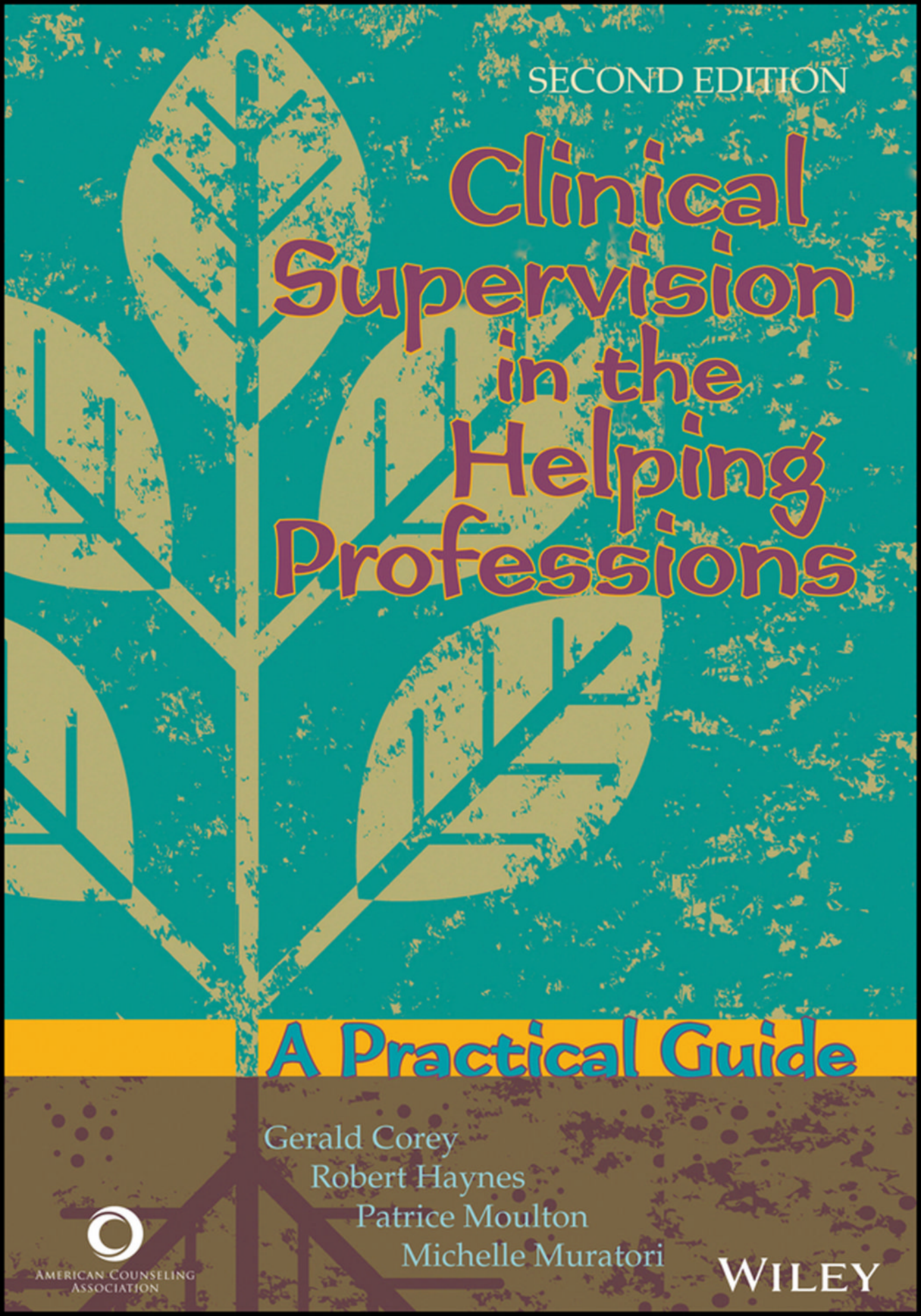
SECOND EDITION
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A Practical Guide
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WILEY

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DEDICATION

To our supervisees and students,
who have taught us many lessons about how to supervise

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PREFACE

The field of supervision is a rapidly emerging specialty area in the helping professions. In the past, supervisors often learned how to supervise based on their own, and often limited, experiences when they were supervisees. Until recently few professional standards specifically addressed supervision practices, and separate courses in supervision were rare. Today, the trend is toward including a course in supervision in graduate programs in the helping professions, especially in doctoral programs. If there is not a separate course, topics of supervision are frequently incorporated into one or more courses. In addition, state licensing and certification boards are increasingly requiring formal training in the area of supervision as a part of the licensing and certification process. The result of these trends is that in order to practice as a supervisor it is mandatory to complete course work or take continuing education workshops in supervision and to show evidence of competence not only in skills and techniques but in supervisory processes and procedures.

This book provides a practical guide to becoming a supervisor. We aimed to make it reader-friendly, informative, interesting, practical, personal, and challenging. We address topics essential to becoming an effective supervisor, with emphasis on helping new supervisors acquire the knowledge and skills necessary to supervise others in a variety of settings. We believe one of the best ways to learn how to supervise is for new supervisors to reflect on what they have learned from their own supervision. Readers are encouraged to conceptualize and personalize the dynamics of supervision.

The information provided and our suggestions for becoming a supervisor are based on both the supervision literature and our collective professional experience in supervision. Throughout this book we discuss the ethics and professional codes and the relevant literature, but we also state our own position on these topics and offer commentary on how we might approach various cases. We try to balance theory with personal beliefs, attitudes, and relevant experiences regarding supervision. A unique feature of this book, *Voices From the Field*, provides a glimpse of what other practicing supervisors have to say about key issues in the practice of supervision.

We do not present a single best approach to supervisory practice. Instead, we encourage reflective practice and ask supervisors and supervisees to integrate their own thoughts and experiences with the material they are reading. Most of all, we recommend that readers continually reflect on what supervision has been like for them at various stages of their professional development. It is important to have both a solid foundation of the theories

and methods of supervision and an understanding of what has been learned from their own experiences as a supervisee and as a supervisor.

This book has a practical emphasis, which can be seen throughout the text in tips for practical application, case examples, sample forms, interactive questions, and activities that can be done in small groups. It is designed as a practical guide for new and practicing supervisors but can also be utilized as a primary or supplementary text in a variety of doctoral-level and master's-level courses.

Clinical Supervision in the Helping Professions: A Practical Guide (Second Edition) is appropriate for use in disciplines including counseling psychology, counselor education, clinical psychology, marriage and family therapy, human services, social work, school counseling, mental health counseling, rehabilitation counseling, psychiatric nursing, and other mental health specializations. It is an ideal resource for practicum, fieldwork, and internship seminars in these disciplines and for advanced undergraduate courses in human services and social work programs. In addition, this book can be used as a resource for both prelicensed professionals and practicing supervisors.

How to Get the Most From This Book

This book is different from traditional textbooks in supervision. As much as possible our expectation is that this book will provide an interactive tool that will assist you in formulating your perspective on supervisory practice. The many questions and exercises interspersed throughout the text are intended to stimulate you to become an active learner. If you take the time to think about the chapter focus questions and do the suggested activities at the end of each chapter, your learning will be more meaningful and personal. Supervision is not a topic that can be mastered solely by reading about theory and research. Supervision is best learned by integrating the theoretical material with your own supervision experiences.

Several terms are used throughout the book to describe supervisors, supervisees, counselors, and the counseling process. For example, *supervisees*, *trainees*, and *prelicensed counselors* are all types of supervisees; *counseling*, *therapy*, and *psychotherapy* are various forms of the therapeutic process. Different disciplines in the helping professions use slightly different terms to describe the various roles and processes. Typically we use *client* to refer to those individuals receiving services provided by the supervisee. We use many of these terms interchangeably because we are writing to several disciplines such as counseling, psychology, social work, counselor education, and school counseling. Keep in mind that you will see these terms used interchangeably throughout the book.

Overview of the Book

Each chapter focuses on a specific aspect or dimension of supervision that we believe is vital to understand. Here is what you can expect in each chapter:

- Chapter 1 lays the groundwork for the book by defining supervision and discussing the goals and objectives of supervision. In line with the personal focus of the book, each author offers her or his unique perspective on supervision and highlights some of the experiences that have shaped the author's views about the subject.
- Describing the multiplicity of roles that supervisors may need to adopt, ranging from teacher and coach to administrator and empowerer, Chapter 2 focuses on the supervisor's roles and responsibilities. A portion of the chapter is devoted to exploring how supervisees can get the most from their supervision and fieldwork experiences.

- The quality of the supervisory relationship is of paramount importance, and Chapter 3 focuses exclusively on factors and issues that are likely to affect this relationship and on the supervisor's and supervisee's characteristics that facilitate and hinder the supervision process. Conflict in the relationship and other challenging situations are addressed as well.
- Chapter 4 provides a description of the current models of supervision. These include models based on therapeutic approaches such as the person-centered and family therapy perspectives as well as models that were developed specifically for clinical supervision such as developmental and integrative approaches.
- Chapter 5 focuses on the practical methods used in supervision and explains how various methods can be implemented in an integrated supervision model.
- Chapter 6 addresses the importance of developing multicultural competence as a supervisor as well as preparing trainees to be competent in serving diverse client populations. Supervisors have a responsibility to model social advocacy for their trainees and to encourage trainees to carry out this important function in their work with clients.
- Ethical issues and multiple relationships are the focus of Chapter 7. This discussion addresses what every supervisor needs to know about ethical supervisory practice and teaching supervisees to practice ethically. It also ventures into topics such as dealing with impairment and incompetence and recognizing ethical violations.
- Chapter 8 is devoted to legal and risk management issues. Given today's litigious climate, supervisors need to have a basic understanding of the the legal issues they might encounter; thus, a legal primer is presented. An extensive list of risk management strategies is also included in the chapter.
- Most trainees feel ill equipped to handle crisis incidents. Chapter 9 provides supervisors with information to help them manange crisis situations effectively and to prepare their supervisees to competently navigate through client crises and deal with the aftermath of crises.
- Chapter 10 explores evaluation, a topic that tends to cause supervisors a great deal of anxiety. Evaluation is a critical component of ethical supervision and is the element that sets supervision apart from counseling and psychotherapy. In this chapter, the process and methods of evaluation are described so that supervisors can approach this task with a clearly defined plan and, consequently, with less anxiety.
- The final chapter examines what is required to become an effective supervisor. We hope that Chapter 11 inspires you to find your own style and empowers you to find your own voice as a supervisor.

As noted, we have made a concerted effort to make the material come to life by sharing our personal perspectives and the viewpoints of practicing supervisors. In *Voices From the Field*, supervisors from different professional backgrounds and with varying levels of experience candidly describe some of the challenges they have faced as well as the joys of supervising.

The *Suggested Activities* section at the end of each chapter is designed to augment your professional development. These activities will aid you in thinking about and reflecting on what you have just read. For students and supervisees, this can be a way to bring more thought to your supervision sessions. For supervisors, this may give you some ideas for topics to discuss with supervisees. These activities can be adapted for individual work or group discussion.

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We want to express our thanks to Carolyn Baker, at ACA, for her dedication and support for this project. We very much appreciate the talents of our manuscript editor, Kay Mikel, who made sure this book was reader-friendly. It has been a delightful process working with both Carolyn and Kay on the second edition of this book.

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Along with his wife, Marianne Schneider Corey, Jerry often presents workshops in group counseling. In the past 30 years the Coreys have conducted group counseling training workshops for mental health professionals at many universities in the United States as well as in Canada, Mexico, China, Hong Kong, Korea, Germany, Belgium, Scotland, England, and Ireland. In his leisure time, Jerry likes to travel, hike and bicycle in the mountains, and drive his 1931 Model A Ford. The Coreys have been married for 45 years; they have two adult daughters and three grandchildren.

Jerry Corey is coauthor (with Barbara Herlihy) of *Boundary Issues in Counseling: Multiple Roles and Responsibilities*, second edition (2006) and *ACA Ethical Standards Casebook*, sixth edition (2006), and is author of *Creating Your Professional Path: Lessons From My Journey* (2010); all three books are published by the American Counseling Association. Other books that Jerry has authored or coauthored, all with Brooks/Cole, Cengage Learning, include:

- *Becoming a Helper*, sixth edition (2011), with Marianne Schneider Corey
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- *Groups: Process and Practice*, eighth edition (2010), with Marianne Schneider Corey and Cindy Corey
- *I Never Knew I Had a Choice*, ninth edition (2010), with Marianne Schneider Corey
- *Theory and Practice of Counseling and Psychotherapy*, eighth edition (and Manual) (2009)
- *Case Approach to Counseling and Psychotherapy*, seventh edition (2009)
- *The Art of Integrative Counseling*, second edition (2009)
- *Theory and Practice of Group Counseling*, seventh edition (and Manual) (2008)
- *Group Techniques*, third edition (2004), with Marianne Schneider Corey, Patrick Callanan, and J. Michael Russell

Jerry is coauthor, with his daughters Cindy Corey and Heidi Jo Corey, of an orientation-to-college book entitled *Living and Learning* (1997), published by Wadsworth, Cengage Learning. He also has made several educational video programs on various aspects of counseling practice: *Theory in Practice: The Case of Stan—DVD and Online Program* (2009); *Groups in Action: Evolution and Challenges—DVD and Workbook* (2006, with Marianne Schneider Corey and Robert Haynes); *CD-ROM for Integrative Counseling* (2005, with Robert Haynes); and *Ethics in Action: CD-ROM* (2003, with Marianne Schneider Corey and Robert Haynes).

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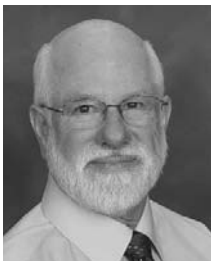

Bob has provided consultation and training in clinical supervision, criminology, disaster mental health, psychotherapy methods, stress management and burnout, suicide assessment and intervention, and theoretical approaches in counseling. His expertise also extends into the areas of conflict resolution, leadership training, management supervision, and team building. In his leisure time, Bob likes to fish, bicycle, travel, and spend time with his grandchildren. He is married to Cheryl, who is a registered nurse, and he is also a proud grandparent. They have two adult daughters, Crissa and Errin.

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- *Student Workbook and Facilitator's Resource Manual for the Evolution of a Group* (2000, with Gerald Corey and Marianne Schneider Corey)
- *Student Workbook and Facilitator's Resource Manual for Ethics in Action* (1998, with Gerald Corey and Marianne Schneider Corey)

- *Facilitator's Resource Manual for Living and Learning* (1997, with Gerald Corey)
- *Facilitator's Resource Manual for the Art of Integrative Counseling and Psychotherapy* (1996, with Gerald Corey)

In addition, he has published the following shorter works:

- The problem of suicide in a forensic state hospital. (1999). *Journal of the California Alliance for the Mentally Ill*, 10, 85–86.
- Managing multiple relationships in a forensic setting. In B. Herlihy and G. Corey, *Boundary issues in counseling: Multiple roles and responsibilities* (2006, pp. 170–173). Alexandria, VA: American Counseling Association.

Bob has produced a number of training videos in collaboration with Gerald Corey, Marianne Schneider Corey, and Tom Walters. Those produced for Brooks/Cole, Cengage Learning include *Groups in Action: Evolution and Challenges* (2006); *Ethics in Action, Student Version CD-ROM* (2003); *The Art of Integrative Counseling* (2001); *The Evolution of a Group* (2000); *Ethics in Action, Student Version* (1998) and *Ethics in Action, Institutional Version* (1998); *Living and Learning* (1997); and *The Art of Integrative Counseling and Psychotherapy* (1996), *Part 1: Techniques in Action* and *Part 2: Challenges for the Counselor*. He also produced *Suicide in Inpatient Settings* (1997) for the California Department of Mental Health.

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- Moulton, P., Barnett, S., Cecchini, V., & Deka, T. (2001). *Plotnik's instructor's resource guide* (6th ed.). Belmont, CA: Wadsworth, Cengage Learning.
- Moulton, P., & Harper L. (1999). *Outside looking in: Someone you love is in therapy*. Brandon VT: Safer Society Foundation.

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- Brody, L. E., Muratori, M. C., & Stanley, J. C. (2004). Early entrance to college: Academic, social, and emotional considerations. In N. Colangelo, S. Assouline, & M.U.M. Gross (Eds.), *A nation deceived: How schools hold back America's brightest students, Volume II: The Templeton National Report on Acceleration*. Iowa City, IA: The Connie Belin & Jacqueline N. Blank International Center for Gifted Education and Talent Development.
- Muratori, M., Colangelo, N., & Assouline, S. (2003). Early entrance students: Impressions of their first semester of college. *Gifted Child Quarterly*, *47*(3), 219–238.
- Muratori, M. C. (2001). Examining supervisor impairment from the counselor trainee's perspective. *Counselor Education and Supervision*, *41*(1), 41–56.

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CHAPTER 1

Introduction to Supervision

FOCUS QUESTIONS

1. If you have been a supervisee or supervisor, what have you learned from that experience?
2. How can you best learn to become a competent supervisor?
3. What obstacles do you foresee in becoming a competent supervisor, and how will you overcome them?
4. What purpose does clinical supervision serve?
5. To what degree is protection of the welfare of the client the supervisor's responsibility?
6. To what extent is the role of the supervisor to teach or to facilitate the supervisee's self-learning and self-development?
7. What role, if any, should the supervisor play in serving as a gatekeeper for the profession?
8. What steps can supervisors take that will lead to empowerment of supervisees?
9. What qualities and competencies does a supervisor (or supervisee) need to be an effective, competent, and ethical supervisor (or supervisee)?

Introduction

Supervision has been part of the helping professions from the beginning, but it is only in recent years that supervision has come to be seen as a separate and distinct field with its own set of skills and tools. Supervision is used in virtually all of the helping professions to assist counselors-in-training to develop clinical and professional skills. All students will be supervised over the course of their training, and the majority of students will themselves become supervisors at some point in their careers. Most new supervisors are anxious about performing the tasks and responsibilities of supervision, and most supervisees are anxious about being supervised and evaluated. Our goal for this book is to provide you with the

knowledge and skills that will assist you in becoming a competent, ethical, and effective supervisor, thereby reducing your anxiety about assuming the role of supervisor.

In this chapter we define supervision, discuss the evolution and current status of clinical supervision, and outline the goals of supervision and the objectives for the supervisee. We share our personal experiences and struggles in becoming supervisors to give you insight into the personal aspects of becoming a supervisor. If you have not yet read the Preface, we strongly encourage you to take time now to read it and reflect on how you can achieve your personal goals for reading this book.

Supervision Defined

Consider the following situation, which is based on a real incident. After an unusually intense day at her practicum site, Barbara was eager to meet with her supervision group on campus. Upon meeting with them, Barbara explained that one of her clients, a psychotic young man, who uncannily resembled Jack Nicholson in the horror movie *The Shining*, asked her to read two stories he wrote for her. Both contained deeply disturbing and graphic content of a pornographic and aggressive nature. Aside from feeling violated by a person whom she was supposed to help, she felt guilty and incompetent for not sensing the depth of her client's pathology prior to reading his stories. She also wondered if she was somehow responsible for leading the client to think of her in a perverted manner. Filled with emotion, Barbara began to cry as she told the group her story. All of the group members were very supportive and comforting. A highly self-aware and introspective trainee, Barbara claimed that all she needed from the group was for them to listen. The university-based group supervisor, who had no experience working with chronically mentally ill clients, was clearly uncomfortable with the situation Barbara described as well as with her emotional reaction to the situation. He became noticeably nervous and bombarded Barbara with questions about how to help her. The group supervisor feared that Barbara might take legal action against the training program and contacted Barbara's site supervisor to demand that he address her "acute stress reaction." Barbara felt mortified by her group supervisor's manner of handling the situation and felt misunderstood and pathologized by him. Oddly enough, despite the group supervisor's concern about being sued by Barbara (who never had any intention of turning this into a legal matter), he used a timer and abruptly moved on to the next supervisee when Barbara's allotted time was up, without checking with her before moving to the next person.

Perhaps, like Barbara, you have found yourself assigned to a "lousy supervisor" and couldn't wait to end that supervisory relationship. Or perhaps in the role of supervisor, you have worked with a trainee who you believed was putting clients at risk or was possibly impaired, and you weren't sure how to proceed. Whether you are an experienced clinician, a beginning student in the helping professions, or at some stage in between, you will find yourself involved in the process of supervision as a supervisee and very likely as a supervisor.

