

TRAINING, SUPERVISION AND CONSULTATION

Expanded Roles and Competencies of Health Service Psychologists

GSAPP Course#: 18:821:655:01

Wednesdays 8:45-11:30am, Gordon Road

Spring 2025

INSTRUCTOR:

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Professor

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COURSE ASSISTANT:

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COURSE DESCRIPTION:

The professional roles of psychologists are continually expanding, and today's clinical psychologists must be prepared to assume multiple roles throughout their careers. This class is designed to expose students to the current body of research on clinical supervision and professional consultation in psychology. The course includes experiential assignments and learning opportunities to begin the student's development in supervision and consultation competencies.

- Supervision refers to a distinctive intervention provided by a more senior member of a profession to a junior member with the purpose of enhancing the professional development; monitoring the quality of professional services provided by the junior member and serving as a gatekeeper for those entering the profession. The relationship is evaluative, hierarchical and extends over a period of time.
- Consultation refers to a diverse array of activities wherein psychologists provide specialty services or work in collaboration across professions in diverse settings (e.g., medical, school, forensic, business).

PROFESSION -WIDE COMPETENCIES:

- **Ethical and legal standards:** Conducts self in an ethical manner across professional activities.
- **Individual and cultural diversity:** Displays an awareness of how personal bias and cultural history, attitudes, and biases affect understanding and interactions with people different from themselves.
- **Research:** Demonstrates skills in producing, comprehending, and integrating oral, nonverbal, and written communications that are informative and well-integrated across a range of situations, populations, and systems.
- **Professional values and attitudes:** Demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession, in all professional roles.
- **Communication and interpersonal skills:** Communicates orally and in writing assessment results in an accurate and effective manner sensitive to a range of audiences.

- **Consultation/interprofessional/interdisciplinary:** Demonstrates appropriate knowledge, skills and attitudes regarding interprofessional and interdisciplinary collaborations in relevant professional roles.
- **Supervision:** Demonstrates appropriate knowledge, skills, and attitudes regarding the instruction and oversight of trainees and other professionals
- **Reflective practice:** Demonstrates appropriate knowledge, skills and attitudes in reflecting on, critically evaluating, and improving one's own professional performance.

APA COMPETENCIES:

APA Competency 1: Knowledge and application of psychological principles to professional practice

- Course Goal: Understand the role of training, supervision, and consultation in the field of psychology.
- Course Outcome: Identify goals and objectives of training, supervision and consultation

APA Competency 2: Scientific inquiry and critical thinking

- Course Goal: Understand different approaches to supervision, including the use of feedback and support
- Course Outcome: Apply different approaches to supervision, including the use of feedback and support

APA Competency 3: Ethical and legal standards

- Course Goal: Explore ethical and professional issues related to training, supervision, and consultation
- Course Outcome: Identify and address ethical and professional issues related to training, supervision, and consultation

APA Competency 4: Interpersonal and communication skills

- Course Goal: Understand different forms of learning and communicating
- Course Outcome: Provide feedback and support to supervisees in a manner that promotes learning and professional development

APA Competency 5: Assessment, diagnosis, and treatment planning

- Course Goal: Learn how to consult with organizations to promote best practices
- Course Outcome: Ability to assess, diagnosis and create a consulting plan to promote best practices

APA Competency 6: Cultural and individual difference

Course Goal: Develop skills in designing and implementing supervision and consultation to diverse communities

Course Outcome: Design and implement supervision and consultation that meet needs of diverse learners

LEARNING OBJECTIVES:

- 1) Develop knowledge of supervision theory, research, and practice within a multicultural framework
- 2) understand the similarities and differences between supervision and consultation
- 3) Begin to define your professional identity as an ethical psychotherapy supervisor
- 4) Develop skills that allow you to identify and monitor your strengths and weaknesses as a psychotherapy supervisor
- 5) Acquire skills in the areas of peer supervision of supervision
- 6) Identify and examine personal issues that influence your role as a competent psychotherapy supervisor
- 7) Develop the observational and conceptualization skills that allow you to assess supervisee competence in the realms of psychotherapy process and outcome and supervision process and outcome
- 8) Learn to write supervisory case conceptualizations in a professional manner

- 9) Provide a place to share information and reactions about your psychotherapy supervision experiences.

