Welcome to the doctoral supervision course! This course is an overview of supervision knowledge and skills, including accreditation standards, ethical and legal practice and an exploration of your developing stance as a professional counselor. Stance is partially your theoretical orientation, but on a deeper level includes your understanding of what helps people change—cognitively, emotionally, bodily and, in some cases spiritually.

Most states have put into place specific training requirements for clinical supervisors. In some states by statute or rule, “qualified supervisors” must be issued a specific license. Montana requires that qualified supervisors have at least three years post-licensure experience, 20 hours of board-approved continuing education in supervision or a one-credit course in supervision. In Montana and most other states, if one’s supervision does not come from a “qualified supervisor,” post degree/pre-licensure experience will not count for the required supervised licensure hours.

Each graduate student in clinical programs has differing supervisory needs depending on factors including pre-graduate student experiences, academic program, professional development, personal and/or family history and current life context. Supervisory needs are considered “developmental.” Early, middle and advanced clinical skills are best developed with the supervisor’s understanding that differing support and instruction is needed for each stage in the path to developing minimal and more advanced competencies.

Supervisors must understand ethical and legal issues in supervision. Did you know that a supervisor may be sanctioned by a state licensing board for something a supervisee did,
but only minimally disclosed to the supervisor? Did you know that a malpractice lawsuit may name the supervisee, the supervisor and the agency or school? It is essential to document your supervision activities. Supervision records can be requested or subpoenaed. Malpractice lawsuits tend to seek the “deepest pocket or pockets” available, meaning that the person of entity with the deeper pocket but less wrongdoing may pay the price for supervisee error. Following high professional standards is vital.

States and accrediting bodies have rules about how often supervision must occur, whether it must be individual, triadic or group, and the ratio between hours of supervision and hours of client contact. Supervisors usually must attest to the specific competencies of the supervisee when it is time for graduation or licensure. A supervisory agreement, spelling out specific responsibilities must also be in place.

2016 CACREP STANDARDS

You will supervise many masters, doctoral level students or licensure candidates during your career! Our accrediting body, CACREP, spells out supervisor competencies in the 2016 standards for doctoral students (B2 a. through k.):

B. DOCTORAL PROFESSIONAL IDENTITY (Taken from the 2016 standards)

Doctoral programs in counselor education address professional roles in five doctoral core areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five doctoral core areas represent the foundational knowledge required of doctoral graduates in Counselor Education and Supervision Therefore, counselor education programs document where each of the lettered standards listed below is covered in the curriculum and methods of doctoral student evaluation.

2. SUPERVISION KNOWLEDGE AND SKILLS

a. purposes of clinical supervision
b. theoretical frameworks and models of clinical supervision
c. roles and relationships related to clinical supervision
d. skills of clinical supervision
e. opportunities for developing a personal style of clinical supervision
f. assessment of supervisees’ developmental level and other relevant characteristics
g. modalities of clinical supervision and the use of technology
h. administrative procedures and responsibilities related to clinical supervision
i. evaluation, remediation, and gatekeeping in clinical supervision
j. legal and ethical issues and responsibilities in clinical supervision
k. culturally relevant strategies for conducting clinical supervision

These areas form the core of this course! We will also spend some time clarifying our unique professional, clinical counseling stance. Through the clinical journeys found in
Ariadne’s Thread, the rich weaving that is becoming your approach may become increasingly clear. Though this will flow and shift in various ways during your professional life, your unique pou sto, or “stance” serves as a firm foundation for your clinical work and for the supervision you provide.

METHODS OF INSTRUCTION:

These include supervision case consultation and supervision/demonstration recording review, discussion of readings, review of supervision notes and other documents (if available), a statement of your supervisory and clinical stance (about five pages), and a brief literature review (8-10 pages using at least five references) of an area of supervision of interest to you.

EVALUATION CRITERIA:

1) Evidence of preparation for class each week.
2) Thoughtful participation in the discussion.
3) Receptivity to feedback from faculty and student colleagues on supervision recordings and/or role plays.
4) Depth and thoughtfulness evidenced in stance paper and literature review.
5) Use of APA editorial standards with evidence of proof reading!
6) Performance on the two quizzes.

Evaluation point summary:

Class preparation, participation and receptivity to feedback 100 points
Two quizzes at 25 points each 50 points
Supervisory and clinical stance paper (5 pages) 50 points
Supervision lit review 100 points

An “A” is 93% of the total points and above. An A- is 90 to 92.9 % of the total points. A B+ is 87-89.9% of the total points. A B is 80 to 86.9% of the total points. A B- is 80 to 82.9% of the total points, etc.

