

Test Bank for Practical Approaches to Clinical Supervision Across Settings 1st Lenz

TEST BANK SAMPLE PREVIEW

PUBLISHER

Pearson

COPYRIGHT

2022

ISBN

9780134984889

RESOURCE TYPE

Test Bank

Test Item File

Laura Smith

Practical Approaches to Clinical Supervision Across Settings: Theory, Practice and Research 1st Edition

Stephen Lenz
Brande Flamez



This work is protected by United States copyright laws and is provided solely for the use of instructors in teaching their courses and assessing student learning. Dissemination or sale of any part of this work (including on the World Wide Web) will destroy the integrity of the work and is not permitted. The work and materials from it should never be made available to students except by instructors using the accompanying text in their classes. All recipients of this work are expected to abide by these restrictions and to honor the intended pedagogical purposes and the needs of other instructors who rely on these materials.

Content Producer: Deepali Malhotra

Supplement Project Manager: Gowri Duraiswamy, SPi Global

Copyright © 2022 by Pearson Education, Inc. or its affiliates, 221 River Street, Hoboken, NJ 07030. All Rights Reserved. Manufactured in the United States of America. This publication is protected by copyright, and permission should be obtained from the publisher prior to any prohibited reproduction, storage in a retrieval system, or transmission in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise. For information regarding permissions, request forms, and the appropriate contacts within the Pearson Education Global Rights and Permissions department, please visit <http://www.pearsoned.com/permissions/>

PEARSON and ALWAYS LEARNING are exclusive trademarks owned by Pearson Education, Inc. or its affiliates, in the United States, and/or other countries.

Unless otherwise indicated herein, any third-party trademarks, logos, or icons that may appear in this work are the property of their respective owners, and any references to third-party trademarks, logos, icons, or other trade dress are for demonstrative or descriptive purposes only. Such references are not intended to imply any sponsorship, endorsement, authorization, or promotion of Pearson's products by the owners of such marks, or any relationship between the owner and Pearson Education, Inc., or its affiliates, authors, licensees, or distributors.

ISBN-10: 0-13-498517-6

ISBN-13: 978-0-13-498517-6



Table of Contents

Test Bank and Answer Key	iv
Preface	iv
Chapter 1 Supervision: A Signature Pedagogy within Counselor Preparation	1
Chapter 2 The Supervisory Relationship	4
Chapter 3 Theories of Supervision.....	8
Chapter 4 Conducting Supervision	11
Chapter 5 The Intersection of Culture, Systems, and Individual Development within Counseling Supervision.....	14
Chapter 6 Supervision in Counseling and Training Clinics	17
Chapter 7 Supervision in Addiction Counseling Settings	20
Chapter 8 Supervision in Career Counseling Settings	24
Chapter 9 Supervision in Clinical Mental Health Settings.....	27
Chapter 10 Supervision in Marriage, Family, and Couple Counseling Settings.....	31
Chapter 11 Supervision in Military Counseling Settings.....	34
Chapter 12 Clinical Supervision in Rehabilitation Counseling Settings	38
Chapter 13 Supervision in K–12 School Settings	41
Chapter 14 Online Supervision	45
Chapter 15 Trends, Training, and Credentialing	48
Answer Key	51

Test Item File and Answer Key

Preface

The Test Item File consists of approximately 20 multiple-choice, matching, and essay questions that are geared toward master's- and doctoral-level learners. The number of questions varies depending on chapter content.

Chapter 1 Supervision: A Signature Pedagogy within Counselor Preparation

1. Clinical supervision is a form of:
 - a. Relationship-based education and training
 - b. Management-based education and training
 - c. Management of daily tasks
 - d. Consultation
2. Your function as a supervisor is to:
 - a. Support your supervisees in their socialization to the organization, but not your profession
 - b. Support your supervisees in their socialization to the profession, but not your organization
 - c. Support your supervisee in their socialization to both organization and profession
 - d. Support your supervisees in their socialization to your theoretical orientation
3. In regard to the six core functions, the following activities are considered to be a part of your role:
 - a. Assessment and evaluation
 - b. Supporting and shaping
 - c. Socializing and promoting
 - d. A and B
4. Individual supervision:
 - a. Demands that the client follows the counselor's lead
 - b. Helps articulate client needs, identifies strategies and evaluates remedies
 - c. Provides intensive, personalized applications of supervisory functions
 - d. Is most effective for students when compared to other levels of professionalism
5. Group supervision:
 - a. Is most common in educational settings
 - b. Lends itself well to use with nondirective counselors
 - c. Should never exceed five supervisees per group
 - d. A and B
6. When working with a supervisee, you need to monitor all of the following EXCEPT:
 - a. Adherence to the endorsing organization's code of ethics
 - b. Adherence to the specialty certification's code of ethics
 - c. Adherence to state regulations
 - d. Adherence to adjacent state laws

