

**DEVELOPING A COUNSELLING INTERNSHIP MANUAL: WHAT
SUPERVISORS AND SUPERVISEES NEED TO KNOW**

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Abstract

The intent of this project is to outline the role of the supervisor-intern relationship and responsibilities in the development and training of intern counsellors. It is hoped that the project will assist interns in dealing and coping with the common obstacles, fears, supervisor-intern issues, and self-awareness/growth associated with participating in internship. Specifically, the counselling internship manual will be developed for the author's current placement, Jericho Counselling; it will be designed to highlight the impact of the supervisor-intern relationship and responsibilities on intern professional development in addition to orienting interns to the processes and procedures of the clinic. The purpose of the counselling internship manual is to complement supervision and facilitate the integration of supervisees' practical and academic learning.

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Table of Contents

Abstract	iii
Acknowledgments.....	iv
Table of Contents	v
Chapter 1: Overview	1
Intent of the Project.....	2
The Rationale and Importance of the Topic	2
Statement of Interest in the Topic.....	3
Conclusion	4
Chapter 2: Literature Review.....	6
The Impact of Supervision on Supervisee Professional Development.....	6
Positive attributes.....	8
Supervisor availability	9
Autonomy and guidance	10
Supervisee Developmental Needs.....	11
The stages of internship	12
Anticipation.....	13
Disillusionment.....	13
Confrontation	14
Competence.....	15
Culmination.....	16
The structural developmental levels of internship	17
Beginner level	17

Intermediate level.....	18
Higher level.....	18
Challenges in Meeting Supervisee Developmental Needs	19
Supervision Strategies: Facilitating Professional Development and Growth.....	20
Using a cognitive model in supervision.....	21
Using transactional analysis in supervision	23
Using reflexive practice in supervision.....	26
Addressing Bias: The Impact of Gender.....	28
Managing Conflict	30
Documentation.....	32
Supervisee Impairment	33
Chapter 3: Methodology	36
Search Terms and Data Bases Used.....	36
Statement of Ethical Conduct	36
Chapter 4: Synthesis of Appendix	37
Overview of the Manual	37
Strengths and Limitations	37
Conclusion	38
References.....	40
Appendix.....	46

Chapter 1: Overview

The internship is an integral part of graduate counselling programs, serving as an excellent training ground for integrating novice counsellors' theoretical "book" knowledge into practice (Gonsalves & Milne, 2010; Kindsvatter, Granello, & Duba, 2008). A key element of the internship is the supervisor–supervisee relationship wherein the supervisee's transition from student to professional is overseen, guided, and nurtured by an experienced supervisor (Osborn, Paez, & Carrabine, 2007). The internship placement is the environment wherein supervisees are able to test out their learned counselling skills, relevant theoretical orientations and approaches, and receive constructive feedback on their skills. As such, it is pertinent that supervisors and supervisees understand and execute their respective responsibilities so that a positive atmosphere is fostered in which optimal learning and successful outcomes are achieved (Caires & Almeida, 2007). Supervisees are required to take initiative, remain open, and become inquisitive throughout the internship experience (Sweitzer & King, 2009); in turn, supervisors are tasked with socializing supervisees to the ethical and professional standards of the profession, ensuring that supervisees are suitable and skilled to serve their communities, and as a result, protecting the public and the integrity of the profession (Chui, 2011; Falvey & Cohen, 2003).

To assist supervisors and supervisees in this endeavour, I completed a project aimed at highlighting the elements of the supervisor–supervisee relationship as well as their respective roles and responsibilities. The intent of the project, the rationale and importance of the topic, and the statement of interest for this project are outlined below.

Intent of the Project

The intent of this project is to develop a counselling internship manual that guides new supervisees in their administrative tasks and counselling duties. Specifically, the manual was created for the counselling agency at which I completed my master-level internship placement during the 2010–2011 academic year. To complement the manual, the first part of the project is focused on articulating what the literature found to be the most effective factors in supervisors' facilitation of supervisees' professional growth and development; essentially, this section outlines supervisors' responsibilities to supervisees and its impact on supervisee's ability to learn, integrate, and actively seek out opportunities that further facilitate their professional journey (Boylan & Scott, 2009; Hahn, 2001).

The second part of the project is the counselling internship manual; it is aimed at providing supervisees a resource that can guide them through some of the questions they will have as beginner counsellors. The purpose of this manual is to encourage supervisees to become active participants in their learning by providing information about the challenges and stages they will eventually experience. It is my hope that this manual will be used to introduce supervisees to the supervision and internship experience and provide a resource for procedures and information on typical questions (e.g., suicide risk, intake assessment) that I experienced as a supervisee when completing my internship.

The Rationale and Importance of the Topic

Researchers cite the quality of the supervisory relationship as an essential factor in the successful training and development of a supervisee (Boylan & Scott, 2009).

Being aware of what responsibilities the supervisor has to the supervisee assists the supervisor in understanding how and what development needs are to be met (Boylan & Scott, 2009). Furthermore, stages common to the internship experience, such as disillusionment, may come as a surprise to the supervisee (Sweitzer & King, 2009); outlining the challenges of this stage as well as providing the supervisee with tools to overcome and manage the emotions and self-doubt that often arise during this time will help facilitate their successful navigation out of what seems to be an inevitable stage in the internship experience. Lastly, providing examples of supervisor strategies can help inform the supervisee of alternatives or solutions that can be suggested to their supervisor if it is felt that changes would be beneficial in facilitating their professional development (Boylan & Scott, 2009). From my perspective, the key to successfully completing my internship rested largely on gaining understanding about the critical nature of the supervisor–supervisee relationship, the stages of supervisee development, and acknowledging both the supervisor’s and my roles and responsibilities.

Statement of Interest in the Topic

During my internship placement, I, in discussion with my supervisor, identified that the clinic would benefit from having a centralized resource aimed at assisting supervisees to successfully navigate their internship experience. I believed that a manual highlighting not only the clinic’s pertinent processes (e.g., intake, consultations, scheduling, orientation) but also the challenges and stages of the internship experience would better prepare supervisees for the personal and professional challenges they would experience during the course of their internship. Personally, I found the supervision

process and internship experience to have many rewards, providing me with opportunities to foster my professional and personal growth.

However, I also found the experience to include many challenges that went well beyond the technicality of executing my new found counselling skills; these challenges would often send me into deep reflection, surrounded by self-doubt and anxieties regarding my capacity to eventually become the idealized version of my therapist self. Of course, the anxieties and self-doubt eventually quieted as I found my voice and began to gain confidence in my skills. I became less critical of myself and remained open to learning. I was aware of my limitations but was also more aware of my strengths. I also became more willing to try out new interventions and step out of my comfort zone; eventually, I came to realize that my feelings, behaviours, and thoughts were reflective of Sweitzer and King's (2009) stages of internship (discussed in Chapter 2), which helped greatly in normalizing and grounding my interpretations of the experience.

As a result, I felt that having an official resource at the clinic dedicated solely to the internship experience, would provide supervisors and supervisees a starting point for discussion and an understanding of the needs and challenges posed by each stage. Such a resource could be used to outline goals and address concerns that take into account the developmental level of the supervisee. Furthermore, supervisees could be reminded of what to expect in the internship experience, how to deal with difficult situations, when to ask for help and to be kind and compassionate to one's self.

Conclusion

The clinic at which I was placed for my internship will be provided the manual as well as the literature review outlining the key elements of a supervisor-supervisee

relationship that fosters an optimal learning atmosphere. It is my hope that the manual and literature review will better prepare new supervisees for the challenges inherent in internship experiences while helping the supervisor gain a more comprehensive understanding of how to gauge and therefore, meet their supervisee's needs. Furthermore, highlighting the roles of the supervisor and supervisee will contribute to greater success within the supervisee's internship placement as well as their continuing journey of professional growth.

Chapter 2: Literature Review

The Impact of Supervision on Supervisee Professional Development

Supervision is the context in which supervisees are introduced and provided the opportunity to observe the counselling profession, understand and enhance their clinical skills, and initiate and further their professional development (Gonsalvez & Milne, 2010; Studer, 2005). The importance of the supervisor–supervisee relationship in facilitating successful internship outcomes and supervisee satisfaction with their internship experience has been well documented (Caires & Almeida, 2007; Chui, 2011; Magnuson & Norem, 2002; Nelson, Barnes, Evans, & Triggiano, 2008; Osborn et al., 2007; Ramos-Sánchez et al., 2002; Reichelt & Skjerve, 2002). Research has shown that the personal and professional characteristics of supervisors and ability to maintain a positive working alliance played a huge role in promoting an effective teaching and learning context (Caires & Almeida, 2007; Nelson et al., 2008; Reichelt & Skjerve, 2002). Additionally, supervisors who were cited as highly skilled, who carried extensive experience and displayed great ability in executing the roles of mentor, coach, evaluator, cheerleader, and gatekeeper within the supervisor–supervisee relationship were associated with fostering successful internship outcomes (Chui, 2011; Ramos-Sánchez et al., 2002; Studer, 2005).

Another important element of effective supervision is the supervisor's familiarity with the common stages of supervisee development; the ability of supervisors to meet their supervisee's needs depend largely on their ability to match their supervisee's developmental stage (Pearson, 2001). The stages of supervisee development often include structural elements (Boylan & Scott, 2009), as well as emotional and cognitive elements (Sweitzer & King, 2009), which reflects the supervisee's skill level and self-

efficacy beliefs (Jordan, 2007; Kindsvatter et al., 2008). Throughout these developmental stages, supervisees will face many challenging issues (e.g., self-doubt, fear, anxiety, countertransference, conflict) that will require the guidance and support of their supervisor (Sweitzer & King, 2009). As such, supervisors should employ effective strategies that help supervisees navigate these challenges as well as repair and resolve any issues that may impede the supervisor-supervisee working alliance (Kindsvatter et al., 2008; Magnuson & Norem, 2002; Mazzetti, 2007).

Taken together, these findings suggest that the impact of supervision on supervisee development is dependent on the personal and professional characteristics of the supervisor. Furthermore, supervisor's familiarity with and ability to gauge supervisee's stage of development contributes to supervisee's professional growth and improved clinical skills. Lastly, supervisor's utility of effective supervision strategies is integral to helping supervisee's navigate the internship experience, and thus promote positive internship outcomes. These effective supervision factors are presented separately in the following sections.

Characteristics of Effective Supervision

Supervisors are required to display certain professional and personal characteristics that foster an open, collegial, and supportive teaching atmosphere; these characteristics are believed to facilitate supervisee's development and competency building (Caires & Almeida, 2007). Namely, supervisor's positive attributes, availability, provision of autonomy and guidance, as well as the contribution from the combination of these characteristics, assist in maintaining the supervisor-supervisee alliance and have

been found to be key factors in facilitating a high level of training and preparation for supervisee's professional role. These characteristics will be discussed next.

Positive attributes. Supervisors are responsible for providing their supervisees with direction, guidance, and mentorship (Studer, 2005); it is not surprising that the positive attributes of the supervisor have been linked to the supervisor's ability to execute these responsibilities to the satisfaction of the supervisees (Caires & Almeida, 2007; Ramos-Sánchez et al., 2002). Research has cited that supervisees' high ratings of their supervisor were linked to supervisor's pragmatism, efficiency, enthusiasm, and resourcefulness (Caires & Almeida, 2007). The findings implied that supervisees' perception of a successful internship experience were based not only on supervisor's knowledge, credentials, and length of experience, but also on the value that the supervisees placed on their supervisor's ability to exhibit high levels of rigour while at the same time presenting unique and innovated approaches to problems faced (Caires & Almeida, 2007).

Additionally, the positive attributes of supervisors contribute largely to supervisee's self-efficacy. Supervisors who provide supervisees with structure and affirmation and who are empathetic to the supervisee's anxieties surrounding their experience are cited to assist in helping supervisees gain confidence in their growing skills (Doughty & Leddick, 2007). Furthermore, supervisees reported that supervisors who provided fellowship, moral support, and friendship throughout their internship contributed to building confidence in themselves and in their skills (Caires & Almeida, 2007). The confidence built is further amplified when supervisees interpret these supervisor characteristics as confirmation that supervisors are knowledgeable about and

effective in teaching the counselling profession (Caires & Almeida, 2007; Salzburg, Greene, & Hilary, 2010). Also, such characteristics are likely to result in providing supervisees with excellent direction and guidance, which is extremely helpful especially since most supervisees perceive the internship experience to be intimidating and anxiety provoking (Kindsvatter et al., 2008). Therefore, a supervisor who presents to be approachable and available would be able to create an open-door policy that further enhances learning, increases the possibility of success, and strengthens the supervisor–supervisee relationship.

Supervisor availability. Critical responsibilities of supervisors include providing guidance, support, and direction to their supervisees (Studer, 2005). Asking for help can invoke intimidation as supervisees may feel anxious about being vulnerable (Nelson et al., 2008) and as such limit their opportunities for growth. Research has cited that supervisees who perceived their supervisor as available were more likely to ask questions and ask for assistance throughout their internship; supervisees who perceived the supervisor–supervisee relationship as a safe and encouraging learning environment often described their supervisors as having an open-door policy (Caires & Almeida, 2007).

These characteristics display to the supervisee that their supervisors are invested in their development and growth (Caires & Almeida, 2007). In fact, supervisees who described their supervisors as unavailable and limited in their ability to provide guidance or assessment of their work noted difficulty in achieving their professional goals (Chui, 2011). The importance of supervisor availability also impacts supervisees' receipt of timely feedback for problems and issues and, most importantly, the progression of their clinical skills (Salzburg et al., 2010). Essentially, supervisors are who are perceived by

their supervisees as available, contribute to a positive working alliance and, as a result, foster supervisees' trust in themselves and in the process (Chui, 2011). Availability ensures that supervisors can gauge not only when supervisees need guidance but also allows for supervisors to acknowledge when supervisees' improving skills relay the need to provide their supervisee with autonomy. The factors of autonomy and guidance and their contribution to supervisee development are discussed next.

Autonomy and guidance. Research has reported that supervisors' approach to guidance contributed to supervisees' satisfaction with their internship experience (Geller, Farber, & Schaffer, 2010; Ramos-Sánchez et al., 2002; Reichelt & Skjerve, 2002). Supervisees who had positive working relationships with their supervisor often emulated their supervisor's feedback and suggestions when working through difficult client issues; the direction received played a significant role in the supervisees' acquisition of skills and identity associated with the professional therapist (Geller et al., 2010). Supervisees consistently cited constructive feedback as integral to their training (Reichelt & Skjerve, 2002). Furthermore, the need for guidance is even more pertinent since supervisors are liable for their supervisees' clients and overall clinical work (Gizara & Forrest, 2004; McBride, 2010). Even with the possibility of damaging liability, research has found that supervisees' satisfaction with their internship is highly associated with the supervisor's ability to provide appropriate autonomy.

