

Clinical Supervision Overview

Supervision model

My approach to supervision is not based around a theoretical orientation, but rather a developmental model that focuses on the supervisees' current stage of development and guiding through each of the three stages:

*Level 1: Entry level; novice

*Level 2: Mid-level; inconsistent

*Level 3: Final level; secure

Accurately assessing the supervisees' level is important to implementing the *Discrimination Model* methodology, that allows the supervisor to modify the supervisory role and responses (teacher, counselor, or consultant role) to fit the supervisees' current developmental stage as well as conceptualizing from the correct clinical categories (intervention, conceptualization, or personalization)

Supervision structure

- Audio/visual observations of sessions are 2xs/year
- 1:1 Supervisee Evaluations are 2xs/year and can coincide w/ observations
- Supervisor Evaluations are 2xs/year
- Prior to beginning, a free phone consultation is provided to ensure the supervision relationship is a good match.
- Attendance:
 - supervisees are expected to avoid missing back to back meetings. If this occurs, the supervisor and supervisee will collaborate on a modification plan in order for the supervisee to make up those hours.

Exceptions

- If a supervisee's sole target population/methodology is listed below, I advise that they also have a supervisor or mentor that specializes in that area:

Hoarding	Eating Disorders/Disordered Eating	Veteran PTSD
Gender Identity Disorder	Dissociative Identity Disorder	Reactive Attachment Disorder
EMDR	DBT	Play Therapy

**there may be other specific areas that require a specialized level of expertise, in which case the supervisee will be referred.