7. Researchers have suggested that distance supervision approaches are:
 - a. Where employers are placing less responsibility on workers for managing their careers, health care, and retirement options
 - b. When counselors need to know more about learning options
 - c. Suggesting all students should attend college since technical education is of less importance
 - d. Just as effective as face-to-face modalities
8. Vicarious liability:
 - a. Is the process of learning bad behaviors from others
 - b. Implies that you are liable for your supervisees' actions
 - c. Suggests your supervisees are liable for your actions
 - d. B and C
9. Core functions of supervision DO NOT include:
 - a. Dictating skill development
 - b. Promoting well-being and self-care
 - c. Navigating administrative activities
 - d. Monitoring ethical and legal issues
10. The concept that within a relational system a desired end state can be reached in several ways is called:
 - a. Equifinality
 - b. Parallel processing
 - c. Unstructured supervision
 - d. Structured supervision
11. A paradigm where the agenda and content is _____ by the supervisor is called _____ supervision.
 - a. not determined; structured
 - b. largely determined; structured
 - c. determined by the supervisee and not; unstructured
 - d. largely determined; unstructured.
12. _____ supervision is considered the cornerstone of our profession.
 - a. Individual
 - b. Triadic
 - c. Group
 - d. Distance
13. By promoting well-being in your supervisees, you may be taking on what role?
 - a. Personal trainer

- b. Counselor
- c. Spiritual advisor
- d. None of the above

14. Working on _____ in supervision is imperative to supporting client success.

- a. supervisee self-care
- b. conceptualization and treatment planning
- c. promoting the use of new specific skill sets
- d. All of the above

15. Practice-based evidence includes:

- a. Supervisee-level assessment data
- b. Consideration of setting and community context
- c. Involves responding to feedback
- d. All of the above

Match the following assessments to the supervisory domain in which they may be most helpful.

16. _____ Patient Health Questionnaire

17. _____ Session Rating Scale

18. _____ Supervisory Relationship Measure

19. _____ Counseling Skill Scale

20. _____ Kaufman Brief Intelligence Test

- a. Supervisory working alliance
- b. Supervisee–client working alliance
- c. Supervisee skill development
- d. Client outcomes
- e. Not indicated

Chapter 2 The Supervisory Relationship

1. What is the thread that holds the fabric together of establishing a supervisory relationship?
 - a. Joining and contracting
 - b. Establishing time requirements
 - c. Clarifying roles and responsibilities
 - d. Initiating a culturally responsive and growth-fostering relationship
2. Many supervisees enter supervision with a sense of:
 - a. Excitement
 - b. Cautious reluctance
 - c. Fear
 - d. Genuine enthusiasm
3. The supervisory alliance:
 - a. Has been the pivotal component in the successful prosecution of the supervision relationship
 - b. Affects and contributes to its the supervision process and outcome
 - c. Begins with an effective relationship
 - d. All of the above
4. Which of the following is/are the foundation of the supervisory relationship?
 - a. Establishing rapport
 - b. Promoting transparency
 - c. Using a universal/blanket approach
 - d. Normalizing
 - e. A and B
 - f. None of the above
5. To establish rapport, a supervisor must:
 - a. Have supervisor-centered relational dispositions
 - b. Hide any personal discomfort or dislike for the supervisee
 - c. Communicate encouragement
 - d. Focus on outcomes of supervision activities
6. Promoting transparency in the supervisory relationship:
 - a. Is the easiest way to promote the supervisory alliance
 - b. Requires a degree of relational bravery
 - c. Is the only way to develop trust

- d. Is an advanced supervision skill
7. A supervisory contract:
- a. Helps to avoid misunderstandings
 - b. Sets clear expectations and boundaries
 - c. Details informed consent procedures
 - d. All of the above
 - e. None of the above
8. A new supervisee is demonstrating a lack of knowledge about ethical decision making models. The supervisor will take the role of _____ to ensure positive client outcomes.
- a. mentor
 - b. consultant
 - c. instructor
 - d. counselor
9. Which supervisor role monitors effectiveness and ensures that those who are unfit for the profession are not credentialed?
- a. Evaluator
 - b. Mentor
 - c. Consultant
 - d. Supportive Colleague
10. A supervisee asks for advice on becoming more involved in professional development opportunities so he can advance his career. The supervisor will take the _____ role.
- a. instructor
 - b. mentor
 - c. evaluator
 - d. consultant
11. What role does a supervisor utilize to establish relationships and support client outcomes?
- a. Advisor
 - b. Counselor
 - c. Supportive friend
 - d. All of the above
12. When ruptures in alliance occur in the supervisory relationship, the supervisor is responsible for:
- a. Gatekeeping

- b. Waiting for the supervisee to address the rupture to allow the opportunity to develop confrontation skills
 - c. Taking the lead in transforming these moments into opportunities for growth
 - d. Informing the supervisee that the relationship is damaged
13. When there is irreparable damage to the alliance, supervisors should:
- a. Immediately end the supervisory relationship
 - b. Seek consultation and supervision to uncover personal biases
 - c. Not discuss the value clash with the supervisee to avoid further damage
 - d. Continue with supervision as if nothing happened
14. Which of the following are strategies for transforming ruptures in alliance into opportunities for growth?
- a. Self-reflection
 - b. Observation and awareness
 - c. Work in conjunction with the supervisee
 - d. All of the above
15. The _____ is used to handle value conflicts in supervision.
- a. Detect-Articulate-Respond (DAR) Model
 - b. Supervisory Relationship Measure
 - c. Counseling Skill Scale
 - d. None of the above
16. Concluding the supervisory relationship:
- a. Provides an opportunity to complete important activities
 - b. Provides supervisees a functional model for positive, responsible closure to a relationship
 - c. A and B
 - d. None of the above

Essay Questions

17. How does a supervisor set the tone of safety and develop a positive relationship that leads to great rapport?
18. Describe how you can ensure that the parallel process within your supervisory relationships are used positively in supervision sessions.
19. Develop a scenario of a potential rupture in alliance. Describe at least two strategies that you could use to transform that rupture into an opportunity for growth.