Providing too much direction has been cited to contribute negatively to supervisee's growth and learning. For instance, supervisees found it difficult to develop feelings of competency and self-efficacy when they perceived their supervisors as imposing, aggressive, and working from personal agendas; the guidance style of these

supervisors included jumping in quickly to advise supervisees of their ideas and suggestions with regards to client treatment or internship concerns (Reichelt & Skjerve, 2002). Such behaviour limited supervisees' ability to learn, explore, and practice their new skills and knowledge (Ramos-Sánchez et al., 2002). When supervisors allowed supervisees to try out or provide their ideas and solutions, supervisees reported affirmation and support for their growing capacities (Reichelt & Skjerve, 2002). Overall, these findings suggest that supervisors must balance the provision of guidance and autonomy, which can be conceived as a safety net wherein supervisees can take learning risks while continuing to receive feedback that will largely inform their practice as novice counsellors (Salzburg et al., 2010).

Another factor that has been shown to contribute to supervisee development is supervisors' ability to adapt their supervision style to their supervisees' development needs (Pearson, 2006). The literature has identified several developmental needs that are commonly associated with the supervisees' stage of development (Jordan, 2007). The supervisor's capacity to address and acknowledge the many conflicting emotions, rewards, and challenges inherent in the stages of development increase the supervisor's ability to facilitate supervisees' learning and entry into the counselling profession (Ramos-Sánchez et al., 2002). Therefore, supervisee developmental needs and stage of development are reviewed subsequently.

Supervisee Developmental Needs

Although the prospect of learning under the safety net of an experienced professional brings about feelings of excitement, the beginning of the internship is often characterized by tentativeness, doubt, and fear (McBride, 2010), especially as supervisees

grapple with the reality that they will soon utilize their textbook counselling skills on “real” clients (Kindsvatter et al., 2008). As such, one of the many challenges supervisees experience at the beginning of their internship is learning how to translate theory into practice (Gwyn-Paquette & Tochon, 2003). As a profession, counselling is highly dependent on a learn-to-do process (Jordan, 2007), which can contribute to even higher levels of anxiety especially when supervisees are thinking, “Do what?” As supervisees progress and grow, their learning needs change, reflecting their developmental stage; supervisors who are comfortable with shifting their styles to accommodate supervisees’ developmental stage, and thus their changing needs, provide their supervisees with an optimal learning environment, which increases supervisees’ chances for a successful internship outcome (Sweitzer & King, 2009).

The following sections outline two different conceptualizations of the supervisee experience: the emotional and cognitive developmental processes and the structural developmental levels of internship. The conceptualizations are primarily based on the work of Boylan and Scott (2009) and Sweitzer and King (2009) and are influenced by the works of Aten, Strain, and Gillespie (2008), McBride (2008), and Studer (2005). Specifically, the emotional and cognitive processes are first outlined to highlight the stages and challenges inherent in the internship experience; I finish off the section describing the beginner, intermediate, and higher structural levels of internship that outline the progression of a supervisee’s professional development.

The stages of internship. To further exemplify the challenges supervisees face throughout their internship, Sweitzer and King (2009) described five stages of internship highlighting the emotional and cognitive processes typically experienced by supervisees.

These stages are categorized as anticipation, disillusionment, confrontation, competence, and culmination, providing its own unique challenges which supervisees must successfully navigate in order to be successful in their internship.

Anticipation. The anticipation stage is characterized by excitement, optimism, energy, and anxiety (Sweitzer & King, 2009). Supervisees are plagued by feelings of insecurity and uncertainty as they are introduced to the culture of the counselling profession; these anxious feelings are further fuelled by experiencing many unknowns (Studer, 2005). As a result, this stage is often referred to as the what-if stage since inquiry and discomfort about not knowing dominate supervisees' emotional and cognitive processes (Sweitzer & King, 2009). This stage resembles the precontemplative stage of change in which supervisees are unaware of the possibilities of change and potentially resist it as well (Aten et al., 2008); supervisors must be aware of supervisees' ability to and sensitivity in acknowledging their limitations at this stage and must, therefore, be wary of supervisees' patterns of employing self-defence mechanisms (Aten et al., 2008; McBride, 2008). Furthermore, having high expectations of how much one should learn or how they should learn it at this initial stage is common and it can result in even more frustration for the supervisee (Sweitzer & King, 2009). During this stage, supervisors are recommended to establish a contract and focus on building a working alliance with their supervisees; clearly establishing expectations and goals will help alleviate supervisees' anxiety and confusion (Studer, 2005; Sweitzer & King, 2009).

Disillusionment. As the internship gets rolling, supervisees experience the next stage with questions that seem to be focused on asking, "What's wrong?" (Sweitzer & King, 2009). During this time, negative feelings such as anger, frustration, and sadness

can surface and be directed at the self, organization, supervisor, colleagues, and even clients (Sweitzer & King, 2009). If supervisees choose to focus on the negative emotions, they will be disadvantaged as their learning will be impeded (McBride, 2008). On the other hand, supervisees who are able to identify these negative emotions and work toward a resolution will experience both professional and personal growth (Sweitzer & King, 2009). This stage can reflect the contemplation stage of change that Aten et al. (2008) proposed, wherein supervisees can experience stagnation resulting from feelings of ambivalence and distress but can also engage in serious deliberation about what it means to embrace the changed process needed to become a capable therapist (Aten et al., 2008). As a result, supervisors are encouraged to assist supervisees in identifying the obstacles blocking their progress while facilitating open communication and remaining respectful of supervisee's emotional needs; it is here that supervisees may need more ego stroking and be reminded of their strengths as a beginner therapist (Sweitzer & King, 2009).

Confrontation. Getting past the disillusionment stage requires supervisees to confront and acknowledge their issues and problems (Sweitzer & King, 2009). As progression occurs, supervisees at this stage often experience increased sense of awareness and begin to challenge their preconceived expectations and goals regarding their internship and learning experience (Sweitzer & King, 2009). This stage is similar to the preparation and action stages of change as supervisees become more readily aware of their growth areas and begin to make movement towards change (Aten et al., 2008). Modifications are made and realistic expectations about professional and personal standards are more readily established; diligence and commitment also continue to be exhibited as supervisees work through their issues and resolve them (Aten et al., 2008).

As issues resolve, supervisees will exhibit a growing sense of autonomy and morale (Sweitzer & King, 2009). At this stage of the internship, supervisors should continue to foster an open and supportive relationship, interjecting challenges for behaviour and thought modification when appropriate (Studer, 2005; Sweitzer & King, 2009). Helping supervisees celebrate by acknowledging their strengths and capacity for change will further motivate and promote supervisees' inclination to face problems head on (Sweitzer & King, 2009).

Competence. As supervisees experience more and more success in their internship, their sense of competence grows, accompanied by a higher sense of morale, effectiveness, and increased investment in their development (Sweitzer & King, 2009). Supervisees continue to display higher levels of autonomy and begin to trust themselves, their coworkers, and their supervisors (Studer, 2005). For the first time, supervisees begin to see themselves as part of the profession, showing much more composure in their role as a therapist; this stage resembles the action and maintenance stages of change in which supervisees begin to implement their newly acquired skills due to an increased commitment to change and to the profession, making efforts to continue and strive for growth that contribute to the achievement of their goals (Aten et al., 2008).

As confidence and competence builds, supervisees may experience a surge of responsibilities and demands; in this stage, it is important for supervisees to resist the call of perfection and instead establish good stress and time-management skills (Sweitzer & King, 2009). Supervisors must also be aware of the growing demands on the supervisees and gently encourage awareness of supervisee's limitations; working towards striving for excellence and balancing goals that are realistic will help supervisees in remaining

grounded (Sweitzer & King, 2009). Aten et al. (2008) also suggested that supervisors must assist supervisees in integrating their newfound skills in their counselling repertoire and foster positive momentum towards supervisees' learning and professional goals. New directions for growth and enhancing focus on areas of improvement are additional tasks that supervisors can guide supervisees to articulate in order to further assist in their supervisees' professional development (Aten et al., 2008).

Culmination. The completion of a internship brings about a host of conflicting emotions. Supervisees will exhibit intense pride at the personal and professional changes that they have accomplished throughout and excitement of entering into their chosen professional field (Sweitzer & King, 2009). Feelings of guilt at leaving clients, the organization, and their supervisor may also surface (Sweitzer & King, 2009), accompanied by feelings of achievement, increased competence, and sense of mastery (Aten et al., 2008). It is critical that supervisees and supervisors create healthy ways for supervisees to say goodbye to their clients and their placement; supervisees' input should be incorporated into ending rituals in order to ensure that they, their clients, colleagues, and supervisor gain adequate closure (Sweitzer & King, 2009). To facilitate easeful transition into endings, supervisors are encouraged to discuss closure and termination from the beginning of the internship to help mentally prepare supervisees and assist them in articulating meaningful ways to provide closure for those they come into contact with throughout their internship.

Supervisees' experience can also be understood by presenting the structural developmental levels associated with their internship. Supervisees often move from a beginner level to a higher level of competency, requiring supervisors to gauge their

approach based on the needs presented by each level (Boylan & Scott, 2009). As such, the beginner, intermediate, and higher levels of internship are described next.

The structural developmental levels of internship. At the start of their placement, supervisees often fluctuate between the beginner and intermediate levels of development; these levels are not considered to be static, and supervisees are expected to experience setbacks and progressions throughout as a result (Boylan & Scott, 2009). As supervisees progress and achieve the next developmental level, their confidence as well as their self-awareness should increase, evident in their motivation, readiness for exploration, as well as their growing self-efficacy (Studer, 2005). Movement can be depicted by the characteristics and needs usually associated with each developmental level; beginner, intermediate, and higher level.

Beginner level. During the beginning stages of the internship, supervisees often experience periods of uncertainty and psychological distress due to the demands of the profession as well as the challenges of applying theory into practice (Kindsvatter et al., 2008). Boylan and Scott (2009) described those at the beginner level to be filled with feelings of uncertainty towards their counselling, which is accompanied by a limited understanding of one's knowledge and capacity. Most supervisees at this stage lack confidence and are more hesitant to explore and take risks with regards to counselling approaches and interventions, requiring supervisors to foster a supervisor–supervisee relationship that is rooted in trust and is nonjudgmental; McBride (2008) referred to this stage as Level I. Supervisees at this level require supervisors to exhibit high levels of support, empathy, understanding, and guidance to help lessen the anxiety and trepidation supervisees often experience at this stage (Boylan & Scott, 2009; McBride, 2008). Since

confidence building is key at this level, Studer (2005) suggested that supervisors develop tasks and responsibilities that will match the supervisee's capacity and promote the most opportunity for success.

Intermediate level. Once supervisees become more comfortable with the processes and procedures of their clinic, they are ready to be encouraged to take risks in terms of trying out different interventions or incorporating more and more of their orientations into their treatment plans and interventions (Gwyn-Paquette & Tochon, 2003). At the intermediate level, supervisees tend to display fluctuations in their level of confidence, willingness to be flexible in devising treatment plans and case conceptualization, and begin to show signs of autonomy along with continued need for dependency (Boylan & Scott, 2009). At this level, supervisees become more client focused; McBride (2008) described this as Level II and suggested that although supervisees at this level become more comfortable with their work, they may overextend themselves in their responsibilities and engage in behaviours that show increasing enmeshment with or emotional distance from their clients. Thus, supervisors need to continue promoting their supervisee's movement towards autonomy and exploration by providing consistent guidance and support (Boylan & Scott, 2009; McBride, 2008); identifying when to provide structure and autonomy to their supervisees in this level will be critical in fostering supervisees' professional and personal development (Studer, 2005)

Higher level. Supervisees who reach the higher level of development in their internship will begin to conceptualize their cases in more comprehensive and complex ways as a result of growing confidence in and awareness of self (Boylan & Scott, 2009). At this level, supervisees engage more readily in reflexive practice and are thus, much

more conscious of their strengths and limitations as well as their emerging theoretical orientation and counselling approach (Boylan & Scott, 2009). Furthermore, supervisees begin to integrate and see the value of utilizing their personal growth into their professional practice, gaining an ever-increasing understanding of the complex dynamics of their work (Boylan & Scott, 2009). Supervisors must remain engaged with supervisees during this stage, described by McBride (2008) as Level III, and fight against the tendency to decrease time with their supervisee despite their display of growing competence (McBride, 2008). Supervisors will find themselves taking up the role as consultant rather than teacher during this level; to match supervisees' increased ability to carry out their roles and responsibilities, it is suggested that supervisors provide more autonomy and encourage supervisees to problem solve more (Studer, 2005). Doing so will promote further growth, as supervisors continue to adapt their supervisory style to meet the developmental needs of their supervisee.

Challenges in Meeting Supervisee Developmental Needs

The literature highlighted the surges of conflicting emotional and professional needs supervisees experience in their placement. Supervisors must remain acutely aware of their supervisees' changing needs as they move through the different stages and developmental levels of internship. Both models of the internship highlighted the emotional, cognitive, and professional needs and characteristics supervisees face, outlining supervisors' need to be flexible in their supervision approach. Although both models are helpful in supervision, as they depict the changing needs of the supervisee, the emotional and cognitive processes outlined provides supervisors with a much more detailed account of how the supervisees' representation of the experience may impact and

impede their professional development. In using the stages of internship, supervisors are much more apt to gauge each supervisee's stage of change and, therefore, provide supervisees with the appropriate amount of challenge and guidance; this can help in fostering an atmosphere of success that builds the supervisee's sense of confidence as well as supervisor's ability to introduce more challenging and complex tasks that promote further development and growth (Studer, 2005).

Supervisors must be skilful in navigating and timing their guidance while continuing to foster an open, supportive, and honest relationship with their supervisees. The importance of employing effective supervision strategies that provide the most effective and optimal learning atmosphere cannot be underscored; as the gatekeepers and primary socialization model of the profession, supervisors are responsible for ensuring that supervisees display sufficient skill and qualities that meet the professional standards of the counselling profession (Chui, 2011).

Supervision Strategies: Facilitating Professional Development and Growth

It is important to employ effective supervision strategies throughout the internship process and make most out of the learning environment fostered by a high quality supervisor-supervisee relationship. However, supervisors will inevitably experience their own challenges as they attempt to facilitate growth and keep in mind their responsibilities to their supervisee, their supervisees' clients, and to the profession. The following section outlines three different models and strategies suggested for supervision and for managing specific issues such as gender bias and conflict. It is recommended that supervisors continue to tailor their supervision style and strategies to be relevant for them and their supervisees. Flexibility and openness are key elements not only in fostering a

collegial supportive internship atmosphere, but also by reminding the supervisor of their own need to attain professional development and growth throughout their career (Magnuson & Norem, 2002).