Supervision has become a specialty field with unique competencies (knowledge and skills), theories, methods, evaluations, and legal and ethical duties and obligations. Many are poorly prepared for the supervision experience, and the challenge of supervising competently, as well as ethically and legally, can be daunting. As Barbara's group supervisor demonstrated, in an effort to be mindful of legal guidelines and ethics codes, some supervisors may compromise their effectiveness even though they have good intentions. We hope that by the time you complete this book, you will have a sound grasp of the knowledge and skills necessary to understand the nature and requirements of the supervisory process. Our goal is to provide a practical and complete guide to becoming a competent supervisor along with the skills needed to handle challenging supervisory situations.

Supervision is a unique professional relationship between a supervisor, a supervisee, and the clients he or she serves. Bernard and Goodyear (2009, p. 149) referred to the

broadest view of this relationship as a "triadic system." This relationship changes over time and with experience. As supervisees become increasingly competent in practicing the skills of their profession, they require less direction from the supervisor. Competent supervision requires a fine balance on the supervisor's part between providing professional development opportunities for supervisees and protecting clients' welfare. While assisting supervisees to learn the art and craft of therapeutic practice, supervisors also are expected to monitor the quality of care clients are receiving as well as serving as a gatekeeper for the profession. A primary aim of supervision is to create a context in which the supervisee can acquire the experience needed to become an independent professional. In most cases, the supervisor–supervisee relationship is not equal; rather, it is hierarchical, having an evaluation component as its cornerstone. It seems somewhat contradictory to place the terms *relationship* and *evaluation* in the same sentence when defining supervision, but both are important components. Even though the supervisor has a monitoring and evaluating function, this does not rule out establishing a productive and caring supervisory relationship.

What is clinical supervision? Some call supervision an art, and successful supervision certainly is artful, but it is also an emerging formal arrangement with specific expectations, roles, responsibilities, and skills. The literal definition of *supervise* is "to oversee," and the term dates back to the 1640s. *Supervision* is further defined as "a critical watching and directing (as of activities or a course of action)" (*Merriam-Webster Online Dictionary,* 2008). Clinical supervision in the broadest sense involves teaching, consultation, and evaluation, and the supervisory relationship extends over time (Bernard & Goodyear, 2009). Some other supervisory functions are counseling, advising, coaching, and mentoring. There are two general categories of supervision: clinical and administrative.

Clinical supervision focuses on the work of the supervisee in providing services to clients. In our view, clinical supervision is best defined as a process whereby consistent observation and evaluation of the counseling process is provided by a trained and experienced professional who recognizes and is competent in the unique body of knowledge and skill required for professional development. Supervision also is defined by many external forces, including governing bodies, licensing agencies, and the settings in which we work. For example, supervisors have very different roles and responsibilities when supervising students in a training program versus supervising prelicensed professionals in a mental health agency. Supervisory practice, roles, and responsibilities vary depending on the setting and other requirements.

Administrative supervision focuses on the issues surrounding the supervisee's role and responsibilities in the organization as an employee: personnel matters, timekeeping, documentation, and so forth (Bradley & Kottler, 2001). The line between these kinds of supervision is not distinct; thus, not surprisingly, there continues to be "extensive misunderstanding" of the activities that constitute clinical supervision (Schultz, Ososkie, Fried, Nelson, & Bardos, 2002, p. 219). All too often clinical supervision is confused with staff meetings and administrative oversight because those who are designated primary supervisors have not received adequate supervisory training (Borders, 2005).

We hope this book will afford you greater clarity about the distinction between these two categories of supervision. Many of the principles and methods discussed throughout this book apply to both types of supervision. It is not unusual for counselors to be supervised by someone who is required to function in both clinical and administrative roles, a situation that can lead to some common challenges.

The Evolution of Supervision

Clinical supervision, as a distinct specialty area within the helping professions, has seen vast changes in the past 20 years. Because clinical supervision derived from the practice of psychotherapy, a commonly held belief for many years was that if you had some clinical

experience and good counseling skills you were qualified to supervise. Many believed that using "good" counseling skills would be sufficient to assist trainees in becoming productive therapists. In addition, many supervisory relationships were relatively informal. The guidelines were minimal, and they focused primarily on the number of supervision hours required.

The role of the supervisor today bears little resemblance to the informal mentoring/therapeutic relationship of the recent past. We are not implying that effective supervision did not occur prior to the formalization of supervisor training. Based on conversations with many of our colleagues in the mental health professions, we conclude that many of them had excellent supervisors. However, little attention was given to formal documentation procedures, and most supervisors did not have the benefit of formal training in supervision (Association of State and Provincial Psychology Boards [ASPPB], 1998). Only in recent years has supervision, as an area of specialized training, become a focus in academic training, postgraduate training, and professional development workshops. This emphasis has evolved from the growing need for supervisors to conduct supervision in a professional and accountable manner, and to adhere to the regulations of various governing bodies.

Within the past three decades, many governing bodies of helping disciplines have developed specific criteria for the practice of supervision. The American Association of Marriage and Family Therapy (AAMFT) was one of the first to develop standards for supervisor training and established a designation of Approved Supervisor in 1983. The American Counseling Association (ACA) adopted the Association for Counselor Education and Supervision (ACES, 1990) *Standards for Counseling Supervisors* in 1989. The National Association of Social Workers (NASW) followed by publishing *Guidelines for Clinical Social Work Supervision* in 1994, and the National Board for Certified Counselors (NBCC) published *Standards for the Ethical Practice of Supervision* in 1999. Surprisingly, although the American Psychological Association (APA, 2002) has specific and detailed standards regarding training programs, it has not consistently addressed the qualifications and competencies of supervisors.

Today, clinical supervisors typically carry the responsibility for maintaining a professional supervisory relationship with each supervisee and each client that the supervisee counsels. One caveat is that there are certain circumstances in which a supervisor might be exempt from responsibility for *every* client that a supervisee counsels, such as when a supervisor is sought out privately to consult on a particular case. In such an instance, agreement would be reached in advance that the supervisor could be held responsible only for clients and cases on which there had been supervision (M. K. Reese, personal communication, July 6, 2009).

Accountability requires a more formal arrangement, consisting of professional disclosure statements and contracts that outline the model to be used in supervision, the goals and objectives of supervision, and assessment and evaluation methods. Presently, there is much controversy regarding the roles and responsibilities of professional conduct between supervisors and supervisees. These controversies include boundaries in the relationship, multicultural issues, and multiple relationships. State-of-the-art supervision today requires supervisors to have a multitude of skills and procedural knowledge including the following:

- Formalized training in supervision
- Knowledge of formal contracts and agreements
- The ability to initiate and maintain a positive supervisory relationship
- The ability to assess both supervisees and all clients they will serve
- Multiple modes of direct observation of the supervisee's work
- Policies and procedures for practice
- Knowledge of proper documentation methods

- Specific feedback and evaluation plans
- Effective risk management practices
- Knowledge of relevant ethics and legal topics and issues
- Knowledge of diversity topics and issues
- Thorough knowledge of relevant state licensure requirements and processes

The body of knowledge needed to practice supervision now includes, but certainly is not limited to, roles and responsibilities, relationship dynamics, counseling skills, instructional skills, legal and ethical decision-making skills, multicultural competencies, and evaluative skills.

The Goals of Supervision

Many authors have addressed the issue of supervision goals (e.g., Bernard & Goodyear, 2009; Bradley & Ladany, 2001; Campbell, 2000, 2006; Holloway, 1995, 1999; Kadushin, 1992; Kaiser, 1997), and there is considerable agreement regarding the goals of supervision although different authors described them in different ways. The various professional standards do not all address the goals of supervision directly, but the goals often can be inferred from the discussion of related topics. Some professional standards that address the purpose and goals of supervision are presented in Box 1.1.

Our Goals of Supervision

In our view, the goals of supervision are fourfold: (a) to promote supervisee growth and development, (b) to protect the welfare of the client, (c) to monitor supervisee performance and act as gatekeeper for the profession, and (d) to empower the supervisee to self-supervise and carry out these goals as an independent professional. Let's examine each of these goals in more detail.

Promote Supervisee Growth and Development

Many supervisors view teaching supervisees how to effectively counsel clients as the primary purpose of the supervision task. This is an essential component of the supervision function as supervisors must ensure the welfare of both current and future clients of the supervisee. It is not enough simply to teach about the specifics of each case, however. Supervisees must learn from supervision about issues that will translate well into independent practice in the future. The broader definition of this goal of supervision is promotion of supervisee growth and development as a competent clinician and professional, which may involve teaching or assuming any number of other supervisory roles (see Chapter 2). Promoting supervisee development is clearly a major goal of supervision, but it must be balanced with the focus on the welfare of the client.

Protect the Welfare of the Client

Many authors (e.g., Bernard & Goodyear, 2009; Campbell, 2000, 2006; Kaiser, 1997) would agree that an essential function of supervision is to protect the welfare of the supervisee's clients. Yontef (1997) stated that supervision has the dual purposes of promoting personal and professional development and growth of the supervisee and protection of clients. State requirements for the supervision of unlicensed mental health professionals are designed to protect the consumers of those mental health services. A major function of the supervisor is to do everything necessary to ensure that both current and future clients receive competent and professional services from the supervisee and to intervene in whatever way is necessary when the client is not receiving such services.

Box 1.1
PROFESSIONAL ASSOCIATIONS' GOALS OF SUPERVISION

Association for Counselor Education and Supervision (1993)

Ethical Guidelines for Counseling Supervisors

The primary obligation of supervisors is to train counselors so that they respect the integrity and promote the welfare of their clients. (1.01.)

Inherent and integral to the role of the supervisor are responsibilities for:

a. monitoring client welfare;
b. encouraging compliance with relevant legal, ethical, and professional standards for clinical practice;
c. monitoring clinical performance and professional development of supervisees; and
d. evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes. (2)

Supervisors should inform supervisees of the goals, policies, theoretical orientations toward counseling, training, and supervision model or approach on which the supervision is based. (3.07.)

Association of State and Provincial Psychology Boards (1998)

Report of the ASPPB Task Force on Supervision Guidelines

The supervisory process addresses legal, ethical, social, and cultural dimensions that impact not only the professional practice of psychology but also the supervisory relationship. Issues of confidentiality, professional practice, and protection of the public are central. (III.D.)

National Association of Social Workers (1994)

Guidelines for Clinical Social Work Supervision

Purpose and Intent of Supervision

The primary purpose of supervision is to maintain and enhance the knowledge and skill of the clinical social worker to provide improved services to and clinical outcomes for the client population. Supervision includes the development of professionalism and the evaluation of function.

Supervision may occur for the purpose of aiding professional growth and development; fulfilling the requirements for licensing, credentialing, third-party reimbursement; and meeting internal administrative requirements, external regulatory or accreditation requirements and corrective or disciplinary functions.

Monitor Supervisee Performance and Act as Gatekeeper for the Profession

One function of the supervisor is to serve as gatekeeper for the profession (Falvey, 2002; Johnson et al., 2008; Lumadue & Duffey, 1999). Given the increased awareness of possible damage caused by mental health professionals who lack the personal qualities necessary for effective practice, it is reasonable that there is an ethical imperative for supervisors

and training faculty to serve as gatekeepers for the profession. This gatekeeping function involves monitoring and evaluating the supervisee's competence to become licensed in fields such as counseling, social work, marriage and family therapy, or psychology. Obviously, gatekeeping is an important function when training and supervising students in graduate programs. The gatekeeping function of the supervisor will vary depending on the setting in which supervision takes place and the level of education and training of the supervisee. For example, professionals who supervise in an undergraduate human services program may have fewer gatekeeping responsibilities than do supervisors working with postdegree, prelicensed supervisees in the process of accumulating supervised hours toward a licensure requirement. Licensing and professional standards outline the requirements for supervisors when overseeing the clinical work of supervisees. Campbell (2000, 2006) and Herlihy (2006) both discussed the need to evaluate the supervisee's professional and therapeutic competence and suitability for the profession. Supervision has a pivotal role in the evaluation of competence of the supervisee to practice within the profession.

Empower the Supervisee to Self-Supervise and Carry Out Goals

A key function of the supervisory relationship is to assist the supervisee in developing the ability to take over the supervisory function and self-supervise (Bernard & Goodyear, 2009). So, in addition to teaching the supervisee, protecting the client's welfare, and serving as gatekeeper for the profession, an essential goal is to assist the supervisee to develop the skills, awareness, and resources necessary for self-evaluation. This is accomplished by providing the opportunity for supervisees to learn problem-solving and decision-making skills and to practice self-evaluation and self-supervision. Morrissette (2001) concluded that self-supervision involves the process of self-discovery and self-exploration, which can be accomplished as professionals go about helping others. These practices in supervision help supervisees learn to trust their clinical judgment. Personal and professional development is certainly a desired outcome of the supervisee's empowerment. Our conviction is that if supervisees become empowered personally and professionally, and if they are competent practitioners, they will place the client's welfare first and will not bring harm to clients. A competent professional will be able to monitor his or her own performance, be aware of the limits of his or her competence, be able to identify how personal issues affect professional practice, and know when and how to seek consultation and additional supervision to function as a self-supervisor.

Although the aforementioned goals are equally important, particular situations will determine which takes priority at any given moment. If a conflict exists between teaching the supervisee and protecting the welfare of the client, professional ethics codes require that protecting the welfare of the client be first and foremost. For example, when a supervisee reports that a client has expressed suicidal ideation, the goals of supervision quickly change from teaching the supervisee to a focus on the immediate need to protect the welfare of the client. Teaching is not abandoned but is temporarily suspended until the crisis is resolved. It is essential to return to teaching the supervisee about suicide assessment and intervention once the needs of the client have been met. It might help to think of the goals of supervision as occurring simultaneously rather than hierarchically. (See Chapter 7 for more on how to problem solve ethical dilemmas.) Effective supervision depends on the supervisor having a clear understanding of the goals of supervision and being able to communicate those goals to the supervisee.

Objectives for the Supervisee

Once the overriding goals of the supervisory process are understood, the next step is to identify specific supervision objectives to work on with supervisees. The objectives listed

below outline the personal and professional development we would like to see our supervisees accomplish over the course of supervision. As you read them, think about which of the four goals of supervision is related to each objective.

Supervision Objectives

- Become knowledgeable about counseling theories, methods, and practice.
- Have a broad understanding of diagnosis and treatment methods.
- Know the limits of personal competence including how and when to seek consultation and supervision.
- Develop the basic helping skills of empathy, respect, and genuineness.
- Be aware of how personal issues affect clinical work and what impact these issues may have on clients.
- Identify which clients are easy to work with and which are more difficult, and explore why that is the case.
- Know how to recognize and work with resistance in clients.
- Know the relevant ethics codes of the profession and the laws that apply to clinical practice.
- Have sound judgment and a clear decision-making model regarding clinical and ethical issues.
- Develop an awareness of how multicultural issues affect the counseling process and how to work with multicultural differences with clients and colleagues.
- Acquire self-confidence and competence with increased practice.
- Develop the ability to examine one's personal role as a counselor.
- Be willing to expand skills even though there is a risk of making mistakes, and talk about this in supervision.
- Strive to create one's own personal style of counseling.
- Develop the practice of self-evaluation.

It is incumbent upon supervisors to have a clear picture of the goals of supervision as well as the specific objectives they hope their supervisees will accomplish. These goals and objectives are excellent topics to introduce for discussion throughout supervision.

Perspectives on Supervision

As a way of introducing ourselves to you, we want to share our backgrounds and experiences with supervision. Each of us describes our work setting and our philosophy of supervision, shares experiences we have had as both supervisees and supervisors, describes what we have learned from those experiences, and explains what we think we have yet to learn. By reading about our experiences, you will come to understand our point of reference in writing about the supervision process. Throughout the book we often talk about our reactions, thoughts, and experiences regarding a particular topic, and we hope you will examine your own experiences and learning in the same way.

JERRY COREY'S PERSONAL PERSPECTIVE

My Work Setting

Since the early 1970s I have worked in a university program in which I provide group supervision for group facilitators. Almost all of my professional experience as a supervisor has been with group supervision, which I very much value. From my vantage point, one

of the best ways to teach and to supervise students wanting to become group practitioners is to conduct this supervision in a group context. In addition to working with students, my colleagues and I have done a considerable amount of group supervision in agency settings and through professional workshops. This supervision is aimed at helping trainees acquire knowledge about how groups function and refine group leadership by being part of a training and supervision group.

My Philosophy of Supervision

I credit both humanistic and systemic thought on influencing my current views and philosophy of supervision. I see my role as a supervisor as being a guide in a process of self-discovery. In much the same way as in counseling, I believe in the value of establishing collaborative relationships in supervision. Clients get the most from therapy when they are educated about how therapy works and when they collaboratively design personal goals for the therapeutic work. Likewise, I think supervisees profit the most from supervision when they become partners in this endeavor. I am uncomfortable with supervision that is directed largely by the supervisor, telling supervisees what they did wrong and what they should try next. Empowerment is one of the aims of personal therapy with clients, and in many ways supervisees need to feel a sense of empowerment if they are to grow personally and professionally.

When I am doing group supervision, I generally ask the trainee coleaders to talk about their own perceptions about the efficacy of their interventions in the group. By beginning with trainees' thoughts, reactions, intuitions, and perceptions, the stage is set for learning by self-discovery as opposed to listening to the expert who observed their work. I am not diminishing the expertise of a supervisor; rather, my goal is to guide trainees in the process of learning to monitor what they are doing in a training group, to raise their own questions, and to discover the answers to some of these questions.

My Struggles as a Supervisor

I tend to have the most difficulty supervising professionals and students who are closed about themselves, who are defensive, and who are not willing to engage in self-examination. I can certainly appreciate a beginner's anxieties as a group counselor and the resulting lack of therapeutic responsiveness in a group. Generally, I do not have difficulty with students who are willing to admit their fears, self-doubts, and insecurities. If they are willing to explore these personal anxieties in the context of group supervision, then many opportunities open up for significant learning. However, students who are judgmental and closed to new learning do pose a challenge for me. Included in this list of supervisees whom I perceive as "difficult" are individuals who limit most of their interactions with others to giving advice or asking questions.

In working with supervisees in groups, I do not have the expectation that they will engage in highly personal self-disclosure pertaining to their outside lives; the training and supervision group is not a therapy group. I do, however, expect them to talk about their reactions to the here-and-now of the supervision and training group as well as being willing to bring up for exploration any difficulties they are having in fully participating in the supervision process. Supervisees in a group training setting are asked to identify personal concerns or characteristics that are likely to get in the way of effectively counseling others. I must admit that I struggle with trainees who obviously are having many reactions to being part of the supervision group yet hold back from disclosing their thoughts and feelings. For example, trainees often have difficulty feeling competent and may want to withdraw. At the very least, I would hope that they disclose this reaction so that we can explore this in the context of group supervision.

Fortunately, the vast majority of students I supervise in various group counseling courses are a sheer delight to work with, are eager to learn, are open to exploring how they are being affected through their work as a group facilitator, and are willing to be vulnerable. They do not view their personal vulnerability as weakness. I appreciate working with trainees who keep up-to-date with their readings (since this is a group counseling course) and who are willing to apply the readings to the groups they are facilitating as a part of their practicum. I find that these students are best able to acquire the skills to facilitate their groups by being willing to deal with potential barriers in themselves during the group supervision meetings.

What I Have Learned About Supervision

In almost 40 years of doing group supervision with trainees in group counseling courses, it has become evident to me that the best supervision is to encourage trainees to develop a sense of educated intuition. So often my colleagues and I discover that those group workers we train and supervise have a wealth of insights and sensitive intuition, yet all too often they do not trust their knowledge, intuition, and feelings. As a supervisor, my goal is to encourage trainees to be themselves in their role as group facilitators and to follow through on some of their clinical intuitions.

Here are some of the lessons that continue to become manifest in the context of group supervision with group counselor trainees:

- It is essential to prepare supervisees both academically and personally for the experience of being group counselor trainees.
- Supervisees do not need to have all the right answers to every situation they might encounter in a group counseling setting.
- It is not necessary for supervisees to worry about making mistakes. There are many ways to creatively intervene in any counseling situation, and it is limiting to operate under the assumption that there is one best way to deal with a problem. We can learn by reflecting on what we consider to be mistakes.
- Supervisees learn best in a climate of support and challenge.
- Trainees can best learn how to facilitate a group from the experience of being a group member and reflecting on what they find most useful for them personally.
- It is desirable that members of a supervision group function as teachers and supervisors for one another. The source of wisdom is not exclusively with the supervisor.
- One of the best ways to teach and to supervise is by modeling. How a supervisor behaves in the group supervision context is often a more powerful source of influence to trainees than simply telling them what to do.
- Before giving trainees my thoughts on a situation, it is often more productive to ask trainees to share their perspective on that situation. More often than not, if trainees are given a chance to explore how they might function more effectively, they will come up with their own insights and suggestions.