20. How will you ensure that concluding your supervisory relationship demonstrates a functional model for a positive, responsible closure to a relationship?

Answer Key

Chapter 1 Supervision: A Signature Pedagogy within Counselor Preparation

1. A
2. C
3. D
4. C
5. A
6. D
7. D
8. B
9. A
10. A
11. B
12. A
13. D
14. B
15. D
16. D
17. B
18. A
19. C
20. E

Chapter 2 The Supervisory Relationship

1. D
2. B
3. D
4. E
5. C
6. B
7. A
8. C
9. A
10. B
11. B
12. C
13. B
14. D
15. A
16. C
17. Supervisee-centered relational dispositions (genuineness, empathy, unconditional positive regard, and trust) and communicating encouragement effectively contribute to setting a tone of safety and rapport. The response should go further in depth to describe how the supervisor would communicate encouragement effectively.
18. Response may include examining their own behavior, emotions displayed in supervision should be analyzed, discussing counselor–client communication and linking to occurrences between counselor and supervisor, using motivational interview techniques to increase awareness, and teaching and modeling counseling skills and techniques.
19. Students may develop many different scenarios that may cause a rupture in alliance. Responses must include at least two strategies used to transform the rupture into an opportunity for growth. Possible strategies include reflexivity, observation and awareness, self-reflection, humility, discuss the issue with the supervisee, collaboratively developing a plan with the supervisee to restore rapport and trust, use of the cognitive-behavioral approach, or using the Detect-Articulate-Respond (DAR) Model.
20. Concluding the supervisory relationship is best implemented with careful foresight and understanding on the potential impact on the supervisee and future clients. A positive termination of a supervisory relationship may include reviewing the supervisee's relational capacity over time, sense of self-efficacy, and professional development. A supervisor may also provide specific, encouraging commentary to inspire their supervisees as they move into their next professional chapter.

Instructor's Manual

Laura Smith

Practical Approaches to Clinical Supervision Across Settings: Theory, Practice and Research 1st Edition

Stephen Lenz
Brande Flamez



This work is protected by United States copyright laws and is provided solely for the use of instructors in teaching their courses and assessing student learning. Dissemination or sale of any part of this work (including on the World Wide Web) will destroy the integrity of the work and is not permitted. The work and materials from it should never be made available to students except by instructors using the accompanying text in their classes. All recipients of this work are expected to abide by these restrictions and to honor the intended pedagogical purposes and the needs of other instructors who rely on these materials.

Content Producer: Deepali Malhotra

Supplement Project Manager: Gowri Duraiswamy, SPi Global

Copyright © 2022 by Pearson Education, Inc. or its affiliates, 221 River Street, Hoboken, NJ 07030. All Rights Reserved. Manufactured in the United States of America. This publication is protected by copyright, and permission should be obtained from the publisher prior to any prohibited reproduction, storage in a retrieval system, or transmission in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise. For information regarding permissions, request forms, and the appropriate contacts within the Pearson Education Global Rights and Permissions department, please visit <http://www.pearsoned.com/permissions/>

PEARSON and ALWAYS LEARNING are exclusive trademarks owned by Pearson Education, Inc. or its affiliates, in the United States, and/or other countries.

Unless otherwise indicated herein, any third-party trademarks, logos, or icons that may appear in this work are the property of their respective owners, and any references to third-party trademarks, logos, icons, or other trade dress are for demonstrative or descriptive purposes only. Such references are not intended to imply any sponsorship, endorsement, authorization, or promotion of Pearson's products by the owners of such marks, or any relationship between the owner and Pearson Education, Inc., or its affiliates, authors, licensees, or distributors.

ISBN-10: 0-13-498517-6

ISBN-13: 978-0-13-498517-6



Table of Contents

Preface	iv
Chapter 1 Supervision: A Signature Pedagogy within Counselor Preparation 1	
Chapter 2 The Supervisory Relationship	7
Chapter 3 Theories of Supervision.....	14
Chapter 4 Conducting Supervision	20
Chapter 5 The Intersection of Culture, Systems, and Individual Development within Counseling Supervision.....	26
Chapter 6 Supervision in Counseling and Training Clinics	34
Chapter 7 Supervision in Addiction Counseling Settings	41
Chapter 8 Supervision in Career Counseling Settings	46
Chapter 9 Supervision in Clinical Mental Health Settings.....	51
Chapter 10 Supervision in Marriage, Family, and Couple Counseling Settings.....	57
Chapter 11 Supervision in Military Counseling Settings.....	61
Chapter 12 Supervision in Clinical Rehabilitation Counseling Settings	69
Chapter 13 Supervision in K-12 School Settings	74
Chapter 14 Online Supervision	79
Chapter 15 Trends, Training, and Credentialing	83

Preface

This manual is intended to give a brief overview of the content that is covered in *Practical Clinical Supervision*, along with a list of additional resources and references in each chapter.