Using a cognitive model in supervision. As supervisees move through the developmental stages of their internship, they will experience many instances when negative thoughts and cognitive distortions dominate their mind (Lombardo, Milne, & Proctor, 2009). Rigid patterns of negative beliefs such as, I'm not good at this or I can't help this client, can trigger negative emotional responses that impede the supervisee's ability to navigate the client's treatment or issues appropriately, resulting in feeling discouraged, defeated, and pessimistic about their efforts and potentially, the profession (Kindsvatter et al., 2008; Lombardo et al., 2009). Kindsvatter et al. (2008) recommended that supervisors use a cognitive model wherein supervisees' cognitive distortions and negative thoughts are addressed and challenged. The purpose of the cognitive model is to help supervisees track their thoughts and identify its impact (often, negative in nature) on their behaviour; once distortions and automatic thoughts are recognized, the supervisor and supervisee can work together to challenge and modify their distortions and automatic thoughts into a more realistic appraisal of the supervisee's self and practice that is in line with the supervisee's professional development (Kindsvatter et al., 2008).

The socialization phase is the first step of the cognitive model and requires the supervisor to introduce and explain the purpose of the model and its benefits to the supervisee's development (Kindsvatter et al., 2008). During this phase, supervisees are asked to focus and track the automatic negative thoughts and beliefs they encounter during the session or during supervision (Kindsvatter et al., 2008). The focus phase

follows, wherein the supervisor engages the supervisee to narrow their thoughts and focus on the specifics; it is important here that the supervisee is directed away from interpreting the situation or the feelings or thoughts they experience and instead focus on the specific cognition (Kindsvatter et al., 2008). Kindsvatter et al. (2008) recommended supervisors to play session tapes and ask supervisees at which moment the distortion or thought occurred; asking supervisees to conjure up an image of what the thought or distortion brought up can help the supervisee focus on the disturbance. The last phase of the model is the modification phase. It is here that supervisors work with the supervisee at modifying or clarifying the automatic thoughts or cognitive distortions; Socratic questioning (i.e., deconstruction of the thought and its accompanying belief) and awareness of physiological symptoms (e.g., stomach churning) can help the supervisee identify when an automatic thought is occurring and thus modify it (Kindsvatter et al., 2008).

For instance, a supervisee who becomes anxious about showing their supervisor a taped session may be struggling with the automatic thought: “She’s going to be so disappointed in me” (Kindsvatter et al., 2008). Once in the modification phase, the supervisor can help the supervisee challenge the thought by asking how realistic the thought is. Once supervisee and supervisor have deconstructed the thought, both can work together to modify the thought or belief into a more realistic appraisal of the situation; for example, “I’m nervous about showing my tape because I am not yet comfortable in delivering this type of intervention” (Kindsvatter et al., 2008). Deeper understanding of these thoughts can also help supervisees acknowledge tendencies or

rules they have about their practice that may be both beneficial and disadvantageous for them, for example perfectionism or fear of failure (Lombardo et al., 2009).

Using transactional analysis in supervision. Mazzetti (2007) outlined another strategy that can be used in supervision based on the principles of transactional analysis (TA). Briefly, TA is premised on the following three principles: (a) people are okay and thus have equal value and importance, (b) people have the capacity of thought, and (c) people decide what their story and destiny are and, as such, change their destiny when they can change their decisions (Mazzetti, 2007; Tudor, 2009). Mazzetti outlined seven steps for using TA in supervision:

- 1) Establish a clear and appropriate contract, 2) identify key issues, 3) establish effective emotional contract with the trainee, 4) make sure that the trainee and the client are both adequately protected, 5) increase developmental directions, 6) increase awareness and effective use of parallel process, and 7) develop an equal relationship. (p. 94)

First, Mazzetti (2007) cited mutual respect and consideration of the supervisee's needs as essential components in establishing a supervision contract. Additionally, a contract that establishes clearly defined and achievable goals will help keep supervisor and supervisee aligned with regards to their developmental aims. Lastly, supervisors must also learn to be flexible; as supervisees move through the developmental stages, needs may change, and thus require that elements of the contract to change as well (Mazzetti, 2007).

Next, supervisors are encouraged to help supervisees identify key issues that will assist in their professional development. For instance, supervisors should explore areas

that pertain to the supervisee's process of diagnosis and treatment planning, personal issues that impede clinical work, and thus countertransference issues, the effectiveness of the parallel process and/or working alliance, utility and choices of interventions, and lastly, professional ethics and standards (Mazzetti, 2007). Since these areas are integral components of the therapeutic process, these will likely be the most challenging for supervisees to articulate, especially during the beginning of their internship. In using TA, Mazzetti proposed a discounting matrix in which supervisees can identify how to: (a) react to stimuli differently, (b) solve problems, and (c) acknowledge and act on their options (Mazzetti, 2007).

The third step of using TA in supervision includes the creation of an emotional contract between supervisor and supervisee (Mazzetti, 2007). Supervisees will experience a range of emotions throughout their experience and must, therefore, be assisted in effectively processing and acknowledging their feelings. Supervisors who are able to focus on emotions, as it pertains to professional development rather than modifying the supervisee's personal story or script, can help supervisees gain greater awareness of themselves and thus be more effective counsellors (Mazzetti, 2007). Similarly, the emotional experiences related to supervision can also introduce the supervisee to experiencing countertransference, especially during the intermediate stages of the internship (Mazzetti, 2007). Understanding how to deal effectively with countertransference issues and its impact on clients and their treatment will be critical for supervisees; this requires a nonjudgmental and skilled supervisor to assist supervisees in navigating and making sense of their meaning (Hahn, 2001).

Next, supervisors are encouraged to protect their supervisees as well as the clients. During the beginning stages, supervisees are less aware of their limits regarding their knowledge or responsibilities (Mazzetti, 2007); it will be important for supervisors to keep in mind how supervisees can become easily overwhelmed and must, therefore, act accordingly to ensure that supervisees' responsibilities reflect their developmental level and capacity. As supervisees progress, however, supervisors must be able to match their teaching or mentoring approach with their supervisees' stage of development. It is during this time that supervisors provide supervisees with new developmental challenges, potentially reevaluating the contract to reflect new goals and direction for growth, all the while aiming to ensure that the supervision process is an atmosphere wherein the supervisee continues to grow, gain new knowledge and skills, and is evenly challenged (Mazzetti, 2007).

Throughout the internship experience, however, supervisors are encouraged to model increased awareness and effective use of the parallel process. The parallel process is defined in TA as the affective attunement, alignment, and expression of deep knowledge and understanding a therapist shows their client. To use parallel process in supervision requires supervisors to model and express parallel process towards their supervisees. This step is crucial in establishing the last part of using TA in supervision; that is, to establish an equal relationship (Mazzetti, 2007) and, therefore, minimize the impact of the power differential between supervisor and supervisee. As a result, the principle of "I'm okay, you're okay" in TA is imparted on the supervisee, assisting in his or her development as a therapist who seeks to equalize and empower clients in the same manner that the supervisor aimed to do for the supervisee.

Using reflexive practice in supervision. Clients are asked often to reflect on their own behaviours, thoughts, and feelings as it relates to their present life, problems, and relationships. It is not a surprise that Magnuson and Norem (2002) recommended that supervisors also engage in reflexive practice as part of their supervision strategy. As part of reflexive practice, Magnuson and Norem encouraged supervisors to raise their supervisees' awareness of their beliefs and assumptions regarding issues of social justice, multiculturalism, and gender. As countertransference and transference issues are likely to surface, supervisees should be asked to consider whether they recognize familiar patterns of behaviour that may mimic familial or other significant relationships (Magnuson & Norem, 2002); it will be important to focus on how ways of relating can impact supervisees' interactions and subsequent treatment of their clients (Hahn, 2001). Related to acknowledging how one's personal experiences can interact with and impact one's professional life, supervisors are also encouraged to assist supervisees in identifying personal growth area (Magnuson & Norem, 2002). Learning to be reflexive allows supervisee and supervisors to remain accountable to the standards of the counselling profession and, as a result, accountable to their clients (Osborn et al., 2007). Lastly, Magnusson and Norem highlighted the need for supervisors to ask supervisees about the supervision process, what they find effective, and what they would like changed; doing so allows for the constant evaluation of the learning process and further promotes an atmosphere of learning and positive development.

Three models of supervision have been presented. Each model has its merit. Evaluated together, each model articulated how supervisees' internal and external reactions to the challenges they face can be negotiated by employing different strategies

based on cognitive, transactional, and reflective models, which can result in grounding the supervisee, promoting problem solving skills, and building the supervisee's capacity to understand that much of the learning is within the supervisee's control. Evaluated separately, it seems that the cognitive model is better able to target the emotional turmoil that supervisees experience and when targeted and lessens the negative impact these emotions can have on the developmental process. Nonetheless, the cognitive model can have a negative impact on supervisee development, as problems are intently focused on the supervisees; there seems to be less opportunity for discussions to be had with regards to issues regarding supervisor's style and approach. The danger with the cognitive model is it can further promote anxiety and self-doubt due to its high focus on changing supervisee's perception. Without a good working alliance, the supervisee may interpret supervisor's approach, as pointing out that lack of professional progress is due to the supervisee's incorrect assumptions and feelings despite the supervisee's belief that his or her perception is accurate of the situation.

The TA model's advantage is its focus on building clear and appropriate boundaries by outlining both a supervision and emotional contract. There is also much focus on the supervisor's responsibilities to model the parallel process, fostering trust, equality, and openness within the supervisor-supervisee relationship. One disadvantage of this approach is that supervisors may find it difficult to employ its principles without receiving adequate training in TA. Secondly, it may frustrate supervisees who need a lot of structure and guidance with regards to building treatment plans and designing interventions. Also, the parallel process may create boundary crossings, especially if both the supervisor and supervisee begin to engage in a way that resembles more of a

counsellor–client relationship rather than one based on collegiality. Nonetheless, the TA model of supervision is promising, as it creates a step-by-step process of how supervision is carried out, helpful to those who are new to this approach. Also, its focus on an “I’m okay, you’re okay” principle addresses the insecurities and anxieties supervisees often feel throughout the internship; this principle is likely to foster growth and development at a much faster rate because supervisees may sense that they are an equal partner in their growth at the onset of their experience rather than it being contingent on their success.

Lastly, the reflective model provides supervisees opportunities to more thoroughly address their biases and assumptions regarding their worldviews. Conducting reflexive practice fosters the supervisee’s ability to remain nonjudgmental towards clients, as it prompts supervisees to address how their biases may impede, discriminate, and limit their clients’ growth. It also prompts a “practice what you preach” concept because counsellors often require much self-reflection from their clients; doing their own reflective practice helps supervisees understand how difficult it can be to look in the mirror and acknowledge some of their own, less attractive perceptions of themselves and of their world. Regardless, employing a reflexive practice in supervision and in the supervisee’s professional career is important; increased awareness of self and others is a key element in facilitating personal and professional growth (Magnusson & Norem, 2002).

Addressing Bias: The Impact of Gender

Awareness of one’s own assumptions and beliefs that can contaminate supervision practice is an important reflexive strategy that supervisors should incorporate on a regular basis. One such belief that can go unnoticed due to its dominant presence in

society is the influence of gender on the interactions between supervisors and supervisees. The subtlety of gender bias in supervision was successfully displayed when an association between gender and supervisor–supervisee interactions was displayed by a study done by Doughty and Leddick (2007). The results of Doughty and Leddick’s study showed that both male and female supervisors invited more opinions and suggestions from their male supervisees; however, when female supervisees made suggestions, these ideas were more readily employed or integrated compared to the suggestions of male supervisees. The gender bias is further highlighted in the approach of supervisors offering assistance to their supervisees. The findings showed that when supervisees brought forth problems wherein emotional processing was required, both male and female supervisors employed more teaching techniques with female supervisees in comparison to male supervisees; this finding implies a gender bias in supervisors’ teaching style, wherein female supervisees were seen to be deficient in their emotional processing skills even though male supervisees expressed the same exact issue (Doughty & Leddick, 2007). As a result, supervisors must be cautious in how their supervision style can be affected by the gender of their supervisee.

Doughty and Leddick (2007) recommended that supervisors employ the following strategies to deliver a more androgynous supervision practice: adopt a multicultural perspective, incorporate cultural knowledge in supervisees’ developmental goals, engage in consciousness raising through experiential activities that highlight multicultural issues, ensure that both their supervisee and themselves engage in reflexive practice to address and deal with biases and discrimination. Employing these strategies will help supervisors adapt according to their supervisees’ developmental needs instead of unfairly changing

their style based on their assumptions and biases of gender. Employing these strategies may help supervisors adapt according to their supervisees' development needs instead of unfairly changing their style based on their assumptions and biases of gender and other multicultural factors.

Managing Conflict

Nelson et al. (2008) noted that the supervisor–supervisee relationship can be wrought with conflict and tension as supervisors attempt to balance their, at times, opposing roles as evaluator (i.e., gatekeeper) and nurturer (i.e., mentor). Nelson et al. identified the ways conflict can be managed within a complex training atmosphere, such as the context of supervision. Nelson et al. noted the first step in working through conflict is supervisors and supervisees' accountability and awareness of their unique contributions to the positive and negative aspects of the supervisor–supervisee relationship. Osborn et al. (2007) suggested that one of the activities that can foster a positive relationship and, therefore, limit conflict was for both the supervisee and supervisor to acknowledge that the supervision process provides opportunities for mutual learning; the supervisor's ability to remain open and acknowledge their own limitations can help limit the onset of negative supervisory experiences (Ramos-Sánchez et al., 2002). This can also contribute to an atmosphere of openness wherein discussions aimed at resolving conflict can be conducted.

Furthermore, supervisors are encouraged to keep in mind the hierarchical nature of the relationship and the anxieties and worries supervisees associate with any difficulties or criticism that may be expressed (Nelson et al., 2008); the likelihood that supervisees will experience shame is high and supervisors must be cautious in their

delivery of feedback, constantly assessing the vulnerability of their supervisees, especially at the beginning of the internship (Hahn, 2001). Building safety; expressing humility, vulnerability, transparency, and authenticity; providing difficult, direct, and honest feedback; setting clear boundaries; and acknowledging and accepting mistakes as part of the learning process are crucial to supervisors' effective management of conflict (Nelson et al., 2008). Specifically, Nelson et al. (2008) proposed supervisors integrate the following three strategies to deal with conflict: (a) employ a reflective process and consider all contributing factors of the conflict; (b) avoid shaming, embarrassing, or undermining the supervisee, and instead employ interpersonal strategies that promote empathy, active listening, and acknowledgement of countertransference and transference issues; and lastly, (c) apply their expert technical skills that promote more engagement (e.g., through observations, feedback, acknowledgement of achievements and strengths, and promoting behavioural strategies and problem-solving skills) with their supervisee. Supervisors that can manage conflict effectively to not only facilitate supervisees' further development, but also to model for supervisees a critical behaviour that will be essential to their success as therapists.