What I Still Need to Learn

I have been in group training sessions in which the coleaders I am supervising allowed superficial discussion to occur. I have a tendency to define things as being "productive" or "not productive," and superficial talk seems nonproductive to me. When I first began my work as a counselor, I experienced difficulty with clients I perceived as engaging in "nonproductive behavior" during a session. I still need to learn the value of patience as the process is often more important than the end result. Although I agree with this

intellectually, I have difficulty emotionally accepting the value of fully experiencing the process of learning.

I also can improve my feedback to supervisees so that they are more likely to hear it. At times, group leaders in my supervision groups become so anxious that their interventions are stilted and hesitantly delivered, which frequently interferes with the process of the group. On occasion, my feedback during the process commentary time has been difficult for some supervisees to listen to and accept. I am sometimes not tuned into how very sensitive students are to feedback from supervisors; they hear far more criticism than is intended. I need to remind myself that supervisees often feel vulnerable and that it is essential to create a balance between support and challenge.

In some cases, supervisees experience transference toward me, which can be explored effectively within the group training situation. Likewise, my own countertransference reactions are sometimes triggered, and these can be discussed as well in working with supervisees. Although I need to be mindful about how I explore any possible countertransference I may have, I realize that I can provide valuable modeling if I am willing to be open in certain situations. Exploring both transference and countertransference reactions is one of the values of doing supervision in a group setting. My intention is to give honest feedback to trainees in a way that is helpful to them. To accomplish this, it is often essential to talk about what is going on within the here-and-now context of the supervision group itself.

BOB HAYNES'S PERSONAL PERSPECTIVE

My Work Setting

The majority of the clinical supervision I have provided occurred during my 25 years as director of an accredited clinical psychology internship program at Atascadero State Hospital in California. This forensic maximum security hospital provided care and treatment for sex offenders, those found not guilty by reason of insanity, the incompetent to stand trial, and transfers from prison requiring psychiatric care. I provided individual and group supervision for both clinical and administrative purposes. I also supervised postdoctoral fellows and prelicensed psychologists. In addition, I supervised those providing clinical supervision to interns—mainly psychologists, but also social workers, psychiatrists, and marriage and family therapists. In the private practice settings where I worked part-time for more than 10 years, I participated in the peer supervision of colleagues in group practice.

Two issues stand out for me from my work with supervisors and supervisees. First, nearly all supervisors express that they initially felt ill prepared to become supervisors and were unclear in their understanding of the nature and purpose of supervision. For most, it took some time for them to develop confidence and clarity regarding their supervisory role. Formal training in supervision did expedite their development, but experience in supervision was also a major factor. Second, nearly all supervisees are anxious about their performance and are very concerned about the evaluation component. They expend considerable time and energy trying to determine what to say and do in supervision. Oftentimes, pleasing a supervisor seems as important as learning from the training experience for which they are being supervised.

My Philosophy of Supervision

I learned about supervision solely from supervisors. Courses in supervision were not offered in my undergraduate or graduate years in psychology in the 1960s and 1970s.

There was no consideration that it was a field in itself or that specific skills were involved. At that time, supervision was seen as a subset of therapy skills. Once you had mastered therapy skills, it was assumed that you were ready to supervise others.

I view supervision as a process whereby the supervisor helps the supervisee learn and grow in knowledge, clinical skills, ethics, legal concerns, professional issues, and the personal development of judgment and maturity. From my perspective, the primary purpose of supervision is the development and empowerment of the supervisee. While pursuing this goal, it is equally important that the supervisor protect the welfare of clients and act as a gatekeeper for the profession. My greatest hope is that supervisees will move from relying on me as the supervisor to feeling empowered to provide their own self-supervision where they can effectively problem solve clinical situations and know how and when to seek help, consultation, and supervision from others.

I believe that learning is a lifelong process. Learning does not end with the acquisition of an advanced degree but continues throughout our professional lives. Supervision is a learning process that results in mutual growth and self-understanding for the supervisor as well as the supervisee. As a supervisor, I am open to learning both from and along with the supervisee.

Supervision is a collaborative process and is most effective in a healthy relationship of trust, honesty, and mutual respect. I believe it is the responsibility of the supervisor to foster the collaborative process by involving the supervisee in the development of supervision goals, methods, and evaluation procedures. Trust, honesty, and respect take time to develop and can be modeled and encouraged by the supervisor. Being available for the supervisee when needed, being honest about my observations and thoughts, and respecting the beliefs and training needs of the supervisee go a long way toward developing a healthy supervisory relationship. For supervision to be effective, supervisees must be open to feedback and learning. The supervisor can model for the supervisee this sense of openness and nondefensiveness.

I employ a developmental model of supervision wherein the supervisee is seen as being somewhere on a continuum of development, and supervision begins at the supervisee's current level. Consideration must also be given to the context in which supervision occurs. That includes the purpose of supervision, my own models of therapy and supervision, the developmental level of the supervisee, the setting in which the supervision occurs, and the ethical and legal obligations that apply.

My Struggles as a Supervisor

I feel comfortable in the role of supervisor, but I still struggle with the task of working with supervisees who possess significant personal issues that affect clinical performance. I have encountered supervisees with personality traits that seem contrary to those necessary for becoming an effective helping professional. I work to maintain a proper balance between supervision and counseling, and between helping the supervisee and protecting the client, the profession, and myself. In recent years, supervisees have become more likely to threaten and to take legal action against supervisors for any number of reasons. We have become an increasingly more litigious society, and the practice of supervision has not escaped that trend. Supervision has increasingly become a factor in complaints to licensing boards and in issues of liability. My actions as a supervisor have been challenged with threats of legal action on behalf of a trainee. I learned firsthand the legal responsibilities and liabilities for supervisors and for training programs. This experience consumed months of my time as I responded to the legal challenge—writing letters and reports, and consulting with agency administrators, lawyers, and the trainee's doctoral program. On the positive side, this experience forced me to more clearly define the purpose of supervision, the legal and ethical responsibilities of the supervisor and the supervisee, and the importance of detailed and accurate documentation especially

when working with any problem situation. Problems such as threats of legal action often lead to improvements in various aspects of program policies and procedures.

Supervising those not responsive to supervision has been another hurdle for me. I know from my own experience that competent professionals need to be open to feedback and must be aware of their personal and professional limitations and strengths. It troubles me to see a new clinician unwilling to look at his or her work and reluctant to grow and develop.

A distinction must be made between performance anxiety and nonresponsiveness to supervision. The novice clinician often lacks confidence, and performance anxiety leads to wanting to please the supervisor. This individual can become unresponsive to supervision due to fear and anxiety, but with time and a supportive supervisor the supervisee will begin to open up. I have seen many interns who begin the training year eager to impress the training staff and become defensive when they hear the first feedback that includes the need for improvement. Typically support and encouragement of these interns is very effective as is the supervisor's assurance that most new clinicians find it difficult to hear negative feedback from supervisors. It helps to remind the supervisee that he or she is in our training program to develop both personally and professionally and that we do not expect novice clinicians to know everything.

Supervising colleagues can be challenging for me because experienced clinicians are often more set in their opinions, beliefs, and practices than novice clinicians. They often know more than I do about certain topics, and I can see that either as threatening or as an opportunity for my own learning. I have to remind myself in these situations that I am not expected to know everything as a supervisor, and a supervisee may well have more expertise on any given topic. Experienced clinicians may be given more freedom than is warranted, thus creating a potential hazard for clients. In these situations, I focus more of my supervisory effort on encouraging and modeling openness to feedback and learning as a hallmark of a competent clinician. I try to enlist the supervisee in a collaborative effort where we examine how we can learn together about a variety of clinical topics.

I am concerned about supervising those with backgrounds different from mine, with gender and ethnicity being the major areas of difference. I find myself wondering if I am understanding their world and whether I know enough about what their world is like. In the forensic setting, for example, I know that women have unique experiences and concerns when working with an all-male population. Although I may know about those experiences and concerns, I am not certain I fully understand what it must be like for them. I usually share my perspective with supervisees and encourage them to talk about their experiences and what I need to know to provide useful supervision.

What I Have Learned About Supervision

- Every situation and supervisee is a new experience with twists and turns that provide a new learning experience for me.
- It is essential to do those things as a supervisor that will protect my license and professional standing.
- A written supervisory contract is best developed early in supervision.
- Documentation of supervisory sessions and topics discussed is essential.
- Demonstrating support, encouragement, and respect toward the supervisee is important, but I must also be willing to challenge the supervisee to learn.
- It is important to maintain a healthy sense of humor with supervisees; however, there is no place in supervision for the use of sarcasm.
- Work collaboratively with the supervisee to establish ground rules regarding supervision, and use those rules to resolve conflicts in the supervisory relationship.
- It is essential to establish clear and consistent boundaries with supervisees.

What I Still Need to Learn

- Developments in legal, ethical, and licensing issues, and new developments in supervision
- The impact that I have on supervisees, both positively and negatively
- Ways in which I can better work with supervisees who have significant personal issues that affect their clinical work
- Better ways to understand those supervisees who are different from me in personality style, theoretical orientation, gender, and culture
- Better ways to supervise in situations involving a crisis for the supervisee, both in their work with clients and in their personal lives

PATRICE MOULTON'S PERSONAL PERSPECTIVE

My Work Setting

I presently serve as full professor in the Department of Psychology at Northwestern State University. My current job responsibilities include teaching at the undergraduate level in the general psychology and addiction studies programs and in the graduate-level clinical psychology program. I am an approved supervisor for prelicensed professional counselors in the state of Louisiana. In the past, as department head, my responsibilities included the supervision of the program overall, the supervision of faculty, and the direct supervision of graduate students during practicum and externship experiences. In the recent past, as Vice President for Student Affairs, I had the responsibility for oversight of the college counseling center. Prior to working in an academic setting, I served as clinical director for an adolescent psychiatric hospital, practiced privately, and supervised family programming for an addiction disorder clinic.

My Philosophy of Supervision

I view supervision as a collaborative process with a developmental emphasis. I believe in mutual respect, and this includes respecting supervisees' knowledge and life experiences as they approach the therapeutic process. Supervision is the balance of providing both opportunities and challenges while maintaining a positive and safe professional relationship. This balance requires a firm foundation of appropriate boundaries and information sharing about the process of supervision. I believe trust is established when I am forthright with supervisees about the supervisory process, including my expectations and my range of responsibilities. Honest and ethical communication is the key to providing a safe environment for supervisees.

Moreover, I see managerial responsibility and crisis intervention as components of supervision but not as acceptable models for supervision to be based upon. True supervision is about much more than putting out fires, maintaining units of service (such as the number of hours counselors spend in direct service), and documentation. In my view, supervision entails personal and professional development gained through experience and the supervisory relationship. I am a strong promoter of mentoring through modeling and of empowering supervisees to learn to view cases through multiple lenses. It is a wonderful challenge and opportunity to teach supervisees to step back and view clients and presenting issues through various perspectives (theory, ethnicity, culture, socioeconomic status, sexual orientation, etc.) in developing case conceptualizations that will direct their work.

Supervision requires ongoing personal and professional monitoring. I do not think personal counseling is an appropriate component in supervision. However, personal exploration, as it applies to the supervisee's ability to function as a therapist, is essential. It is appropriate to discuss a supervisee's background and personal reactions in supervision and to seek insight about how these reactions may affect his or her ability to practice therapy. The issues identified in supervision can become strengths for the evolving professional. If not identified and not addressed, however, these personal issues may become barriers to working effectively with clients.

There is no substitute for experience in the field, but experience alone is not sufficient to provide quality supervision. A specific set of skills and knowledge is required to provide competent supervision. Personal and professional integrity are of primary importance in maintaining a positive supervisory relationship. In addition, a sense of humor is an asset when used appropriately in supervision.

I value the early stages of teaching and watching ideas form with my supervisees. I appreciate supervisees who are willing to question my point of view. It is meaningful when supervisees begin to come into supervision, not to seek answers and direction but to discuss alternatives and inform me of the path they will be taking with a particular client.

My Struggles as a Supervisor

I still struggle personally with the logistics of supervision and the time that must be dedicated to quality supervision, and I must admit, I spend more time these days pondering the liabilities involved. Supervision is a tremendous commitment that requires a great deal of time and many resources. It is inaccurate to view supervision with each supervisee as a one hour per week commitment. It takes much more to maintain responsibility to both supervisees and the clients for whom they provide therapy. My favorite part of supervision is the relationship that is built while teaching and mentoring. My least favorite part is maintaining updated documentation including contracts, progress notes, and feedback sheets. However, I value this component and would never consider supervising without it.

I find it challenging to work with supervisees coming into the supervision relationship believing they should be competent in every aspect prior to having any supervision and with only limited experience. I must admit that I also find this somewhat frightening as I wonder if they are withholding important details in supervision sessions that may put a client and me at risk.

What I Have Learned About Supervision

- To value the process of the supervisory relationship and the transitions as I share the stages of professional development with supervisees
- To seek out the differing opinions of my supervisees
- To be willing to share vulnerabilities about not having all the answers
- To challenge supervisees by setting high expectations and then providing the support they need to reach them
- To require evidence-based practice of basic skills from supervisees
- To appreciate the need to explore case conceptualization through various lenses before determining either treatment or diagnosis
- To acknowledge and rely on consultative relationships with other professionals regarding supervisory issues
- To provide the necessary structure, though difficult at times, to protect myself, my supervisees, and our clients

- To encourage appropriate risks, expect mistakes (they are part of the learning process), and use them as windows of opportunity
- To provide opportunities to supervisees by modeling through practice, role play, and coleading to build confidence and competence in skill

What I Still Need to Learn

- New codes and standards as they are established for supervision
- Effective methods for teaching the supervisory process to students not yet supervising
- Ways to balance and protect the supervisory relationship in light of risk management procedures
- Legal outcomes as courts begin to pay more attention to supervisory processes
- New techniques and technologies to incorporate into the supervisory process
- Specific strategies for operationalizing multicultural exploration in the supervisory process
- Additional skill sets for crisis prevention, intervention, and management

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

My Work Setting

Since 2005, I have worked as a faculty associate in the Department of Counseling and Human Services at Johns Hopkins University in Baltimore, Maryland. Most of the courses I have taught have included an intensive "laboratory" component, in which the students (all master's level) practice their counseling or group facilitation skills/techniques. All of the courses, without exception, have placed a heavy emphasis on experiential learning, personal growth, and professional development.

In contrast to the other authors, I did receive formal supervisory training in my doctoral program at the University of Iowa. There, I was fortunate to take a supervision course taught by Ursula Delworth, one of the developers of the Integrated Developmental Model (IDM), shortly before her death. As part of my training, I also completed a supervision practicum in which I was supervised by a faculty member (who also embraced a developmental perspective) in providing supervision to master's students in Iowa's counseling program.

My Philosophy of Supervision

I view supervision as a developmental process. Although my perspective undoubtedly has been shaped by the developmental emphasis of my supervisory training, I attribute my point of view to other experiences as well. Long before entering graduate school, I realized that learning experiences were more meaningful when I started to value the process and not become overly fixated on outcomes. Outcomes are important (and, in the context of counselor preparation, certain competencies are critical to achieve), but it seems that trainees stand a better chance to achieve competence if they are encouraged to learn from the process and from their mistakes. As cliché as this may seem, I do "trust the process," not only in terms of counselor trainees' development but also with regard to my own professional growth as a clinical supervisor.

With that in mind, one of my goals as a supervisor is to create a safe and trusting environment in which trainees can take interpersonal risks and experiment with new behaviors, try out different techniques without fear of being judged harshly, and engage in a level of self-exploration that is needed to become competent clinicians. I work with students in the

early part of their training program before they start counseling clients, and it is imperative that they receive a solid foundation in ethics, counseling theories, group work, and other core subject areas. But as you well know, content knowledge alone is insufficient to prepare a person to be an adept counselor. For many students who have little or no prior experience with personal therapy or who have not engaged in some form of personal growth, there is a rather steep learning curve during this period. I've heard repeatedly from students at the end of each semester that they were not surprised by the demands of the course work, but they were not expecting to be required to engage in such deep self-examination. Many have been surprised to discover that counseling is such a complex process.

Faced with various types of challenges during their training (e.g., educational, emotional, interpersonal), counseling students may feel overwhelmed at times. I believe it is very important for clinical faculty and supervisors to balance their obligation to function as gatekeepers of the profession and monitor competence with a commitment to empower trainees to follow their intuition, take appropriate risks, and develop their clinical judgment. Realistically, growth does not occur without risks being taken, and when risks are taken, the odds are good that mistakes will be made. (It can be useful to talk about these mistakes and what can be learned from them in supervision.)

Although I had a couple of less-than-optimal supervisory experiences as a trainee, I consider myself fortunate to have received excellent supervision for the most part. In retrospect, one of the most powerful learning tools my supervisors had to offer was effective modeling. Now that I am in a position to supervise trainees, I constantly keep this in mind. For instance, I remind students with perfectionist tendencies that they are expected to model being self-aware human beings, not perfect beings, for their clients, and my credibility would be diminished if they observed me being hypercritical of my own shortcomings. Of course, I tell my trainees not to go out of their way to be imperfect, but if mistakes do happen, I stress the importance of addressing them and learning from them. In the classes I teach, I tend to do a lot of processing out loud to model for my students the internal process I experience. When I make mistakes, I use these opportunities as teachable moments. Many trainees suffer from self-doubts and fears of not being able to handle difficult client issues, and I find that I often try to help them get out of their own way and gently use humor to accomplish this.

I have emphasized the clinical aspects of the supervisory role, which are the more enjoyable parts for me, but I take the administrative duties that are an inherent part of the role seriously as well. It is important to demystify the process as much as possible for trainees, so offering them a clear explanation of supervision and communicating expectations at the outset of supervision (and throughout the process, if necessary) is something I always strive to do.

My Struggles as a Supervisor

I value each trainee as a unique individual, so my assumption is that each trainee will have his or her own unique developmental process. As mentioned, I believe in giving beginning trainees space and time to develop their skills without the looming threat that their every move will make or break their careers as counselors. The last thing I want to do is exacerbate trainees' performance anxiety. Some students blossom later than others, and it would be a shame to prematurely deem a student as unsuitable for the counseling profession simply because he or she is on a slightly different trajectory or because the student's initial performance anxiety masked his or her ability to demonstrate competence. The main issue I struggle with is determining when certain students are not making sufficient progress to warrant them remaining in a training program. Although I am not currently in a position to make such decisions, I am cognizant that my feedback on lab performance forms and grades does factor into the decisions that are made by the department head.

What I Have Learned About Supervision

I have learned a lot about supervision from many different sources. My supervisory training in my doctoral program was very helpful, and my experiences as a supervisee in several different clinical settings gave me many valuable insights about the process. Here are a few lessons I would like to share with you:

- I have learned to trust the process, and I have become much more comfortable with not knowing.
- I find it helpful to view supervision and counseling as parallel processes. As we have noted, they certainly are not identical processes; however, knowing the ways in which they are similar enriches the experience.
- Contrary to the naïve assumption I held when I first started working with counselor trainees, I have learned that some trainees are not naturally empathic, and they don't all have keen insights and instincts.
- I have learned that there are limits to the amount of responsibility I should take when a trainee is not performing up to par or working hard enough.
- I have learned to deliver constructive feedback without feeling apologetic, and I sense that my increased comfort with this puts the trainee at ease.
- I have experienced several different supervision formats that have worked very well. This has reinforced my belief that there are often multiple ways to accomplish tasks, and that using a variety of methods only increases my learning.

What I Still Need to Learn

I know that I have much more to learn. Here are a few things that come to mind:

- I want to improve my competencies in working with trainees and clients from diverse cultural backgrounds.
- Although my flexibility is an asset, I am aware that some trainees will take advantage of my flexibility and that I need to set more firm boundaries with these individuals.
- I need to develop a better sense of when to take action in situations in which a trainee is not performing up to par or seems impaired. Timing is important, and I hope to improve in this respect.
- I want to become more organized and improve my documentation practices.
- I want to become more comfortable with the legal aspects of supervision.
- I need to make the time to practice better self-care. In this sense, I sometimes feel hypocritical because I emphasize the importance of self-care to all of my students, yet I could do a better job of giving myself time to relax.