Chapter 1 Supervision: A Signature Pedagogy within Counselor Preparation

Chapter Overview/Outline

Clinical Supervision as a Distinct Profession

Core Functions of a Clinical Supervisor

- Socializing supervisees to your organizational and professional context
- Supporting conceptualization and treatment planning for client concerns
- Promoting skill development
- Navigating administrative activities
- Monitoring ethical and legal issues
- Promoting well-being and self-care

It is important to note that across each core supervisory function, you will be performing three broad-level activities regarded as integral to your role: (1) assessing the gap between professional standard and your supervisees' current status, (2) supporting and shaping their development to close that gap, and (3) evaluating their progression toward a professional standard (Bernard & Goodyear, 2014; Borders, 2005).

Modalities for Delivering Supervision

- Individual supervision
- Triadic supervision
- Group supervision
- Distance supervision

Structure and Process of your Sessions

- Equifinality and evidence across the many approaches to supervision
- *Agenda for Use in Structured Supervision
- *Assessments to Support Practice-Based Evidence and Adjustments to Supervisory Functions

Looking Ahead and Using this Text as a Resource

- Historical, Theoretical and Systemic Issues (Chapters 1–5)
- Setting-Specific Activities (Chapters 6–14)
- Current and Emerging Trends, Training, and Licensure (Chapter 15)

Objectives

After studying this chapter, you will be able to:

- Describe the characteristics of counselor supervision
- Discuss the evolution of supervision as a teaching method within the helping professions

- Identify and describe common modalities used for counselor supervision
- Debate characteristics and misconceptions related to counselor supervision
- Understand strategies for using this text to promote best practices in supervision

Key Word Definitions

Approved supervisor: You or someone in your setting with a greater amount or depth of experience providing services to your clients.

Clinical supervision: The formal provision, by approved supervisors, of relationship-based education and training that is work-focused and that manages, supports, develops, and evaluates the work of colleague/s (Milne & Watkins, 2014).

Colleague/s: Students, trainees, or more junior professionals that you will manage, support, develop, and evaluate across personal and professional domains in an effort to ensure competent service delivery and career-sustaining behaviors.

Equifinality: Suggests that within a relational system a desired end state can be reached in several ways.

Functions of a supervisor: Understanding and operating within a well-rounded set of supervisory functions.

Structured supervision: A paradigm wherein the agenda, content, and processes intended to support supervisee development, client welfare, and personal well-being are largely determined by the supervisor and are standardized across meetings, while also providing some flexibility to address pressing or emergent issues.

Unstructured supervision: Leaves the determination of agenda, content, and processes to be directed by the emergent phenomenological experiences of the supervisor or supervisee.

References

- Aladağ, M., & Kemer, G. (2016). Clinical supervision: An emerging counseling specialty in Turkey. *The Clinical Supervisor, 35*, 175–191.
<https://doi.org/10.1080/07325223.2016.1223775>
- Beddoe, L. (2016). Supervision in social work in Aotearoa New Zealand: Challenges in changing contexts. *The Clinical Supervisor, 35*, 156–174.
<https://doi.org/10.1080/07325223.2016.1217497>
- Bernard, J. M. (2006). Tracing the development of clinical supervision. *The Clinical Supervisor, 24*, 3–21. https://doi.org/10.1300/J001v24n01_02
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Pearson.
- Blount, A. J., Mullen, P. R. (2015). Development of an integrative wellness model: Supervising counselors-in-training. *The Professional Counselor, 5*, 100–113.
- Borders, L. D. (2005). *New handbook of counseling supervision* (2nd ed.). Erlbaum.

- Borders, L. D. (2016). Clinical supervision: Global developments of a professional specialty. *The Clinical Supervisor*, 35, 155–155.
<https://doi.org/10.1080/07325223.2016.1223980>
- Borders, L. D., Glosoff, H. L., Welfare, L. E., Hays, D. G., DeKruyf, L., Fernando, D. M., & Page, B. (2014). Best practices in clinical supervision: Evolution of a counseling specialty. *The Clinical Supervisor*, 33, 26–44.
<https://doi.org/10.1080/07325223.2014.905225>
- Callanan, N., Veach, P. M., & LeRoy, B. S. (2016). The evolution of clinical supervision in genetic counseling: Theory, research, and practice. *The Clinical Supervisor*, 35, 210–226. <https://doi.org/10.1080/07325223.2016.1224992>
- Carrola, P. A., DeMatthews, D., Shin, S. M., & Corbin-Burdick, M. (2016). Correctional counseling supervision: How supervisors manage the duality of security and mental health needs, *The Clinical Supervisor*, 35, 249–267.
<https://doi.org/10.1080/07325223.2016.1214856>
- Chapin, T. J. (2016). Developing a specialty in neurofeedback: Decision points. *Journal of Mental Health Counseling*, 38, 155–169. <https://doi.org/10.17744/mehc.38.2.06>
- Colburn, A. A., Grothaus, T., Hays, D. G., & Milliken, T. (2016). A Delphi study and initial validation of counselor supervision competencies. *Counselor Education & Supervision*, 55, 2–15. <https://doi.org/10.1002/ceas.12029>
- Collins-Camargo, C., & Antle, B. (2018). Child welfare supervision: Special issues related to trauma-informed care in a unique environment. *The Clinical Supervisor*, 37, 64–82. <https://doi.org/10.1080/07325223.2017.1382412>
- Creaner, M., & Timulak, L. (2016). Clinical supervision and counseling psychology in the Republic of Ireland. *The Clinical Supervisor*, 35, 192–209.
<https://doi.org/10.1080/07325223.2016.1218812>
- Del Re, A. C., Flückiger, C., Horvath, A. O., Symonds, D., & Wampold, B. E. (2012). Therapist effects in the therapeutic alliance–outcome relationship: A restricted-maximum likelihood meta-analysis. *Clinical Psychology Review*, 32, 642–649.
<https://doi.org/10.1016/j.cpr.2012.07.002>
- Frank, R. I., & Davidson, J. (2014). *The transdiagnostic road map to case formulation and treatment planning: Practical guidance for clinical decision making*. New Harbinger.
- Henderson, P. G. (2009). *The new handbook of administrative supervision in counseling*. Routledge.
- Hill, C. E., Lent, R., Morrison, M. A., Pinto-Coelho, K., Jackson, J. L., & Kivlighan, D. (2016). Contribution of supervisor interventions to client change: The therapist perspective. *The Clinical Supervisor*, 35, 227–248.
<https://doi.org/10.1080/07325223.2016.1193783>