RESPECT FOR DIVERSITY:

It is my intent that students from all backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength, and benefit. It is my intent to present materials and activities that are respectful of diversity: including and NOT limited to diversity with respect to gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. I encourage and appreciate your suggestions.

I acknowledge that the classes and much of the work of the course take place in Piscataway on the land of the Lenape Native American tribe.

INSTRUCTIONAL FORMAT:

This is an in-person course. The expectation is that students will attend in person, unless there is a change made by the university and/or the instructor, which would be announced to the students in a timely fashion. Please do NOT attend class in person if you are experiencing symptoms of illness.

ATTENDANCE AND PARTICIPATION:

In-person attendance is required. If unable to attend a class due to unusual circumstances (e.g., illness, family care) or religious observance, please inform the instructor in writing as soon as possible. Any absence must be reported through the University's Self Reporting Absence System (<https://sims.rutgers.edu/ssra/>). For extended absences or situations for which a student misses multiple exams or assignments, I may request students obtain verification from the Office of the Dean of Students – Student Support. It is your responsibility to obtain any missed notes and handouts from your peers, so please make arrangements with them in advance. *When a student misses a class, even with prior approval, the student must submit a summary of the week's required readings, connecting them to their own clinical experiences.* Students who are absent more than three times during the semester, for any reason, will not pass the course.

NAMES AND PRONOUNS:

Class rosters are provided to the instructor with the students' legal names. I will gladly honor your request to address you by an alternate name or gender pronoun. Please advise me of this preference early in the semester so that I may make appropriate changes to my records.

CLASSROOM RULES:

This course requires students to provide supervision and consultation to peers and community agencies. Students should strive to think, speak, and act as psychologists during class meetings and at all times in the clinic. Thus, it is imperative that class starts on time, and that students listen to one another's comments respectfully and contribute to the classroom discussion in a professional and constructive manner. Case material, to the extent that it involves actual children and families, is kept strictly confidential. **Only clients' pseudonyms are used in class.**

This course, by the nature of the course content, involves discussion of important and sensitive topics. It is my intent to co-create a brave space for rich discussion and learning. To that end, please be mindful of the emotional impact that perspectives you present may have on others in the classroom. I make this point to enhance the overall conversation, rather than to stifle it. Please know that as the course instructor I am available for feedback individually or in groups to continuously improve the classroom environment.

Rutgers University addresses freedom of speech: www.rutgers.edu/president/academic-freedom-free-speech

REQUIRED READINGS

TEXTBOOKS:

- 1) Bernard, J.M., & Goodyear, R. K. (2019) *Fundamentals of Clinical Supervision* (6th Ed.). Pearson.
- 2) Cory, N.F. & Kaplan, D. A. (2016). *Supervision Essentials for Cognitive–Behavioral Therapy*. H. Levenson & A. G. Inman (series editors). *Clinical Supervision Essentials*. American Psychological Association.
- 3) Falender C. A. & Shafranske, E. P. (2020). *Consultation in Psychology: A Competency-Based Approach*. American Psychological Association.
- 4) Sarnath, J. E. (2016). *Supervision Essentials for Psychodynamic Psychotherapies*. H. Levenson & A. G. Inman (series editors). *Clinical Supervision Essentials*. American Psychological Association.

ARTICLES:

- 1) Adams et al. (2022). Clinical supervisors' experiences with and barriers to supporting trainees who have experienced identity-based harassment. *Training and Education in Professional Psychology* 16(4), 403-411. <https://doi.org/10.1037/tep0000384>
- 2) American Psychological Association (2014). *Guidelines for Clinical Supervision in Health Service Psychology*. <https://www.apa.org/about/policy/guidelines-supervision.pdf>
- 3) APA's Competency Benchmarks for Professional Psychology. <https://www.apa.org/ed/graduate/benchmarks-evaluation-system>
- 4) Bertsch, K. N., Bremer-Landau, J. D., Inman, A. G., DeBoer Kreider, E. R., Price, T. A., & DeCarlo, A. L. (2014). Evaluation of the Critical Events in Supervision Model using gender related events. *Training and Education in Professional Psychology*, 8(3), 174–181. <https://doi.org/10.1037/tep0000039>
- 5) Branco, S. F., & Bayne, H. B. (2020). Carrying the burden: Counselors of color's experiences of microaggressions in counseling. *Journal of Counseling & Development*, 98(3), 272-282.
- 6) Cohen, D. J., Davis, M., Balasubramanian, B. A., Gunn, R., Hall, J., deGruy, F. V., 3rd, Peek, C. J., Green, L. A., Stange, K. C., Pallares, C., Levy, S., Pollack, D., & Miller, B. F. (2015). Integrating Behavioral Health and Primary Care: Consulting, Coordinating and Collaborating Among Professionals. *Journal of the American Board of Family Medicine : JABFM*, 28 Suppl 1(Suppl 1), S21–S31. <https://doi.org/10.3122/jabfm.2015.S1.150042>
- 7) Cubic, B. A. Consultation in medical settings. In C. A. Falender & E. P. Shafranske (Eds.), *Consultation in psychology: A competency-based approach* (pp. 151–167). American Psychological Association. <https://doi.org/10.1037/0000153-009>
- 8) Elias, M. J. & Leverett, L. (2011). Consultation to Urban Schools for Improvement in Academics and Behaviors: No alibis, no excuses, no exception. *Journal of Educational and Psychological Consultation*, 21(1), 28-45.
- 9) Ellis, M. (2017). Narratives of harmful clinical supervision, *The Clinical Supervisor*, 36:1, 20-87, DOI: 10.1080/07325223.2017.1297752
- 10) Ernst, M. M., Piazza-Waggoner, C., Chabon, B., Murphy, M. K., Carey, J., & Roddenberry., A. (2014). The hospital-based consultation and liaison service. In Ch. M. Hunter, C. L. Hunter, & R. Kessler (Eds.). *Handbook of Clinical Psychology in Medical Settings: Evidence-based assessment and Intervention* (pp. 369-416). Springer
- 11) Falender CA, Cornish JA, Goodyear R, Hatcher R, Kaslow NJ, Leventhal G, Shafranske E, Sigmon ST, Stoltenberg C, Grus C. (2004). Defining competencies in psychology supervision: a