Lastly, the power differential in the supervisor–supervisee relationship is a highly intimidating concept for supervisees, especially if conflict characterizes the supervisor–supervisee relationship. As a result, supervisees can be hesitant in bringing forth concerns regarding their progress, clients, or the supervision process in general (Nelson et al., 2008). Supervisors who are open about discussing and evaluating the supervision experience are more likely to promote engaged communication from their supervisees and, as a result, lessen the power differential inherent in the relationship (Doughty &

Leddick, 2007). Thus, supervisors who are able to foster equality within their relationships encourage supervisees to voice their concerns, such as miscommunication and role confusion, providing them an opportunity to learn how to be assertive and articulate their needs (Osborn et al., 2007). On the other hand, supervisors who reinforce the power imbalance will likely have supervisees who are less willing to confront them or bring forth concerns that would otherwise assist in the supervisee's development (Reichelt & Skjerve, 2002). If these concerns were voiced and resolved, the supervisee's professional development would be greatly enhanced; if left unresolved, however, these concerns will likely inhibit insight and growth, lessening the supervisee's ability to provide optimal care to present and future clients (Nelson et al., 2008). Specifically, the power of the supervisor-supervisee relationship in transforming a student to a professional is tremendous; it creates an atmosphere wherein optimal learning can take place as well as establish an environment wherein the supervisee's developmental needs can be sufficiently met and surpassed. In order for solutions to be addressed and goals to be outlined, supervisors should employ the utility of documentation in their supervision sessions. The value of documentation as a supervision strategy is highlighted next.

Documentation

The legal expectations of supervisors are that they are responsible not only for the teaching they provide their supervisees, but also for the services their supervisees provide to their clients (Falvey & Cohen, 2003). The importance of documenting supervision sessions protects the supervisor, supervisee, and client, as documentation can act as a formal procedure that guards against complacency and ensures that due diligence of treatment overview is conducted (Falvey & Cohen, 2003). In a review, Falvey and

Cohen (2003) suggested that supervisors include the following elements in their supervisees' supervision records:

A summary of the supervisee's experience, training, and learning needs; formal performance evaluations; a record of all supervision sessions including cases discussed and decisions made; notation of cancelled or missed supervision sessions; and significant conflicts encountered in supervision and how they were resolved. (p. 68)

Documentation could also be used to help supervisors solicit feedback from their supervisees regarding how supervision is going. Documentation that acknowledges supervisors as having areas of improvement help highlight to the supervisee that supervisors' own development is yet to be completed. Documentation shows that competency and professional development are lifelong endeavours (Osborn et al, 2007). Moreover, documentation can help highlight areas that are of concern for the supervisor and the supervisee; this will help inform contingency plans that assist in resolving these concerns, especially in efforts to prevent or identify incidences of supervisee impairment (Falvey & Cohen, 2003).

Supervisee Impairment

Since supervisors are tasked with protecting and serving the public, they must ensure that supervisees meet the competency level suitable for beginning therapists (Chui, 2011). As a result, supervisors must be forthcoming in defining and identifying supervisee impairment with an outline of the procedures supervisees must take when faced with such a distressing situation (Gizara & Forrest, 2004).

One strategy that can be employed to ensure that supervisees are meeting the standards of the profession is for supervisors to outline a policy of impairment that serves to assess whether supervisees are, in fact, meeting sufficient levels of competency and providing best-care practices to their clients (Gizara & Forrest, 2004). Gizara and Forrest (2004) also suggested that supervisors also be aware of signs that may point to a supervisee's lack of growth and continued impairment. Some of these signs may include the time and energy focused on the supervisee by staff and colleagues, continuation of behaviour that is harmful to clients, and the behaviour exhibits as a pattern and do not show any signs for remediation (Gizara & Forrest, 2004); these signs may also be incorporated into the supervisor's policy as factors that signal impairment. Lastly, Gizara and Forrest (2004) highly recommended that supervisors seek consultation as well as speak to the university's internship professor if they feel the supervisee's behaviour warrants concern; the requirements of university programs for supervisors and supervisees to complete their own mid-term evaluations, and then to compare and contrast areas of agreement and disagreement, is an essential process to put in place, as it helps identify impairment or serious competency concerns throughout the process.

These strategies are to provide a snapshot of the options supervisors can employ in their efforts to become more effective. However, supervisors should not prescribe to a specific set of strategies, as each supervisee will have different sets of experiences that will determine their need and their movement through the levels and stages associated with internship; supervisees will also differ in their ability to grasp their developing identity as a professional—yet novice—counsellor. What seems to be a common element in these strategies is that a positive working alliance must exist between the supervisor

and supervisee for the strategies to work. The research also suggests that effective supervision largely depends on supervisor's ability to perceive their supervisee as an equal partner in the learning experience.

In addition, supervisors are tasked with the large responsibility of assessing whether or not supervisees fit in the profession. To do this, supervisors must be confident that they have the tools to understand the difference between a growth area and supervisee impairment; supervisor's evaluation assessments should be informed by the supervisee's display of clinical competence appropriate for a novice counsellor as well as the supervisee's ethical practice (Falvey & Cohen, 2003). As the principal decision maker on the individuals who are allowed to enter the counselling profession, supervisors need to commit to doing what they can to guide and mentor their supervisees. At the same time, supervisors must be diligent in acknowledging when an individual is unable to meet the minimum standards of competency; in essence, the major responsibility of supervisors are to act in way that protects the integrity of the profession and, most importantly, the well-being of the clients the profession seeks to serve (Caires & Almeida, 2007).

Chapter 3: Methodology

This chapter outlines the search terms and database used to conduct the literature review needed for the project. A statement of ethical conduct is also included.

Search Terms and Data Bases Used

The literature review conducted was based on the literature surrounding supervisor roles and responsibilities, supervisee developmental stages, and supervision strategies. Specifically, as the author, I sought articles that were peer reviewed and focused on factors that were effective in facilitating supervisees' professional and personal development. As such, the following key words were used separately and in combination to obtain appropriate academic articles: supervisor-supervisee relationship*, supervisor role*, supervisee role*, internship, internship, placement, supervision strateg*, development, needs, profession*, growth, supervision model, and supervisor responsibilit*. (Note: the asterisk is a wild-card character, which allows terms to be searched using a root word.) I used PsychInfo database to search for the articles and limited the article search from the year 2000 through to 2011.

Statement of Ethical Conduct

Throughout this research I developed the project and consulted resources and individuals in accordance with the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001); I also adhered to the American Psychological Association (2010) publication manual standards for Chapters 1 to 4. It should be noted that I have exercised my creative freedom when writing the project appendix items. Since no data collection was needed for this project, submission for ethics approval is not required.

Chapter 4: Synthesis of Appendix

Overview of the Manual

The aim of the manual is to provide new internship students at the clinic at which I was placed for my graduate internship placement; this manual is a centralized resource that focuses on processes, procedures, issues, and challenges supervisees commonly face during their internship year. It is hoped that the manual will assist supervisees in fostering successful outcomes for themselves, their clients, and their agency. The first chapter of the manual includes an overview of the agency, its mission statement, and its vision. Chapter 1 of the manual also includes an orientation agenda and procedures for ensuring counsellor safety. The second chapter consists of outlining the internship experience; topics include the stages of internship, preparing for the internship, self-care, and vicarious traumatization. The third chapter includes areas surrounding ethics and carrying out the internship; the British Columbia Association of Clinical Counsellors (2008) *Code of Ethical Conduct* is provided, as are topics on client confidentiality and processes associated with conducting counselling sessions. Conducting initial assessments, suicide risk, working with trauma, and the process of termination are also included. The manual ends with a summary of its contents and suggestions for supervisees' future directions.

Strengths and Limitations

The symmetry between a counselling relationship and a supervisory relationship needs to be further clarified and examined in the supervision literature. Much more research needs to be done on how to ensure that boundaries are not crossed in the supervisee–supervisor relationship. It is easy to focus on supervisees' personal

development instead of their professional one, as emotional processing and reflections on supervisees' history is often incorporated into understanding supervisees' approach or motives in session (Kindsvatter et al., 2008). However, a careful balance between meeting supervisees' professional development and protection of clients' best interest is of utmost importance in supervision practice. Future research needs to highlight the importance of setting clear boundaries and the impact of boundary crossing on the supervisees' personal and professional role or identity and, inevitably, on their clients.

Another area that needs to be further addressed in the literature is the ethical decision-making process of the supervisor's assessment of supervisees' impairment. Likely, supervisors are tasked with making decisions regarding how to approach supervisees' unchanging and harmful behaviour, especially since such decisions have significant consequences to the supervisees and their career; supervisors struggle with the conflicting feelings that arise and the lingering questions of the accuracy of their assessment (Gizara & Forrest, 2004). Research that focuses on effective policy, procedures, and assessment on supervisees impairment can assist supervisors in ensuring that decisions to terminate supervisees are conducted in the most fair, ethically sound, and supported approach possible.

Conclusion

The role of the supervisor in counsellor preparation cannot be underscored. As one of the last steps a graduate student must take to complete their program, it is also a unique opportunity for students to try out their counselling skills in a structured, supported, and challenging learning environment. The literature review has outlined the roles that the supervisor qualities, supervisor-supervisee relationship, supervisee

developmental needs, and supervision strategies play in facilitating an effective atmosphere wherein the supervisee can attain the most optimal training. It is critical that supervisors understand their responsibilities as coach, mentor, teacher, and gatekeeper to the supervisee; essentially, supervisors preserve the ethical practice of the counselling profession and provide the public with effective therapists.

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Appendix A:

**INTERNSHIP MANUAL:
A GUIDE TO SUCCESSFULLY COMPLETING YOUR INTERNSHIP**

Table of Contents

Preamble	50
Purpose.....	50
For Additional Information.....	50
Copyright Statement	50
Instructions for Use.....	51
Cautions and Limitations	51
Overview.....	52
Who We Are and What We Do	53
Orientation Information and Schedule.....	55
Jericho Orientation Schedule	56
Counsellor Safety	58
Administrative Tasks	59
Attendance	59
Counselling Session Procedures	59
Documentation	59
Summary	59
Your Internship as a Personal Process	61
Emotional and Cognitive Developmental Processes	61
Anticipation.....	61
Disillusionment.....	62
Confrontation	62
Competence.....	62

	48
Culmination.....	63
The Structural Developmental Levels of Internship.....	64
Beginner Level.....	64
Intermediate Level	64
Higher Level	64
Preparing for Your Internship.....	66
Self-Care	69
Social and Personal Support	69
Opening and Closing Rituals	70
Grounding Techniques.....	70
Personal Awareness and Development.....	71
Mental and Physical Health	71
Summary.....	72
Ethics and Internship.....	73
BCACC Code of Ethical Conduct	73
Part I: Code of Ethical Conduct and Standards of Clinical Practice.....	73
Part II: Guidelines	74
Client Confidentiality and Disclosure of Information	75
Additional Topics to Include	76
Consent for Supervision.....	76
Ethical Note Taking	79
Summary.....	80
Counselling Guidelines.....	81

Initial Assessment	82
Suicide Risk and Assessment.....	90
Indications When to Alert Your Supervisor	94
Summary	95
Supervision Guidelines	96
Preparing for Supervision	96
Dealing with Conflict: You and Your Supervisor	97
Supervision Process Feedback	99
Summary	100
Recommended Readings.....	101
Concluding Remarks.....	102
References.....	103

Internship Manual: A Guide to Successfully Completing Your Internship

PREAMBLE

PURPOSE: The purpose of the manual is to fulfill partial requirements of the Master of Counselling Psychology degree. This manual has been designed specifically for a counselling agency name Jericho Counselling. Although this manual is specific to this agency, it is possible to generalize the content in this manual to most other counselling agencies. If the reader would like a msword copy of this manual, please refer to the copyright section for more information.

FOR ADDITIONAL INFORMATION: To build a context for this manual, the reader is strongly encouraged to review chapters 1-4 in this project. These chapters provide an overview of the supervision literature and focuses specifically, on the role of the supervisor as well as the supervisor-supervisee relationship in facilitating supervisee development and growth.

COPYRIGHT STATEMENT: The content of this counselling internship manual represents, replicates, or adapts original works by authors acknowledged in the endnotes. In other cases, content reflects the personal and professional experiences of the author. Permission of the author or the author's supervisor (Professor Dawn McBride) should be sought prior to making additional copies of the manual for personal or professional use. To request for permission please email the author's supervisor at dawn.mcbride@uleth.ca. The reader may use ideas from this manual providing they are referenced as:

In-text: (Medori, 2011)
Medori, J. (2011). *A counselling internship manual: What supervisors and supervisees need to know*. (Unpublished master's project). University of Lethbridge, Lethbridge, AB, Canada.

MANUAL FORMAT: The main content of the manual is divided into five sections. The first section aims to orient supervisees to their new role as novice counsellor; this section

includes an overview of Jericho Counselling, its profile and mission, as well as an orientation schedule. The second section introduces the internal elements of the internship experience, highlighting the stages of internship and its challenges and promotes strategies supervisees can use to cope and overcome these challenges. The third section outlines the professional ethics expected of the supervisee throughout their internship. This section provides information on the BCACC ethical code of conduct as well as client confidentiality. The fourth section of the manual provides counselling guidelines regarding initial assessment, suicide and trauma; it also addresses supervision issues and outlines when supervisees should alert their supervisor and how to manage conflict. The manual ends with the fifth section which outlines the importance of supervisee feedback with regards to their counselling and supervision concerns. The manual ends with recommended readings, closing remarks, and references.

INSTRUCTIONS FOR USE: This manual provides supervisees and supervisors information on the common areas and issues supervisees typically experience throughout the internship experience; its aim is to facilitate supervisee's successful completion of their internship and thus, foster professional and personal development. It is suggested that supervisee read the manual to prepare for their orientation meeting. The manual is intended to guide the orientation meeting wherein each topic will be discussed at length with the supervisor. Supervisees are also expected to refer to the manual throughout their internship, especially in preparation for their supervision sessions. Prior to reading the manual, supervisees and supervisors are strongly encouraged to read Chapters 1-4 of the project for additional information regarding the roles and responsibilities of the supervisor to the supervisee and the importance of the supervisor-supervisee relationship in facilitating successful internship outcomes.

CAUTIONS AND LIMITATIONS: Although the manual is intended to be used as a reference for supervisees, it does not present all topics/areas supervisees may face throughout their internship; thus, it is imperative that supervisees and supervisors consult and refer to other resources for additional information when appropriate.

OVERVIEW

Welcome to the Jericho team and congratulations on the progress you have made in your graduate program! Securing an internship means you are that much closer to completing your degree and becoming a certified counsellor. At Jericho, we hope to provide you the tools to grow and learn about this ‘counselling thing’ as well as some of the necessary administrative tasks you will need to do as a supervisee and no doubt, as a professional. It is Jericho’s goal to not only introduce you to the art of counselling; it hopes to provide you many opportunities for self-exploration so that you may come to integrate your theories and formal education with who you are as a counsellor and most essentially, who you are as a person.

