preparation

We consider this phase to be the most important, as it determines how much one gains from a supervision session. The following questions provide structure that leads us through the preparation process.

1. What will you bring up in supervision? Examples of content and process are listed below.

A. Content

- Introducing new cases
- Reviewing previously discussed cases
- Personal awareness
- Reviewing administrative issues
- Evaluation
- Cultural influences
- Crisis Issues
- Ethical and legal issues
- Professional development

B. Process: It is the supervisee's responsibility to construct the supervision agenda. Supervisees are the architects of their own learning and need to be proactive, assertive, and, most importantly, courageous in reflecting on

themselves, their clients, and their behavior as counselors/therapists. In the reflection process, there are a number of focus points and questions to consider.

- Counseling technique dilemmas

What are you doing to assist the client? How is it helping? Where are you stuck? What ideas do you have about helping your client? What is stopping you from trying out your ideas? How could you behave differently?

- Client problems

What puzzles you about your client? What would you like to know about his or her problem? How could you find out what you don't know? What resources do you need?

- Personal Issues

What is happening to you in this situation? How are you feeling? How are these feelings influencing your counseling? What is your purpose? How is your counseling behavior related to assisting your client? What are your hypotheses about your own behavior? What needs to happen for you to behave differently?

- Administrative Questions

What are the ethical/legal issues involved with this client? What assistance do you need with maintaining your professional qualifications, your professional development?

- Treatment Planning/Action Issues

What are your client's symptoms/problems? What hypotheses do you have about your client and/or your client's behavior? What meaning do your client's situation/personal issues have for treatment? What are the counselor's goals, and are they separate from the client's goals? In what stage of change is the client? What treatment modalities/interventions will be used? What additional resources are necessary?

- Unresolved Issues

What are the multicultural issues between you and the client? Between you and your supervisor? How will you address these issues? What disagreements do you have with your supervisor? How will you handle these disagreements? Have you asked how your supervisor would like you to implement his/her suggestions?

2. What is the priority for your supervision topics?
3. What do you need from your supervisor around each topic?
4. How will you present this topic to your supervisor (i.e., what modality will you use)? Examples of modalities are self-report, audio/video recording, case note review, observation, co-counseling, live supervision, role-play, telephone conversation, and supervision via computer technology. It is important to use differing modalities for supervision learning and for you to get the most from your time with your supervisor.

Phase 2: Supervision Session

This is your actual supervision session. You present your supervisor with your agenda. You control the session to the extent that you need to make sure that you get your needs met. It is helpful to share your proposed agenda with the supervisor at the beginning of the session. Then, as you proceed to each topic, explain what it is that you need from supervision. At the same time, it will be important to take notes of the session so that discussions and decisions will be easily translated to new counseling behaviors.

Phase 3: Translation of Ideas into Action

You leave supervision. What is your plan for translating your notes into action?

How will you incorporate this new learning into your counseling sessions?

My Competence as a Supervisor

1=agree

2=disagree

3=I am not sure

- | | | | |
|--|---|---|---|
| 1. I am effective as a supervisor. | 1 | 2 | 3 |
| 2. I am knowledgeable about theories and models of supervision. | 1 | 2 | 3 |
| 3. If my supervisee is stuck, I can either sit with the stuckness or assist them with moving from there. | 1 | 2 | 3 |
| 4. I have knowledge of and can apply ethical and legal principles of supervision. | 1 | 2 | 3 |
| 5. I am sensitive to cultural differences. | 1 | 2 | 3 |
| 6. I am an effective therapist. | 1 | 2 | 3 |
| 7. I am trying to keep up with the literature on supervision. | 1 | 2 | 3 |
| 8. Prior to beginning, I orient my supervisees to the supervision process. | 1 | 2 | 3 |
| 9. I respect the differing ideas of my supervisees in supervision. | 1 | 2 | 3 |
| 10. I monitor supervisee performance and give immediate feedback. | 1 | 2 | 3 |
| 11. I evaluate performance fairly and give appropriate feedback. | 1 | 2 | 3 |
| 12. I invite feedback from supervisees. | 1 | 2 | 3 |
| 13. I share my cultural background as far as it affects supervision. | 1 | 2 | 3 |
| 14. I have strengths in case conceptualization and case management. | 1 | 2 | 3 |
| 15. I have received or do receive supervision of my supervision. | 1 | 2 | 3 |