- consensus statement. *Journal of Clinical Psychology* 60(7):771-85. doi: 10.1002/jclp.20013.
- 12) Falender, C. A., Shafranske, E. P., & Falicov, C. J. (2014). Diversity and multiculturalism in supervision.
 - 13) Falender C. A., & Shafrenske, E. (2023). Revisiting competence in clinical supervision. *The International Journal of Supervision in Psychotherapy*, 5, 47-58.
 - 14) Fuqua, D. R., Newman, J. L., Simpson, D. B., & Choi, N. (2012). Who is the client in organizational consultation?. *Consulting Psychology Journal: Practice and Research*, 64(2), 108.
 - 15) Guidelines for Education and Training at the doctoral and postdoctoral level in Consulting Psychology (CP)/Organizational Consulting Psychology (OCP) (2017). <https://www.apa.org/about/policy/education-training.pdf>
 - 16) Grant, J., Schofield, M. J., & Crawford, S. (2012). Managing difficulties in supervision: Supervisors' perspectives. *Journal of counseling psychology*, 59(4), 528.
 - 17) Inman, A. G., Hutman, H., Pendse, A., Devdas, L., Luu, L., & Ellis, M. V. (2014). Current trends concerning supervisees, supervisors, and clients in clinical supervision. In C. E. Watkins & D. L. Milne (Eds.). *The international handbook of clinical supervision* (pp. 61-102). Hoboken, NJ: Wiley-Blackwell
 - 18) Inman, A. G., & DeBoer Kreider, E. (2013). Multicultural competence: Psychotherapy practice and supervision. *Psychotherapy*, 50(3), 346–350. <https://doi.org/10.1037/a0032029>
 - 19) Inman A. G., & Soheilian, S. S. (2010). Training Supervisors: A core competency. In N. Ladany, & L. J. Bradley (Eds.) *Counselor Supervision: Principles, process and practice (2nd Ed.)* (pp. 411-433). New York, NY: Routledge, Taylor and Francis.
 - 20) Kadushin, A. (1968). Games people play in supervision. *Social Work*, 13(3). PP. 23-32.
 - 21) LaGrotte, C. A., Bullock, A., Doremus, C., & Aricola, C. (2024). Understanding the Landscape of Consultation Liaison Psychologists in Academic Medical Centers. *Journal of clinical psychology in medical settings*, 31(4), 691–698. <https://doi.org/10.1007/s10880-024-10018-4>
 - 22) Levenson, E. A. (1982). Follow the fox: An inquiry into the vicissitudes of psychoanalytic supervision. *Contemporary Psychoanalysis*, 18(1), 1-15. <https://doi.org/10.1080/00107530.1982.10745675>
 - 23) Liebowitz, B. & Blattner, J., (2015). On becoming a consultant: The transition for a clinical psychologist. *Consulting Psychology Journal: Practice and Research*, 76, 144-161.
 - 24) Mason, N., & Mullen, P. R. (2022). The task-oriented developmental model of supervision: facilitating comprehensive supervisee development. *Journal of Counselor Preparation and Supervision*, 15(2), 20.
 - 25) McDaniel, S. H., Grus, C. L., Cubic, B. A., Hunter, C. L., Kearney, L. K., Schuman, C. C., ... & Johnson, S. B. (2014). Competencies for psychology practice in primary care. *American Psychologist*, 69(4), 409.
 - 26) Meyers, A. B., et al (2012). Ecological Approaches to Organizational Consultation and Systems Change in Educational settings. *Journal of Educational and Psychological Consultation*, 22(102), 106-124. DOI: 10.1080/10474412.2011.649649
 - 27) Milne, D., Aylott, H., Fitzpatrick, H., & Ellis, M. V. (2008). How does clinical supervision work? Using a “best evidence synthesis” approach to construct a basic model of supervision. *The clinical supervisor*, 27(2), 170-190.
 - 28) 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(2), 172.
 - 29) Phillips, J. C., Parent, M. C., Dozier, V. C., & Jackson, P. L. (2017). Depth of discussion of multicultural identities in supervision and supervisory outcomes. *Counselling Psychology Quarterly*, 30(2), 188-210.

- 30) Prasko, J., Vyskocilova, J., Slepecky, M., & Novotny, M. (2012). Principles of supervision in cognitive behavioural therapy. *Biomedical Papers of the Medical Faculty of Palacky University in Olomouc*, 156(1).
- 31) Ramanuj, P., Ferenchik, E., Docherty, M., Spaeth-Rublee, B., & Pincus, H. A. (2019). Evolving Models of Integrated Behavioral Health and Primary Care. *Current psychiatry reports*, 21(1), 4. <https://doi.org/10.1007/s11920-019-0985-4>
- 32) Reiser, R. P. (2020). An evidence-based approach to clinical supervision. *The Clinical Supervisor*, 40(1), 8–28. <https://doi.org/10.1080/07325223.2020.1843097>
- 33) Roscoe, J., Taylor, J., Harrington, R., & Wilbraham, S. (2022). CBT supervision behind closed doors: Supervisor and supervisee reflections on their expectations and use of clinical supervision. *Counselling and Psychotherapy Research*, 22(4), 1056-1067.
- 34) Tafrate, R. C., Mitchell, D., Mackey, B. J., Appleton, C. J., Walters, S. T., Lee, J. S., & Taxman, F. S. (2021). Surfing the three waves of CBT in community supervision. *Fed. Probation*, 85, 21.
- 35) Trevino, A. Y., Tao, K. W., & Van Epps, J. J. (2021). Windows of cultural opportunity: A thematic analysis of how cultural conversations occur in psychotherapy. *Psychotherapy*, 58(2), 263.
- 36) Trickett, E.J., & Rowe, H.L. (2012). Emerging ecological approaches to prevention, health promotion and public health in the school context: Next steps from community psychology perspective. *Journal of Educational and Psychological Consultation*, 22 (1-2), 125-140.
DOI: 10.1080/10474412.2011.649651
- 37) Valencia-Garcia, D., & Montoya, H. (2018). Lost in translation: Training issues for bilingual students in health service psychology. *Training and Education in Professional Psychology*, 12(3), 142–148. <https://doi.org/10.1037/tep0000199>
- 38) Watkins Jr, C. E. (2023). Conviction, commonality/context, and culture in psychoanalytic/psychodynamic supervision: My personal perspective. *Psychodynamic Practice*, 29(1), 25-47.
- 39) Watkins, C. E., Cădariu, I., Vișcu, L., Viliūnienė, R. (2024). Psychotherapy supervision: An invitational, clarifying, educational, empowering, and transparent (ICEE-T) written agreement. *American Journal of Psychotherapy*. <https://doi.org/10.1176/appi.psychotherapy.202300>
- 40) Watkins Jr, C. E., & Hook, J. N. (2016). On a culturally humble psychoanalytic supervision perspective: Creating the cultural third. *Psychoanalytic Psychology*, 33(3), 487.
- 41) Weatherford, R., O’Shaughnessy, T., Mori, Y., & Kaduvetoor, A. (2008). The new supervisee: Order from chaos. In A. K. Hess, K. D. Hess, & T. H. Hess. (eds.). *Psychotherapy Supervision: Theory, Research, and Practice*. (2nd ed.) (pp. 40-54). Hoboken, NJ: John Wiley & Sons, Inc.