We have each learned about supervision from different experiences and, with the exception of Michelle who received some course work in supervision, the common theme is that in our beginnings as supervisors, we had little to guide us except learning from trial and error. We hope we can assist you in learning about supervision from the theory, literature, and personal experiences we present in this book.

Summary

As a supervisor, it is essential that you have a clear understanding of the goals of the supervisory process and that you communicate them to your supervisees. The four major goals of supervision are to (a) promote supervisee growth and development, (b) protect the welfare of the client, (c) monitor supervisee performance and act as a gatekeeper for the profession, and (d) empower the supervisee to self-supervise and carry out these goals as

an independent professional. To carry out these goals, it is essential to have a clear picture of the specific objectives you hope your supervisees will accomplish.

SUGGESTED ACTIVITIES

1. Write about or discuss in small groups in class your reactions to the thoughts and experiences of each of the authors. What stands out for you in what each of them said? What are the commonalities and differences among the authors? What did they say that you agree or disagree with? Which author(s) do you think would be a good supervisor for you, and why?
2. Arrange a meeting with a former supervisor and ask the same questions that were addressed by the authors: (a) In what settings have you been a supervisor? (b) What is your philosophy of supervision? (c) What are some ways in which you struggle as a supervisor? (d) What have you learned about supervision? (e) What do you still need to learn? Try to summarize what you have learned from this discussion with your supervisor.
3. If you have not yet been in a supervisory relationship, interview a person who supervises others in one of the mental health professions.
4. On a 1–10 scale, with 1 = *little or none* and 10 = *all that I need*, how would you rate yourself in terms of having knowledge and skills in supervision? In small groups, discuss what you think you need to learn to become an effective supervisor. How will you go about doing that?
5. What would you most want to say you have learned and accomplished at the conclusion of reading this book (or of taking this course)? How can this text (and course) help you accomplish that? Discuss in groups what you hope to learn and how you can benefit most from the reading materials. What kind of class activities would facilitate your learning experience?
6. In seeking a supervisor, what qualities would you look for? What qualities would you hope to avoid? What personal attributes of your own might interfere with your supervision and need to be addressed?

CHAPTER 2

Roles and Responsibilities of Supervisors

FOCUS QUESTIONS

1. What is the primary role of the supervisor? What are other roles of the supervisor?
2. Think about those who have served as your supervisors. In what roles did they function? What did you learn from your experience with them about becoming a supervisor?
3. How would you handle a supervisee who is in a personal crisis? Would you attempt to do therapy with this supervisee? Are there any conditions under which providing personal counseling to a supervisee is appropriate? Why or why not?
4. What importance do you place on the role of the supervisor as an evaluator and monitor of the supervisee's clinical work?
5. How might supervisees benefit most from their work with a supervisor?
6. How might supervisees gain the maximum benefit from fieldwork, internship, or their clinical practice?

Introduction

Supervision is a complex process that entails a multitude of roles and responsibilities. *Roles* are the functional relationships between supervisors and those they supervise; *responsibilities* include the clinical, ethical, and legal duties of the supervisor. In this chapter we discuss these roles and responsibilities and offer several case study examples to clarify this process.

Supervisors must assume responsibility for being informed and knowledgeable about what their roles entail (Campbell, 2006; Riemersma, 2001). The NASW (1994) *Guidelines for Clinical Social Work Supervision* and the ACES (1993) *Ethical Guidelines for Counseling Supervisors* provide comprehensive lists of the roles and responsibilities of the supervisor. Consult these lists as you develop your own philosophy of supervision. One important

aspect of supervision is to assist supervisees in deriving the maximum benefit from their supervision experience and from their internship, field placement, or clinical practice. We offer several suggestions for helping supervisees achieve these goals. The suggested activities at the end of the chapter will help you focus on the key concepts from this chapter.

Roles of the Supervisor

The role of the clinical supervisor in the helping professions is unlike any other role that we assume as clinicians. It has elements in common with other interventions such as teaching, therapy, and consultation, yet it is distinct from any of them (Bernard & Goodyear, 2009). Supervisors may serve many different functions—often simultaneously. In a single supervisory session, a supervisor might teach a clinical approach, act as a consultant on how to intervene with a culturally diverse client, act as a recorder in documenting the supervisory session, and provide evaluative feedback to the supervisee regarding his or her progress as a clinician.

The role of the supervisor is a composite of many roles, and these roles change as the focus of supervision changes. Competent supervisors have a clear idea of their role in any given situation, why they are serving in that role, and what they hope to accomplish with the supervisee. Cases Studies 2.1 and 2.2 provide a look at how the roles of supervisors may differ due to the setting and the supervisee. It is important to assess each supervision situation to be sure that appropriate supervision is provided.

CASE STUDY 2.1: RYAN

Ryan is a licensed counseling psychologist supervising Myra, who has a doctorate in counseling but is not yet licensed. In their private practice setting, they work primarily with clients with serious mental illness and with the families of those clients. In his role as a supervisor, Ryan acts as a consultant and peer supervisor to his supervisee because Myra already has her doctorate. Ryan is confident in Myra's abilities and judgment and provides supervision as needed.

CASE STUDY 2.2: TONY

Tony is a licensed social worker who is supervising a bachelor's-level counseling trainee in a community college counseling center. Students come to the center for counseling on relationship difficulties, academic performance anxiety, and personal issues such as depression. In his role as supervisor, Tony acts as a teacher, adviser, mentor, and evaluator for his trainees. In this supervisory situation, Tony is the expert, but he must provide opportunities for his supervisees to grow in knowledge and skills through hands-on training as well.

In reflecting on these cases, ask yourself these questions: Are the roles assumed by Ryan and Tony appropriate for their situations? Which supervisory role would you be more comfortable with?

A skilled supervisor is able to sort out the supervisory needs in various situations and assist supervisees with their work in a manner consistent with client needs and agency policy. Ethical supervisors do not relax their supervision requirements for a supervisee in terms of frequency and content of supervision because they assume the supervisee is clinically competent based on the supervisee's education or experience.

A number of authors have defined the major roles in which supervisors function. Alle-Corliss and Alle-Corliss (2006) compiled a list of typical supervisory roles based on their

experience that includes teacher, model, evaluator, mentor, counselor, and adviser. Bernard and Goodyear (2009) summarized the supervisory roles suggested by several authors whose work has been most influential. A supervisor's role is often identified as that of teacher, counselor, and consultant. Less frequently mentioned roles are evaluator and administrator. It should be noted that providing counseling is not a typical function of a supervisor. It is not appropriate for a supervisor to assume a primary role as a counselor. However, on occasion, the supervisor may address the supervisee's personal issues as they affect the supervisee's counseling work.

There are many commonalties among the various descriptions of the supervisor's role, and no one role is correct for all situations. Much depends on the supervisor, the supervisee, the setting, the client, and the professional and ethical standards that apply to the role of the supervisor in that setting (see Box 2.1). Of course, the supervisor's theory of supervision is also a factor in determining appropriate roles and responsibilities. To the roles described in the literature, we have added "empowerer." We believe this role describes the essence of the purpose and goal of supervision in the long run. This concept is implicit in much of the literature, but we believe it is important to make this role explicit. Here then is our list of supervisor roles in the helping professions:

Teacher/Coach	Administrator
Mentor	Evaluator
Consultant	Recorder and documenter
Counselor	Empowerer
Sounding board	Advocate
Adviser	

Now let's take a closer look at what each of these roles entails.

Teacher/Coach

The supervisor instructs supervisees on assessment, diagnosis, counseling approaches and skills, ethics, legal issues, and a host of other topics that arise in supervision. The teaching may include assigning readings, suggesting a literature search on a specific topic, offering suggestions for attending workshops, and discussing with the supervisee any number of related topics. Teaching can be done experientially and often entails demonstrating a technique. Stebnicki (2008) clarified the role of supervisor as teacher when he stated that one of his or her primary responsibilities is "to facilitate supervisory approaches that will maximize the supervisee's ability to become a skilled, competent, and ethical counseling professional" (p. 141). An important function of the supervisor as teacher is to provide information to supervisees regarding how supervision works and how they can maximize their supervision experience. For example, supervisors might provide written guidelines to their supervisees on how they can assume an active role in their field placements.

When supervisors act as a *coach* they function in many ways. Coaching consists of a combination of providing instruction, demonstration, modeling, guidelines, positive and negative feedback, and suggested strategies. The level of coaching needed is often commensurate with the level of knowledge and skill that the supervisee possesses. The higher the level of the supervisee's knowledge and skill, the lower the level of coaching that is necessary.

Mentor

The supervisor is the trusted guide for the supervisee. The mentor role includes providing direction and guidance for supervisees and assisting them with assessing their current abilities and desired goals as clinicians. Johnson (2007a) defined *mentoring* as "a personal

Box 2.1
ETHICS CODES AND STANDARDS REGARDING THE ROLES AND RESPONSIBILITIES OF THE SUPERVISOR

American Counseling Association (2005)

ACA Code of Ethics

A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*. (F.1.a.)

Association for Counselor Education and Supervision (1993)

Ethical Guidelines for Counseling Supervisors

The primary obligation of supervisors is to train counselors so that they respect the integrity and promote the welfare of their clients. (1.01.)

Inherent and integral to the role of supervisor are responsibilities for:

a. monitoring client welfare;
b. encouraging compliance with relevant legal, ethical, and professional standards for clinical practice;
c. monitoring clinical performance and professional development of supervisees; and
d. evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes. (2.)

Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning. (2.11.)

Supervisors should teach courses and/or supervise clinical work only in areas where they are fully competent and experienced. (3.02.)

relationship in which a more experienced faculty member or a clinical supervisor acts as a guide, role model, teacher, and sponsor of a less experienced student or supervisee. A mentor provides the protégé with knowledge, advice, counsel, challenge, and support in the protégé's pursuit of becoming a full member of a particular profession" (p. 20). Johnson summarized the characteristics of mentors by stating they are typically kind, healthy, and competent. Mentors move beyond the professional role in that they care about you as an individual and about your personal and professional development (Johnson, 2007). They often make themselves available at a deeper level of communication and use the history and experience they have in the field to help you succeed in ways that may never occur without their wisdom and generosity. Mentors share opportunities for personal and professional growth and at times even integrate the supervisee into a shared professional network, often resulting in an identity transformation in the supervisee (Johnson, 2007). Examples of mentoring may include actions such as introducing a supervisee to professional colleagues to enhance the supervisee's professional network; providing opportunities for professional development by asking a qualified supervisee to assist in giving a presentation; offering a

supervisee the opportunity to coauthor a paper; or something as simple as keeping track of the supervisee's own successes in the field and offering acknowledgment and congratulations along the way.

Consultant

The supervisor may consult with the supervisee to resolve a problem or to help the supervisee make a decision, such as choosing the best treatment approach for a client. The issues addressed can be clinical or administrative in nature. According to Dougherty (2009), there is increasing agreement on the definition of consultation. There is general agreement that the goal of all consultation is to solve problems in order to help people work more effectively. Dougherty defined *consultation* as "a process in which a human service professional assists a consultee with a work-related (or caretaking-related) problem with a client system, with the goal of helping both the consultee and the client system in some specified way" (p. 11). Consultants assist consultees with immediate problems and offer solutions for similar problems that may occur in the future. The consultation process is aimed at helping people work more effectively on the individual, group, organizational, or community level.

Counselor

There has been much discussion about whether it is appropriate for a supervisor to function in the role of counselor to the supervisee. G. Corey, Corey, and Callanan (2011) stated that there seems to be basic agreement in the literature that the proper focus of the supervision process is on the supervisee's *professional* development rather than on his or her *personal* concerns. They also stated, however, that there is a lack of consensus and clarity about the degree to which supervisors can work ethically with the supervisee's personal problems. Stebnicki (2008) stated that a primary responsibility of a clinical supervisor is "to facilitate supervisory approaches that will maximize the supervisee's ability to become a skilled, competent, and ethical counseling professional" (p. 141). Stebnicki believed that it is incumbent upon a clinical supervisor to address issues of supervisees' personal growth and self-care needs.

We need to keep in mind that supervision may have therapy-like qualities, but it is not therapy. Becoming the supervisee's therapist creates a conflict of interest, but there are times when the supervisor serves the supervisee well by functioning as a counselor as long as clear boundaries are defined for that relationship. The supervisor can help the supervisee deal with issues of personal strengths and weaknesses as they relate to the supervisee's practice as a clinician, explore countertransference issues, and cope with stress and burnout. In most cases, the supervisor's role as a counselor is occasional and brief, and any need for intensive psychotherapy on the part of the supervisee should be referred out to another therapist. Supervisors are ethically obligated to encourage supervisees to identify and work through personal issues that could inhibit their potential as helpers. Although supervision is a process distinct from psychotherapy, the supervisory process can be therapeutic and growth producing. Supervisees can gain significant insights into their personal dynamics through their supervision sessions.

Sounding Board

One of the most important services a supervisor can provide is that of being a sounding board for the supervisee. Supervision should provide a safe place where the supervisee can discuss ideas with the supervisor, get feedback, and seek an objective perspective. As occurs so often in therapy, talking aloud in supervision about clinical issues helps the supervisee to clarify his or her thinking process and make sound decisions. Supervision is

also an appropriate place for the supervisee to discuss fears, hopes, and frustrations with his or her work and training.

Adviser

Although the primary approach in supervision is to empower supervisees to learn how to make their own decisions, occasions do arise in which giving advice about a situation is in order. Issues surrounding suicide, dangerousness, duty to warn, court appearances, and treating minors may require direct intervention by the supervisor with the supervisee. In these instances, there may not be time to process the issue (although this should be done at some point for the learning of the supervisee), and immediate action may be necessary to provide for the safety of the client and others.

Administrator

Administrative functions are a necessary part of the supervisory relationship. In the administrative role, supervisors are responsible not only to and for their supervisees and their supervisees' clients but to their entire service delivery unit (Gottlieb, Robinson, & Younggren, 2007). Supervisors must attend to policies and procedures of the organization or setting, licensing body, or professional association. This could include dealing with legal and ethical matters, supervising client documentation, attending to billing matters, assisting the supervisee in learning ways to cope with bureaucracies, assuring adherence of the supervisee to licensing regulations, and reviewing with the supervisee the legal requirements involved in reporting potential violence or suspected abuse.

Evaluator

Evaluation of the supervisee is a primary responsibility in supervision. Supervisors are ethically required to provide the supervisee with regular and systematic feedback and evaluation (ACA, 2005; NASW, 2008). Frequently, supervisors are requested to provide information to licensing boards, professional associations, universities and graduate programs, and prospective employers regarding the performance and personal characteristics of the supervisee. When supervisees apply to security-oriented agencies such as correctional and law enforcement agencies, extensive background checks regarding professional activities as well as character references may be required.

In the role of evaluator, supervisors typically serve as gatekeepers for their profession. Behnke (2005) stated that as gatekeeper, the supervisor has significant input into whether a supervisee is allowed passage into a profession or job. He also indicated that many of the ethical and legal dilemmas that arise in supervision occur as a result of the gatekeeping function of supervisors. Thus, as Falendar and Shafranske (2007) noted, in addition to evaluating their supervisees' clinical competence, supervisors must be able to evaluate their own competence in providing supervision. Aside from guiding their supervisees' skill development, they must be able to accurately assess their ability to competently oversee the specific services to be provided to clients. Supervisors have responsibilities to supervisees' current clients and to their future clients as well. Supervisors have the responsibility to monitor and evaluate each supervisee's conduct, competence, and ongoing personal and professional development (Barnett & Johnson, 2010).

In academic programs, faculty members need to be apprised of the progress of their trainees. Although personal information that supervisees share in supervision should generally remain confidential, limitations are involved. Thus, supervisees have a right to be informed about what will and will not be shared with other faculty members. One of the best ways for supervisors to model professional behavior for supervisees is to deal

appropriately with confidentiality issues pertaining to supervisees. For more detailed information about evaluation in supervision, see Chapter 10.

Recorder and Documenter

Another role of the supervisor is that of recorder of supervisory sessions. This is essential for the protection of the supervisee and the supervisor. It is good practice for a supervisor to keep track of what the supervisee is bringing to supervision. In *Clinical Social Work*, Coleman (2003) noted that "documentation is important in supervision and verifies that the service actually occurred. It is not unusual for licensure boards, insurance carriers, and professional entities, among others, to request verification of supervision" (p. 3). In addition to having supervisees sign a written contract at the outset of supervision, it is helpful for supervisors and their supervisees to document the following:

> dates and duration of each face-to-face supervision session; an outline of each session, including questions and concerns, progress towards learning goals, recommendations, and resources; a follow-up plan with rationale; cancellations of sessions; [and] dates of all telephone and electronic contacts and the nature of each contact. (p. 3)

Professional practice entails maintaining records of every session, including any major issues that arise in the discussion. The confidentiality of those records should be maintained as well.

Empowerer

The best way to sum up the many roles of the supervisor is as empowerer of the supervisee. To *empower* means "to enable, give another the ability and authority to do something" (*Merriam Webster Online Dictionary*, 2009). In our view, empowerment is a process, not a one-time event. One role of the supervisor is to help the supervisee solve immediate clinical issues, but ultimately, the supervisor's function is to teach supervisees how to handle challenges and to know when to seek help through consultation.

Supervisors serve in many roles, often simultaneously. The role chosen should be a good fit with the purpose of the supervisory context. The key is to be aware of the role you are functioning in and why. It is similar to developing your own model of psychotherapy. As long as you practice within accepted professional and ethical standards, there is some latitude for you to use what you think works for you and the supervisee and, at the same time, serves the best interests of the client. Self-monitoring is essential as you develop your approach to supervision and throughout your life as a supervisor (Falendar & Shafranske, 2007).

Advocate

Increasingly, social justice and advocacy are being viewed as areas of major concern for all counselors (Roysircar, 2009; Steele, 2008). Ideally, all counselors will make a commitment to promoting change on both individual and community levels; however, they do not all have the same areas of interest and expertise. Because marginalized clients are often oppressed to some degree by the dominant society, counselors can do a great deal to further the welfare of their clients by both speaking on their behalf and teaching them skills to become advocates for themselves. One role of a supervisor is to address with supervisees how they can begin thinking in terms of speaking out for their clients. We discuss advocacy in some detail in Chapter 6.

Now that you have an understanding of the roles supervisors play, read Case Study 2.3 and see if you agree with Victor's advice to Jennifer.

CASE STUDY 2.3: JENNIFER

Jennifer is a newly licensed marriage and family counselor who works at a community mental health center with children who have severe behavioral problems. In her role, she has been assigned two counseling students to supervise. Having completed one theory-based course on clinical supervision in graduate school, Jennifer is nervous about her new role and finally putting her knowledge into practice. Her senior colleague, Victor, who has supervised hundreds of counseling students and will supervise her supervision, encourages Jennifer to relax and just let the supervision happen. He says that all she really needs to do is practice good listening skills and let the supervisee do the rest. According to Victor, if you are a good therapist, you will be a good supervisor.

What is problematic about Victor's approach? Although Victor's intention may be to help Jennifer feel at ease and trust her clinical intuitions, his advice does not take into account that Jennifer may need more specific suggestions at this early point in her development as a supervisor. Moreover, Victor's perception of the role of the supervisor and the purpose of supervision may have been acceptable in years past, but it is not today. Supervision is similar to therapy in that many of the same relationship and problem-solving skills are used, but the main goal of supervision is to protect clients while teaching, monitoring, and evaluating the supervisee. Jennifer can probably rely on Victor as a consultant but not as someone who can help her define her role as a supervisor. Our advice to Jennifer is to first consider speaking directly with Victor about her concerns. Next she might examine the agency and relevant professional standards in determining the roles and responsibilities of the supervisor. She might also consider seeking a different supervisor with whom she can be clear about her supervision needs.

We asked a group of supervisors ranging in discipline, setting, and years of experience to comment on how they view their roles in supervision. You will see that each has a different perspective on his or her role as a supervisor. Their comments are provided in *Voices From the Field*. The struggles that Elie Axelroth and Randy Alle-Corliss describe are common ones for supervisors.