- Hilsenroth, M. J., Kivlighan, D. M., & Slavin-Mulford, J. (2015). Structured supervision of graduate clinicians in psychodynamic psychotherapy: Alliance and technique. *Journal of Counseling Psychology, 62*, 173–183.
<https://doi.org/10.1037/cou0000058>
- Kress, V., O'Neill, R., Protivnak, J., & Stargell, N. (2015). Supervisors' suggestions for enhancing counseling regulatory boards' sanctioned supervision practices. *Journal of Mental Health Counseling, 37*, 109–123.
<https://doi.org/10.17744/mehc.37.2.p658p5k07m830351>
- Kress, V. E., O'Neill, R. M., Protivnak, J. J., Stargell, N. A., & Herman, E. (2015). A qualitative study of supervisors' reflections on providing sanctioned supervision. *The Clinical Supervisor, 34*, 38–56.
<https://doi.org/10.1080/07325223.2014.1003740>
- Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. *The Counseling Psychologist, 41*, 28–47. <https://doi.org/10.1177/0011000012442648>
- Larkin, K. T., Bridges, A. J., Fields, S. A., & Vogel, M. E. (2016). Acquiring competencies in integrated behavioral health care in doctoral, internship, and postdoctoral programs. *Training and Education in Professional Psychology, 10*, 14–23. <https://doi.org/10.1037/tep0000099>
- Leddick, G. R. & Bernard, J. M. (1980). The history of supervision: A critical review. *Counselor Education and Supervision, 19*, 186–196.
- Lenz, A. S., Blount, A. J., & Norris, C. A. (2018). A multi-method synthesis of studies evaluating wellness-informed approaches to counselor supervision. *The Clinical Supervisor, 37*, 339–359. <https://doi.org/10.1080/07325223.2018.1507858>
- Lenz, A. S., Oliver, M., & Sangganjanavanich, V. F. (2014). Perceptions of meaningful moments among counselors in training participating in the Wellness Model of Supervision. *The Clinical Supervisor, 33*, 45–62.
<https://doi.org/10.1080/07325223.2014.905814>
- Lenz, A. S., Sangganjanavanich, V. F., Balkin, R., Oliver, M., & Smith, R. L. (2012). Wellness Model of Supervision: A comparative analysis. *Counselor Education and Supervision, 51*, 207–221.
- Lenz, A. S., & Smith, R. L. (2010). Integrating wellness concepts within a clinical supervision model. *The Clinical Supervisor, 29*, 228–245.
- Martin, P., Kumar, S., & Lizarondo, L. (2017). Effective use of technology in clinical supervision. *Internet Interventions, 8*, 35–39.
<https://doi.org/10.1016/j.invent.2017.03.001>
- Martin, P., Lizarondo, L., & Kumar, S. (2017). A systematic review of the factors that influence the quality and effectiveness of telesupervision for health professionals. *Journal of Telemedicine and Telecare, 24*(4), 271–281.
<https://doi.org/10.1177/1357633X17698868>

