PhD in Mental Health Counseling
Field Placement Site Supervisor Training

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Objectives

- Mental Health Counseling Overview
- Counseling Associations
- Continuing Education for LMHC
- Clinical Supervision Models
- References

Mental Health Counseling Overview

What is Mental Health Counseling?

Mental health counseling is the evaluation, amelioration, assessment, treatment, modification or adjustment to disability and the disorder or dysfunction of...

- **Behavior**
- **Character**
- **Development**
- **Emotion**
- **Personality**
- **Relationship**

through the use of verbal or behavioral methods

Mental Health Counselors

Are trained in:

- Counseling
- Psychotherapy

To treat individuals with:

- Mental issues
- Emotional disorders
- Behavioral challenges

Mental Health Counselors address:

- Mental health
- Human relationships
- Education
- Career concerns

Within:

- Ethical
- Developmental
- Preventive
- Treatment contexts

Mental Health Counselors provide services:

- Short-term
- Long-term

To enhance the Well-Being of:

- Individuals
- Couples
- Families
- Groups
- Organizations

Mental Health Counselors

Are dedicated to the optimal functioning of:

- Individuals
- Families
- Organizations

The mental health counselor

- Facilitates standard mental health assessments
- Evaluates protocols
- Outlines patient's psychosocial history
- Writes treatment plans
- Documents patient progress
- Facilitates consultation
- Provides referrals to other providers
- Implements discharge plans

What services do licensed mental health counselors provide?

Mental Health Counselors:

- Use assessment instruments
- Provide mental health counseling
- Use psychotherapy
- Conduct clinical assessments
- Do evaluations
- Aid in treatment planning
- Engage in case management
- Use prevention techniques
- Facilitate Discharge and aftercare services

To treat individuals with conditions that may include:

- Depression
- Anxiety disorders
- Substance abuse
- Sexual dysfunction
- Eating disorders
- Personality disorders
- Dementia
- Adjustment disorders

Mental Health Counselors Assist Clients in Developing Skills and Strategies

- Parenting
- Career skills
- Problems in Childhood & Adolescence
- Family communication
- Healthy functioning
- Couples
- Marital/Relationship problems
- Preventing the occurrence or recurrence of alcohol and substance abuse

Using brief techniques:

- Crisis intervention
- Solution-focused approaches
- Longer term approaches

Helping patients with:

- Goals and solutions
- Assessing the patient's disability
- Treatment planning
- Counseling
- Job training
- Access to technology and services

Mental Health Programs Train Students

- Advocacy
- Research
- Evaluations
- To improve mental health treatment and prevention services
- To assist new and displaced workers in identifying vocational and career interests based on the patient's knowledge, skills and abilities

- Collaborating with students, teachers and families from elementary school through college to eliminate barriers to learning and provide students with the skills necessary for healthy, successful lives
- Supervising counseling interns
- Graduates of counseling programs to develop skills necessary to practice as a mental health counselor

Where Do Licensed Mental Health Counselors Practice?

In cases of sustained treatment of a serious mental illness

- Private practice
- Practice with other licensed mental health counselors
- Settings authorized to provide professional services

- Schizophrenia,
- Schizoaffective disorder,
- Bipolar disorder,
- Major depressive disorder,
- Panic disorder,
- Obsessive-compulsive disorder,
- Attention-deficit hyperactivity disorder
- Autism

*The client shall be evaluated by a physician. The physician shall consult with the mental health counselor regarding the illness and advise whether any medical care is needed.

CACREP STUDENT REQUIREMENTS FOR PRACTICUM

CACREP stands for Council for Accreditation of Counseling & Related Educational Programs. Established in 1981, its mission is to help educational programs meet high standards, evolve with the changing landscape, and adequately prepare individuals for their careers.

- Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term, that is a minimum of 10 weeks.
- Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.

- Practicum students participate in an average of 1.5 hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.
- Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

CACREP STUDENT REQUIREMENTS FOR INTERNSHIP

- After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.
- Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

- Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.
- Internship students complete at least 240 clock hours of direct service.

CACREP REQUIREMENTS REGARDING SUPERVISOR QUALIFICATIONS

- Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.

- Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.

- Site supervisors have (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.

- Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.

- Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.

Counseling Associations

American Counseling Association (ACA)

Mission:

Promote the professional development of counselors, advocate for the profession, and ensure ethical, culturally-inclusive practices that protect those using counseling services.