RECOMMENDED READINGS:

- 1) McNeill, B. & Stoltenberg, C. (2016). Supervision Essentials for Integrated Model of Supervision. H. Levenson & A. G. Inman (series editors). *Clinical Supervision Essentials*. American Psychological Association
- 2) Falender, A. C. & Shafranske, E. P. (2017). Supervision Essentials for the Practice of Competency-Based Supervision. H. Levenson & A. G. Inman (series editors). *Clinical Supervision Essentials*. American Psychological Association.
- 3) The Clinical Supervision Essential Series: <https://www.apa.org/pubs/books/clinical-supervision>

COURSE SCHEDULE:

Class	Date	Topic	Readings	Assignments
1	1/22	<ul style="list-style-type: none"> Course Overview: Professional Supervision as a Distinct Professional Practice Thinking like a Supervisor/Therapist 	<ul style="list-style-type: none"> Falender et al.,(2004) Inman & Soheilian (2010) Weatherford, et al., (2008) 2014 APA Guidelines for Clinical Supervision in Health Service Psychology APA Competency Benchmarks Bernard & Goodyear (2019): Chapter 1 	<ul style="list-style-type: none"> Sign up sheet for supervisor-supervisee pairing Role Play
2 (2a)	1/29	Factors Impacting Supervision: Setting up supervision, evaluation	<ul style="list-style-type: none"> Kadushin, 1968 Ellis, 2017 Watkins et al., 2024 Bernard & Goodyear: Chapters 5, 7, 8, 9 	<ul style="list-style-type: none"> Sample Contracts Match pairs
3	2/5	Factors Impacting Supervision: Research to Practice, legal and ethical issues	<ul style="list-style-type: none"> Inman et al., 2014 Reiser (2021) Falender & Shafrenske (2023) Bernard & Goodyear (2019): Chapters 4, 10, 11 	<ul style="list-style-type: none"> Introductory meeting with Supervisee
4	2/12	Models of Supervision: Supervision theory-based models (competency based model, integrated developmental model, systems model, and critical events model)	<ul style="list-style-type: none"> Mason & Mullen (2022) Bertsch et al., (2014) Inman & Kreider (2013) Bernard & Goodyear (2019): Chapters 2, 3 	<ul style="list-style-type: none"> First Meeting with Supervisee
5	2/19	Models of Supervision: Psychotherapy based models (CBT & Psychodynamic)	<ul style="list-style-type: none"> Tafate et al., (2021) Milne (2008) Prasko et al., (2012) Roscoe et al (2022) Watkins (2023) Watkins & Hook (2016) Levenson (1982) Grant (2012) Nelson (2008) Bernard & Goodyear (2019): Chapters 2, 3, 5 	<ul style="list-style-type: none"> Second meeting with Supervisee
6	2/26	Cultural Competencies in Supervision	<ul style="list-style-type: none"> Falendar et al., 2014. Chapter 2: Psychotherapy & Supervision as cultural encounters: The Multidimensional Ecological Comparative Approach Framework 	<ul style="list-style-type: none"> Third Meeting with Supervisee <p>GS: Kelly Moore</p>