- Meany-Walen, K. K., Davis-Gage, D., & Lindo, N. A. (2016). The impact of wellness-focused supervision on mental health counseling practicum students. *Journal of Counseling & Development, 94*, 464–472. <https://doi.org/10.1002/jcad.12105>
- Meichenbaum, D. (1985). *Stress inoculation training*. Pergamon Press.
- Meichenbaum, D. (1996). *Treating adults with post-traumatic stress disorder*. Institute Press.
- Melrose, S., Park, C., & Perry, B. (2015). *Creative clinical teaching in the health professions*. <http://epub-fhd.athabascau.ca>
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). Guilford Press.
- Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1994). *Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence* (NIH Publication No. 94–3723). National Institute on Alcohol Abuse and Alcoholism.
- Milne, D., Aylott, H., Fitzpatrick, H., & Ellis, M. V. (2008). How does clinical supervision work? Using a "best evidence synthesis" approach to construct a basic model of supervision. *The Clinical Supervisor, 27*(2), 170–190. <https://doi.org/10.1080/07325220802487915>
- Milne, D. L., & Watkins, E. (2014). Defining and understanding clinical supervision: A functional approach. In E. Watkins & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp. 3–19). Wiley.
- Mohr, D. C., Ho, J., Duufecy, J., Reifler, D., Sokol, L., Burns, M., ... Siddique, J. (2012). Effect of telephone-administered vs. video interview face-to-face cognitive behavioral therapy on adherence to therapy and depression outcomes among primary care patients: A randomized trial. *Journal of the American Medical Association, 307*, 2278–2285. <https://doi.org/10.1001/jama.2012.5588>
- Newgent, R. A., Davis, H., & Farley, R. C. (2004). Perceptions of individual, triadic, and group models of supervision. *The Clinical Supervisor, 23*, 65–79. https://doi.org/10.1300/J001v23n02_05
- Paulson, L. R., & Casile, W. J. (2014). Building bridges: A pilot program for training and support of rural supervisors. *The Clinical Supervisor, 33*, 204–227. <https://doi.org/10.1080/07325223.2014.981990>
- Remley, T. P., & Herlihy, B. (2016). *Ethical, legal, and professional issues in counseling* (5th ed.). Pearson.
- Ridley, C. R., & Jeffery, C. E. (2017). The conceptual framework of thematic mapping in case conceptualization. *Journal of Clinical Psychology, 73*, 376–392.
- Ridley, C. R., Jeffery, C. E., & Roberson, R. B. (2017). Case mis-conceptualization in psychological treatment: An enduring clinical problem. *Journal of Clinical Psychology, 73*, 376–392.

- Tromski-Klingshirn, D. M., & Davis, T. E. (2009). Supervisees' perceptions of their clinical supervision: A study of the dual role of clinical and administrative supervisor. *Counselor Education and Supervision, 46*, 294–304.
- Watkins, C. E. (2011). Does psychotherapy supervision contribute to patient outcomes?: Considering thirty years of research. *The Clinical Supervisor, 30*, 235–256. <https://doi.org/10.1080/07325223.2011.619417>

Chapter 2 The Supervisory Relationship

Chapter Overview/Outline

Beginning your Supervisory Relationship

- *Reflecting on your supervisory qualities and skills

Supervisory Alliance: Establishing Relationships, Rapport, and Client Focus

- Developing the relationship
- Establishing rapport
- Adjusting to developmental levels
- Promoting transparency
- Using an individualized approach
- *The case of Samir and Manny
- Monitoring and negotiating the power differential
- Establishing a supervisory contract

A Note on Parallel Process within Supervisory Relationships

- Parallel process: Background
- Working within parallel process
- *The supervision of Amanda

Working within Your Many Roles

- Instructor
- Mentor
- Role model
- Consultant
- Counselor
- Supportive colleague
- Evaluator
- *The case of Sharika

Transforming Ruptures in Alliance into Opportunities for Growth

- Strategies for transforming ruptures in alliance into opportunities for growth
- 5 Steps

Detect-Articulate-Respond Model

Irreparable damage to the alliance

Concluding the Supervisory Relationship

Summary

- The relationship between supervisor and supervisee is an important facet.
- Effective supervisors are aware of parallel process and must respond appropriately.

- Effective supervisors use parallel process to model appropriate counseling skills and techniques that lend themselves to client progress and counselor professional growth.
- The supervisory relationship can positively influence the counselor/client relationship.
- Supervisors use a variety of roles to assist counselors. It is important that supervisors remember their role and not act as personal counselors to supervisees. Rather, supervisors make referrals to best assist supervisees needing personal counseling.
- When supervisor actions rupture the supervisory alliance, openness, self-reflection, and humility can be important facets in healing the relationship.

Objectives

After studying this chapter, you will be able to:

- Discuss important characteristics and behaviors of a supervisor in creating a strong working alliance with a supervisee
- Explain the importance of the supervisory relationship and provide recommendations for developing a strong relationship
- Discuss the concept of parallel process and how to identify and address the parallel process as a supervisor
- Identify the various roles of a supervisor
- Explain how to examine and repair supervision alliance ruptures

Key Word Definitions

Detect-Articulate-Respond (DAR) Model: Consists of three steps. The first step, detecting the value conflict, suggests ongoing supervisor/counselor discussions about potential value conflicts. These discussions make sure both parties are focused on identifying potential problems and, hopefully, have better ability to identify any problems when they occur. The second step requires supervisors to learn supervisees' reactions to issues, then approach and normalize these conflicts. During this step, supervisors focus on supervisee growth, point out tensions that occur, and give supervisees the power to stop the process as needed. The third step involves analyzing implications of values conflicts and making appropriate referrals to resolve issues.

Parallel process: Phase One: During the counselor/client relationship an issue results in counselor projection. Phase Two: The counselor brings the issue to supervision where projection then occurs between counselor and supervisor. This may occur due to the client's issues being like those of the counselor and/or supervisor. Phase Three: Parallel process ensues due to projections brought forth during the first two phases. These projections are analyzed while supervision also occurs.

Ruptured alliance: Often involves "some sort of relational strain between supervisor and supervisee, where the quality of their interaction is negatively affected" (Watkins, Reyna, Ramos, & Hook, 2015, p. 101).

Supplemental Resources

Parallel Process

Giordano, A., Clarke, P., & Borders, L. D. (2013). Using motivational interviewing techniques to address parallel process in supervision. *Counselor Education and Supervision*, 52(1), 15–29.

Giordano and Borders provide a quick overview of the concept of parallel process, discuss how to identify and address parallel process as a supervisor in general, and explore motivational interviewing as a specific technique for addressing parallel process.