American Counseling Association

- World's largest organization representing professional counselors in various practice settings
- **ACA** is an educational, scientific, and professional organization whose members work in a variety of settings and service in multiple capacities

American Counseling Association - NY

ACA of New York is a not-for-profit grassroots organization that represents professional counselors and counseling students, of all specialty areas, who live or work in the state of New York. As a chapter of the American Counseling Association, we extend the efforts of growing and enhancing the counseling profession at the state level.

American Mental Health Counseling Association

By the mid-1970s, increasing numbers of counseling graduates were finding employment in a variety of community and non-school settings. Yet there was no distinct division for community and agency counselors. Until the American Mental Health Counselors Association (**AMHCA**) was founded, the thousands of professional counselors working in these settings had no organizational home.

American Mental Health Counseling Association

- Members whose primary responsibility is in an area of mental health counseling
- Members are psychiatrists, nurses, psychologists, social workers, pastoral counselors, and paraprofessionals
- There are also about 30% student members at any given time

Association for Counselor Education and Supervision

[ACES](#) is the premier organization dedicated to quality education and supervision of counselors in all work settings. **ACES** members are counselors, supervisors, graduate students, and faculty members who strive to improve the education and supervision of counselors in training and in practice.

NARACES

North Atlantic Region Association for Counselor Education and Supervision (NARACES)

Joining NARACES

As of July, 2016, all ACES members are automatically enrolled in their region's organization. If you are an ACES member in the NARACES region (CT, MA, ME, NH, NJ, NY, PA, RI, VT, PR) then you are also a NARACES member. If you are an ACES member, but reside in a state outside of the NARACES region, you can join NARACES for an additional fee on top of your normal ACES membership rates. If you are not an ACES member, you can join by visiting their website.

ACES - NYACES

A major part of the mission is to connect site supervisors with university faculty and other clinical professionals on key issues impacting our scope of practice as required by the NYS Office of the Professions; mandatory program accreditation requirements as outline by the NYS Department of Education; and addressing best practices to train practicum and internship students.

NYMHCA

- New York Mental Health Counselors Association
- NYMHCA was founded in 1979 as a state chapter of American Mental Health Counselors Association (AMHCA)
  - 2019 is our 40th year advocating for mental health counselors in New York!
- Largely instrumental in pushing for licensure & diagnostic authority in NYS
- Annual Conference (every-other year is for counselor educators & supervisors only)
  - Great opportunity to recruit young professionals, get CEs, or network about your agency or practice.

Continuing Education for Licensed Mental Health Counselors (LMHC)

NYS Office of Professions: General Information about continuing education for LMHCs

In order for an LMHC to retain their license in NY, they must [complete 36 hours of continuing education every three years by a CE provider who has been approved by the NY Mental Health Practitioners Board](#). Only **12** of these hours can consist of self-study activities. Live webinar courses are considered livehours.

NYS Office of Professions: Mental Health Counseling CE Provider Approval

[Mental Health Counseling Continuing Education Provider Approval under section 79-9.8(i) of the Regulations of the Commissioner](#)

Application for Approval as a CE Provider for Licensed Mental Health Counselors (form 1-SB), along with a $900 check or money order made payable to the New York State Education Department

Approval of continuing education providers is for a three-year term and must be renewed. Approved providers will be reminded, before the end of their current approval period that they must submit a renewal application, along with a $900 fee, no less than 45 days prior to the expiration of their current approval

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National Board for Certified Counselors (CE)

- NBCC's primary certification is the Nationally Certified Counselor (NCC), which is a prerequisite for all other NBCC certifications. In order to maintain [NBCC certification](#) and recertify, all NCCs must earn the equivalent of 100 hours of continuing education every 5 years. These credits must be obtained from qualifying professional activities designed to enhance or increase the professional knowledge of graduate-level counselors.

NBCC's Membership Benefits

- The most visible benefit of board certification is the use of NBCC's certification mark
  - NBCC's certifications and corresponding marks are owned and controlled by NBCC
- Opportunities to earn free approved continuing education, include webinars from the NBCC Foundation
- Qualify for professional liability insurance designed specifically for NCCs
- Inclusion in NBCC's Counselor Find Directory, which helps potential clients locate counselors who maintain board certification

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National Board of Certified Counselors (NBCC) CE Providers

[NBCC accepts continuing education credits and hours from two types of providers for qualifying programs.](#)

(a) **Approved Continuing Education Providers (ACEPs):** are providers that have satisfied NBCC eligibility requirements and have been granted ACEP status consistent with the Provider Policy terms. Subject to specific program format approval by NBCC, an ACEP may offer NBCC credit for: Live, in-person and online programs; and, home study programs.