Jericho Counselling is excited to have you on board. We pride ourselves in creating a team of esteemed and talented professionals who aim to assist individuals, couples, and families live the life they envision. As part of Jericho, you are expected to adhere to the ethical codes of conduct as set out by the British Columbia Counselling Association of Registered Clinical Counsellors. There is a large responsibility placed on our supervisees to ensure that client’s rights and best interests are honoured.

As you move forward into your internship year, an invitation to remain kind and compassionate to yourself is extended. Many supervisees comment about the intensity of the internship experience and its unfamiliar challenges and emotions. This requires you to have an open, honest, and willing attitude to the learning and growth you will face throughout the year; to do this, it is imperative that you commit to practicing self-care so that you may remain healthy – physically *and* mentally. Self-care practices allow you to remain present with your clients and provide them with the best services possible.

Lastly, reach out. You are invited to share your challenges, fears, strengths, and triumphs with your supervisor and your team. We hope your year at Jericho will always be a cherished learning experience in which you will draw from throughout your counselling career. So...Buckle Up! Enjoy the ride 😊.

The Internship Manual is divided into the following sections:

- Overview
- Your Internship as a Personal Process
- Ethics and Your Internship
- Counselling Guidelines
- Supervisee Feedback

In this first section of the manual, the overview, you will be given an introduction of who Jericho is and what we do. Information on your orientation is also provided as well as information on counsellor safety. The section ends with outlining your administrative tasks that are as important as your counselling tasks as it helps keep the process and procedures at Jericho run smoothly. At Jericho, we believe all questions are valuable and assist in one's professional development; thus, you are encouraged to note down any questions you may have as you go through the manual and you can be confident that it will be addressed.

WHO WE ARE AND WHAT WE DO¹

Jericho Counselling has been serving the Lower Mainland since 2001. During the last nine years Jericho has built a reputation for providing high quality, professional counselling services to individuals, couples, and families in Vancouver, Burnaby, New Westminister, Surrey, North Vancouver, West Vancouver, Richmond, Langley, Coquitlam, Port Coquitlam, and Maple Ridge, as well as other communities including Squamish.

Under the leadership of Dawn Schooler, Clinical Director, Jericho continues to emerge as a community clinic that clients trust and recommend to family and friends.

The Jericho Counselling team is made up of Professional Counsellors who help individuals, couples, and families who find themselves stuck with problems that don't seem to be resolved over time or with effort. Our counsellors are skilled and experienced

¹ Jericho Counselling. (2011). *Who we are*. Retrived from <http://www.jerichocounselling.com/who-we-are/>

working with a variety of clients including children, youth / teens, and adults of all ages and stages.

In working with individuals, Jericho Counsellors strives to establish warm, compassionate, and therapeutic relationships in which the client's experience is understood, respected, and validated. Our counsellors are trained in a variety of approaches and they are committed to finding solutions and strategies that work for every client that walks through our doors. We do not have a "one size fits all" approach; Jericho Counsellors will take the time to know their clients and build a unique counselling experience tailored to the client's needs and goals.

ORIENTATATION INFORMATION AND SCHEDULE²

Ensuring that you receive a proper orientation at Jericho is imperative to your success as a novice counsellor. The orientation is designed to first and foremost, introduce you to the clinic and your colleagues, as well as orient you to your office, and to the building. More importantly, the orientation schedule has been designed to meet the following goals:

1. Develop a supervisor-supervisee contract based on the topics of the orientation agenda and the content of the internship manual; this contract is intended to facilitate effective and purposeful supervision and will be compiled by your supervisor at the end of the orientation meeting.
2. Delineate the requirements of the supervisee's educational institution in terms of supervisee development of clinical skills, client and supervision hours, and documentation (e.g., evaluations, time sheets).
3. Explain supervisor's supervision style and solicit feedback from supervisee of their own learning style.
4. Determine short and long term goals and discuss the process of revising these goals when appropriate.
5. Establish a working alliance that aims to deconstruct the power differential inherent in the supervisor-supervisee relationship wherein both supervisor and supervisee feedback are acknowledged and encouraged.

It is hoped that by providing you with an appropriate orientation, you will feel more comfortable in starting your professional journey as you transition from a student to a beginner therapist. You are encouraged to ask as many questions as needed during the orientation and throughout your internship; you are also invited to share the many successes you will undoubtedly have in this new role. To provide you an overview of your orientation to Jericho, the orientation schedule is provided below.

² Material adapted from: McBride, D. L. (2008). Supervision issues in family violence cases. In S. Brooke (Ed.), *The use of creative therapies with survivors of domestic violence* (pp.321-342). Springfield, IL: Charles C. Thomas.

Jericho Orientation Schedule³

TITLE	TASKS:	<input checked="" type="checkbox"/>
<i>Introduction to Jericho</i>	<p>Jericho mandate and mission statement.</p> <p>Introduction to staff, colleagues, and clinical counsellors; overview of their areas of expertise are provided.</p> <p>Orientation to office and building.</p>	
<i>Who we Are</i>	<p>Typical services offered by Jericho.</p> <p>Clientele: Who Jericho typically serves.</p> <p>Jericho internship cohort: what, who, and why.</p> <p>Jericho mandate and mission statement.</p>	
<i>Policies and Procedures</i>	<p>Attendance: meetings, agency orientation, supervision.</p> <p>Dress code.</p> <p>Professional development: required readings.</p> <p>Email and Jericho calendar.</p> <p>Client files and storage.</p> <p>Payment: using the terminal and creating receipts.</p> <p>Go over agreement: "Providing counselling services as a graduate student."</p>	
<i>Supervision</i>	<p>Supervisor's supervisory style.</p> <p>Supervision Documentation.</p> <p>Supervisee responsibilities: preparing for supervision</p>	

³ Orientation agenda adapted from: McBride, D. L. (2009). *Master of Counselling (MC) practicum expectations and orientation agenda* [Lecture notes]. Alberta, Canada: University of Lethbridge, Faculty of Education.

<i>Internship Counselling Manual</i>	<p>Counsellor safety</p> <p>Administrative tasks.</p> <p>The internship as an internal process. Ethics and Internship.</p> <p>Counselling Guidelines.</p> <p>Supervisee Feedback.</p>	
<i>University Program Practicum Expectations</i>	<p>On-site hours: face to face client hours, overall clinic hours, activities counting towards hours, and other related program student expectations.</p> <p>Weekly time logs. Mid-term and Final Evaluations</p>	
<i>University Program Supervision Requirements</i>	<p>Direct supervision hours required.</p> <p>Live or video-taped observation requirements.</p> <p>Indirect supervision hours required.</p> <p>Scheduled weekly supervision requirements.</p>	
<i>Training Timeline</i>	<p>First month expectations: (intake, observations, shadowing).</p> <p>Week 4: supervisee expected to start seeing clients.</p> <p>First official day: Date set.</p>	
<i>Create Learning Plan</i>		
<i>Articulate Goals for Internship</i>		
<i>Draft Agenda for first Supervision Meeting</i>		

COUNSELLOR SAFETY⁴

In the counselling profession, much of the work is done in a one-on-one setting focused on heightened emotion and interpersonal challenges. At times, counsellors may feel uncomfortable, intimidated, or even threatened by their clients. This is no different for supervisees as they may inevitably experience situations wherein they feel their safety is compromised. Your decision to leave a counselling session will always be supported and you are encouraged to be aware of signs that may signal you or your clients to be in a dangerous situation. Below are some principles to bear in mind to help guide you in eliminating or minimizing risk in the workplace:

1. Feelings of discomfort with a client should not be ignored. You are encouraged to discuss any concerns or issues you may have regarding clients with your clinical director.
2. Familiarize yourself with your office and your building; know where the emergency exits are as well as the fire alarms.
3. Always have a plan for where you park and do so in well-lit, high traffic areas; scan the area before you leave and enter your vehicle. When you leave work, always have your keys ready and quickly walk to your vehicle. Always lock your doors and windows upon entry into your vehicle.
4. If you encounter abusive or aggressive clients, follow the guidelines below:
 - a. Know where you will go for help. Before commencing your work, know which colleagues are present on your floor.
 - b. If attempts to de-escalate the situation are not working, get yourself out of the room; indicate you are getting your supervisor or noting that you will need to step out of the room to get assistance in providing the client with a better answer.
 - c. Security is always present at your building. Talk with security about the approximate time you plan to leave your office and make a plan with her/him to do a walk-through of your floor 10 minutes before your scheduled time to leave.

⁴ This section is adapted from: Schooler, D. (2001). *Violence Prevention for Therapists/Interns* [Handout]. British Columbia, Canada: Jericho Counselling.

- d. Listen to your instincts and take action when necessary.
- e. Always carry your cell-phone with you and have emergency numbers programmed into your phone. If you are at imminent risk, contact 911 immediately.

ADMINISTRATIVE TASKS

As a supervisee, you are responsible for conducting administrative tasks in addition to your counselling duties that will help in the operation of Jericho Counselling and therefore, provide your clients the best possible service. Your administrative tasks are outlined below:

Attendance: All supervisees are required to attend weekly clinic meetings as well as the internship cohort group supervision meetings. You and your supervisor will also set the time and date for your weekly supervision. Lastly, you will also be assigned days and hours at the clinic that reflects the expectations of your university internship expectations and your attendance of these times is pertinent to the successful completion of your internship. In the occurrence that you are ill or away for any of these events, you are required to immediately notify your supervisor. If you have clients booked for the days you will be away, you are also responsible to notify your clients at least 24 hours in advance; if clients are agreeable, you are required to re-schedule your clients at the earliest time possible.

Counselling Session Procedures: All of your new clients will be booked by reception. After that, you are responsible for booking all subsequent sessions with your clients. At the end of each session, you are also required to take payment from your client; you will be provided instruction on how to use the terminal in your office as well as how to create receipts.

Jericho Counselling has a cancellation policy that states clients must cancel an appointment 24 hours in advance. If a client cancels with less than 24 hours, they are

required to pay for their missed session before they are allowed to book one. All inquiries and questions from clients regarding this policy must be directed to the supervisor.

Jericho Counselling does provide a sliding scale for clients who request it providing they are eligible for the program. Again, these inquiries must be directed to the supervisor before student-counsellors can agree to providing their clients with a sliding scale.

Documentation: All counsellors are obligated by law to keep notes of all of their sessions. Note-taking is addressed in detail in the ‘Ethics and Internship’ section of the manual. Although rare, you are also to provide a copy of any email contact you have with your client and include it in their official file; this allows your supervisor to track the services you have provided to each of your clients. Lastly, you are also required to keep track of any client contact you may have (e.g., accidental run in at the supermarket, phone calls, etc.) outside of your scheduled sessions. This allows your supervisor to gauge whether or not a plan is needed to ensure that both your client and your privacy are protected; it can also pinpoint growth areas for the supervisee or for the client such as education around boundary setting and roles.

SUMMARY

It is hoped that the overview, orientation, and outline of your administrative tasks has been helpful in introducing you to Jericho Counselling. The internship experience can be overwhelming and intimidating at times and it is difficult to know how to prepare for such an exciting but also, challenging experience. The next section hopes to address some of these challenges by highlighting the internal processes of the internship experience.

YOUR INTERNSHIP AS A PERSONAL PROCESS

It is not uncommon to find yourself feeling anxious and experiencing an influx of questions regarding your level of preparedness, competency, and confidence in your skills - this initial stage of anticipation *and* trepidation is quite normal and acceptable as it is believed to be part of learning how to be a ‘novice’ counsellor (Kindsvatter, Granello, & Duba, 2008; McBride, 2010; Studer, 2005; Sweitzer & King, 2009). First, the stages of internship are described to highlight the emotional and cognitive developmental processes supervisees typically experience. Next, the structural developmental levels of internship are outlined to illustrate how supervisees may conceptualize their experience depending on the level they are currently in. Both models will help you and your supervisor gauge your developmental level and therefore, identify your developmental needs; accommodations for the supervision model can thus be made and therefore, increase the likelihood of meeting your developmental goals.

EMOTIONAL AND COGNITIVE DEVELOPMENTAL PROCESSES⁵

The emotional and cognitive developmental processes of internship include the anticipation, disillusionment, confrontation, competence, and culmination stages. Each stage brings about, specific challenges supervisees face and are described below; recommendations are also provided to assist you navigate each stage.

Anticipation: Supervisees come into the internship experience with optimism, energy, and anxiety. Often termed the ‘what if’ stage, this initial period of time taxes the supervisee due to the insecurity and uncertainty faced by experiencing the unknown. Frustration can occur if supervisee’s expectations are not being met and they perceive they are not learning what they came to learn.

⁵ The following information is compiled from the following resources:

Aten, J.D., Strain, J.D., & Gillepsie, R.E. (2008). A transtheoretical model of clinical supervision. *Training and Education in Professional Psychology*, 2(1), 1-9 . doi:10.1037/1931-3918.2.1.1

McBride, D. L. (2008). Supervision issues in family violence cases. In S. Brooke (Ed.), *The use of creative therapies with survivors of domestic violence* (pp.321-342). Springfield, IL: Charles C. Thomas,

Sweitzer, H., & King, M. (2009). *The successful internship* (3rd ed.). Belmont, CA: Brooks/Cole.

RECOMMENDATION: Set clearly defined expectations and goals that are realistic. Supervisees during this stage should focus their efforts on establish good relationships with their supervisors and colleagues.

Disillusionment: This stage can be a very difficult stage for supervisees. Disillusionment is often characterized by a sense of disappointment, frustration, sadness, and the question ‘what’s wrong’. These negative feelings can be directed toward the organization, supervisor, colleagues, clients, and even oneself. Supervisees who can turn these negative feelings into a positive learning experience will be successful in their internship.

RECOMMENDATION: Make sure you work through the disillusionment phase by identifying the issues and obstacles you are being challenged by and continue to communicate with your supervisor in a respectful and fair manner. Most importantly, remain open to the learning that you will experience if you work through these issues.

Confrontation: To get past disillusionment, you need to acknowledge and confront problems. This requires you to look at your expectations, goals, and skills and ensure that they are still realistic based on the experiences you have had in the internship. You will begin to feel an increase in morale, efficiency, feelings of independence, and increasing levels of confidence. This stage is often characterized by an increased focus on learning and diligence on working through issues – both in the professional and personal spheres.

RECOMMENDATION: Ensure that you seek out and use your support system during this stage, especially as you continue to iron out issues and work on developing your competence.

Competence: Supervisees in this stage will feel an increased sense of morale and investment in their experience. Supervisees in the competence stage experience a growing trust in oneself, their supervisor, co-workers, and in the experience as a whole. Confidence in skills continues to grow and supervisees begin to feel more composed in their role as a therapist.