Watkins, C. E. (2016). Reconsidering parallel process in psychotherapy supervision: On parsimony, rival hypotheses, and alternate explanations. *Psychoanalytic Psychology*, 34(4), 506–515.

Watkins gives a detailed background on the concept of parallel process and briefly lists various explanatory theories of parallel process. He briefly summarizes what data upholds concerning the parallel process. He provides case examples that propose a parallel process at work but criticizes their ability to illustrate the actual existence of a parallel process. He concludes that the concept of parallel process may be more fiction than reality.

Establishing Rapport

Giordano, A., Clarke, P., & Borders, L. D. (2013). Using motivational interviewing techniques to address parallel process in supervision. *Counselor Education and Supervision*, 52(1), 15–29.

Giordano et al. explored motivational interviewing as a technique for supervisors to employ in their supervision sessions. A component of that technique is “engaging” or establishing rapport with the supervisee. The article includes ways of engaging with the supervisee.

Hill, C. E., Lent, R. W., Morrison, M. A., Pinto-Coelho, K., Jackson, J. L., & Kivlighan, D. M.

(2016). Contribution of supervisor interventions to client change: The therapist perspective. *The Clinical Supervisor*, 35(2), 227-248.

Hill et al. analyze interviews with 15 doctoral students about their experiences as supervisees as well as the results of the students taking an assessment, the Supervisory Working Alliance Inventory, that includes measurements of rapport. The students highlight hallmarks of a successful supervisory relationship, including clear and honest communication and a supervisor’s genuine interest in them.

Roles of Supervisor

Freeman, B. J., Curtis, C. M., Fairgrieve, L. A., & Pitts, M. E. (2016). Gatekeeping in the field: Strategies

and practices. *Journal of Professional Counseling: Practice, Theory and Research*, 43(2), 28–41.

This article discusses the role of gatekeeper/monitor. The most common gatekeeping and remediation strategies reported by participants were consulting with other professionals, discussing the issue directly with the supervisee, and increasing live supervision.

Lenz, A. S., Sangganjanavanich, V. F., Balkin, R. S., Oliver, M., & Smith, R. L. (2012). Wellness Model of Supervision: A comparative analysis. *Counselor Education and Supervision*, 51(3), 207–221.

This article explains the Wellness Model of Supervision and extends the role of the supervisor as a supporter of the supervisee by proposing that the supervisor monitor the welfare and self-care of the supervisee.

Ruptures in the Alliance

Dunn, R., Callahan, J. L., Farnsworth, J. K., & Watkins, C. E. (2017). A proposed framework for addressing supervisee–supervisor value conflict. *The Clinical Supervisor*, 1–20.

Dunn et al. provide a model for addressing a value conflict between supervisor and supervisee. They offer examples of each of the three steps in the process.

Reiser, R. P., & Milne, D. L. (2017). A CBT formulation of supervisees' narratives about unethical and harmful supervision. *The Clinical Supervisor*, 36(1), 102–115.

Reiser and Milne analyze the narratives Ellis details through a CBT lens and give recommendations to address harmful ruptures in the working alliance.

Watkins, C. E., Hook, J. N., Ramaeker, J., & Ramos, M. J. (2016). Repairing the ruptured supervisory alliance: Humility as a foundational virtue in clinical supervision. *The Clinical Supervisor*, 35(1), 22–41.

Watkins et al. expound on the need for supervisor humility and provide two case studies illustrating when a lack of supervisor humility causes a rupture in the working alliance and when humility repairs a rupture.

References

American Counseling Association. (2014). *Code of ethics*.
https://www.counseling.org/docs/default-source/ethics/2014-code-ofethics.pdf?sfvrsn=2d58522c_4