(b) **Single Program Providers:** are providers that offer single continuing education programs that have been specifically approved by NBCC prior to the program, consistent with this policy and the directives of NBCC.

NBCC Specialty Certifications

CCMHC
Certified Clinical Mental Health Counselor

MAC
Masters Addictions Counselor

NCSC
National Certified School Counselor

These certifications show that a counselor has met national standards for a specialty, including additional education and experience requirements and a speciality examination.

Clinical Models of Supervision

All models and references are cited in:

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). Upper Saddle River, N.J: Merrill/Pearson.

Major Categories of Clinical Supervision Models

Models Grounded in Psychotherapy Theory

- Psychodynamic

- Humanistic-relationship

- Cognitive Behavioral

- Systemic

- Constructivist (Narrative vs

  Solution-Focused)

Developmental Models

- Loganbill, Hardy, & Delworth

- IDM (Stoltenberg & McNeill)

- SCDS (Rigazio-Digillio & Anderson

- Reflective

- Life-span (Ronnestad & Skovholt)

Psychodynamic Theory

Four categories of supervisee competence supervisors must promote (Sarnat, 2010):

1. The ability to be in relationship with clients, and by inference, with supervisors
2. The ability to self-reflect
3. Assessment and diagnosis from a psychodynamic framework
4. Interventions that are theoretically consistent and in keeping with the centrality of the therapeutic relationship

Dimensions as the context for psychodynamic supervision (Frawley-O'Dea & Sarnat):

- ***Dimension 1:*** The nature of the supervisor's authority in relationship to the supervisee
- ***Dimension 2:*** The supervisor's focus
- ***Dimension 3:*** The supervisor's primary mode of participation

Humanistic-Relationship Oriented Supervision

- Supervision focuses on helping the supervisee to expand not only their knowledge of theory and technique, but also their capacity for self-exploration and their skill in the use of self as a change agent.
- Rogers (1942) counseling theory informed his supervision in a direct way- facilitative conditions (genuineness, empathy, warmth) are necessary for clients and supervisees alike.
- Supervisor must have profound trust that the supervisee has within themselves the ability and motivation to grow and explore therapy situation and the self.
- Humanistic-Relationship oriented approaches are often blended with other constructs to provide a combined model of supervision.

Cognitive Behavioral Supervision

Boyd (1978) Propositions:

1. Proficient therapist performance is more a function of learned skill than a "personality fit." Purpose is to teach appropriate therapist behaviors.

2. Therapist's professional role consists of identifiable tasks.

3. Therapy skills are behaviorally definable and are responsive to learning theory.

4. Supervision should employ the principles of learning theory within its procedures.

Liese and Beck (1997) Structure for CBT supervision:

- Check-in
- Agenda setting
- Bridge from previous supervision session
- Inquire about previously supervised therapy cases
- Review of homework
- Prioritization and discussion of agenda items
- Assign new homework
- Supervisor's capsule summaries
- Elicit feedback from supervisee

Systemic Supervision

Celano et al. (2010) essential components of integrated couples and family therapy supervision:

- Developing systemic formulations
- Helping the supervisee forge a systemic therapeutic alliance
- Introducing and reinforcing the process of reframing.
- Assisting the supervisee in managing negative interactions that occur within therapy, building cohesion among family members, and assisting with family restructuring and parenting skills.
- Understanding and applying existing evidence-based family therapy models.

Constructivists Approaches
Narrative & Solution-Focused

- Narrative Approach (Parry and Doan,1994)
  - Clients generally have a developed story of self that they are seeking to modify, supervisees are just beginning to develop their own stories of self-as-professional.
  - Supervisor's role is both to assist supervisees in the editing of clients' stories and to help them develop their own professional stories.
  - Supervisors must also substitute a stance of knowing with a stance of curiosity.