RECOMMENDATION: The trap in this stage for supervisees can be the inability to manage stress and time demands that accompanies increased awareness of areas of improvement. As confidence builds, there is a tendency to strive for perfection; instead, strive for excellence while balancing your goals with realistic expectations.

Culmination: As the end of the internship nears, supervisees will often experience conflicting emotions. There is an intense pride and happiness at completing the internship and the learning that has been accomplished. However, the supervisee may also feel guilty for leaving their clients, their supervisor, and their organization.

RECOMMENDATION: It is important for you to create proper and satisfying ways to say goodbye to the internship, to your clients, your supervisor, and your colleagues. You will need to ensure that you obtain closure before you officially leave your internship behind.

The internship is an exciting and challenging process for many supervisees. It is your responsibility to seek assistance from your supervisor, to be assertive in your needs, and to use your interpersonal skills to contribute to the collegial and supportive atmosphere your supervisor is required to provide. Seek help when you need! Your supervisor is only a phone call, email, or meeting away. It is important to voice your opinion and concerns and even your insecurities throughout your internship. But it is also important to celebrate your victories – no matter how small they are.

THE STRUCTURAL DEVELOPMENTAL PROCESSES OF INTERNSHIP⁶

The following outlines the structural developmental levels associated with internship. Supervisees will often find themselves fluctuating between levels as they gain experience, learn from mistakes and garner success. The beginner, intermediate, and higher developmental levels have unique characteristics; it is the supervisee's and supervisor's role to identify where you are developmentally in order to distinguish how your supervision can best your developmental needs. Each level is described in more detail below:

Beginner Level: As a beginner, it is not uncommon to be uncertain about your skills. You will need a lot of support during this stage as you will likely experience low levels of confidence. This stage usually finds the supervisee having low awareness of their strengths and their weaknesses and thus, experience high levels of anxiety.

Intermediate Level: Your confidence level varies and you begin to show flexibility in your learning while practicing conditional autonomy. You begin to develop a better sense of your theoretical orientation and devise case conceptualizations appropriately. A greater awareness of self, strengths and weaknesses develops.

Higher Level: Your case conceptualizations become much more complex and comprehensive and you begin to be comfortable with integrating the personal with the professional in an appropriate manner. Integration of learning occurs as a result of developing an even greater awareness of self.

⁶ The following information is compiled from the following resources:

Boylan, J.C., & Scott, J. (2009). *Practicum and internship: Textbook and resource guide for counseling and psychotherapy*. New York, NY: Taylor & Francis Group, LLC.

McBride, D. L. (2008). Supervision issues in family violence cases. In S. Brooke (Ed.), *The use of creative therapies with survivors of domestic violence* (pp.321-342). Springfield, IL: Charles C. Thomas.

Studer, J. (2005). Supervising school counsellors in training: A guide for field. *Professional School Counselling*, 8, 353–359. Retrieved from <http://www.schoolcounselor.org/files/8-4-353%20Studer.pdf>

It is important to remember that these stages are not successive; depending on your learning style, you may move rapidly through the stages. You may also stay at the beginner level and reach a plateau. Whatever stage you are at, it is most important to acknowledge where you are; once you know where you are, you can begin to make a plan as to where you eventually want to end up. It is important to be in constant communication with your supervisor during the beginner level stage in order to not let the challenges of being a novice counsellor suck you into developing a closed attitude towards learning. Turning your internship into a fruitful learning experience was the goal of outlining the emotional and cognitive as well as the structural developmental processes of your internship.

As mentioned previously, your internship can be quite an overwhelming experience. Thus, the next section will provide information on how to best prepare for your internship. Tips are provided specifically for organizing your time, staying grounded, and developing trust in yourself.

PREPARING FOR YOUR INTERNSHIP⁷

I. Plan your time wisely⁸.

It is amazing how much time you will need to allot for completing all the tasks and responsibilities required of you as a supervisee in addition to the responsibilities required of you as a graduate student. You will want to develop a very structured schedule for the next year that accommodates the time you will need for your internship (e.g., direct client hours, supervision, clinic meetings, client preparation, group supervision, professional development readings, administrative duties) and for your program (e.g., weekly lessons, filling out forms/documents, assignments, intensives/seminar attendance). Your ability to employ effective time management strategies will assist you in successfully completing your internship.

Listed below are suggestions to help you manage your time more wisely during your internship year:

- Plan your schedule weekly, consistently finding time everyday to account for internship hours when appropriate and graduate school responsibilities; although your social life may be lacking this year, it is best to also allot an appropriate (i.e., small) amount of leisure time in your schedule that can help you re-charge and regain focus. Note however, that taking large chunks of time off from your school work or from your internship responsibilities is not encouraged and likely unrealistic for this year.
- It is a good idea to let your family and friends know early, that your commitment this year is going to be focused on your internship and on your graduate program. This way, when you can't attend a function,

⁷Unless otherwise noted, the following information is compiled from: Boylan, J.C., & Scott, J. (2009). *Practicum and internship: Textbook and resource guide for counseling and psychotherapy*. New York, NY: Taylor & Francis Group, LLC.

⁸ Information compiled from D.L. McBride (personal communication, July 15th, 2011).

they will be much more understanding and supportive of your decision and potentially.

- Past students recommend planning your meals ahead. By cooking large meals three to four times a week, you can pack and freeze leftovers, lessening the amount of time you need to prepare meals, clean, and buy groceries.
- Say no when your plate is over-flowing. Be realistic in how much you can complete in a given amount of time and do not take on new projects you know will just add more stress to your already busy life.

II. It is completely okay to feel anxious, frightened, incompetent and unsure of your skills at the beginning of the internship. But there's hope!

Remember: TAKE A BREATH!!!

- You are ready for your internship BECAUSE you have successfully completed the critical components of your program.
- Have confidence in your training, your professors and supervisors' support and wisdom.

III. Keep in mind, no cookie-cutter way to do counselling so pressuring yourself to 'always' be right or that you 'should' always know what to say is not going to help your anxiety.

- Stay authentic with your clients and stay tuned into their needs:
 - Be honest if you don't know or if you feel that you did say something that didn't fit with their perspective or if you feel that it was the wrong thing to say.
 - Being genuine allows for a strong alliance to be built between you and your client.

- IV. Consult with your supervisor if you are unsure whether a technique would be a good thing to attempt.
- Know when you need to seek help!
 - Listen to your inner voice – it will tell you if you are in over your head or unsure of your boundaries.
- V. Learning to trust yourself and your inner voice is a process:
- Do not try to remember everything you learned in the classroom – it will stifle the session and run the risk of you not being present with the client.
 - Listen to your inner voice and instincts, trust them, and then observe the outcome – there are trials and errors; but if you can learn to trust yourself and your inner voice, you will be more genuine in your counselling relationships, which will serve to greatly enhance the counselling process.

SELF-CARE⁹

Self-care is an important practice both novice and expert counsellors should incorporate in order to safeguard against burn-out, vicarious traumatization, and providing incompetent services to clients. It is your responsibility to ensure that you take adequate measures for maintaining your physical and mental health. Due to the confidential nature of the counselling profession, it is not recommended that you debrief your cases other than with the individuals who have an ethical and legal obligation to do so with you (i.e., your supervisor) and even then, you are strongly discouraged from providing your supervisor with unnecessary details of your cases, especially when doing so does not improve the service you provide your clients. Thus, you will need to find healthy outlets to release the tension, images, feelings, and any other dynamics that may arise in you from sessions, throughout your internship and your career. Below are some suggestions you may want to consider including in your repertoire of self-care strategies.

Social and Personal Support: Your friends and family are important sources of support, confidence, and enjoyment. Taking the time to connect, laugh, enjoy, and sit with the people you care about will provide you with individuals who know you and who will support you for who you are and who you are becoming. Balancing your social and personal demands will be important to optimize the care that being in connection with others will provide you. Thus, be cautious in knowing when you need to be with others and when you need to take a time out for yourself.

⁹ The following information is compiled from the following resources:

Pearlman, L., & Saakvitne, K. (1995). Addressing vicarious traumatization. In *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors* (pp. 382-399). New York: W.W. Norton & Company.

Trippany, R.L., Kress, V.E., & Wilcoxon, S.A. (2004). Preventing vicarious trauma: What counsellors should know when working with trauma survivors. *Journal of Counseling & Development*, 82, 31-37. Retrieved from: http://www.schoolcounselingguide.org/attachments/106_JCD_82_01Win04Trippany%20article05%5B1%5D.pdf

McBride, D. L. (2011). *Focusing on the Therapist* [Handout]. Alberta, Canada: University of Lethbridge, Faculty of Education.

Opening and Closing Rituals: It can be sometimes difficult to separate your professional role from your personal life. At times, you may find yourself letting a client's story or your perspective of your performance with a session linger; it may seep into your personal life by occupying your thoughts and taking you out of activities that you normally enjoy and look forward to. Creating a ritual to open and close sessions and your work day can help keep your professional and personal life separate. The trick here is to create rituals that are meaningful to you.

- Lighting a candle at the beginning of a session and blowing it out at the end.
- Creating a playlist of music for yourself as you enter work and a different one for when you leave.
- Using items in your office. For instance, you can ask clients to pick a rock at the beginning of a session and relate how this rock relates to their present being; at the end of the session, they can pick a different rock. You can ask them to talk about what they took away from the session or to reiterate their goals for their counselling journey.
- In preparing for your work day, have a specific item of accessory chosen for that day; once your work day is complete, take that accessory off and put it back in a special place (i.e., watch, broach, wristband, necklace, etc.). If possible, you can even leave this accessory in your office and have a special place you can tuck the accessory away from.

These are just a few of the many rituals you can use. It will be important for you to create a list of potential rituals you may want to use. You may even want to create different types of rituals for sessions that are more intense than others to help you get rid of any lingering thoughts and emotions.

Grounding techniques: Self-care also requires you to practice what you preach. Grounding is an essential skill in counsellor training, used to help clients ease their anxiety, to help calm and relax them, when faced with stressors. It is also often used to help them regain their focus during the session. Grounding techniques will also be useful for you as you face situations that often promote new and unfamiliar challenges to you.

You should have at least five different types of strategies in your back pocket to help you root back into the present and ease you out of any negative emotion or cognition. Some grounding ideas are as follows:

- Carrying an item (e.g., a rock) that you can hold on to during times of stress.
- Write in a gratitude journal.
- Begin a mindfulness practice that disciplines you into focusing on the present.
- Create and say a positive affirmation (e.g., ‘I may not be perfect but I am more than good enough’) a number of times a day at specific times of the day.
- Take part in an activity that de-stresses you and ensure it is a part your every-day routine.

Personal Awareness and Development: There will be times throughout your internship and your career that you will experience countertransference issues with clients. Being aware of how your personal experiences and history may influence your work will be crucial in learning how to better care for your clients and thus, how to be a better therapist. Dealing with countertransference will require you to solicit your supervisor’s assistance in order to deconstruct and assess the issues you are experiencing and how it might impinge on the progress of your clients. You will also be able to obtain direction on how to proceed about processing countertransference in your session if appropriate. Some counsellors see the value of seeking their own personal therapy throughout their career; this is a personal choice of course but should be at least considered. Many counsellors see their therapy as a valuable tool for their self-care.

Mental and Personal Health: A healthy body and healthy mind will be essential for your practice. Nutrition, exercise, and peaceful mind are the foundations of embodying a healthy existence. It is up to you how you define healthy body and healthy mind as each person has unique needs. Ultimately, your mind and body is the medium in which you provide counselling services to your clients. Taking care of your physical and mental health should be a top priority throughout your internship and your future career as a therapist.

SUMMARY

This section focused on the internal processes that supervisees typically experience during their counselling internship. It is important to address these processes as supervisees can at times be taken aback by the intensity of the emotional and cognitive challenges they will face throughout their internship. It is hoped that by highlighting these stages and providing you suggestions on how to prepare for your internship and outlining the importance of self-care, you will be more apt to overcome these challenges and successfully complete your internship. To bring your focus next to the art of counselling, the next section outlines one of the most critical elements of the counselling profession; ethics and client confidentiality.

Ethics and Internship

Counsellors are expected to carry out the duties of the profession in the most ethical and professional manner. As a supervisee, you must protect and promote your clients' rights, integrity, and privacy and your clinical practice must be carried out in a manner that promotes the well-being of individuals and of society; regardless whether you're a novice or an expert counsellor, your obligation is to do no harm to your clients and thus, embody the principles of one who consistently aspires to the principles of responsible caring¹⁰. This section provides information on the British Columbia Association of Clinical Counsellors (BCACC) code of ethical conduct, client confidentiality, privacy issues in supervision, as well as note-taking.

BCACC CODE OF ETHICAL CONDUCT

At Jericho, we are governed by the BCACC code of ethical conduct. Each supervisee is required to download the electronic version of the BCACC code of ethical conduct from:

<http://bc-counsellors.org/wp-content/uploads/2011/02/2010BCACCCodeGuidelinesApprovedOct16.pdf>

A brief overview of 'The BCACC Code of Ethical Conduct, Standards of Clinical Practice and Guidelines for Registered Clinical Counsellors'¹¹ is provided below:

Part I Code of Ethical Conduct and Standards of Clinical Practice

- Code of Ethical Conduct
- *Standards of Clinical Practice*
 - Informed Consent to Clinical Counselling and the Collection, Use and Disclosure of Personal Information
 - Payment for Clinical Counselling Services
 - Standard for the Content of Clinical Records

¹⁰ Sinclair, C., & Pettifor, J. (Eds.). (2001). *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.). Ottawa: Canadian Psychological Association

¹¹ British Columbia Association of Clinical Counsellors. (2011). *Code of ethical conduct, standards of practice, and guidelines for registered clinical practice*. Retrieved from <http://bcacc.tacticaic.com/wp-content/uploads/2011/02/2010BCACC-CodeGuidelinesApprovedOct16.pdf>

- Standard for Promoting and Advertising Services
- Standards for Writing Court-Ordered Reports
- Child Custody and Access Assessments and Reports

Part II Guidelines

- Guideline for Ethical Decision Making
- Guidelines for Ethics in Supervision & Teaching
- Counselling via Telephone or Computer
- Technology Standards for Ethical Practice
- Guidelines for the Secure Transmission of Facsimile Information

For further information regarding ethical code of conduct and standards of the counselling profession, please consult the BCACC Ethical Code of Conduct and/or the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001).