- Barnett, J. E., & Molzon, C. H. (2014). Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology, 70*, 1051–1061.
- Bell, H., Hagedorn, W. B., & Robinson, E. H. (2016). An exploration of supervisory and therapeutic relationships and client outcomes. *Counselor Education & Supervision, 55*, 182–197. <https://doi.org/10.1002/ceas.12044>
- Bernard, J. M., & Goodyear, R. K. (1997). The discrimination model. In C. Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 310–327). Wiley.
- Blount, A. J., & Mullen, P. R. (2015). Development of an integrative wellness model: Supervising counselors in training. *The Professional Counselor, 5*, 100–113. <https://doi.org/10.15241/ajb.5.1.10>
- Calvert, F. L., Crowe, T. P., & Grenyer, B. F. S. (2016). Dialogical reflexivity in supervision: An experiential learning process for enhancing reflective and relational competencies. *The Clinical Supervisor, 35*, 1–21. <https://doi.org/10.1080/07325223.2015.1135840>
- Degges-White, S., Colon, B., & Borzumato-Gainey, C. (2013). Counseling supervision within a feminist framework: Guidelines for intervention. *Journal of Humanistic Counseling, 52*, 92–105.
- Dunn, R., Callahan, J. L., Farnsworth, J. K., & Watkins, C. E. (2017). A proposed framework for addressing supervisee-supervisor value conflict. *The Clinical Supervisor, 36*, 203–222.
- Ekstein, R., & Wallerstein, R. S. (1958). *The teaching and learning of psychotherapy*. Basic Books.
- Ellis, M. V. (2017). Clinical supervision contract and consent statement and supervisee rights and responsibilities. *The Clinical Supervisor, 36*, 145–159. <https://doi.org/10.1080/07325223.2017.1321885>
- Falender, C. A., Shafranske, E. P., & Ofek, A. (2014). Competent clinical supervision: Emerging effective practices. *Counselling Psychology Quarterly, 27*(4), 393–408. doi.org/10.1080/09515070.2014.934785
- Gaete, J., & Ness, O. (2015). Supervision: From prescribed roles to preferred positionings. *The Clinical Supervisor, 34*, 57–77.
- Giordano, A., Clark, P., & Borders, L. D. (2013). Using motivational interviewing techniques to address parallel process in supervision. *Counselor Education & Supervision, 15*, 15–29. <https://doi.org/10.1002/j.1556-6978.2013.00025.x>
- Grant, J., Schofield, M. J., & Crawford, S. (2012). Managing difficulties in supervision: Supervisors' perspectives. *Journal of Counseling Psychology, 59*, 528–541.
- Hill, C. E., Lent, R. W., Morrison, M. A., Pinto-Coelho, K., Jackson, J. L., & Kivlighan, D. M. (2016). Contribution of supervisor interventions to client change: The therapist perspective. *The Clinical Supervisor, 35*, 227–248.
- Livni, D., Crowe, T. P., & Gonsalvez, C. J. (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology, 57*, 178–186. <https://doi.org/10.1037/a0027452>
- Lloyd-Hazlett, J., & Foster, V. A. (2014). Utilizing Interpersonal Process Recall in counseling supervision to address counselor transference. *Vistas 2014, 34*, 1–12.

- Lonner, M. R., & Juhnke, G. (2017). Non-disclosure in triadic supervision: A phenomenological study of counseling students. *Counselor Education & Supervision, 56*, 83–97.
- McCarthy, A. K. (2013). Relationship between supervisory working alliance and client outcomes in state vocational rehab counseling. *Rehabilitation Counseling Bulletin, 57*, 23–30.
- Mendelsohn, R. (2012). Parallel process and projective identification in psychoanalytic supervision. *Psychoanalytic Review, 99*, 297–314.
<https://doi.org/10.1521/prev.2012.99.3.297>
- Merriman, J. (2015a). Enhancing counseling supervision through compassion fatigue education. *Journal of Counseling & Development, 93*, 370–377.
- Merriman, J. (2015b). Prevention-based training for Licensed Professional Counselor Interns. *Journal of Professional Counseling: Practice, Theory & Research, 42*, 40–53. <https://doi.org/10.1080/15566382.2015.12033943>
- Miller, S. (2010). What's going on?: Parallel process and reflective practice in teaching. *Reflective Practice: International and Multidisciplinary Perspectives, 5*, 383–393.
<https://doi.org/10.1080/1462394042000270682>
- Neukrug, E. (2012). *Counseling and supervision*.
<https://www.mastersincounseling.org/consulting-and-supervision.html>
- Norman, R. L. (2013). The intentional use of the parallel process during cross-cultural counseling supervision. *Vistas 2013*. https://www.counseling.org/docs/default-source/vistas/article_55b45a22f16116603abcacff0000bee5e7.pdf?sfvrsn=2a4c422c_6
- Raichelson, S. H., Herron, W. G., Primavera, L. H., & Ramirez, S. M. (1997). Incidence and effects of parallel process in psychotherapy supervision. *The Clinical Supervisor, 15*, 37–48. https://doi.org/10.1300/J001v15n02_03
- Reiser, R. P., & Milne, D. L. (2017). A CBT formulation of supervisees' narratives about unethical and harmful supervision. *The Clinical Supervisor, 36*, 102–115.
- Searles, H. F. (1955). The informational value of the supervisor's emotional experience. *Psychiatry, 18*, 135–146
- Sweeney, T. J. (2009). *Adlerian counseling and psychotherapy: A practitioner's approach* (5th ed.). Routledge.
- Tracey, T. J. G., Bludworth, J., & Glidden-Tracey, C. E. (2012). Are there parallel processes in psychotherapy supervision?: An empirical examination. *Psychotherapy: Theory, Research, Practice, Training, 49*, 330–343.
- Watkins, C. E. (2014). The supervisory alliance: A half century of theory, practice, and research. *American Journal of Psychotherapy, 68*, 19–55.
<https://doi.org/10.1176/appi.psychotherapy.2014.68.1.19>
- Watkins, C. E., Jr., Hook, J. N., Ramaeker, J., & Ramos, M. J. (2016). Repairing the ruptured supervisory alliance: Humility as a foundational virtue in clinical supervision. *The Clinical Supervisor, 35*(1), 22–41.
<https://doi.org/10.1080/07325223.2015.1127190>
- Watkins, C. E., Jr., Reyna, S. H., Ramos, M. J., & Hook, J. N. (2015). The ruptured supervisory alliance and its repair: On supervisor apology as a reparative intervention. *The Clinical Supervisor, 34*(1), 98–114.
<https://doi.org/10.1080/07325223.2015.1015194>

Watkins, C. E., Jr., & Scaturro, D. J. (2013). Toward an integrative, learning-based model of psychotherapy supervision: Supervisory alliance, educational interventions, and supervisee learning/relearning. *Journal of Psychotherapy Integration*, 23, 75–95.