Solution-Focused Supervision (Hsu's identified components of SFS)

- Positive opening followed by a problem description
- Identifying positive supervision goals
- Exploring exceptions for both supervisees and clients
- Developing other possibilities by discussing hypothetical situations with supervisee and considering what meaning is embedded in supervisee's worries about worst case scenarios
- Giving feedback and clinical education
- Assisting supervisee in forming the first little step for their upcoming counseling session
- Following up in subsequent supervision sessions about changes that occurred for both client and supervisee based on solution-focused philosophy

Loganbill, Hardy, and Delworth Model

- **Stagnation Stage:** Characterized by unawareness of deficiencies or difficulties. Black and white thinking and lack of insight are common.
- **Confusion Stage:** Onset can be gradual or abrupt. Key characteristics are instability, disorganization, erratic fluctuations, disturbance, confusion, and conflict in which supervisee becomes liberated from belief system & from traditional ways of viewing the self and behaving toward others.
- **Integration Stage:** "Calm after the storm" characterized by a "new cognitive understanding, flexibility, personal security based on awareness of insecurity and ongoing continual monitoring of the important issues of supervision.

Integrated Developmental Model
(Stoltenberg & McNeill)

- Stoltenberg's initial four-stage model integrated two others–Hogan (1964) & Harvey, Hunt, and Schroder's (1961)

- IDM describes counselor development as occurring through for stages with three overriding structures that provide markers in assessing professional growth:
  - Self-Other Awareness: Cognitive and Affective
  - Motivation
  - Autonomy

Stoltenberg & McNeill Eight Domains of Professional Functioning:

- Intervention skills competence
- Assessment techniques
- Interpersonal assessment
- Client conceptualization
- Individual differences
- Theoretical orientation
- Treatment plans and goals
- Professional ethics

Systemic Cognitive-Developmental Supervision Model

Rigazio-DiGilio

- The task of the supervisor is to identify the primary orientation(s) of each supervisee and to assist each supervisee to become more flexible and to see the world from additional orientations to the one(s) that comes naturally.

- Four cognitive orientations:
  – Sensorimotor
  – Concrete
  – Formal
  – Dialectic

Reflective Developmental Models
Dewey (1993)

- Reflection is a process that begins with a professional practice situation that is somehow upsetting, surprising, or confusing.
- Trigger event sets in motion a critical review of the situation that results in a new and deeper understanding of the situation.
- Supervisors facilitate some level of reflective process with their supervisees.
- Supervisors facilitate supervisees' work-related reflections while they are teaching those supervisees an important skill they will eventually use on their own.
- Reflection should be more than "discovery learning." It should ultimately be linked to some externally validated understandings of good professional practice as well.

Ronnestad and Skovholt Lifespan Development Model

Focuses on the ways that therapists continue to develop across their professional lifespan.

Six Phases of Development:

- The Lay Helper Phase
- The Beginning Student Phase
- The Advanced Student Phase
- The Novice Professional Phase
- The Experienced Professional Phase
- The Senior Professional Phase

The Discrimination Model

Bernard (1979, 1997)

- *Foci-supervisors may focus on any of the following supervisee skills:*
  - Intervention
  - Conceptualization
  - Personalization
- *Roles*
  - Teacher
  - Counselor
  - Consultant

Events-Based Supervision Model

Ladany, Friedlander

Focuses on the "smaller" events in the supervisee's work

An event has an identifiable beginning, middle and end

7 Most commonly occurring events

- *Remediating skill difficulties/deficits*
- *Heightening multi-cultural awareness*
- *Negotiating role conflicts*
- *Working through countertransference*
- *Managing sexual attraction*
- *Repairing gender related misunderstandings*
- *Addressing problematic thoughts, feelings, behaviors*

Hawkins & Shohet Model

Seven-Eyed Model of Supervision

- *Mode 1*: Focus on the client and what and how they present
- *Mode 2:* Exploration of the strategies and interventions used by the supervisee
- *Mode 3:* Focusing on the relationship between the client and supervisee
- *Mode 4:* Focusing on the supervisee
- *Mode 5:* Focusing on the supervisory relationship
- *Mode 6:* The supervisor focusing on his/her own process
- *Mode 6a:* The supervisor-client relationship
- *Mode 7:* Focusing on the wider context

Systems Approach to Supervision Model

Holloway

Functions

1. Advising/instructing
2. Supporting/sharing
3. Consulting
4. Modeling
5. Monitoring/evaluating

Tasks

a. Counseling skills
b. Case conceptualization
c. Emotional awareness
d. Professional role
e. Evaluation