			<ul style="list-style-type: none"> • Bernard & Goodyear (2019): Chapter 6 • Adams et al. ,(2022). • Branco & Bayne (2020) • Phillips et al., (2017) • Trevino et al .,(2021) • Valencia-Garcia, D. & Montoya, H. (2018). 	
7	3/5	Supervision of Supervision	•	- Fourth Meeting with Supervisee
8	3/12	Supervision of Supervision	•	
	3/19	Spring Break		
9	3/26	Supervision of Supervision	•	
10	4/2	Introduction to Consultation	<ul style="list-style-type: none"> • Falander & Shafranske (2020): Chapters 1: Consultation in Psychology: A distinct professional Practice • Liebowitz, B. & Blattner, J., (2015). • Fuqua, D. R et al. (2012). 	<ul style="list-style-type: none"> - Peer Supervision Assignment Due - Consultation assignment discussion
11	4/9	Consulting in Primary Care	<ul style="list-style-type: none"> • Falander & Shafrenske (2020), Chapter 8: Consultation in Primary Care settings • Cohen et al., (2015) • McDaniels et al., (2014) • Ramanuj et al., (2019) 	GS: Mark Versella
12	4/16	Consultation in Schools	<ul style="list-style-type: none"> • Elias, M. J. & Leverett, L. (2011). • Meyers, A. B. et al., (2012) • Trickett, E.J., & Rowe, H.L. (2012). 	GS: Maurice Elias
13	4/23	Consultation to Psychiatry Consultation Liaison Behavioral Health Psychology (Hospital Setting)	<ul style="list-style-type: none"> • Cubic & Gatewood (2008) • Ernst et al., (2014) • LaGrotte et al. (2024) 	GS: Jason Mintz/Anastasia Bullock
14	4/30	Reflections and Wrap up		
15	5/5			Consultation Assignment Due

ASSIGNED READINGS:

Each student is expected to complete the assigned readings prior to attending class.

ASSIGNMENTS:

- 1) Peer Supervision (20 points) and Work Sample (40 points)
 - a. Each 3rd year student supervisor will be paired with a 1st year student supervisee who are seeing their first cases through their 1st year supervision groups (Foundations class) in the clinic. Peer supervisors will conduct FOUR supervision sessions with their trainee supervisees focusing on one case. The peer supervisor can choose to supervise from either a psychodynamic or a CBT approach. However, supervisors are also encouraged to consider other approaches that can complement their developing theory of supervision. A preliminary meeting will be held to set up supervision, complete the supervision contract, develop a supervisory relationship and develop supervisee goals. The remaining three meetings aim to model a supervised supervision experience.
 - b. Note: The formal relationship is called a “peer consultation.” The peer supervisor will not have binding responsibility or authority in any guidance they give to the trainee. Instead, we hope that this will serve to COMPLEMENT the supervision that the foundations supervisor is providing.
 - c. The grade is based on the completion of the supervisory experience with your trainee and the completion of the work sample.
 - d. Work sample: Write a supervisee case conceptualization. The written portion must include a personal statement about your model of supervision along with aspects described in the Supervisee Case Presentation Outline (provided at end of syllabus).
 - e. Steps to set up supervision
 - i. Week 1: Complete sign-up sheet with contact information and supervision orientation. Obtain similar sign-up list of first years
 - ii. Week 2: Match supervisor- supervisee pairs
 - iii. Week 3: Introductory meeting where you complete a peer supervision contract. Get Theraspsoft access to trainee’s case notes. This first meeting should be in person
 - iv. Week 4-6: Initiate the next three supervision sessions (can be in person or virtual)
- 2) Consultation Work Sample (20 points)

The purpose of this assignment is to develop consulting skills used by psychologists to provide specialized service/assistance in the area of supervision (e.g., teach other mental health providers about a specific supervision issue (e.g., sexual attraction in counseling or supervision, supervisor countertransference, termination in supervision, trainee evaluation, etc.). This includes an initial meeting with the consultee where you will assess the need and develop a consultation plan that will include proposing a workshop or a professional presentation (e.g., at grand rounds) on supervision to be delivered to the consultee group. In consultation with an organization/individual, your task is to choose a particular supervision issue of interest to you and the organization and conduct a presentation. This work sample should consist of a business proposal that describes the need, your assessment, the type of training/workshop, learning objectives, learning activities, and a presentation

(ppt). As a consultant, you would also submit your CV to highlight your experience in this area.

