

SUPERVISION FOR SCHOOL & CLINICAL MENTAL HEALTH COUNSELORS

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GOALS

- Understand the Integrated Developmental Model of Supervision
- Apply the IDM with practicum students
- Apply the IDM with internship practicum students

MODELS OF SUPERVISION

Psychotherapy-Based Supervision

Personal Growth

Parallel Process/Isomorphism

Developmental Approaches to Supervision

IDM SUPERVISION

An Integrated Developmental Model of Supervision

-Stoltenberg, McNeil & Delworth



3 LEVELS OF DEVELOPMENT

Level 1 Therapist

Level 2 Therapist

Level 3 Therapist

OVERARCHING STRUCTURES

Self & Other Awareness

Motivation

Autonomy

SPECIFIC DOMAINS

Intervention Skills

Assessment

Interpersonal Assessment

Client Conceptualization

Individual Differences

Theoretical Orientation

Treatment Plans & Goals

Professional Ethics

SUPERVISEE DEVELOPMENTAL CHECKLIST

	Level 1	Level 2	Level 3
Intervention Skills			
Assessment			
Interpersonal Assessment			
Client Conceptualization			
Individual Differences			
Theoretical Orientation			
Treatment plan & goals			
Professional Ethics			



OVERARCHING STRUCTURES—LEVEL 1

Self & Other Awareness

Focus is on personal effectiveness, skills

Anxiety/fear

Concerned about supervisor's evaluation.

OVERARCHING STRUCTURES—LEVEL 1

Motivation

Usually high.

Focused on going from beginner to expert.

Want to move from anxiety to comfort.

Want to learn the “best” theory, techniques or approaches.

OVERARCHING STRUCTURES—LEVEL 1

Autonomy

Heavily dependent on supervisor

What to do/say in session

How to use supervision

LEVEL 1 INTERVENTION SKILLS COMPETENCE

Want understandable set of skills in a structured framework they can imitate.

Latch on to an orientation & become a devotee (usually 1st one they read or CBT)

Every issue becomes a nail.

LEVEL 1 ASSESSMENT TECHNIQUES

Tend to prefer interview methods or standardized methods.

Have little critical skills. I.e., fail to consider client response set or motivation.

LEVEL 1 INTERPERSONAL ASSESSMENT

Task: use personal reactions as assessment tool & barometer of data received.

LEVEL 1 CLIENT CONCEPTUALIZATION

Focus is on specific aspects of clients' history, current situation, or assessment data & exclude other relevant data.

Tend to over pathologize or under pathologize.

LEVEL 1 INDIVIDUAL DIFFERENCES

Despite training in MC, novice counselors tend to interpret clients through their own cultural lenses.

Assume that if they have common traits then the client's worldview is the same as their own.

OR

Assume that if they have dissimilar traits then the client's worldview is the vastly different from their own.

LEVEL 1 THEORETICAL ORIENTATION

Seeking the one-truth. When found, become disciples.



LEVEL 1 TREATMENT PLANNING

Difficult to conceptualize treatment from intake to discharge.

Focus is on keeping clients.

Tx planning may be general or cookie cutter/manualized.

LEVEL 1 PROFESSIONAL ETHICS

Rigid application & rote memorization.

Need guidance in interpreting and applying.

SUPERVISING THE LEVEL 1 THERAPIST

Structure!!!!

Both supervision & their clinical work.

Break feedback down into manageable/observable chunks.

Simplicity & slow speed.

Encourage self-examination

SUPERVISING THE LEVEL 1 THERAPIST

How?

Observation

Skills training

Role plays

Readings

Group sup

Balance ambiguity

Create conflict

Cont. education



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SUPERVISING THE LEVEL 1 THERAPIST

Be supportive

Be prescriptive

Tie theory to diagnosis to treatment

Initiate growth

TRANSITIONING TO LEVEL 2

Motivation:

may decrease for new approaches/techniques

Autonomy:

may desire more than is warranted.

Awareness:

Begins to move toward client, away from self.

OVERARCHING STRUCTURES—LEVEL 2

Self & Other Awareness

Less on self, more on client via empathy

Potential for over identification

OVERARCHING STRUCTURES—LEVEL 2

Vacillation between autonomy & dependency.

OVERARCHING STRUCTURES—LEVEL 2

Dependency/autonomy struggle affects motivation.

Want independence but question self when in tough/new situations.

Evidence of struggle in supervision

LEVEL 2 INTERVENTION SKILLS COMPETENCE

More comfort w/wide range of intervention skills, but...
Skills aren't integrated w/theory.

LEVEL 2 ASSESSMENT TECHNIQUES

Improvement in diagnostic criteria & assessment instruments.

LEVEL 2 INTERPERSONAL ASSESSMENT

Ability to be self-aware & monitor own cognitive/affective reactions is compromised due to over identification.

LEVEL 2 CLIENT CONCEPTUALIZATION

Case conceptualization is more complex but subject to over identification with client.

LEVEL 2 INDIVIDUAL DIFFERENCES

More willing to acknowledge influence of socio/cultural & environmental influences on behavior.

Vacillate between global one size fits all approaches and the idea that every client is unique.

LEVEL 2 THEORETICAL ORIENTATION

Less rigidly aligned with one theory willing to explore other theories.

LEVEL 2 TREATMENT PLANNING

May lose sight of need for jointly formulating treatment plans with clients.

LEVEL 2 PROFESSIONAL ETHICS

Ethics better understood

May view ethics as imposition or limitations on practice that could be violated & justified by exceptions.

May be more concerned about client when concerns should be on client and trainee.

SUPERVISING THE LEVEL 2 THERAPIST

“Therapeutic Adolescence.”

Seek balance between guidance and support.

Seek balance between autonomy and challenge.

SUPERVISING THE LEVEL 2 THERAPIST

Client Assignment:

Usually get more pathological clients who are less open to trying out newer sets of skills.

Case assignment should be presenting problems in and out of trainee comfort zone.

SUPERVISING THE LEVEL 2 THERAPIST

Interventions

Ongoing support & concern for supervisee development.

Talk about own past difficulties.

Prescriptive: provide multiple options & get supervisee input.

Encourage autonomous choices.

Explain your rationale for your decisions.

SUPERVISING THE LEVEL 2 THERAPIST

Interventions

Encourage alternate client case conceptualizations.

Encourage increased self-awareness of counter transference & manipulations.