Second-Generation Models of Supervision

- *Combined Models*: two model same category or across categories
- *Target Issues Models*: focus on important areas
- *Common Factors Models:* proposed for those who attempt to look at major supervision models to determine what characteristics they all have in common.
- *Evidence-Based Supervision:* A call to design therapeutic approaches to reflect research that supports their efficiency

Supervision Models: Process Models

- The Discrimination Models
- The Clinical Events in Supervision Model
- The Hawkins and Shohet Model
- The Systems Approach to Supervision Model

Supervision Models: Process Models

- The Discrimination Model
  - Foci: Revolves around, Intervention, conceptualization and personalization
  - Roles: To be a Teacher, Counselor and a Consultant
- The Clinical Events in Supervision Model
  - This is grounded in the idea that most supervision focuses on the "smaller" events in the supervisee's work
  - This offers opportunities for the supervisor to identify any struggles in which the supervisee may be facing.

Supervision Models: Process Models

- The Hawkins and Shohet Model
  - Mode 1: Focus on the client and what and how he/she presents
  - Mode 2: Exploration of the strategies and interventions used by the supervisee
  - Mode 3: Focusing on the relationship between the client and the supervisee
  - Mode 4: Focusing on the supervisee
  - Mode 5: Focusing on the supervisory relationship
  - Mode 6: The supervisor focusing on his/her own process
  - Mode 6a: The supervisor-client relationship
  - Mode 7: Focusing on the wider context
- The Systems Approach to Supervision Model
  - Relationship
  - The Supervisor and Supervisee
  - Contextual Dimensions of Supervision
  - Supervisory Process Dimensions

Supervision Models: Second Generation Models

- Second Generation models of supervision
- Combined models
  - Pearson(2006)
  - The Transtheoretical Model of Clinical Supervision
  - Gaete and Ness (2015)

Supervision Models: Second Generation Models

- Combined models
  - They are either simple and or complex
  - Pearson(2006); blends process model with three psychotherapy theory-based approaches
  - The Transtheoretical Model of Clinical Supervision by Aten, Strain, & Gillespie (2008); Brings together a psychotherapy theory-based approach with constructs from developmental supervision. It attends to both macro and micro levels of change
  - Geate & Ness (2015); blends two process models. Combines roles from Holloway's SAS model and Bernard's DM. Three main ways to understand supervision are to view the supervisor as, A trainer, gatekeeper, protector of clients.

Supervision Models: Target Issue Models

- Target issue Models
  - The Synergistic Model for Multicultural Supervision
  - The Attachment-Caregiving Model of Supervision
  - Integrative Spiritual Development Model

Supervision Models: Target Issue Models

- The Synergistic Model for Multicultural Supervision
  - Takes into account multicultural competence among supervisees
- The Attachment-Caregiving Model of Supervision
  - Attachment System Activation
  - Safe Haven
  - Attachment System Deactivation
  - Secure Base
  - Competence/Learning
- Integrative Spiritual Development Model
  - Concrete and Graduated Orientation
  - Interpersonal Assessment and Personally Relevant application
  - Skill Development , Guided Reflection and integration
  - Supportive Collaborative Feedback, Mentoring/ Continuity and Follow-up

Supervision Models: Common Factor Models

- Common Factor Models
    - Lampropoulos (2002)
    - Morgan and Sprenkle (2007)
    - Learning based model of psychotherapy supervision

Supervision Models: Common Factor Models

- Lampropoulos (2002)
  - Supervision relationship
  - Support/relief from tension, anxiety and distress
  - Instillation of hope and raising of expectations
  - Theoretical rationale and a ritual
  - Exposure and confrontation of problems
  - Acquisition and testing of new learning
  - Mastery of the new knowledge
- Morgan and Sprenkle (2007)
  - Domains and Supervision Activity
  - Dimensions of Supervision
  - Supervision Roles

Supervision Models: Common Factor Models

- Learning based model of psychotherapy supervision
  - Alliance Building/ Maintenance
  - Educational Interventions; The Cognitive Domain
  - Learning/ Relearning: The Psychomotor Domain
- Conclusions: Models are also known as conceptual entities in which they may not fit for every single person. For this reason that are ample models to choose from, so that no supervisor ever feels like they are limited.