VOICES FROM THE FIELD

Elie Axelroth, PsyD

An effective supervisor is a brave soul, plunging into the role of mentor, educator, adviser, confidant, mirror, and at times, a container to hold the frustrations of clinical work. Many of us came to supervision ill prepared for what awaited us, and there is nothing like living the supervisor–intern relationship to discover what it really entails. An effective supervisor enjoys the process of mentoring a new professional, accepting the intern complete with blemishes, frailties, and vulnerabilities.

Randy Alle-Corliss, MSW, LCSW

The major struggle I encountered in becoming a supervisor was understanding my role and dealing with the resultant anxieties that occurred when I was thrust into a role for which I had little formal training or education. Whenever I have been asked to assume supervisory responsibilities, the role has come with many expectations but little formal training regarding the ins and outs of being in that role. I view my primary role as a supervisor as creating a relationship

with my supervisees that will enhance the learning of knowledge and skills. I place emphasis on creating a warm, supportive, open relationship with my supervisees, rather than just trying to impart knowledge or having them perform activities without a chance to openly discuss their feelings, thoughts, and actions.

The Scope of Responsibility in Supervision

The scope of responsibility in supervision has been described by various authors and was discussed earlier with goals of supervision in Chapter 1. Bernard and Goodyear (2009) suggested that three main purposes of supervision are fostering the supervisee's professional development, ensuring client welfare, and empowering the supervisee to self-supervise. As mentioned in Chapter 1, supervisory responsibilities can also be described as either *administrative* or *clinical*. According to Campbell (2006), "administrative supervisors and clinical supervisors function under two separate models with different purposes, different missions, and different rule books" (p. 4). Utilizing a business management model, administrative supervisors focus on maintaining a well-functioning organization and are concerned with productivity, workload management, and accountability. Clinical supervisors have a teaching, training, mentoring, and monitoring position, which involves helping trainees to develop and maintain competence. A study by Tromski-Klingshirn and Davis (2007) found that supervisees who received both administrative and clinical supervision from the same supervisor reported overall satisfaction with their supervisors and did not view this dual role as problematic. It seems that these functions do not conflict and can be carried out ethically and competently by the same supervisor. The ultimate scope of supervision is to do that which is necessary to assure that the supervisee's current and future clients receive the best services available.

The scope of legal and ethical responsibility in supervision is far-reaching. Generally speaking, the supervisor is legally and ethically responsible for all of the professional activities of the supervisee as well as his or her own actions as a supervisor (ASPPB, 1998). Practically, this means that supervisors must have some knowledge of all the clinical activities and cases of the supervisee and be available to provide supervision as needed (ACA, 2005). Legal responsibilities are discussed further in Chapter 8. Throughout this book, we describe how a supervisor can provide effective supervision that meets these requirements and yet be carried out in a practical and reasonable fashion within one's normal workload.

Responsibilities of the Supervisor

The responsibilities of the supervisor are numerous and varied. The major responsibilities are summarized in this section, and most will be discussed in greater detail in subsequent chapters.

1. Recognize that the supervisor is ultimately responsible, both legally and ethically, for the actions of the supervisee.

The clinical practice supervisor shares responsibility for the services provided to the client (ACA, 2005; Alle-Corliss & Alle-Corliss, 2006; ASPPB, 1998; Herlihy & Corey, 2006b; NASW, 1994). Liability of supervisors has been determined by the courts and includes direct liability related to negligent or inadequate supervision and vicarious liability related to negligent conduct by the supervisee (Falvey, 2002).

From both a legal and ethical standpoint, trainees are not expected to assume final responsibility for clients; rather, their supervisors are legally expected to carry the decision-making responsibility and liability. Bernard and Goodyear (2009) indicated

that supervisors bear both direct and vicarious liability. *Direct liability* can be incurred when the actions of supervisors are the cause for harm. For example, this might include supervisors giving tasks to trainees that exceed their competence. *Vicarious liability* pertains to the responsibilities that supervisors have because of the actions of their supervisees. In such cases, supervisors become liable for the actions of their supervisees through their professional relationship with supervisees. This topic is discussed in greater detail in Chapter 8 dealing with legal issues. The supervisee is legally regarded as an extension of the supervisor, as you can see in Case Study 2.4. After you have read Karen's case, reflect on whether she should have been held responsible for something beyond her control of which she was unaware.

CASE STUDY 2.4: KAREN

Karen, a licensed counselor, was supervising an unlicensed counseling assistant who, unbeknownst to Karen, began providing counseling services to clients for a fee at another office in town. These counseling services were not supervised by any licensed professional. A complaint was filed with the licensing board against the counseling assistant for practicing (out of the second office) without a license and without proper supervision.

With the assistance of legal counsel, Karen submitted in writing to the board a complete description of her understanding of these events and how they had occurred. Because the board has jurisdiction only over licensed counselors, it was Karen rather than the counseling assistant who was disciplined. The board ruled that Karen, as the supervisor, was responsible for all the professional activities of the counseling assistant, and she was disciplined for the unauthorized practice of the supervisee. She was placed on probation as a licensed counselor for one year, restricted from supervising counseling assistants during the probationary period, and required to attend a course on supervision. Following the successful completion of these requirements, Karen will have her license fully restored by the board.

2. Have knowledge of every case or client with whom the supervisee is working.

Supervision is a broad and comprehensive responsibility that encompasses everything supervisees do in their professional capacity. It is the supervisor's responsibility to "monitor and control" the actions of their supervisees. When problems occur, licensing boards will look to the supervisor to see what guidance and direction have been provided to the supervisee.

To fulfill their ethical and legal responsibilities, supervisors must check on their supervisees' progress and be familiar with each case of every supervisee. This requirement may not be practical in the sense that supervisors cannot be cognizant of all details of every case, but they should at least know the direction in which the cases are being taken. Falvey (2002) suggested that supervisors meet at least briefly with every client with whom the supervisee is working. Many supervisors consider this to be unrealistic because of time and caseload constraints, but legal liability does attach responsibility to the supervisor. An alternative might be the use of audio or video recording of the supervisee with every client so the supervisor has some direct experience with those clients. As daunting as this may seem to those who plan to supervise, it should be reassuring to know that risk management strategies do exist to minimize liability in such situations. For example, one way to minimize risk is to create a clear supervision contract that explains the supervisee's responsibility to discuss any high-risk clients about whom there are concerns. An extensive list of risk management strategies is presented in Chapter 8.

3. Provide feedback and evaluation to supervisee regarding performance.

Supervisors are expected to provide feedback and evaluation to supervisees on a regular basis (ACA, 2005; Alle-Corliss & Alle-Corliss, 2006; APA, 2002; ASPPB, 1998; Falvey, 2002; NASW, 1994; NBCC, 1999). Supervisors are expected to tell supervisees how they are doing, how they see their strengths and weaknesses as they relate to their clinical work, how they are proceeding in terms of their goals for supervision, and the expectations for remediating any deficits. This evaluative function enhances supervisee self-awareness and skill development (Alle-Corliss & Alle-Corliss, 2006). Feedback from supervisors ranges from verbal and informal to very structured and standardized. In our experience, the use of standardized forms and time frames for systematic feedback helps to objectify the process and provides a framework for constructive feedback to the supervisee. Using informal verbal feedback, without scheduled evaluations, can result in feedback being more subjective and being provided only when a problem occurs. A detailed discussion of evaluation is presented in Chapter 10.

4. Monitor the actions and decisions of the supervisee.

Monitoring the actions and decisions of supervisees is an integral part of the notion that the supervisor is ultimately responsible for the actions of their trainees. Loganbill, Hardy, and Delworth (1982) as well as the *ACA Code of Ethics* (ACA, 2005) indicated that monitoring client care is the paramount responsibility of the clinical supervisor. It is essential to monitor and evaluate the diagnosis and treatment decisions of the supervisee (Riemersma, 2001). Monitoring is done in supervision sessions by being vigilant of what the supervisee is reporting, how he or she is making decisions, and the self-awareness the supervisee demonstrates regarding the limits of his or her clinical competence. One of the best ways to monitor the actions and decisions of the supervisee is to observe clinical sessions or request that the supervisee bring audio recordings or video recordings of clinical sessions to supervision. This firsthand look at the actions and decisions of the supervisee is often more reliable than the supervisee's self-report. The second part of monitoring involves intervening as necessary to help the supervisee modify his or her actions and decision-making process. Interventions depend on the nature of the situation and the degree to which clients may be put at risk by the actions of the supervisee.

5. Document the supervisory sessions.

The process of record keeping has gained in importance for helping professionals of all disciplines in an increasingly litigious era (Bernard & Goodyear, 2009). Documenting supervisory sessions serves multiple purposes, all of which are important. Careful documentation allows for tracking of clients and issues of our supervisees; supports documentation requirements for licensing boards, professional associations, and prospective employers; and serves as a risk management strategy. From an ethical, legal, and clinical perspective, an important responsibility of supervisors is to keep adequate records. From a *clinical* perspective, record keeping provides a history that a supervisor can use in reviewing the course of the supervisory relationship; it also provides reminders of topics to follow up in subsequent supervision sessions. From an *ethical* perspective, records can assist supervisors in providing their supervisees with assistance in delivering quality care to their clients. From a *legal* perspective, state or federal law may require keeping a record, and accurate and detailed documentation of the supervision process can provide an excellent defense against possible malpractice claims. From a *risk management* perspective, record keeping may be the standard of care for both counselors and supervisors (Behnke, 2005; Wheeler & Bertram, 2008).

In considering the level of detail in documenting case notes in counseling, Griffin (2007) stated that writing progress notes can be a simple and straightforward process that takes little time. He added that the complexity, length, and content will vary according to what happens in a particular session. Some events that occur in a given session may be especially noteworthy, yet most sessions can be adequately documented in a brief way. We think this general advice also fits well with documentation pertaining to the supervisory process. Campbell (2006) suggested the minimum that should be kept in the supervision file includes the goals and objectives for supervision, the supervision contract or informed consent to supervision, supervisee evaluations, and a log of the supervision sessions complete with date, time, length, and topics covered. The supervision file might also include supervisee work samples as well as the supervisor's detailed notes regarding critical incidents that arise over the course of supervision. Wheeler and Bertram (2008) also recommended documenting specific instructions or directives provided to supervisees.

6. Supervise only within the scope of your expertise and refer out for additional supervision/consultation as necessary.

Supervisors are expected to have in-depth knowledge of the specialty area in which they provide supervision (ACES, 1993; Campbell, 2006). When issues, topics, and diagnoses arise that are outside the supervisor's areas of expertise, the supervisor will have to decide how to provide adequate supervision. This can be done in any number of ways: reading on the topic, seeking consultation from another supervisor competent in the area, referring the supervisee to another supervisor for adjunctive supervision, or addressing the issue as a collaborative effort between supervisor and supervisee.

It is easier to determine one's area of competence in situations where the issue is clear-cut. For example, if an issue arises regarding the possibility of neurological dysfunction with a client and the supervisor has had no training or experience in that area, it would seem prudent to seek consultation from a supervisor with such expertise. The consultant might meet with the supervisor and the supervisee, thus offering an opportunity for both to expand their knowledge of the topic. It becomes more complex in cases where the supervisor has some knowledge of the topic but perhaps little experience. How much knowledge and experience is enough to render the supervisor qualified to supervise on the topic? It is a judgment call on the part of the supervisor, and the decision is usually based on the "standard of care" or what other similarly trained clinicians would consider to be the necessary knowledge and experience (Falvey, 2002). When unsure, supervisors should consult with colleagues regarding their ability to supervise certain aspects of practice.

7. Provide supervisees with due process information.

Due process is a legal term often described as "notice," and a "hearing" must be provided before a right can be removed (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). In supervision, due process includes providing supervisees with clear expectations for performance, outlining the procedure for handling adverse actions and disciplinary action, and explaining supervisees' rights to appeal such actions when performance expectations are not met. The procedures vary tremendously between academic and nonacademic settings and between public and private settings, but all supervisees, regardless of setting, have the right to be given this information. Timely feedback should be provided to supervisees so that they have ample opportunity to correct their mistakes or demonstrate improvement. Information about due process can be provided in a written contract, which both supervisee and supervisor review and sign to show that a clear understanding of this process has been established. This is best done at

the beginning of the supervisory relationship and long before any problematic situation arises and should be reviewed periodically.

8. Have a written contract between the supervisor and supervisee regarding the scope and expectations in supervision.

The use of a simple, clear, comprehensive contract can clarify the many facets of the supervisory relationship and provide a framework for problem resolution. Appendix 2B provides one example of a supervision contract that addresses both rights of and expectations for supervisees. A written contract is the blueprint that provides the framework for a successful supervisory experience for both supervisor and supervisee. As such, it protects the supervisor, the supervisee, the agency, and, most important, the client. In addition to informed consent in the supervisory process, Barnett and Johnson (2010) maintained that it is the responsibility of supervisors to ensure that supervisees carry out an informed consent process with their clients prior to beginning a counseling relationship. This informed consent must address the purpose of supervision and the communication of sensitive information during supervision sessions, especially if the supervisee is involved in group supervision.

Thomas (2007) contended that it is considered the standard of practice to give clear informed consent material to supervisees, both orally and in writing. The goal of informed consent is to enhance the quality of the supervision experience. It is beneficial to discuss the rights of supervisees from the beginning of the supervisory relationship, in much the same way as the rights of clients are addressed early in the therapy process. If this is done, the supervisee is empowered to express expectations, make decisions, and become an active participant in the supervisory process. Thomas stated that when supervisees learn what they can expect in all aspects of their supervision and what they need to do to achieve success, there are many benefits for both supervisee and supervisor. Misunderstandings are minimized and both parties are more likely to experience satisfaction in their respective roles. Thomas suggested topics such as the following be included in a supervision contract: supervisor's background, methods to be used in supervision, the responsibilities and requirements of supervisors, supervisee's responsibilities, policies pertaining to confidentiality and privacy, documentation of supervision, risks and benefits, evaluation of job performance, complaint procedures and due process, professional development goals, and duration and termination of the supervision contract. More detailed information regarding contracts, including another sample contract, can be found in Chapter 8.

9. Monitor the personal development of the supervisee as it affects the practice of counseling.

According to Stebnicki (2008), it is incumbent upon a clinical supervisor to address issues of supervisees' personal growth and self-care needs. Too often, developing self-care practices is seen as the responsibility of the supervisee rather than as the duty of the counselor educator and supervisor. Stebnicki claimed that "it is essential that a good portion of the supervisory sessions also focus on the personal stress experienced by the supervisee during client-counselor interactions" (p. 137). Examining the thoughts and feelings of supervisees during a supervision session is appropriate because supervision addresses personal issues that affect supervisees' work with clients. Supervisees need to be prepared to expect that supervision may at times be emotionally challenging (Brislin & Herbert, 2009).

It is important for the supervisor to keep a watchful eye on issues that affect the supervisee's counseling practice and to recommend action as needed. Policies and procedures for intervening with impaired professionals should be established as well. These topics are addressed in detail in Chapter 7.

10. Model effective problem-solving skills for supervisees and help supervisees develop problem-solving capabilities.

Modeling and assisting supervisees in developing their own problem-solving capabilities are primary roles and responsibilities of the supervisor. Campbell (2006) noted that challenging supervisees to problem solve is a major task during the intermediate stage of supervision. The primary responsibility of supervisors "is to model what they aspire to teach" (Bernard & Goodyear, 2009, p. 76). The goal in supervision is to assist supervisees in developing their own system of problem solving, both for themselves and to assist clients in their problem solving.

11. Promote the supervisee's ethical knowledge and behavior.

Another major responsibility for the supervisor is to assist the supervisee in becoming a competent and ethical professional and to provide services in compliance with ethical standards of practice (Riemersma, 2001). This is supported explicitly or implicitly by the major professional standards and codes of practice (see APA, 2002). The main purposes of ethical standards for clinical supervision are to provide behavioral guidelines to supervisors, to protect supervisees from undue harm or neglect, and to ensure quality client care (Bernard & Goodyear, 2009). The supervisor assists the supervisee in understanding specific ethical standards and codes and how they apply to the supervisee's work with clients. Assisting the supervisee's development of ethical knowledge and behavior requires teaching, consulting, and providing feedback about the ethical responsibilities in counseling. Modeling appropriate ethical behavior is another powerful tool that supervisors use to promote their supervisees' professional development (Campbell, 2006).

12. Promote the knowledge and skills required to understand and work effectively with clients' individual and cultural differences.

As we mentioned, the supervisor is both a model and a teacher for the supervisee in understanding and working with clients' individual and cultural similarities and differences. These topics can be included in the discussion of every case to help the supervisee bring into focus how these similarities and differences play a role in the counseling process and how the supervisee can best work with them. One of the major messages supervisors can communicate to supervisees is the need to learn from clients what cultures they most closely identify with and how this might affect the counseling relationship. The ACA's (2005) *ACA Code of Ethics* states that "Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship" (F.2.b.). See Chapter 6 for a more detailed discussion of multicultural issues in supervision.

13. Educate supervisees about critical ethical issues involved when working within a managed care system.

Many supervisees will work in a managed care setting, and they should understand the ethical issues unique to this work environment. Based on a review of the literature, ethical dilemmas most commonly surface in a managed care system in these four areas: informed consent, confidentiality, abandonment, and utilization review (Acuff et al., 1999; Cooper & Gottlieb, 2000; Davis & Meier, 2001; Younggren, 2000).

Informed Consent

Supervisees need to know that informed consent is an ongoing process. If they expect to work within a managed care setting, they need to provide full, complete, and accurate information to their clients. Supervisees should not assume that clients will have complete

information regarding how the managed care system affects their treatment. Clients have a right to know that there may be other forms of treatment that are being denied to them solely for cost-containment reasons. They have a right to know whether the therapist is versed in brief therapy, that an outside person is likely to judge what kind of treatment will be given and how many sessions will be allowed, the specific limitations of the plan they are participating in, and who decides the time of termination of therapy. The informed consent procedure must be very clear (Cooper & Gottlieb, 2000).

Confidentiality

Although confidentiality is considered an ethical and legal duty imposed on therapists to protect client disclosures, confidentiality is seriously compromised in a managed care context (Davis & Meier, 2001). Acuff and her colleagues (1999) asserted that without the assurance of confidentiality many people will not seek treatment, and clients in therapy are likely to withhold information necessary for effective therapy. Because of the restrictions on confidentiality, counselors have an obligation to inform clients from the outset of the professional relationship about the relevant limits of confidentiality under their managed care policy (Acuff et al., 1999; Cooper & Gottlieb, 2000).

Abandonment

Although the codes of ethics of the various professional organizations state that mental health practitioners do not abandon clients, clients in a managed care system are likely to feel abandoned if their treatment ends abruptly, which might well happen. Under managed care programs, termination is not often a collaborative process between the counselor and the client; rather, termination is generally a matter decided by the managed care provider. For that reason, the clinician should determine the limits of each client's insurance coverage and make realistic treatment plans with that in mind.

Utilization Review

Managed care programs monitor all treatment. Utilization review refers to the use of predefined criteria to evaluate treatment necessity, appropriateness of therapeutic intervention, and therapy effectiveness. Although the needs of the client should be given primary consideration, managed care focuses on ways to contain costs.

Competence

Many managed care companies require the use of brief treatments or group treatment. The clinician must be able to assure competence in providing such services if so required by managed care. Other supervisor responsibilities identified by Riemersma (2001) include ensuring that the supervisee works within his or her scope of practice and competence, that the supervisee provides services in compliance with the law, that the work setting the supervisee is in is appropriate, and that the supervisee understands the plan in place to address emergencies.

14. Educate supervisee in recognizing the importance of self-care and assist supervisee in developing self-care strategies.

Supervisors have a responsibility to themselves to recognize the signs of stress and to take good care of themselves. If supervisors are not practicing self-care habits, they are most likely not going to be able to carry out most of the responsibilities discussed above. If supervisors are coping with stress effectively, both personally and professionally, they can influence their supervisees in a positive way. The work of counselors can lead to significantly increased levels of stress, which is often manifested in physical, mental, emotional, occupational, and spiritual fatigue (Stebnicki, 2008). Clearly, the stress clients experience and talk about in their therapy can have a major impact on counselors' experience of stress,

especially if they are not practicing self-care. Supervisees are vulnerable to the effects of stress, which if not adequately addressed can result in impaired professional competence. If trainees do not engage in self-care practices, they are at great risk of not being able to carry out their professional duties (Barnett, 2008). Unmanaged stress is a major cause of burnout and eventual impairment. Supervisees should have opportunities to discuss ways that stress is influencing their work with clients, and they should have a place where they can explore ways to maintain their vitality. For more on the topic of how stress influences the work of counselors, see Stebnicki (2008); for a recommended resource for self-care, see Norcross and Guy (2007).

