Structured Group Clinical Supervision for School Counsellors in Singapore

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Objectives of this presentation

• To provide an overview of
  – the historical development of clinical supervision in Singapore schools
  – the current structured group supervision model
  – challenges and future direction
Milestones in School Counselling in Singapore

- Appointment of Teacher Counsellors (TC) positions (1996)
- Whole-school approach to counselling through 3-level referral system (1999)
- Provision for additional School Counsellors (SC) for 70 schools (2008)
- Allied Educators Scheme (2013)

Allied Educators Scheme (2013)

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## Counsellors in MOE Schools

All primary schools and junior colleges/centralized institution have 2 Teacher Counsellors (TCs) and 4 TCs in every secondary school.

<table>
<thead>
<tr>
<th>% of schools with</th>
<th>Count (%)</th>
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<tbody>
<tr>
<td>1 School Counsellors</td>
<td>76.9%</td>
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<tr>
<td>2 School Counsellors</td>
<td>18.3%</td>
</tr>
<tr>
<td>1 Part Time School Counsellor</td>
<td>17.4%</td>
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Total number of schools in 2016: 372
Objectives of Clinical Supervision in MOE

• To build the competencies of School Counsellors in providing counselling interventions that are effective in addressing social, emotional and mental health

• To promote and maintain ethical practice amongst School Counsellors and take necessary action to address any practices that are misaligned with the MOE Ethical Framework for School Counsellors

• To expose and broaden perspectives of School Counsellors to MOE’s organizational directions and educational needs of the student population

Clinical supervision is defined as an intervention provided by the Lead School Counsellors (LSCs) to enhances the professional functioning of School Counsellors (SCs)/Senior School Counsellors (SSCs), monitors the quality of professional services offered to the students, and serves as a gatekeeper of those who enter the school counselling profession. (adapted from Bernard & Goodyear, 2009).
Some Central Principles of Clinical Supervision

• Clinical supervision is a mandatory segment of the professional development of School Counsellors
• Clinical supervision involves direct observation methods
• Clinical Supervisors are provided with meta-supervision (supervision of their supervision)
• Clinical Supervisors have the responsibility to be gatekeepers for the profession.
Approach to Clinical Supervision

• Group format to develop peer leaders as the school counselling career track is still in its development stage
• Monthly sessions (40 hours annually)
• Provision for individual clinical supervision or co-therapy
• ‘Checking-in’ and ‘Checking-out’
Structured Group Supervision Model for School Counsellors (adapted from Wilber et. al., 1994).

Structured Group Supervision Model for School Counsellors (adapted from Borders, 1989).
Supervisory Intervention: Role Playing

• Role play of scenarios with Clinical Supervisor and School Counsellor taking on the role of the School Counsellor and the student respectively (or vice-versa)
• Opportunity to rehearse and strengthen specific skills and techniques and/or focus on relationship dynamics and increase the SC’s empathic understanding of the student
Supervisory Intervention: Modelling

SC and SC: Using Cognitive Behaviour Therapy (Thinking-Feeling-Action)

Clinical Supervisor and SC: Eliciting feelings, using scaling questions
Supervisory Intervention: Reflecting Teams

• Purpose: To increase autonomy as group matures and encourage School Counsellors to adopt a reflective stance

• RTs are introduced at Step 3: Feedback stage of the Structured Group Supervision):
  – RT1: discuss theory, conceptualization
  – RT2: discusses case management
  – RT3: discusses microskills and ethics
Unique Aspects of Clinical Supervision in MOE

• Active gatekeeper role of Clinical Supervisor: maintain professional standards and safeguarding welfare of the students

• Verbal and written feedback on knowledge, skills and professional conduct is provided by Clinical Supervisor to school leaders

• Incorporating ‘check-in’ to impact and influence the organizational competencies.

• Integrating multiple modes of supervision techniques and creatively adapting techniques to group setting into one session to maximize learning outcomes
Challenges and Future Directions

• Large group sizes (12-21 SCs) for per clusters
  – Limited air time for each supervisee
  – Variation in developmental levels and needs

• Differentiated approach to clinical supervision, including individual clinical supervision

• Development of Ethical Standards for Clinical Supervisors