LATE ASSIGNMENTS:

Assignments are due at the beginning of class. Any assignment that is not submitted at the beginning of class on its due date will be considered one day late, and one day will be added for each additional 24 hours until the assignment is submitted. A grade reduction of 10% per day will be given for late assignments. All late assignments are to be submitted to Ryan Kettler, rather than to one of the classroom assistants. Assignments submitted electronically should be in single files, rather than multiple pages of scans.

GRADING CRITERIA:

Attendance & Participation: 15 points
Completion of Peer Supervisory Assignment: 20 points
Supervision Work Sample : 40 points
Consultation Assignment : 25 points

Total Points: 100 points

A = 89.5-100
B+ = 85-89.49
B = 79.5-84.5
C+ = 74.5-79.49
C = 59.5-69.49
F = 0-59.49

ACADEMIC DISHONESTY AND UNPROFESSIONAL CONDUCT:

Students are expected to abide by the APA Ethical Principles and Code of Conduct and the ethical code of conduct and policies regarding academic dishonesty/plagiarism. The University's academic integrity policy, to which this class will adhere, can be reviewed at:
academicintegrity.rutgers.edu/academic-integrity-at-rutgers/

ARTIFICIAL INTELLIGENCE (AI) AND ASSIGNMENTS:

The written products in this class are primarily case based and AI in its current form has limited application in any way that would undermine their purposes. Please use AI with caution and with the intent of improving your writing through these tools.

STUDENT SUCCESS:

The faculty and staff at Rutgers are committed to your success. Students who are successful tend to seek out resources that enable them to excel academically, maintain their health and wellness, prepare for future careers, navigate college life and finances, and connect with the RU community. Resources that can help you succeed and connect with the Rutgers community can be found at success.rutgers.edu, and nearly all services and resources that are typically provided in-person are now available remotely.

DISABILITY STATEMENT:

Rutgers University–New Brunswick welcomes students with disabilities into the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office, participate in an intake interview, and provide documentation (ods.rutgers.edu/students/documentation-guidelines). If the documentation supports your request for reasonable accommodations, your campus's disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the ODS web site at: ods.rutgers.edu/students/registration-form. These accommodations must be consistent with course requirements.

WORK SAMPLE FORMAT: SUPERVISEE CASE CONCEPTUALIZATION

- A. Description of your model of Supervision. Articulate the main constructs of your model along with empirical evidence and limitations.

- B. I. Supervisee Summary (note: use a false set of initials)
 - A. Demographic Description of Supervisee (gender, race, age, experience)
 - B. Mutually Agreed Upon Goals (for supervisee)
 - C. Supervisor Goals: Describe your own training goals as a supervisor. Describe the benchmarks you used to evaluate yourself. To what degree did you achieve your own goals? What facilitated success? What served as barriers? What would you do differently in your next supervision experience? Reference the **Self-evaluation of Learning Objectives (Supervisor)**.

- II. Supervisor Impressions
 - A. Supervisory Relationship
 - B. Description of Supervisee (Strengths and Weaknesses) (Describe any challenges/success you faced in relation to either your work with the trainee or in advising about the client)
 - a. Supervision (interpersonal interactions)
 - b. Counseling (skills, conceptualization ability)
 - C. Supervisee-Supervisor Match
 - a. Dynamics related to gender, race, sexual orientation, age, racial identity, etc.
 - b. Conflicts: current or potential
 - c. Supervisor Countertransference Issues

- III. Supervisory Intervention

- A. Supervisee's Progress To Date (include number of supervision sessions, summary of sessions up to the present, interventions which were effective/ineffective, her/his/their work with clients, assessment of client progress, etc.) [INTEGRATE THEORY]
- B. Progress on Supervisory Goals (challenges and successes)
- C. Proposed Future Intervention Strategies (integrate theory)
- D. Unanswered Questions (rank order most salient first)