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

When I teach the introductory counseling course for master's-level students, I require each of them to design a self-care project that they will implement over the course of the semester. I explain to them that to remain energetic and effective as practitioners and to prevent burnout, self-care is a necessity. It is something that needs to be incorporated into their daily lives, and there is no time like the present to get started on it. So I ask them to come up with a self-care goal and a plan for achieving it. They will be assisting their clients in formulating personal goals and monitoring the attainment of their goals, and this project gives trainees an experience with goal setting.

I get a range of reactions to this assignment. Invariably, a few students find it to be extremely difficult. The project is intended to enhance their lives and reduce their stress, but the concept of self-care seems so foreign to them that initially it raises their stress level. In other cases, students approach the project with gusto. I recall one student who said that he had always wanted to climb a mountain, and that he wanted to do that for his project. I helped him to modify his goal so that it was attainable within the time frame of the course. He ended up working on physical training so that he could build up his endurance. Others have chosen to learn practical skills such as cooking, becoming more organized at home, or learning to manage their finances, and some have experimented with new hobbies that they have always wanted to try out such as knitting or hip-hop dancing. I have the students keep a journal to document their progress toward their goal and write about their setbacks and struggles as well as their successes. At the end of the course, as the students share their projects with the class, many of them report that it was their most fulfilling and meaningful assignment. I remind them that they can continue their projects even after the class ends and come up with new ones.

You can see that the roles of the supervisor are numerous and varied. In summary, those roles range from providing support to evaluating the supervisee, from teaching to monitoring, from empowering to advocating. The supervisor must be knowledgeable about the various roles, about which roles apply in which situations, and how any given role will best serve the supervisee, the setting, the client, and the supervisor. A great deal of knowledge, flexibility, and judgment are necessary to carry out the roles and responsibilities of the supervisor.

Teaching Supervisees How to Use Supervision Effectively

A critical role of supervisors is to teach supervisees how to involve themselves in the supervisory process so that they can gain the maximum benefit from supervision. Many supervisees are likely to approach supervision as a mysterious process that entails an experienced professional giving them answers in making sense of their work with clients. Unfortunately, some supervisors will only briefly mention how supervision works, what trainees can expect from them, and what roles they will play. If this is the case,

more responsibility is placed on supervisees to take an active role by asking questions and expressing what they need from their supervisor. Beginning trainees may not have established a strong enough foundation to know what their needs are and what questions to ask.

As a supervisor, the first session with your supervisees might focus on providing an orientation to the process of supervision as well as informed consent, which begins at the outset and will continue until the termination of the supervisory relationship. This process should include a discussion of topics such as your role as a supervisor, expectations for both supervisor and supervisee, the process of evaluation and feedback, and ethical and legal standards. You can encourage supervisees to assume an active stance in supervision by asking what they hope to accomplish in supervision.

Supervisees will want to know how supervision works, including the respective responsibilities of both the supervisee and the supervisor. Here are some questions supervisors can discuss with supervisees. Will supervision address both personal and professional concerns, or will the supervisor direct the sessions? How much opportunity will there be to discuss the supervisory relationship itself? What does the supervisee need to do to successfully complete his or her work as a supervisee? How and when will evaluation occur? What supervision models and methods will be used? Supervisors can encourage supervisees to pose these questions at the beginning of and throughout the supervisory relationship. In *Voices From the Field*, Crissa Markow describes how the supervisory process at her workplace reflects the unique service delivery system that is in place. She addresses how job candidates are informed about the supervisor's role and responsibilities so that they know what to expect if they are offered and accept the position.

VOICES FROM THE FIELD

Crissa Markow, MSW, LSW

I work as a family consultant for an organization that provides consultation to the parents of profoundly gifted children. Our clients are dispersed across the country, and most consultation takes place via email and phone. We offer support services to the families by sending resources, brainstorming ideas, sharing our knowledge of what has worked well for other profoundly gifted students, and offering educational advocacy; we do not provide therapeutic services. Although we are not providing direct clinical services, our supervision of services is nonetheless direct and involved. I have a supervisor on site who provides supervision as needed rather than having regularly scheduled sessions. I meet with her daily as issues arise that require supervision and discussion. This ongoing dialogue allows the supervisor to see how the consultant may respond to the situation and to offer feedback and ideas that the supervisee can then utilize for that specific case. My supervisor is copied on emails to families so she is aware of every written correspondence that comes from my desk and is informed of all the services and contacts I make. This environment lends itself to a close working relationship between supervisees and supervisors. In addition, because the supervisor is kept apprised of email correspondence between clients and consultants, the supervisor can better understand the supervisee's communication styles, strengths, and challenges. Any praise, concerns, or ideas for improvement can be shared with the supervisee on a regular, ongoing basis, and the information is applied to very specific circumstances.

This setting is conducive to ongoing, daily interaction between supervisor and supervisee, but it could be viewed as intrusive. Great care is taken to avoid this. From the very first employment interview, we explain our system of

> communicating with families and that each consultant works very closely with the supervisor. Careful questions are asked of prospective employees in hopes of determining whether they will be comfortable with this type of close working environment. Our team has been rather successful in describing the work environment with enough clarity that new consultants are not caught off guard by the direct and close connection with supervisors and colleagues.

As a supervisee you can take responsibility for deriving maximum benefits from supervision by preparing yourself for this experience. Here are some suggestions that can help you get the most from your supervision:

- Know the general purpose of supervision.
- Recognize that different supervisors will attempt to achieve the purpose of supervision in a variety of ways.
- Accept that a certain level of anxiety is to be expected in the supervision process.
- Clarify any aspects of your contract with your supervisor regarding the content of the supervision sessions.
- Ask how and when evaluation will occur.
- Strive to be as honest and open as possible during your supervision sessions, and ask your supervisor for what you need.
- Spend time preparing before meeting with your supervisor. One way to prepare is to write summaries of your cases and identify questions in advance that you would like to explore with your supervisor.
- Engage in the supervision process in a way that is meaningful to you. Be willing to ask difficult questions of your supervisor and also of yourself.
- Do your best to work within the framework of your supervisor's style.

Perhaps one of the best ways to assist supervisees in learning how to use supervision effectively is for supervisors to take the initiative by giving their supervisees a written statement that clarifies their rights and responsibilities as supervisees in the supervisory process. Appendix 2A, "Supervisee's Bill of Rights" (at the end of this chapter), clarifies the nature of the supervisory relationship from initial session through evaluation and addresses ethical issues in the supervisory relationship. This document also addresses a range of expectations, including the supervisory relationship, supervisory process, supervisory sessions, and the evaluation process. Once the Supervisee's Bill of Rights is given to supervisees and discussed, a supervision contract, based on the Supervisee's Bill of Rights, can be introduced (see Appendix 2B).

It is a good practice to explain to supervisees that they will be asked to evaluate their supervision experience near the end of their work assignment. Providing this opportunity for supervisees to look over specific dimensions of their experience that they will be asked to evaluate at a later point can help supervisees to focus their attention on what they can expect from supervision. Contracts and evaluation are discussed in detail in later chapters, but we wanted to present the Supervisee's Bill of Rights and Contract early in the book to provide you with an overall picture of the responsibilities of both supervisees and supervisors.

Assisting Student Supervisees in Taking an Active Role in Fieldwork Experiences

In addition to assisting supervisees to get the most from their supervision, we encourage those of you who supervise students in fieldwork and internship settings to discuss with your supervisees practical strategies that will increase their chances of deriving the maximum benefit from their fieldwork and internship experiences and the supervision

that is a part of these applied experiences. We offer some practical tips you can suggest to your supervisees. Many of these tips have been adapted from material in M. S. Corey and Corey's (2011, chap. 10) *Becoming a Helper*.

- *Seek a variety of placements with a diverse range of client populations*. If you think you want a career working with older persons, for example, consider an internship with troubled adolescents. By working with diverse populations, you can experiment with your interests and develop new ones. If you focus strictly on the population or problem area you want as a specialization, you are likely to close off many rich avenues of learning and may limit your possibilities of finding a job. Stretch your boundaries and discover where your talents lie.
- *Realize that you can be of assistance to clients who are different from you*. Some supervisees believe that to help a person they must have had the same life experience. A young male counselor may doubt his capacity to effectively counsel an elderly woman who has lost her husband and is struggling to find meaning in her life. A trainee may doubt that she can work with a client of a different race. Or a trainee who has not experienced trauma may wonder about her ability to empathize with clients who have had intense pain in their lives. There is value in drawing on your own life experiences when working with clients who differ from you. Your experiences can help you to identify with the feelings and concerns of your clients, even if your circumstances differed dramatically from theirs. It is more important to be able to understand the client's world than to have had a similar problem.
- *Take courses and workshops that will prepare you for the type of work you will do*. In your program you will probably be able to take elective courses in a variety of specialty areas. In addition, workshops can be a useful resource for staying on the cutting edge of new developments with special populations.
- *Fit into the agency rather than trying to get the agency to fit you.* Be open to learning from the staff and the clients who come to the agency. You can learn a good deal about an agency by being attentive and by talking with coworkers. Ask about agency policies, about the way programs are administered, and about management of the staff. At some point, you may be involved in the administrative aspects of a program.
- *Recognize the limits of your training, and practice only within those boundaries.* Put yourself in situations where you will be able to obtain supervised experience. Regardless of your educational level, there is always more to learn. It is essential to find a balance between being overly confident and being plagued by self-doubt.
- *Be flexible in applying techniques and interventions to diverse client populations.* Avoid falling into the trap of fitting your clients into one particular theory. Use theory as a means of helping you understand the behavior of your clients. Discuss your ideas in supervision sessions and clarify your goals and rationale for interventions.
- *Learn how to use community resources and community support systems.* Draw on support systems by making connections within the community. You can do this by talking to other professionals in the field, by asking fellow students about their connections in the community, and by developing a network of contacts. This kind of networking can lead to a range of job opportunities.
- *Keep a journal and record your observations and personal reactions to your work.* Your journal is an excellent way to stay focused on yourself as well as to keep track of what you are doing with clients. Rather than focusing on writing about the problems of your clients, strive to write about how you are being personally affected by the relationships with different clients and what lessons you are learning.
- *Look for ways to apply your academic learning to your fieldwork*. Academic content comes to life when you are able to put it into action. Find ways to work cooperatively with

others at your placement site and to combine your talents, interests, and ideas with theirs.

- *Be prepared to adjust your expectations.* Do not expect the agency staff to give you responsibility for providing services to clients before they have a chance to know you. You will probably start your fieldwork in an observing role. Later you may sit in on a counseling group and function as a coleader. Over time, you will be given greater responsibility.
- *Treat your field placement like a job.* Approach fieldwork in much the same way as you would if you were employed by the agency. Demonstrate responsibility, be on time for your appointments and meetings, follow through with your commitments, and strive to do your best. Although you may be in an unpaid placement, never be irresponsible on the job. Think and act in a self-directed way. Look for opportunities, propose your ideas, and offer your assistance. Unpaid internships often turn into paid positions. At the very least, you will be looking to your site supervisors for letters of recommendation for employment, so leave a good impression.
- *Do not allow your idealism to be eroded by others' negative attitudes.* If you find yourself in an environment in which your supervisor, peers, and colleagues have negative attitudes, recognize that you do not have to "go along to get along." Although you may experience feelings of discouragement at times, find a safe place where you can talk about your disillusionment and look for what you can do rather than focusing on what you cannot do. A practicum seminar may offer the ideal setting to discuss your concerns.
- *Recognize that learning is never finished.* Although you need to develop a certain level of competence before launching your career as a counselor, be aware that learning never ends. Be open to acquiring new information and developing new skills. As part of your fieldwork or internship placement, you will usually receive on-the-job training and supervision. Learn from coworkers and supervisors and apply that learning in working with clients.
- *Be aware of the emotional and physical toll your work may have on you.* Unfinished business may surface as you get involved with clients. If you want to work with people who have a range of human problems, be ready to deal with personal issues that might surface for you. Recognize that you may be anxious about performing well. As a student or intern, you are in the placement to learn and are not expected to know everything. Do not be afraid to say "I don't know." Talk with your supervisor for guidance, and if your anxiety level becomes immobilizing, seek counseling.
- *Consider seeking therapy to explore personal issues that surface as you begin working with clients.* Not only can your experience in therapy be a source of personal growth, but you can learn much about how counseling works by being a participant in this process. In your supervision sessions, you may identify some unresolved personal issues or areas of countertransference that need to be explored to an extent that is beyond the scope of supervision. Personal therapy can be an excellent supplement to your supervision. As a therapy client, you can explore your self-doubts, perfectionist tendencies, feelings that are triggered by working with certain clients, anxieties pertaining to being a trainee, and other personal issues.

There are many different ways to maximize your fieldwork experiences. In *Voices From the Field*, Jamie Bludworth, a counseling psychologist who is licensed as a psychologist in the state of Arizona, reflects on his own training experiences and shares his thoughts on how to get the most benefit from supervised fieldwork experiences. Bludworth's account emphasizes the importance of taking an active role in preparing for supervision sessions.

VOICES FROM THE FIELD

Jamie Bludworth, PhD

Even though I learned a great deal through the difficulties I experienced in my first supervision group, I believe I could have been better prepared by my instructors to utilize supervision effectively. When supervision was discussed in class, it seemed to me like a mysterious process wherein an experienced practitioner would provide answers and guidance for trainees who were struggling to make sense of their clients. It was described in generalities and then only briefly.

The various roles that a supervisor might assume were never revealed to me. I think it is important for the supervisee to be aware of the many and varied roles a supervisor may be required to assume. Is my supervisor interacting with me as a teacher, a consultant, a counselor, or an advocate? How will that role influence the choice of material I bring to our sessions? An awareness of the many supervisory roles is paramount to trainees taking a more collaborative stance toward their supervision, allowing them to better assist supervisors in the creation of an experience that is satisfying for all concerned.

Beyond a cursory knowledge of supervision as a concept, I have found it very helpful to ask my supervisors at our first meeting to describe the ways in which they see their role as a supervisor. What will be our focus? Will we primarily examine client issues from a clinical perspective? Or will we primarily explore the ways in which the counseling process is affecting me as a person and a professional? Do they prefer a particular theoretical perspective? Over the course of my training, it was important for me to continually define what I wanted from supervision (not only at the outset, but on a session-by-session basis). It has been crucial for me to prepare for each supervision session beforehand, coming in with examples of my work and clear questions relating to those examples. It was also very helpful to ask my supervisors the rationale behind the suggestions and answers that they provided.

Being prepared for supervision comprises understanding what the process might demand of both you and your supervisor. Being prepared also means being willing to engage the process in a way that is meaningful. Sometimes that means asking difficult questions of yourself as well as of your supervisor.

Summary

Teacher/coach, adviser, mentor, administrator, consultant, evaluator, counselor, recorder and documenter, sounding board, empowerer, and advocate—these are the roles of the supervisor. Although they vary depending on the specific context and clinical setting in which one practices, the responsibility of the supervisor focuses not only on helping the supervisee grow and learn but also on protecting clients and the profession. Clinical supervisors typically function in multiple roles with their supervisees, and self-monitoring of those roles and boundaries is essential.

Supervisors are legally and ethically responsible for the actions of their trainees and are expected to have some knowledge of every case with which their supervisees are working under their supervision; thus, documentation of supervision is essential. Supervisors, who must practice within the limits of their expertise, have an obligation to provide trainees with timely feedback, monitor trainee's actions and decisions, teach trainees about due process and their rights, guide their personal development as it pertains to their clinical

competence, and model and teach effective problem-solving skills, ethical behavior, and multicultural competence. By providing this information in the supervision contract, supervisees can establish realistic expectations about the process of supervision.

This chapter has emphasized the importance of the supervisor providing supervisees with adequate information about the supervision process so that they can assume a role in establishing goals and the means to achieve these goals in supervision. Informed consent in supervision is as important as informed consent in the client–therapist relationship. Supervisees will profit more from supervision if supervisors make a concerted effort to teach them specific ways to involve themselves as active participants in the supervisory relationship.

SUGGESTED ACTIVITIES

1. Three styles of supervision are described in the following examples. After reading each case, respond to these questions:
   - What roles are emphasized in each case?
   - What are the legal and ethical ramifications as they apply to roles and responsibilities?
   - How would you respond to the different styles of supervision? Which style most closely fits with your own?
   - What are the elements of the supervisory relationship in each situation, and how does the relationship help or hinder the supervision?

   a. Dr. Snyder, a licensed clinical social worker, believes her role as supervisor is to provide a great deal of monitoring and direction for her supervisees. She believes a social work trainee should have few independent clinical responsibilities and should have direct clinical supervision at all times. She devotes a great deal of time and energy to her supervisees and has them follow her and observe her leading groups, participating in team meetings, and conducting case conferences. Her trainees benefit from seeing her at work but do not develop clinical competencies as a result of doing the work on their own. Many of the social work trainees under Dr. Snyder's supervision come away from the training experience feeling no more confident in their clinical abilities than when they began the training.

   b. Ms. Lee meets weekly with her supervisees and has clearly defined goals for the supervisory relationship. She gives her supervisees her cellular phone number so they can contact her whenever needed. She gives feedback to her supervisees on a regular basis and has a reputation for being direct if not somewhat critical of her supervisees' work. Ms. Lee is a very competent clinician. She typically tells her supervisees how to work with their clients, and her supervisees usually find her advice very helpful. Some of her supervisees think Ms. Lee could show more warmth and concern for her supervisees; however, most trainees feel that they benefit greatly from being under her supervision.

   c. Mr. Adams is a marriage and family therapist and supervisor who sees the supervisee as a junior colleague who should be able to function rather independently. Mr. Adams learned through the old "sink or swim" method, and he believes in this method of supervision because that model worked out quite well for him as a trainee. His method of supervision is to allow the marriage and family therapist trainee to do his or her work and to seek his consultation only when the trainee needs assistance. Most trainees under Mr. Adams's supervision like him a great deal, but many feel they would like more structure and direction in their work experience.

2. Consider the following questions and explore them in small groups: In which supervisory roles would you feel most comfortable? Which roles would you least like to assume? Which roles would be the most challenging for you, and in what ways? Is there some other style of supervision you might prefer? If so, describe it and explain why you prefer it.

Appendix 2A

SUPERVISEE'S BILL OF RIGHTS

Introduction

The purpose of the Bill of Rights is to inform supervisees of their rights and responsibilities in the supervisory process.

Nature of the Supervisory Relationship

The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. A professional counselor-supervisor who has received specific training in supervision facilitates professional growth of the supervisee through:

- monitoring client welfare
- encouraging compliance with legal, ethical, and professional standards
- teaching therapeutic skills
- providing regular feedback and evaluation
- providing professional experiences and opportunities

Expectations of Initial Supervisory Session

The supervisee has the right to be informed of the supervisor's expectations of the supervisory relationship. The supervisor shall clearly state expectations of the supervisory relationship that may include:

- supervisee identification of supervision goals for oneself
- supervisee preparedness for supervisory meetings
- supervisee determination of areas for professional growth and development
- supervisor's expectations regarding formal and informal evaluations
- supervisor's expectations of the supervisee's need to provide formal and informal self-evaluations
- supervisor's expectations regarding the structure and/or the nature of the supervisory sessions
- weekly review of case notes until supervisee demonstrates competency in case conceptualization

The supervisee shall provide input to the supervisor regarding the supervisee's expectations of the relationship.

Expectations of the Supervisory Relationship

1. A supervisor is a professional counselor with appropriate credentials. The supervisee can expect the supervisor to serve as a mentor and a positive role model who assists the supervisee in developing a professional identity.
2. The supervisee has the right to work with a supervisor who is culturally sensitive and is able to openly discuss the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process. The supervisor is aware of personal cultural assumptions and constructs and is able to assist the supervisee in developing additional knowledge and skills in working with clients from diverse cultures.