CLIENT CONFIDENTIALITY AND DISCLOSURE OF INFORMATION¹²

Like most clinics, Jericho Counselling provides clients with a uniquely tailored disclosure of information that outlines their student-counsellor's background and experiences, their counselling orientation, and most importantly, their rights and counsellor's limits to confidentiality. The contents of the clinic's consent form include the following headings (a copy of the disclosure statement will be provided to you for your own records):

1. About your counsellor.
2. About counselling.
3. Confidentiality.
4. Are there any limitations to confidentiality?
5. Your personal information.
6. Length, frequency, and termination of sessions.
7. Fees.
8. Signatures.

As a reminder, the counselling profession outlines three instances that call for confidentiality infringements. These three instances are as follows:

- a. Client discloses information that leads to risk of harm or neglect of a child.
- b. Counsellor believes that client or others is at risk of imminent harm; this includes when counsellor believes that client is at risk to self.
- c. When a file is subpoena or disclosure is required by law.

It is imperative that clients are provided information regarding their rights in counselling and that you receive their consent of entering into a counselling relationship with you. In

¹² The following information is compiled from:

McBride, D. L. (2010). *Ethics of documentation: Confidentiality, consent issues, record keeping, file storage* [Handout]. Alberta, Canada: University of Lethbridge, Faculty of Education.

McBride, D. L. (2010). *Privacy & consent issues with adults* [Handout]. Alberta, Canada: University of Lethbridge, Faculty of Education.

D.Schooler (personal communication, August 29, 2010).

Sinclair, C., & Pettifor, J. (Eds.). (2001). *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.). Ottawa: Canadian Psychological Association

instances where you feel breaches of confidentiality must occur, a thorough assessment of the impact your action will have on the client will need to be conducted in order to minimize harm. Additionally, when confidentiality must be broken, counsellors should attempt to have a therapeutic conversation with their clients and express their decisions to be of their client's best interest. To ensure that proper execution of client's rights are protected, open communication and thorough explanation of the limits of confidentiality should be addressed frequently, especially when treating long term clients. Most importantly, consulting often with your supervisor regarding any issues of confidentiality or that may impinge on client's rights is a critical practice that you **MUST** commit to in order to provide best-care practices to your clients.

Additional Topics to Include

In addition to the topics outlined above, it will be important for you to consider where your stance on the following areas and discuss with your supervisor how you may want to incorporate these items into your personal consent form.

- Receiving gifts from clients.
- Providing alternatives to talk-therapy.
- Record keeping and storage of files.
- As a student, potential use of client's case (using discretion and confidentiality) in research or assignment projects.
- Dual relationships.
- Disclosure of boundary crossing by other professionals.
- Inhumane behaviour towards animals.
- Interruptions in therapy.

Consent for Supervision

As a supervisee, Jericho will also receive an additional consent form that outlines to your clients, the nature of the supervision process. It is important to inform your clients that your supervisor oversees all your case files and that as part of your program, you are encouraged to video/audio tape your sessions.

First, you will need to receive consent from your client that their case will be discussed with your supervisor and that your supervisor will have access to that file. If your client provides informed consent for your supervisor to oversee her case, you will need to ensure that you complete the appropriate form.

The next step would be to discuss with your client about the nature of live/video/audio observation at Jericho; it is imperative that you emphasize that clients have the right to refuse to be observed while explaining its rationale. You must also inform the client that at times, your supervisor can sit in during sessions for observation purposes or assistance when you face challenging situations. Although it is highly recommended by your university program and your field supervisor to tape your sessions, it is your responsibility to ensure that your clients feel comfortable in declining being video/audio taped if they desire, especially if they feel that doing so impedes their treatment or impinges on their rights.

For clients who agree to being taped, it is imperative that they are made aware of who will see the videotape (i.e., clinical director), how the tape will be stored, how long it will be retained, and how it will be destroyed. At Jericho, all video/audiotapes created for the purpose of the internship are observed during weekly supervision and destroyed thereafter; any tapes not seen within two weeks of its original recording must be destroyed.

Due to the nature of your grad studies, you will also need to first receive informed consent from your clients before you discuss their cases with your peers; in these instances, only theme based discussions shall be conducted and specific details and identifying information should be avoided.

The disclosure information form and informed consent is a binding contract between yourself and your clients. You must establish a therapeutic approach to delivering the information of this contract to your clients so they feel empowered, valued, and encouraged to execute their rights. At any time that you have concerns regarding the

informed consent process, you are highly encouraged to speak and consult with your field supervisor and your university internship professor.

Lastly, counsellors and supervisees should incorporate the following elements in their use of consent forms to obtain the highest ethical standards¹³:

- ❖ Identify the specific treatment and explain its general nature.
- ❖ Explain the risks, benefits, side effects and alternative to the proposed treatment.
- ❖ Ensure that the consent form is consistent with the verbal explanation.
- ❖ Ensure the language is readily understandable to the client.
- ❖ Clearly identify the document as consent to treatment form and not a formality.
- ❖ Give the client an opportunity to read the form and ask questions.
- ❖ Ensure the client is able to read English and comprehend that the form has significant legal consequences.

¹³ Replicated from: McBride, D. L. (2009). *Essentials of a valid consent form* [Handout]. Alberta, Canada: University of Lethbridge, Faculty of Education. The Essentials of a valid consent form was compiled from: Solomon, F. Faculty of Law at University of Western Ontario. Social service professionals and the law: Blaming the helpers. Paper presented at U of C, November 5, 1999.

ETHICAL NOTE TAKING¹⁴

At Jericho counselling, supervisees are provided a standardized form for session notes wherein counsellors are required to indicate which dominant themes became the focus of the session, to outline the goals of the session, jot down their hypothesis that can better inform their case report, their plans for next session, client progress, and homework assigned. Other key aspects of this form include the date, time, and length of session including the name of the client(s) who attended. To ensure that you become an ethical note taker, keep the following tips in mind:

1. **RECORD ONLY THE INFO YOU NEED:** Always write to protect your clients' privacy and refrain from using your session notes as the place for debriefing or to document how 'good' you are at therapy.
2. **PROVIDE CONTEXT:** Ensure that you consistently relate what you observe to clients' experiences that are likely contributing to client's presenting problems.
3. **RECORD CLIENT'S BEHAVIOUR IF YOU NEED TO DO CONTENT NOTES:** Remember to write in past tense.
4. **DISTINGUISH CLEARLY BETWEEN OBSERVATIONS AND INTERPRETATIONS**
5. **DO NOT REPORT CLIENT STORIES AS FACT:** Using phrases such as client noted, described, expressed, shared, mentioned, acknowledged, reported informs the reader that you are writing details based on a perspective the client provides.
6. **AVOID USE OF QUOTATIONS**
7. **AVOID CITING NAMES IN THE FILE**

¹⁴ McBride, D. L. (2010). *Ethics of documentation: Confidentiality, consent issues, record keeping, file storage* [Handout]. Alberta, Canada: University of Lethbridge, Faculty of Education.

8. KEEP SEPARATE FILES OF COUPLES OR IF CLIENT IS INVOLVED IN OTHER AGENCY PROGRAMS
9. DO NOTES IMMEDIATELY AFTER YOUR SESSION
10. IF YOU HAVE INFORMAL NOTES, MAKE SURE THAT YOU TRANSFER THOSE NOTES IMMEDIATELY
11. ALWAYS RECORD ANY CONTACT (e.g., spontaneous run in, phone call, emails) ON BEHALF OF THE CLIENT OUTSIDE YOUR SESSION

SUMMARY

Now that the topics of ethics, confidentiality, and note-taking have been refreshed in your mind, it is now time to turn your attention to the art of counselling. To assist you in conducting your sessions, a few counselling guidelines have been outlined in the next section.

COUNSELLING GUIDELINES

Conducting your first sessions as a supervisee can be intimidating and overwhelming. To help ease you in this task, you will be able to observe your supervisor and colleagues conduct sessions for the first few weeks; following these observations, your director will request that you participate in co-therapy to further provide you with supervised practice. After a month, you will be assigned clients; the beginning of building your case load commences. The real work begins!

As a supervisee, you are responsible for the conceptualization and design of each of your client's case and treatment plan; although the clinical director will evaluate, approve, and oversee each one of your client files, your ideas and understanding of the client will be valued, especially as your level of confidence and comfort in the counselling work increases. You are encouraged to explore your theoretical underpinnings in alignment with your client's goals and supported in collaborating with your director about taking different approaches or direction when you see fit. It is recommended that in preparing for your internship, you contemplate the different theories and interventions that align with your worldview and understanding of human nature. Although you will experience new insights throughout your internship that will likely influence your counselling approach, knowing your beliefs and values before you begin the practical work will help you hone in on the theories that will inform your counselling approach.

Documentation is a mandatory practice in the counselling world. Jericho Counselling requires all counsellors and supervisees to note the date and times of each session, to conduct an initial assessment at the onset of therapy, and to write down session notes at the conclusion of each session. The following section provides an outline aimed to assist you with performing an effective intake that will help you build a comprehensive case report. Also, information pertaining to dealing with suicide is also provided as well as an outline of issues that should be brought to the attention of your supervisor. The section ends with tips on how to manage conflict with your supervisor.

INITIAL ASSESSMENT¹⁵

The initial assessment, also referred to commonly as an intake form, can be used to provide structure and if delivered therapeutically, can serve to initiate the building of a strong therapeutic alliance.

Jericho Counselling has a standard assessment form that must be completed for each client that you see. As you hone your theoretical approach, you may find that you would like to include other areas/topics to explore on your assessment form. Although some of these areas are included in the Jericho intake form, you may want to incorporate ones that are not included and familiarize yourself with the types of questions you can ask, to help you build a better case report¹⁶:

Task	Suggested Actions
Build rapport and ensure client comfort and safety.	<p>Greet client in a warm and gentle manner.</p> <p>Obtain informed consent and ensure client understands their rights to privacy and confidentiality as well as the risks and benefits associated with the counselling process.</p> <p>Make an assessment of learning style if possible; use questions such as: “Some clients are more visual than others and some are more experiential, meaning they understand better going through the forms together. What do you prefer?”</p>
Make notes on physical appearance.	<p>Note general observations about client’s appearance that you believe are relevant to their treatment plan.</p>

¹⁵ The following information is compiled from: Whiston, S.C. (2009). *Principles and applications of assessment in counselling* (3rd ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

¹⁶ Information is adapted from: Medori, J. (2010). *Intake assessment: Forms and guide* [Submitted Assignment]. Alberta, Canada: University of Lethbridge, Masters of Counselling Psychology student.

Note referral source.

Client was referred by _____ due to _____.

The following prompts can be used:

“I notice that you were referred by _____; do you know why you are here?”

“I’d like to go over with you, the documents given to me by _____. I want to make sure that I understand your situation and would like your input on what you want to get out of your time here with me.”

If client was a self-referral:

Client made an appointment on _____ describing the following problems: _____

Presenting Problem

Use prompts such as:

“What brings you here today?”

“Tell me about the issues that are having an impact on your life right now.”

Exploring the Problem

It will be important to explain to the client that each issue will be explored to gather more information and detail; however, use clinical judgement for prioritizing concern that is most relevant and most immediate for the client and their well-being.

“Let’s talk about each issue separately. What would you say, out of the ones you have listed, ranks as most important and the one you would like to explore first. This may be the one you perceive to have the most influence on your well-being”.

Asking questions such as:

How long has this been happening for you?

When did you notice this first started for you?

How has your problem impacted your life? (Work? School? Relationships? Leisure?)

Sometimes, people see a pattern of when and where the problem occurs. Would you say that you see a pattern in how the problem develops?

- Does it happen in certain contexts?
- Does it happen with certain people?
- How would you describe these people?
- What type of relationships do they have with you?

What would others say about how this problem affects you?

On a scale of 1-10, where 10 means having a large impact in your life and 1 is no impact, how much does this problem impact your life?

Assess for the following:

- Suicide Risk
- Depression

Do you have hope that things will get better?

Do things look pretty bleak?

Do you have thoughts of hopelessness?

Sometimes when people feel depressed, they think that they'd be better off dead. Has that thought ever crossed your mind?

- Substance Abuse

Have you ever used street drugs? Alcohol?

How often do you use drugs? Alcohol?

Do you use over the counter drugs?

Do you use prescription drugs in non-prescribed ways?

- Mental Status

Do you currently experience memories or flashbacks?

Do you currently experience hallucinations, delusions, or panic attacks?

Finding Exceptions in order to build hope.

The following questions can be used to highlight client's previous successes:

Can you describe a time when you did not have this problem? Have you experienced success in overcoming it before?

What was your life like at the time?

Describe to me some of the things that you found helped you most? How did you manage to cope?

Assess whether client believes the problem can be overcome.

On a scale of 1 to 10, where 10 is 100% positive and 1 is 0% positive, how would you rate the likelihood of you overcoming this problem.

Past Counselling and Treatment Experience.

What have you tried in the past to influence the course of this problem? Have you tried counselling or any other form of treatment for this problem before? When? Was it successful? What worked for you? What did not work for you? Have you ever been treated for a psychiatric problem? What were the concerns? What type of treatment did you receive?

Relevant background information: Health.

Now I'd like to explore with you, some of the relevant background information, like your health history, that you feel contributes to your current problem(s):
On a scale of 1 to 10, where 10 is the optimum level of health and 1 is the least optimum of health, how would you rate your physical health?

Do you have any current medical complaints?

Are you currently taking any medications?

When was the date of your last physical exam? (Especially relevant if medical condition influences depression and mental health status).

Do you have any medical conditions?

Have you noticed any changes in your sleeping patterns?

How would you describe your current appetite? Has it recently changed?

Do you exercise?

On a scale of 1-10, where 10 is being very conscious and 1 not being conscious at all, where would you rate your consciousness of nutrition?

Where would you rate your consciousness of overall health?

**Relevant background information:
Social/developmental history.**

What was your early childhood/school age years like?

To your knowledge, were there any birth complications?

Did you experience any developmental, medical, or academic problems?

Did you enjoy school?

What kind of grades did you get?

How would you describe yourself as a child?

How would your teachers describe you?

Did you have a lot of friends growing up?
 What were they like? Did you have a best friend? Have you kept any of your friends?
 Did you keep to yourself?

**Relevant Background information:
 Educational/occupational history.**

What was the highest level of education you achieved?
 What was your first job like?
 What age were you when you got your first job?
 What is your current employment status?
 Do you enjoy your job?
 Are you socially active?
 Do you belong to any committees?
 What is the longest time you have held a job?
 Think about your last job. Tell me about your reasons for leaving.

Cultural influences: Family history.

Now I'd like to get a picture of the people in your life that you consider family. This definition is unique to everyone so I would suggest that you include those who may or may not be blood related but you would consider as family. The main reason for this is so that we can get a big picture of the relationships you find important or that you find distressing. It also helps to pinpoint important events in your life that have impacted you in a significant way. Usually, this process assists you in mapping your family history, which helps us identify patterns or issues that are both adaptive and maladaptive. How we will do that is to create a genogram. Did you want to hear about it?