If you are not currently supervising, you will have an opportunity for in class demo(s) with students who currently are seeing clients! Students who are supervising shall bring in at least two recordings of a supervision session.

DISABILITY ACCOMMODATIONS: If you are a student with a disability and wish to discuss reasonable accommodations for this course, contact me privately to discuss the specific modifications you wish to request. Please be advised I may ask that you provide a letter from Disability Services for Students verifying your right to reasonable modifications. If you have not yet contacted Disability Services, located in Lommasson Center 154, please do so in order to verify your disability and to coordinate your reasonable modifications. For more information, visit the Disability Services website at http://life.umt.edu/dss.

IN CLASS BEHAVIOR AND LEARNING ENVIRONMENT STANDARDS

1) Class participation is an important aspect of our learning community and your learning experience. Please come to class prepared to participate. This includes arriving on time! It includes having read or otherwise completed the assigned
Absences must be cleared ahead of time. Schedule routine medical, dental or other appointments when class is not in session.

2) Cell phone use, including texting is prohibited during class. If you have an emergency and must use your phone, please let me know and step out of class.

3) Unless other arrangements are made, late assignments will be penalized 10% for every weekday they are late. Please talk to me in advance if this is a concern.

4) Respect and curiosity are critical to the learning community, as are openness and self awareness. These characteristics and behaviors are as central to professional counseling skills as they are to academic learning!

**ACADEMIC INTEGRITY:** All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or disciplinary sanction by the University. All students need to be familiar with the Student Conduct Code at [http://www.umt.edu/AS/PSA/index.cfm/page/1321](http://www.umt.edu/AS/PSA/index.cfm/page/1321). Plagiarism of any kind is not tolerated in the Department of Counselor Education or The University of Montana. If you use the written or oral work of another person or entity, you must give the author credit. This includes any material found on the Internet or in digital format.

**READINGS AND ASSIGNMENTS:**

September 2: Class introduction, discussion of the Homrich, et. al paper. Review of Montana supervision rules for LCPCs, including upcoming changes.

**Doctoral Standards B2 a, b, j**

September 9: Chapters 1 (Introduction) and 2 (Legal and Ethical Issues), Campbell; Chapter 1 Cowan

**Doctoral Standards B2 b, c, h, j**

*Sign up for Supervision Demos beginning next week (Two demos each week. You may use supervisory work you are doing now, have done, a role-play or an experience of being supervised).*

September 16: Chapter 3 (Models of Clinical Supervision), Campbell; Merriman article

**Doctoral Standards B2 b, d, e**

September 23: Chapter 4 Campbell (Formats for Clinical Supervision); Chapter 2 Cowan

**Doctoral Standards B2 g, d, e**

September 30: Chapter 5 Campbell (Methods & Techniques for Clinical Supervision): Quick Quiz on Campbell, Chapters 1-4

**Doctoral Standards B2 d, e**

October 7: Chapter 6 Campbell (Preparing for Supervision); Chapter 3 Cowan

**Doctoral Standards B2 a, d, e**

October 14: Chapter 7 Campbell The Beginning Stage of Supervision); Rosen article

**Doctoral Standards B2 d, e, f, i**

October 21: Chapter 8 Campbell (The Intermediate Stage of Clinical Supervision); Chapter 4 Cowan

**Doctoral Standards B2 d, f, i**
October 28: Chapter 9 Campbell (The Advanced Stage of Supervision); Ancis and Marshall article.

**Doctoral Standards D2 d, f, i, k**

November 4: Quick Quiz on Campbell, Chapters 5-9; Cowan Chapter 5

November 11: Veteran’s Day

November 18: Cowan, Chapter 6; Bradford & Sterling article

**Doctoral Standards: B2 d, e**

November 25: Thanksgiving Holiday

December 2: Cowan, Chapters 7 & 8

**Doctoral Standards B2: d, e**

December 9: Presentation/discussion of (1) Stance; and (2) Literature Reviews

**Doctoral Standards B2 a, b, e**

December 16: Individual performance discussion appointments
# 2016 CACREP STANDARDS
## DOCTORAL STANDARDS RUBRIC
### B2 a through k. SUPERVISION