3. Since a positive rapport between the supervisor and supervisee is critical for successful supervision to occur, the relationship is a priority for both the supervisor and supervisee. In the event that relationship concerns exist, the supervisor or supervisee will discuss concerns with one another and work toward resolving differences.
4. Therapeutic interventions initiated by the supervisor or solicited by the supervisee shall be implemented only in the service of helping the supervisee increase effectiveness with clients. A proper referral for counseling shall be made if appropriate.
5. The supervisor shall inform the supervisee of an alternative supervisor who will be available in case of crisis situations or known absences.

Ethics and Issues in the Supervisory Relationship

1. *ACA Code of Ethics*
   The supervisor will insure the supervisee understands the American Counseling Associations *ACA Code of Ethics* and legal responsibilities. The supervisor and supervisee will discuss sections applicable to the beginning counselor.
2. *Dual Relationships*
   Since a power differential exists in the supervisory relationship, supervisors shall not utilize this differential to their gain. Since dual relationships may affect the objectivity of the supervisor, the supervisee shall not be asked to engage in social interaction that would compromise the professional nature of the supervisory relationship.
3. *Due Process*
   During the initial meeting, supervisors provide the supervisee information regarding expectations, goals, and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.
4. *Evaluation*
   During the initial supervisory session, the supervisor provides the supervisee a copy of the evaluation instrument used to assess the counselor's progress.
5. *Informed Consent*
   The supervisee informs the client she or he is in training, is being supervised, and receives written permission from the client to audio tape or video tape.
6. *Confidentiality*
   The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and the counselor is subject to a malpractice suit. The client must sign a written consent prior to counselor's consultation.
7. *Vicarious Liability*
   The supervisor is ultimately liable for the welfare of the supervisee's clients. The supervisee is expected to discuss with the supervisor the counseling process and individual concerns of each client.
8. *Isolation*
   The supervisor consults with peers regarding supervisory concerns and issues.
9. *Termination of Supervision*
   The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.

Expectations of the Supervisory Process

1. The supervisee shall be encouraged to determine a theoretical orientation that can be used for conceptualizing and guiding work with clients.

2. The supervisee has the right to work with a supervisor who is responsive to the supervisee's theoretical orientation, learning style, and developmental needs.
3. Since it is probable that the supervisor's theory of counseling will influence the supervision process, the supervisee needs to be informed of the supervisor's counseling theory and how the supervisor's theoretical orientation may influence the supervision process.

Expectations of Supervisory Sessions

1. The weekly supervisory session shall include a review of all cases, audiotapes, videotapes, and may include live supervision.
2. The supervisee is expected to meet with the supervisor face-to-face in a professional environment that insures confidentiality.

Expectations of the Evaluation Process

1. During the initial meeting, the supervisee shall be provided with a copy of the formal evaluation tool(s) that will be used by the supervisor.
2. The supervisee shall receive verbal feedback and/or informal evaluation during each supervisory session.
3. The supervisee shall receive written feedback or written evaluation on a regular basis during beginning phases of counselor development. Written feedback may be requested by the supervisee during intermediate and advanced phases of counselor development.
4. The supervisee should be recommended for remedial assistance in a timely manner if the supervisor becomes aware of personal or professional limitations that may impede future professional performance.
5. Beginning counselors receive written and verbal summative evaluation during the last supervisory meeting. Intermediate and advanced counselors may receive a recommendation for licensure and/or certification.

Source: Adapted from "Supervisee's Bill of Rights," by M. A. Giordano, M. K. Altekruse, & C. W. Kern, (2000). Reprinted with permission.

Appendix 2B

SUPERVISEE'S BILL OF RIGHTS: SUPERVISION CONTRACT

The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. This contract is designed to assist the supervisor and supervisee in establishing clear expectations about the supervisory meetings, the relationship, and the evaluation process. Complete each section that pertains to you prior to the initial meeting.

Introductions and Establishing Expectations About the Supervisory Experience

Supervisor

___ 1. Introduce yourself; discuss your counseling experience, and your supervisory style.
___ 2. Describe your role as a supervisor (being a role model, mentor, monitoring client welfare, teaching therapeutic skills, providing regular verbal and written feedback and evaluation, and insuring compliance with legal, ethical, and professional standards).
___ 3. Ask the supervisee about his or her learning style and developmental needs.

Supervisee

___ 1. Introduce yourself and describe your clinical experience and training.
___ 2. Briefly discuss information you want to address during the supervisory meetings.
___ 3. Describe the therapeutic skills you want to enhance and professional development opportunities you want to experience during the next three months.

List three therapeutic skills you would like to further develop.

1. _____
2. _____
3. _____

List three specific counseling or professional development experiences you would like to have during the next three months. (Attending a conference, facilitating a group, presenting a paper, . . .)

1. _____
2. _____
3. _____

Expectations of the Weekly Supervisory Meetings

The weekly supervisory meeting will take place face-to-face in a professional environment that insures confidentiality. Decide the location, day, and time.

_____ _____ _____
Location *Day* *Time*

Supervisee

___ 1. Discuss your expectations about the learning process and interest in reviewing audiotapes, videotapes, and case notes.

Supervisor

___ 1. Describe the structure and content of the weekly supervisory meetings.
___ 2. Discuss your expectations regarding supervisee preparedness for supervisory meetings (audiotapes, videotapes, case notes).

Expectations Regarding Evaluation

Supervisee

___ 1. Discuss your interest in receiving weekly feedback in areas such as relationship building, counseling techniques, client conceptualization, and assessment.

Supervisor

___ 1. Discuss your style of providing verbal feedback and evaluation.
___ 2. Provide the supervisee with a copy of the formal evaluation you will use; discuss the evaluation tools and clarify specific items that need additional explanation.
___ 3. Discuss the benefit of self-evaluation; provide a copy of self-evaluation forms and clarify specific items that need additional explanation.

Expectation of the Supervisory Relationship

Supervisor and Supervisee

___ 1. Discuss your expectations of the supervisory relationship.
___ 2. Discuss how you will work toward establishing a positive and productive supervisory relationship. Also, discuss how you will address and resolve conflicts.
___ 3. The supervisory experience will increase the supervisee's awareness of feelings, thoughts, behavior, and aspects of self that are stimulated by the client. Discuss the role of the supervisor in assisting with this process.
___ 4. Share your thoughts with one another about the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process.

Supervisee

___ 1. Describe how you would like to increase your awareness of personal cultural assumptions, constructs, and ability to work with clients from diverse cultures.

Supervisor

___ 1. When you are unavailable to provide weekly supervision, or are unable to address crisis situations, discuss an alternate supervisor who will be available.

Dual Relationships

Supervisor

___ 1. Discuss the nature of the supervisory relationship and the importance of not being involved in a dual relationship.

Expectations of the Supervisory Process

Supervisor

___ 1. Describe your theory of counseling and how it influences your counseling and supervision style.
___ 2. Discuss your theory or model of supervision.

Supervisee

___ 1. Discuss your learning style and your developmental needs.
___ 2. Discuss your current ideas about your theoretical orientation.

Additional Information or Concerns Not Previously Discussed

1. _____
2. _____
3. _____
4. _____

_____ _____
Supervisor's Signature *Date*

_____ _____
Supervisee's Signature *Date*

Source: Adapted from "Supervisee's Bill of Rights," by M. A. Giordano, M. K. Altekruse, & C. W. Kern, (2000). Reprinted with permission.

CHAPTER 3

The Supervisory Relationship

FOCUS QUESTIONS

1. How important is the relationship between the supervisor and the supervisee? As a supervisee, what kind of relationship would you want with your supervisor? As a supervisor, how will you develop the relationship into one of mutual trust and respect?
2. Is a close interpersonal relationship essential for effective supervision to occur?
3. As a supervisee, what are some ways you may have displayed reluctance in bringing your concerns into your supervision session? As a supervisor, what can you learn from this and apply to helping your supervisees challenge their reluctance to being open during supervision?
4. Have you ever experienced a serious conflict with a supervisor? Did you do anything about that? How did your supervisor react? As a supervisor, how would you like to handle conflicts with supervisees?
5. What would you see as being a failure on a supervisee's part in working with a client? If your supervisee experiences client failures in therapy, how will you assist your supervisee in dealing with this in supervision?

Introduction

Laurie, who is overwhelmed with her life circumstances, contacted two private practitioners who specialize in anxiety disorders to inquire about counseling. In her view, the first therapist, Elaine, seemed to say all of the right words and appeared knowledgeable, but something just didn't feel right. Laurie sensed that she was getting a sales pitch. By contrast, the second practitioner, Julia, exuded compassion and empathy and left Laurie with the feeling that she was truly understood. Although both therapists have the necessary counseling knowledge, Julia seems to have mastered the art of counseling, whereas Elaine appears to be only a good technician. To authentically connect with others in an

emotionally intimate and meaningful way is central to the art of counseling, and the supervisory relationship can serve as a model for the relationships that supervisees develop with their clients. In our view, regardless of the specific roles and functions they serve, supervisors must strive to view supervision as an art and use their relationships with trainees to communicate the nuances of relationship building that will be critical to their trainees' success.

This chapter looks at several segments of the supervisory relationship. The absolutely critical role of the supervisory relationship resonates throughout the literature on clinical supervision (Borders, 2005). Personal and interpersonal issues in supervision addressed include power and authority in the supervisory relationship, the role of a supervisee's and supervisor's values, issues of trust between trainees and their supervisors, and conflicts between supervisor and supervisee. We also address how supervisors might teach their supervisees to effectively deal with a range of challenges, such as coping with doubts and fears, recognizing personal needs, recognizing countertransference, and understanding diverse value systems of clients. Challenges for supervisors are examined, including helping supervisees deal with their anxiety and assisting supervisees in understanding the meaning of failures with their clients.

Personal and Interpersonal Issues in Supervision

The relationship between supervisor and supervisee is the foundation for the work that will occur in supervision. There are common denominators between the counseling process and the supervision process, and, as noted above, one similarity is the paramount importance of building a good working relationship. Supervision is an educative process, and the supervisee is learning specific knowledge and skills. However, for optimum learning to occur, a solid working relationship between supervisor and supervisee is essential. Barnett, Cornish, Goodyear, and Lichtenberg (2007) reported that numerous studies have found that the quality of the supervisory relationship is one of the key components determining outcomes, which is also true for the client–therapist relationship. Effective and ethical supervisors provide constructive feedback to their supervisees in a supportive and nonjudgmental environment. They regularly include a discussion of ethics in their feedback to supervisees. They are well trained, knowledgeable, and skilled in the practice of clinical supervision. They limit their supervision to those areas in which they are competent, and they delegate portions of supervision when necessary to make sure that supervisees receive the best quality of supervision possible. Because they recognize their responsibility to serve as role models for supervisees, effective supervisors conduct themselves ethically in the supervisory relationship (Barnett, in Barnett, Cornish, et al., 2007).

Considerable research has been conducted on the supervisory relationship and the process of supervision. From an empirical base and practical knowledge, Holloway (1999) has identified three essential components of the supervisory relationship: (a) the interpersonal structure of the relationship, including the dimensions of power and involvement; (b) the phases of the relationship; and (c) the supervisory contract, consisting of the establishment of a set of expectations for the tasks and functions of supervision.

Holloway (1995) conceptualized the supervisory relationship by looking at it from a contextual perspective. Her model described three phases of the supervisory relationship. During the *early phase* of the relationship, the tasks are clarifying the nature of the relationship, developing ways to work collaboratively and effectively in supervision, designing a supervision contract, selecting supportive teaching interventions, developing competencies, and designing treatment plans. At the *mature phase*, the emphasis is on increasing the individual nature of the relationship and promoting social bonding. As the roles of supervisor and supervisee become less distinct, trainees develop skills of case conceptualization, increase their levels of self-confidence, and are willing to explore personal issues as they

relate to professional performance. The *termination phase* reflects a greater collaborative working structure. Trainees understand the linkage between theory and practice in greater depth, and there is less need for direction from the supervisor. This is the time for a summative evaluation process, including a discussion of the meaning of termination and the feelings and thoughts associated with it. Time is also allocated for discussion of future professional development and goals.

In this section, we address elements of the supervisory relationship and its importance to the outcomes of the supervisory process.

Supervisor–Supervisee Relationship

Most practitioners agree that a positive and productive relationship between supervisor and supervisee is essential if supervision is to be effective (Bernard & Goodyear, 2009; G. Corey et al.; Henderson, Cawyer, & Watkins, 1999; Kaiser, 1997; Yontef, 1997). From our perspective, one of the most important elements in the supervisory process is the kind of person the supervisor is and his or her ability to establish and maintain a good connection with the supervisee. The methods and techniques supervisors use are more likely to be helpful if an effective and collaborative working relationship with supervisees has been established. As Borders and Brown (2005) commented, "A strong and positive working relationship will enhance the supervision experience and serve as a buffer for those challenging moments that inevitably will occur" (p. 25). Essential elements of the supervisor–supervisee relationship include establishing trust and a safe environment, encouraging self-disclosure, identifying transference and countertransference, examining diversity issues, and establishing appropriate boundaries.

Trust

Trust is best defined as being able to rely on another with a certain sense of predictability. In everyday relationships, trust takes time to develop. People must learn that they can rely on how others will act and react. In the supervisory relationship, trust is essential because both supervisor and supervisee need to be honest with each other. In her 5-year review of literature in clinical supervision, Borders (2005) stated that it is essential for the supervisor to create a safe, trusting, challenging, and open environment. Drawing on the ideas formulated by object-relations theorist D. W. Winnicott (1960), Jeffrey Barnett emphasized the importance of establishing a safe "holding" environment in supervision, a place where supervisees feel safe and free to explore, share, and experiment with new ideas and strategies (personal communication, June 30, 2009). Supervisors would do well to discuss with supervisees what they both can do to create a trusting supervisory relationship. Supervisors might encourage their supervisees to bring up any concerns they have about trust during the supervisory sessions. Of course, how a supervisor responds when supervisees disclose their anxieties pertaining to trust will affect supervisees' openness to such discussions in the future and may lead them to play it safe if the supervisor conveys a judgmental or untrustworthy tone.

Self-Disclosure

Self-disclosure refers to the willingness of both supervisor and supervisee to be open to and discuss all issues that may arise in the supervisory relationship. For the supervisor, self-disclosure of personal issues and experiences should occur only as it provides something constructive for the supervisee regarding the topic at hand. The purpose of the supervisory session is not to provide an arena for supervisors to resolve personal issues or vent complaints about their job. The focus should be on the supervisee. Generally, the more free supervisees are to self-disclose thoughts, fears, hopes, and expectations regarding the

work they are doing, the more valuable the supervisory sessions will be. This level of openness is built on a foundation of trust.

Self-disclosure by the supervisor can be beneficial if done in a timely and appropriate manner. In their study of supervisory style and its relation to the supervisory working alliance and supervisor self-disclosure, Ladany, Walker, and Melincoff (2001) concluded that supervisors' interpersonal supervisory style can affect their ability to mutually agree on goals and tasks with their supervisees. Like Campbell (2006), they suggested that supervisors consider incorporating self-disclosure into their supervisory style as a method for building an emotional bond and a working alliance with supervisees. It might well be that supervisors' appropriate and timely self-disclosure facilitates supervisees' self-disclosure, especially when supervisors are willing to disclose their own struggles as counselors (Borders, 2005).

Perhaps the most important kind of self-disclosure in the supervisory relationship is for the supervisor to initiate a discussion pertaining to the quality of their relationship. Immediacy is as important in the supervisor–supervisee relationship as it is in the counselor–client relationship. Borders (2005) pointed out that there is some evidence that supervisors avoid discussing difficult relationship issues with their supervisees. Thus it appears that greater attention to the relationship dynamics is warranted in the supervisory process.

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

I attempt to normalize trainees' anxieties by sharing some of the concerns that I once held when I was in training. When it seems appropriate, I also talk about some of the mistakes that I made as a new counselor, with an emphasis on how I used these situations as opportunities to move the counseling forward. For instance, I have told trainees about the time I could not contain my laughter when an anxious client told me about an odd experience she had that week. It was important for me to explain to my trainees that I very much liked the client and that we had established good rapport and trust, so we were able to process what happened in a productive way. Beginning counseling students often feel immobilized by the notion that they might make mistakes. They seem to be comforted when they hear that they are not expected to be perfect beings but rather human beings who are willing to grow and learn from their errors. When I teach a course and make a mistake, such as saying something that could be construed in a way that was not intended, or if I have a strong reaction to something that occurred in class, I make it a point to model transparency and appropriate self-disclosure and to avoid getting defensive. By doing this in my teaching and supervision, I find that I am able to create a trusting relationship with trainees.

PATRICE MOULTON'S PERSONAL PERSPECTIVE

I often share with my supervisees my earliest counseling session experiences. I remember when I was first in training under supervision and realized that I had a 50-minute session with a one-way mirror and bug-in-the-ear technology. I remember being excited, anxious, sick at my stomach, and the whole situation feeling a bit surreal. Within 15 minutes into the intake session, I had adapted to hearing my supervisor's voice and found it comforting to know he was there should I need him. I tell my supervisees about my early experiences as a trainee so that they will know that I do not expect them to have all the answers when they are in training and first beginning to see clients. I let them know that I would be more concerned if they had no anxiety about their performance. My hope is that they will be open to hearing and considering the constructive feedback I give to them.

Transference and Countertransference

Transference is a psychodynamic term defined as the client's unconscious shifting to the therapist of feelings and fantasies, both positive and negative, that are displacements from reactions to significant others from the client's past (G. Corey, 2009b). In the supervisory relationship, a supervisee may transfer those feelings and fantasies to the supervisor. It is not uncommon for supervisees to begin to idealize their supervisor as a result of the help and support that they receive and because of their own feelings of insecurity and incompetence. Also, if supervisees have unresolved authority issues, these may play out in the supervisory relationship in the form of resistance. The role of the supervisor in such instances is to be aware of transference reactions and to assist their supervisees in developing their own sense of competence and problem-solving ability. It would be a mistake, in our opinion, to challenge supervisees directly and forcefully about their transference issues.

A trusting climate and encouragement by the supervisor will enable supervisees to discuss any of their reactions that may affect their ability to be open during supervisory sessions. For example, a supervisee may be anxious about "doing well" for the supervisor, and this anxiety can result in the supervisee carefully monitoring and silently rehearsing what he or she says during supervision sessions. If this supervisee takes the risk of disclosing his or her need to be seen in a positive light by the supervisor, the supervisee has already taken a significant step toward becoming more authentic in the supervisor's presence.

Countertransference refers to the reactions therapists have toward their clients that are likely to interfere with their objectivity (G. Corey, 2009b). Countertransference on the part of the supervisor is not uncommon. Unresolved personal issues, and sometimes even problem areas that have been worked through, can be triggered through interactions with supervisees. It is critical for the supervisor to be self-aware, identifying any countertransference that may arise and understanding how it is affecting the supervisory relationship. Ethically, supervisors are expected to identify and deal with their reactions through their own supervision, consultation, or personal therapy so that their supervisees are not negatively affected in the supervisory relationship. Examples of countertransference reactions include the arousal of guilt or anxiety from unresolved personal problems, experiencing an impasse with a supervisee and frustration over not making progress, and impatience with a supervisee (Norcross & Guy, 2007). Other common countertransference reactions toward the supervisee include an intense need to help and rescue the supervisee or a dislike of the supervisee.

If the supervisor has a need to discuss his or her countertransference reactions, we recommend as a first step consulting with colleagues rather than with the supervisee. Talking about the supervisor's countertransference issues directly with the supervisee may be overwhelming for the person, just as a client might be surprised by a therapist's disclosures pertaining to countertranference. The supervisee has enough to deal with in learning to become a competent clinician. After discussing countertransference reactions with a colleague, however, it may be appropriate and useful for the supervisor to share and explore some aspects of his or her reactions with the supervisee. Borders and Brown (2005) suggested that the developmental level of the supervisee is a factor to consider when deciding whether or not to address transference and countertransference reactions directly with the supervisee.

Diversity Issues

A discussion of the differences between a supervisor and his or her supervisee should be incorporated into supervision sessions. Most codes of ethics call for supervisors to demonstrate knowledge of individual differences with respect to age, gender, race, ethnicity, culture, spiritual preference, sexual orientation, and disability. Furthermore, supervisors need to understand how these contextual factors influence supervisory relationships. Writers and researchers in multicultural supervision have emphasized repeatedly the

supervisor's responsibility for introducing cultural variables into the supervisory dialogue throughout the supervisory relationship (Borders, 2005). Holloway (1999), a proponent of the contextual approach to supervision, identified the following characteristics of the supervisee as being particularly important: the trainee's cultural experience, gender, cognitive and ego development, professional identity, experience level in counseling, theoretical orientation to counseling, and self-presentation. Addressing these dimensions lays the foundation for effective learning to occur within supervision.