- Explain genogram.
 - Show an example of my genogram (subtle self-disclosure to build rapport)
-

“We will create this genogram together and I’ll assist you by asking questions but don’t hesitate to freely talk as well. If I do not understand you or I make a mistake, feel free to stop me as well. Normally, genograms go back 3 generations and we create symbols to represent individuals that you feel are significant to you – and significant in your life.”

Questions for the genogram should include:

Who would you consider as part of your family? Do you have a partner?

Who would you consider to be close to you? Who would you consider distant?

What events seem to stand out for you? Who was involved? Have there been any divorce, separation, and deaths in the family that you feel highly impacted you?

Race/Ethnicity/Culture

To ensure that the treatment plan you devise is culturally sensitive, it is highly advised that you always consider your client’s race/ethnicity/culture in conceptualizing their treatment plans and the issues they bring forth.

An example of how to begin the discussion is provided below:

I would like to talk to you about the types of events and traditions that you feel are important to you. These events or traditions can be unique to you and your family.

Types of events may be cultural (e.g. barmitzvah, debuts), unique to your specific family, (e.g., specific dinner rituals, spring time traditions, annual camping events, reunions, etc.), they may be religious (e.g., specific to a religious faith) or they may be spiritual (e.g., which does not require subscribing to a specific faith but requires relating to matters of the ‘soul’ or ‘spirit’).

The following questions can also be used:

What types of rituals or customs are important to you that you participate in?

What are your holidays like?

How would you describe your circle of friends?

Who do you consider as your best friend(s)? Who are your biggest supporters?

Have you ever experienced discrimination?

In your opinion, what are some internal and external barriers that you face in reaching your goals?

You mentioned that your family immigrated to Canada. How was that experience for you?

On a scale of 1 to 10 where 10 is feeling connected to the host culture (Canadian) and 1 not being connected, how would you rate yourself?

Do you speak more than one language?

Socioeconomic status.

How would you describe the atmosphere of your current life situation? Job? Home?

On a scale of 1 to 10, where 10 is extremely stressed and 1 is not stressed at all, where would you rate your financial stress?

Establish goals.

What do you hope to get out of therapy?
Of the issues you brought to counselling today, how would you prioritize them?

How would you know that we have reached your goal?

How would I know that we have reached your goal?

How would others know that you have reached your goal?

What would be different in your life if therapy was effective?

Determine treatment plan.

SUICIDE RISK AND ASSESSMENT¹⁷

Suicide risk and assessment is an inherent part of the counselling profession. It is highly recommended that you speak with your supervisor early on about the clinic's policy on suicide risk and assessment, reviewing this policy at specific intervals. You are also recommended to take a suicide prevention/crisis workshop before commencing your internship and every few years thereafter.

Assessing for Suicide

When in session with a client you suspect is at risk for suicide, keep the following acronym in mind:

'SAD PERSONS'

S = Sex (males are more likely to succeed, women make more attempts)

A = Age (young adults and elderly are more at risk)

D = Depression (degree, duration, etc.)

P = Previous attempts

E = Ethanol (alcohol) or drug abuse

R = Rational thinking loss

S = Social support lacking

O = Organized plan

N = no spouse

S = sickness

¹⁷ The following is compiled from: McBride, D. L. (2003). *Assessing for suicide – some options*. Alberta, Canada: University of Lethbridge, Faculty of Education.

As a counsellor, you will need to be aware of the many different factors associated with suicide. One of the most common signs of suicide risk have outlined a plan or at the very least, a good idea of how they will commit suicide. On the other hand, some clients will say “If I were to commit suicide, I would prob...” It is important to assess the seriousness of these clients to assist you in your decision making skills and intervention plan. One way to assess for suicide risk is to use the S-L-A-P method:

Specificity of the plan

Lethality of the method

Availability to do so

Proximity of social or helping resources who could intervene and rescue

Assessment of suicide will be essential in your ability to create an intervention plan. The following are steps the author has borrowed from a worksheet compiled by Dr. Dawn McBride for the Campus Alberta Applied Psychology program Specialized Practicum Course (CAAP 6619) at the University of Lethbridge. Although there are many more ways to assess suicide and other factors that can contribute to suicide risk, the following steps can be used as a guide to help you navigate a complex situation.

1. Depression: Depression and hopelessness are often associated with suicide. Assess level of depression, length, and frequency.
2. Suicide Ideation: Be calm, clear, and direct when asking clients about thoughts of suicide. Normalize the situation and let client know it is a regular part of your practice to make inquiries of suicide when clients exhibit signs of depression.
3. Self-Control: Assess client’s level of self-control and impulsivity.
4. Suicide Plans: Utilize the S-L-A-P method.

5. Intent: How serious is the client about committing suicide? Where are their problem solving skills? Do they see any other potential for changes in their life? Do they see hope in their future? Do they have any plans they are attending in the near future?

6. SAD PERSONS

If you believe that your client is suicidal, you are required at Jericho to conduct these steps:

1. Respectfully and therapeutically address and remind your client about the limits of confidentiality.
2. If your assessment leads you to believe your client is at risk of suicide, calmly let the client know that you will need to contact your supervisor to seek their direction and guidance (*this should be part of your informed consent form and process*) at any point in the session or after the session. If they refuse to allow you to do so, gently remind them that it was part of your counselling contract with them and as a student you are obligated to follow your contract.
3. There are many different ways of intervening with your client. The following is a list of potential methods to help your client out of imminent risk:
 - a. Contract: an written agreement/declaration that the client will not harm themselves.
 - b. Identify supports, increase contact with these supports, and increase activities.
 - c. Hope focused counselling: have client create a hope kit that will help a client remember their hope or reasons for living.
 - d. Externalization: identify the part of the client that wants to live and the part that wants to die. Focus on strengthening the part that wants to live.

4. If it is evident that a client is still at risk for committing suicide, contact 911. The client should be notified that you believe they will need to be hospitalized in order to keep them from harming themselves.
5. If the client is assessed to be at low risk, arrange for them to contact a friend or family member that can pick them up from your office, to accompany them home. This again, is part of your contract. As you have assessed them to be at some risk to themselves, limits of confidentiality apply and you are legally obligated to ensure their safety.
6. Provide client a safety plan by giving them the crisis hotline and emergency numbers and a detailed plan of what they are to do (e.g., who they will contact, how they are to contact the hospital, how they will get there, etc.) in the case their suicidal urges increase. Provide them with a specific plan/homework they can attempt to do until the next session in order to place the idea of the future at the forefront of their minds. Book a next session and inform them that you will be checking up on them later in the evening and in the mid-week to see how they are doing.
7. DOCUMENT, DOCUMENT, DOCUMENT. This is the instance where you will need to be very detailed at your assessment for suicide, interventions used, and your safety plan.
8. Debrief with your supervisor.

INDICATIONS WHEN TO ALERT YOUR SUPERVISOR¹⁸

There are some instances throughout your internship that will require your supervisor's immediate attention. If you face any of the situations below, you are highly encouraged to alert your supervisor:

- The client expresses threat towards self or others.
- Client perceives danger or threat from others.
- Indications where abuse, neglect, and trauma are present; specifically when children are involved.
- Client experiences extreme change in behaviour, psychological, or physical status.
- When removal of children from the home is indicated.
- Stagnation in the therapeutic process.
- Uncertain about next steps in treatment.
- When debrief is required after an intense session.
- Client requests to see another counsellor, to speak to supervisor, or refuses to sign release of information or consent forms.
- When client chooses to discontinue service prematurely or expresses dissatisfaction with the service or misses consecutive sessions.
- When client wants a copy of their file.
- When a file is ready to be closed.

The list above is not an exhaustive list of the numerous situations which may require your supervisor's immediate attention. As a rule of thumb, it is recommended that you approach your supervisor when you are faced with a situation that you feel uncomfortable with at all times. Your decision to ask for assistance will always be supported.

¹⁸ Information is taken directly from: McBride, D. L. (2008). Supervision issues in family violence cases. In S. Brooke (Ed.), *The use of creative therapies with survivors of domestic violence* (pp.321-342). Springfield, IL: Charles C. Thomas.

SUMMARY

It is hoped that these guidelines will provide you with support on how to conduct your sessions as a novice counsellor. Next, information regarding the supervision process is provided.

SUPERVISION GUIDELINES

Supervision is a great opportunity for you to learn and become familiar with the professional and personal expectations requires of you as a counsellor¹⁹. In order to maximize the benefits of supervision however, it is recommended that you are well-prepared for supervision. The first part of this section provides you with an outline of what areas to address during your supervision and to best prepare for these sessions. As with any relationship, there will be times that you may feel that you and your supervisor do not see eye to eye; conflict may also arise. Thus, the second part of this section provides you with strategies that will help you deal with conflict arising from the supervisor-supervisee relationship. It is hoped that the information provided here will assist you in asking for what you need in terms of facilitating your professional development.

PREPARING FOR SUPERVISION

It will be your responsibility to adequately prepare for your supervision sessions. Below is a list of topics/tasks you must be prepared to discuss or bring for your supervision²⁰:

- Proper form (e.g., consent forms for supervision, case review worksheets) are completed ahead of time.
- For each case, a list of questions to ask supervisor, and /or identified areas of needed support has been prepared.
- A supervisor room has been booked and is set up (e.g., chairs arranged, do not disturb sign posted).
- All necessary equipment is set up and in working order (e.g., TV/VCR, and/or cassette player is ready to play).
- The tapes have been viewed by the supervisee are cued in advance.

¹⁹ Chui, E.W. (2011). Desirability and feasibility in evaluating fieldwork performance: Tensions between supervisors and students. *Social Work Education*, 29, 171-187. doi:10.1080/02615470902912219

²⁰ The following information is replicated directly from: Information is taken directly from: McBride, D. (2008). Supervision issues in family violence cases. In S. Brooke (Ed.), *The use of creative therapies with survivors of domestic violence* (pp.321-342). Springfield, IL: Charles C. Thomas.

- All necessary materials (e.g., case review forms, video-tapes) are present.
- Be aware of your university's document deadlines (e.g., final evaluation, weekly log sheets, etc.) and ensure you provide your supervisor with adequate time to fill out the forms; bring any forms that need to be filled out and signed your supervisor on a weekly basis.
- If live observation: supervisee has confirmed his/her attendance and the supervisee has back up plans for supervision if the client does not appear for live supervision (e.g., tape of a previous session, case presentation, audio clips, etc.).
- Fill out and bring 'Supervisor Feedback Form' (provided at the end of the section) as it is a required process of the supervision session.

DEALING WITH CONFLICT: YOU AND YOUR SUPERVISOR²¹

The supervision process can bring about tension and conflict, negatively impacting the supervisor-supervisee relationship. It will be important for both you and your supervisor to remember that the supervision process is a learning opportunity for both parties.

The following strategies are recommended to help you and your supervisor deal with conflict:

- a. Look at the problem from all angles and list as many contributing factors the problem as possible.
- b. Keep an open mind and refrain from using defensive mechanisms; avoid the use of blaming or shaming as it will only aggravate the conflict further.

²¹ The following information is compiled from the following resources:

Nelson, M.L., Barnes, K.L., Evans, A.L., & Triggiano, P.J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology*, 55, 172-184. doi:10.1037/0022-0167.55.2.172

Osborn, C.J., Paez, S.B., Carrabine, C.L. (2007). Reflections on shared practices in a supervisory lineage. *The Clinical Supervisor*, 26(1/2), 119-139. doi: 10.1300/J001v26n01_09

Ramos-Sánchez, L., Edna, E., Goodwin, A., Riggs, S., Touster, L.O., Riggs, S., & Touster, L.K. (2002). Negative supervisory events: effects on satisfaction and supervisory alliance. *Profesional Psychology: Research and Practice*, 33, 197-202.

- c. Fill out supervision process feedback form (provided below) to help outline the issues that need to be addressed.
- d. Once problem is highlighted and both parties have had a chance to explain their perspective, shift focus to finding solutions.
- e. Understand that everyone has different perspectives and opinions; there is no need for anyone to be right but there is a need to ensure that everyone is heard.
- f. Learn to distinguish between the challenges of the internship experience as outlined in an earlier section and genuine conflict between you and your supervisor.
- g. If conflict heightens despite you and your supervisor's efforts, you may need to notify your university practicum professor of the issue; be open to mediation and potential suggestions from your professor.

Supervision Process Feedback

Supervisee Name: _____ **Date:** _____

Supervisor's Name: _____

Number of supervision session sessions received: _____ Supervision Hours to date: _____

My general feedback on supervision: _____

Things that I like about supervision: _____

Things that I would like improved about supervision: _____

Your feedback regarding how your supervision is going is important to your professional growth as well as that of your supervisors. Please indicate below any concerns you have with regards to your supervision or your internship.

SUMMARY

As a supervisee, you are responsible for your learning; being adequately prepared for your supervision will assist you and your supervisor in identifying your growth areas as well as the areas/skills you have already improved upon. You will also be required to be assertive and relay to your supervisor, your needs as well as issues you may have regarding the supervision process. Furthermore, you are encouraged to deal with conflict in a professional manner wherein the aim is for resolve and compromise. It is hoped that throughout your internship, you and your supervisor will reap the benefits of this unique learning opportunity and find meaningful ways to learn from each other and to grow.

RECOMMENDED READINGS

It is highly recommended that supervisees read the following resources for further information:

Boylan, J.C., & Scott, J. (2009). *Practicum and internship: Textbook and resource guide for counseling and psychotherapy*. New York, NY: Taylor & Francis Group, LLC.

McBride, D. (2008). Supervision issues in family violence cases. In S. Brooke (Ed.), *The use of creative therapies with survivors of domestic violence* (pp.321-342). Springfield, IL: Charles C. Thomas.

Sweitzer, H., & King, M. (2009). *The successful internship* (3rd ed.). Belmont, CA: Brooks/Cole.

CONCLUDING REMARKS

This internship manual is designed to help you become familiar with the processes at Jericho Counselling, as well as provide you with strategies intended to help you navigate the supervision and internship experience. It is hoped that you will be able to use many of the tools and tips you have learned from this manual in your work as a novice counsellor and beyond.

Remember, it is important to understand that the emotional and cognitive turmoil you experience this year may be related to your emotional, cognitive, and structural development as a novice counsellor. Preparing for your internship and engaging in self-care will further help you meet the demands of your internship and the counselling profession. Also, ensuring your clinical practice reflects high ethical standards promotes the protection of your client's privacy and limits the possibility of inflicting harm. Lastly, counselling and supervision guidelines are meant to help you during the more challenging times of your internship; the learning you achieve as a supervisee will largely depend on your ability to acknowledge your responsibilities in facilitating your personal and professional growth. As always, you are encouraged to consult often with your supervisor and to ask questions; your feedback to the supervision and internship experience will contribute to your supervisor's ability to facilitate your development.

Good luck intern! Best wishes on the start of your professional counselling journey.

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