<table>
<thead>
<tr>
<th>Standard B2</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>a. purposes of clinical supervision</td>
<td>Student has difficulty articulating orally or in writing the purposes of clinical supervision.</td>
<td>Student is able to clearly articulate orally and in writing the purposes of clinical supervision.</td>
<td>Student has achieved exceptional clarity orally and in writing the purposes of clinical supervision.</td>
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<tr>
<td>b. theoretical frameworks and models of clinical supervision</td>
<td>Student has difficulty articulating orally or in writing frameworks and models of clinical supervision.</td>
<td>Student is able to clearly articulate orally or in writing frameworks and models of clinical supervision.</td>
<td>Student has achieved exceptional clarity orally and in writing frameworks and models of clinical supervision.</td>
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<td>c. roles and relationships related to clinical supervision</td>
<td>Student has difficulty articulating orally or in writing roles and relationships related to clinical supervision.</td>
<td>Student is able to clearly articulate orally and in writing roles and relationships related to clinical supervision.</td>
<td>Student has achieved exceptional clarity articulating orally or in writing roles and relationships related to clinical supervision.</td>
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<tr>
<td>d. skills of clinical supervision</td>
<td>Student is unable to adequately demonstrate the skills of clinical supervision.</td>
<td>Student is able to acceptably demonstrate the skills of clinical supervision.</td>
<td>Student demonstrates exceptional competencies in the skills of clinical supervision.</td>
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<tr>
<td>e. opportunities for developing a personal style of clinical supervision</td>
<td>Student is unable to cultivate opportunities for developing a personal style of clinical supervision.</td>
<td>Student is able to cultivate opportunities for developing a personal style of clinical supervision.</td>
<td>Student is able to cultivate exceptional opportunities for developing a personal style of clinical supervision.</td>
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<tr>
<td>f. assessment of supervisee’s developmental level and other relevant characteristics</td>
<td>Student is unable to assess supervisee’s developmental level and other relevant characteristics.</td>
<td>Student is able to assess supervisee’s developmental level and other relevant characteristics.</td>
<td>Student has exceptional ability to assess supervisee’s developmental level and other relevant characteristics.</td>
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<tr>
<td>g. modalities of</td>
<td>Student is unable to</td>
<td>Student is able to</td>
<td>Student demonstrates</td>
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**Evaluation Methods:** Supervision demonstrations and/or recordings, class discussion, supervision stance paper, quizzes based on readings.
<table>
<thead>
<tr>
<th>clinical supervision and the use of technology</th>
<th>utilize modalities of clinical supervision and the use of technology.</th>
<th>acceptably utilize modalities of clinical supervision and the use of technology.</th>
<th>outstanding competency in utilizing modalities of clinical supervision and the use of technology.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation Methods:</strong></td>
<td>Supervision demonstrations and/or recordings. Supervision stance paper. Class discussion.</td>
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<tr>
<td><strong>h. administrative procedures and responsibilities related to clinical supervision</strong></td>
<td>Student is unable to articulate orally or in writing administrative procedures and responsibilities related to clinical supervision.</td>
<td>Student is able to acceptably articulate orally and in writing administrative procedures and responsibilities related to clinical supervision.</td>
<td>Student is able to articulate exceptional clarity orally and in writing administrative procedures and responsibilities related to clinical supervision.</td>
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<tr>
<td><strong>Evaluation Methods:</strong></td>
<td>Quizzes, readings and related class discussion.</td>
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<tr>
<td><strong>i. evaluation, remediation, and gatekeeping in clinical supervision</strong></td>
<td>Student is unable to articulate orally or in writing evaluation, remediation, and gatekeeping in clinical supervision.</td>
<td>Student is able to acceptably articulate orally and in writing evaluation, remediation, and gatekeeping in clinical supervision.</td>
<td>Student is able to articulate with exceptional clarity, orally and in writing evaluation, remediation, and gatekeeping in clinical supervision.</td>
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<td><strong>Evaluation Methods:</strong></td>
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<tr>
<td><strong>j. legal and ethical issues and responsibilities in clinical supervision</strong></td>
<td>Student is unable to articulate orally or in writing legal and ethical issues and responsibilities in clinical supervision.</td>
<td>Student is able to acceptably articulate orally and in writing legal and ethical issues and responsibilities in clinical supervision.</td>
<td>Student is able to articulate with exceptional clarity, orally and in writing, legal and ethical issues and responsibilities in clinical supervision.</td>
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<td><strong>Evaluation Methods:</strong></td>
<td>Quizzes, readings, related class discussion and review of state rules and statutes.</td>
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<td><strong>k. culturally relevant strategies for conducting clinical supervision</strong></td>
<td>Student is unable to articulate or demonstrate, orally or in writing, culturally relevant strategies for conducting clinical supervision.</td>
<td>Student is able to acceptably articulate and demonstrate, orally and in writing, culturally relevant strategies for conducting clinical supervision.</td>
<td>Student is able to exceptionally articulate and demonstrate, orally and in writing, culturally relevant strategies for conducting clinical supervision.</td>
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<tr>
<td><strong>Evaluation Methods:</strong></td>
<td>Class discussion, readings, quizzes and demonstrations or role plays.</td>
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