Supervisors can teach their supervisees to respect the role that diversity plays in the counseling relationship by making supervision a multicultural experience in which race, ethnicity, socioeconomic status, sexual orientation, religion, gender, and age are discussed. Because of the power dynamics inherent in the supervisory relationship, it is the supervisor's responsibility to serve as the catalyst for facilitating discussions about diversity issues. Too often supervisors emphasize client similarities and minimize racial and cultural differences. If supervisees do not understand the cultural context in which their clients live, they will not be able to effectively work with their clients. There is a price to be paid for ignoring racial and ethnic factors in supervision. If supervisors do not address these factors as they become relevant, this will certainly weaken the trust level on the part of supervisees.

Supervisors can do a great deal to create an open climate that fosters honesty in the supervisory relationship. Supervisors can model curiosity about the supervisee's differences and be eager to learn from the supervisee as well. To do so, however, it is essential that supervisors possess specific multicultural competencies. Regardless of the specific aspect of diversity that is characteristic of a supervisory relationship, any factor that influences the interpersonal relationship should be a topic of discussion. Multicultural competencies are dealt with in considerable detail in Chapter 6.

Appropriate Boundaries

It is not uncommon to enjoy the collegiality of the supervisory relationship, to become friendly with a supervisee, and to extend the relationship beyond the sessions, especially as the supervisee matures professionally. How far can the boundary be extended while the relationship remains ethical and professional? Supervisors need to think about the ramifications whenever they consider extending the boundaries of the supervisory relationship. Supervisors must take full responsibility for determining the limits of the relationship and take action when they believe the boundaries are becoming less clear or when expanding the boundaries is adversely affecting the supervisory task.

When boundaries are crossed or extended, there should be a good rationale for doing so. However, there is a difference between a *boundary crossing* and a *boundary violation*, with the latter being a serious violation of legal or ethical standards. A boundary crossing should have little potential to harm the supervisee; in fact, extending the boundaries should have a good chance of benefiting the supervisee or the supervisory relationship. For instance, suppose Nancy invites Shelly, her supervisee, to attend a local conference on PTSD. It is likely that in addition to professional activities at the conference, Shelly will participate in social activities with her supervisor. They might go to dinner or receptions together, where Nancy will introduce Shelly to other professionals and colleagues in an informal setting. Extending boundaries in this particular instance may have a very positive impact on Shelly's professional identity and sense of belonging in the profession. This topic is covered in detail in Chapter 7.

Power and Authority

Power is the ability to influence or control others, whereas *authority* is the right to do so. The supervisory relationship by definition has a built-in power differential—the supervisor

is the authority figure in the relationship (Bogo & Dill, 2008; Kadushin & Harkness, 2002). Even though person-centered and feminist models of supervision are based on the assumption that supervisors will do what they can to minimize the power differential and to establish a collaborative relationship, there is still an inherent difference in power. Supervisors continually evaluate the work of the supervisee and provide that evaluative information to licensing boards, prospective employers, and other requestors long after the supervisory relationship has ended. Because the supervisee has relatively less power in the supervisory relationship, supervisors are responsible to clearly inform their supervisees of the evaluative structure of the relationship, the expectancies and goals for supervision, the criteria for evaluation, and the limits of confidentiality in supervision (Holloway, 1999).

We want to underscore the importance of self-monitoring so that power and authority, which are an inherent part of the supervisory role, are used in an ethical and constructive manner. In contrast to supervisors who have a strong need to be in control at all times and impress their trainees with their vast knowledge and wisdom, supervisors who use their power and authority appropriately may empower their trainees to take necessary risks and develop professional autonomy without feeling threatened.

Parallel Process

Interactions between supervisor and supervisee may offer insights into the way the supervisee relates to clients. This idea, called *parallel process*, has its conceptual roots in psychoanalytic supervision (Borders & Brown, 2005). Searles (1955) and Ekstein and Wallerstein (1972) were among the earliest to describe this phenomenon. A popular concept, parallel process has been explored by Loganbill et al. (1982), Stoltenberg and Delworth (1987), and others. Because certain aspects of the relationship between the supervisee and his or her client may be paralleled in the supervisory relationship, it is useful for supervisors and supervisees to pay attention to and explore the various manifestations of parallel process in supervision. For example, a supervisor might observe that her trainee, who is typically very confident and self-assured, becomes unsure of herself and appears helpless as she processes the case of a needy and childlike client. Sharing this observation with her could lead the trainee to gain valuable insights about the dynamics of the counseling process with that particular client.

Although parallel process in the psychodynamic sense may not always occur, a number of parallels between counseling and supervision are readily observable. When a supervisee recognizes similarities between the roles of and processes experienced by counselor trainees and clients, he or she is noticing a parallel. For instance, just as trainees must increase their self-awareness to enhance their counseling skills and competence, clients are encouraged to increase their self-awareness to improve the quality of their lives and resolve issues. In addition, just as counseling students may find the process of training to be emotionally intense at times, they must remember that clients are likely to find the process of counseling to be emotionally intense at times too. The similarities do not end there. Both trainees and clients must take interpersonal risks if they wish to grow, and both must invest a lot of hard work and effort into their respective undertakings to make progress. Clients must be motivated to change in order to achieve their treatment goals, just as trainees must be motivated to do what it takes to achieve competence. Trainees are expected to develop strong personal and professional boundaries through the training process, and learning to set healthier boundaries through the counseling process may be an important goal for clients.

Parallel process in psychotherapy supervision and parallels between counseling and supervision can be the focus for potent interventions within the supervisory relationship. Supervisors need to pay close attention to this process to facilitate effective supervision as well as to encourage the personal and professional growth of supervisees (McNeill & Worthen, 1989).

Personhood

Earlier in this chapter we explained how paying attention to diversity issues can strengthen the supervisory relationship. Again, we emphasize the importance of supervisors being aware of the many personal variables that may affect the supervisory relationship. These include values, attitudes, beliefs, age, gender, ethnicity, and spirituality, to name a few. The impact of similarities and differences between the supervisor and supervisee is relevant to explore in supervision. Our values and attitudes affect the supervision that we provide. Even though we may believe we are objective and won't impose our personal values on supervisees, they may come through in many subtle ways. This is illustrated in Case Study 3.1.

CASE STUDY 3.1: CAROL

Carol, a licensed marriage and family counselor, is supervising Michaela, a marriage and family counselor-in-training. Michaela is talking with Carol about a case in which the parents feel their 2- and 4-year-old children are out of control, yet the parents seem unable to set limits or to enforce discipline in the household. Carol forcefully lectures Michaela on the need for parents to be firm disciplinarians in this era as kids are developing a sense of entitlement at an early age.

Following the supervision session, Michaela has another counseling session with the parents. Michaela emphasizes the need for the parents to regain control of their children. She begins brainstorming with them how they might go about setting clearer limits, being more consistent in following through to enforce those limits, and providing more reinforcement when the children do act appropriately. The parents are appreciative of the direction provided but still are puzzled about whether the new approach will work. Michaela was pleased that she was able to take direction from her supervisor while adapting Carol's suggestions to fit her own counseling style and the needs of the parents.

What do you think of Carol's method of providing supervision? If you believe something strongly, should you make that belief known to your supervisee? How would you respond if you were Michaela? If you were Carol and suddenly realized you were imposing your values, how would you proceed from there?

Some values that may affect the supervisory process are rooted in personal beliefs about religion, abortion, marriage and divorce, sexual orientation, parenting, spirituality, the change process, suicide, and end-of-life decisions. Value-free supervision is virtually impossible. The key for supervisors is to be aware of their own values and attitudes and how they affect their ability to supervise. It is not necessary for the supervisor and supervisee to have similar attitudes and beliefs for supervision to be effective, but it is a good idea for supervisors to initiate dialogue about similarities and differences as they emerge. Modeling the exploration of values helps supervisees learn how to do the same with their clients.

How should value conflicts between the supervisor and the supervisee be resolved? Some supervisors think they can work with any supervisee regardless of value differences that might occur. Others are too quick to discontinue supervision when differences occur and refer the supervisee to another supervisor. Ultimately, most value differences in supervision can be worked on within the supervisory relationship. Assuming the supervisor is cognizant of the clash of values, differences need to be discussed openly and frankly, and conflicts need to be identified. If it is determined that the value conflict will create an impasse in the supervisory relationship, plans should be made to seek a mediator or to refer the supervisee to another supervisor (Campbell, 2006). Consideration also should be made for continuity of supervision for client welfare. We hope the idea for a referral could be initiated by either the supervisor or the supervisee.

In our experience, we have seen a range of competence among supervisors. The outstanding ones pride themselves on self-awareness, are open to feedback from colleagues and supervisees, and show a sense of humility, recognizing that there is always something to be learned from a situation and from their supervisees. Their supervisees are active members of the problem-solving team and usually exude a sense of confidence and calmness that they have developed through supervision.

Less effective supervisors tend to be rigid, closed to feedback, act as if they have all the answers, and use supervision as a forum to display their knowledge. These less effective supervisors tend to emphasize what they have to offer rather than assisting their supervisees in learning how to deal effectively with a range of problems they may encounter with a variety of clients. This often plants the seeds for conflict between their supervisees and themselves.

Tips for Supervisors

Supervision can be effective even if the supervisory relationship is not ideal, but both the supervisor and the supervisee may need to work harder to ensure that the goals of supervision are accomplished. Let's look at some practical tips for establishing a good working relationship.

Establishing a Healthy, Productive Relationship With Supervisees

- Treat supervisees with respect; be open and honest about what you do and do not know.
- Work at developing a spirit of mutual trust and collaboration.
- Listen diligently to what supervisees are both saying and not saying, and try to tune into their fears, struggles, and hopes.
- Have a clear understanding of the purpose and the limits of the supervisory relationship.
- Be available, especially by being fully present during the supervisory session and by making sure that this is "protected time" that is free from interruptions.
- Be willing to seek consultation when you are unfamiliar with the topic under discussion.
- Be clear on the boundaries of the relationship.

Guarding Against Imposition of Your Values

- Work on having a clear understanding of your values, beliefs, and attitudes regarding the range of typical issues that come up in supervision.
- Discuss with your supervisees their values and beliefs.
- Talk openly about how values and beliefs affect the supervisory relationship and supervisees' work.
- Initiate discussions with supervisees regarding their values about marriage and divorce, family values, cultural diversity, sexual orientation, religion and spirituality, suicide, child rearing, and violence.

Characteristics That Facilitate or Hinder the Supervision Process

A variety of characteristics associated with the supervisor–supervisee relationship can influence the outcomes of the supervision process. Lowry (2001) conducted a study of the characteristics of supervisors and supervisees that both facilitate and hinder successful supervision, gathering information from practicing psychologists who are or have

been supervisors regarding their own supervisory experiences (positive and negative). Lowry also questioned supervisors about trainee characteristics they believed facilitated or hindered the supervisory process. The discussion that follows summarizes these characteristics.

Supervisor Characteristics

Participants in Lowry's (2001) study perceived the following supervisor characteristics and factors as most important to foster a positive supervisory experience (in descending order): good clinical skills/knowledge, an accepting supervisory climate, a desire to train/investment in supervision, matching the supervisee's level of development, providing constructive feedback, being empathetic, being flexible and available, possessing good relationship skills, and being an experienced clinician.

Conversely, some supervisor characteristics and factors were thought to have an adverse impact on the supervisory relationship (in descending order): being judgmental or overly critical, being personally or theoretically rigid, not being committed to the supervisory process, being unavailable to the supervisee, having limited clinical knowledge and skills, being unethical or demonstrating poor boundaries, and being too self-focused. Other factors mentioned included a supervisor's lack of compassion, arrogance, the inability to provide helpful feedback, lack of preparation for supervision, and lack of supervisory experience.

Supervisee Characteristics

Lowry found that characteristics of supervisees or factors that were rated as helpful in promoting a positive supervisory experience included (in descending order): a desire to learn and improve, being nondefensive and open to feedback, general openness and flexibility, possessing knowledge and good clinical skills, intelligence, being responsible and prepared for supervision, and a willingness to take initiative and risks. Other factors rated as promoting effective supervision were good interpersonal and communication skills on the part of the supervisee, the ability to be empathetic, self-acceptance, insight, genuineness, the ability to ask questions, a focus on the client, and maturity.

Characteristics of supervisees or factors that were rated as impediments to successful supervision included a lack of openness and fear of evaluation, personal rigidity, defensiveness, arrogance and a perception that they are all-knowing, lack of motivation or interest in supervision or clinical work, lack of intelligence, psychopathology, and immaturity. Other supervisee factors perceived to hinder supervision included a poor knowledge and skill base, poor interpersonal skills and boundaries, being unprepared or disorganized, a lack of personal insight, and passivity or dependency.

Conflicts Between Supervisor and Supervisee

Conflicts are a natural part of all relationships. In most cases, conflicts can be resolved with listening, understanding, and working to clarify the ground rules about the relationship. When either or both parties in a conflict act as if they are right, the other is wrong, and the only solution is for the other party to change, the relationship usually takes a turn for the worse. The supervision relationship is unequal, with the supervisor possessing both power and authority (Bogo & Dill, 2008; Kadushin & Harkness, 2002); thus conflicts can easily occur. Some supervisory relationships are characterized by unacknowledged conflict, discontent, and strife; however, if conflicts are recognized and openly discussed in a respectful manner, both supervisors and supervisees can learn a great deal.

It is essential to set the tone for working with conflict early in the supervisory relationship before problems emerge. A supervisor could explain to supervisees that the

supervisory session is a place where they can express any of their concerns or raise any questions pertaining to their relationship. This kind of climate is likely to make it easier for supervisees to express any of their complaints, which can be dealt with in an open manner in supervision. A good relationship allows for this kind of honest discussion of what is going on in the supervisory process.

We would like to think that, in most cases, filing formal complaints can be avoided. To reiterate, if both parties are willing to work through a conflict in a respectful and constructive manner, the quality of the supervisory relationship is likely to improve considerably. Case Study 3.2 describes a supervisee who openly expresses her discontent with her supervisor.

CASE STUDY 3.2: TONY

Dr. Allen has been supervising Tony, a master's-level social work intern working part-time in a university counseling center. Dr. Allen, a professor in the social work program, teaches the Clinical Interventions Seminar in which Tony is a student. In today's supervision session, Tony expresses dissatisfaction with the direction of the supervision of her work in the counseling center. Tony explains that she feels as though Dr. Allen simply tells her how to work with her clients without any discussion or input from her. To Tony, it seems like a one-way street. Tony believes she learns best through discussion and collaboration with a supervisor. Dr. Allen listens attentively but views Tony's dissatisfaction as "resistance to supervision" and sees Tony as not being open to supervision. Dr. Allen decides not to change his approach with Tony.

It took courage for Tony to offer critical feedback to her supervisor. Many supervisees are not as forthcoming about conflict with a supervisor because they do not want to challenge the supervisor, and they know that a supervisor has the ability, through evaluations and recommendations, to greatly affect their career. They find themselves suffering through supervision until it is over and they can move on. Tony thinks she may have to make this decision too, but she wants to get the most out of her internship. She decides to try to think of another way to engage Dr. Allen and benefit from her internship under his supervision.

If you were the supervisor, how might you receive and respond to Tony's expression of dissatisfaction? What would you most want to say to Tony? As the supervisor, how would you proceed to resolve this situation? How could you do so in a manner that would be a learning experience for Tony?

Conflict in supervision is not uncommon, but it can be difficult to resolve because the problem may be due to different perceptions of the supervisory interaction. It is difficult to convince either person that his or her perception may be incorrect or distorted. Nevertheless, it is the task of the supervisor to attempt to resolve the differences. The first task is to delineate a clear understanding of the specific plan of action in cases where there are sharp differences between supervisee and supervisor. The supervisor can then return to the original contract that defines the nature of the supervisory relationship, the methods of supervision to be used, and the ground rules that define how they are going to work together. If clear ground rules are in place early in the supervisory relationship, the solution to their differences may be resolved by reviewing them. For example, the contract may state that the supervision methods are largely teaching and evaluation of the clinical work of the supervisee. If this is the case, then Dr. Allen's approach (see Case Study 3.2) may be quite appropriate. If the methods are not clearly defined, then it is time to collaborate to develop a clearer definition regarding how they are going to work together. What appear to be personality conflicts often turn out to be a lack of clarity about the nature of the working relationship. Clarification should lead to a more productive work environment.

Another task is to ask how the supervisor and supervisee can work together to make their working relationship more satisfactory. When there is a conflict in a supervisory relationship, too often the tendency is to attribute blame to the other party. Our approach would be to ask each party to describe what the relationship would "look like" if it were working satisfactorily and to identify what would be needed to move it to that point. An open dialogue may lead to a discovery that both supervisor and supervisee have similar goals for supervision, yet each has a different idea about how to accomplish these goals. It might well be that the supervisor and the supervisee have never openly discussed their hopes and expectations for supervision and how to accomplish these goals.

It is a good practice for supervisors to seek consultation and supervision for themselves when conflicts are not resolved or when they find themselves experiencing conflicts with many of their supervisees. In order to practice ethically, supervisors must find a way to effectively address the conflict or refer their supervisee to a different supervisor (Campbell, 2006).

Supervisors can take steps to enhance the supervisory relationship by demonstrating an understanding of the many challenges supervisees face. If supervisors recognize, appreciate, and understand the phenomenological world of supervisees, they are in a position to encourage supervisees to explore their struggles in working with clients and in maximizing the benefits of supervision. Openness on the supervisor's part and a willingness to engage in frank discussions about the concerns of supervisees can deepen the supervisory relationship.

Preparing Supervisees for Challenges

Ask yourself this question: How might I prepare supervisees to best deal with the difficulties they are likely to encounter? In this section we present several challenges for supervisees: dealing with doubts and fears, identifying unresolved personal problems, avoiding the role of problem solver, identifying countertransference, respecting the diverse value systems of clients, and committing to personal growth. We also describe some problematic behavioral patterns of supervisees. If you apply this section to your own experiences as a supervisee, you will have a better sense of how you can assist supervisees in addressing challenges they encounter. You might even consider having your supervisees read this section, and use this information as a topic of discussion.

Take a few minutes to reflect on your own experience when you first began seeing clients and began working with a supervisor. What experiences do you most remember when you initially began to counsel others? What did you learn from these experiences? What was it like for you to be in supervision? What self-doubts did you have as a trainee? How did you deal with these self-doubts or concerns? Will these experiences help you to identify with the concerns supervisees may bring to supervision sessions? One supervisee shared her experience when as a trainee she worked on a pediatric unit. She was so anxious about meeting with her supervisor that she would unknowingly sit in one of the children's chairs during supervision. The supervisor was able through the use of humor to bring this situation to the supervisee's awareness, which then opened a dialogue regarding their power differential.

Dealing With Doubts and Fears

We want to shift our focus and speak directly to the supervisee in this section, but keep in mind that many of these doubts and fears fit equally well for supervisors at various levels of development. Here are a few statements that supervisees often say to themselves:

- I am fully responsible for my clients' outcomes, and negative outcomes mean that I am not competent.

- I must be successful with every client and should be able to help my clients solve all of their problems quickly.
- I must be available at all times.
- I am afraid I won't know enough to help my clients and may actually make matters worse for them due to my lack of experience.
- Too often I compare my performance with others and tell myself that I do not measure up.
- Sometimes I worry that a client will not like me and will confront me in an angry way.
- It is very difficult for me to be fully present with clients because I am so concerned about what I will say or do next.
- Whenever my supervisor is in the room, I get so anxious because I am sure she will discover that I am not competent.
- I worry about not being able to understand a client's pain if I have not had a similar kind of life experience.
- I must please my supervisor at all times. He or she should agree with and approve of everything I do.
- I feel intimidated by my supervisor and fear sharing this with her.

Most of these examples of counselors' self-talk involve feelings of inadequacy, a fear of failing as a counselor, a nagging belief that one should be more, and a chronic sense of self-doubt. When counselors assume the giant share of responsibility for their clients, they are relieving their clients of the responsibility to direct their own lives, in addition to creating stress for themselves.

Rather than pretending that you do not have any self-doubts or anxieties about being effective in your fieldwork assignment, strive to identify the ways your fears might get in your way. Bring these fears into the supervision session and explore them. Realize that many of your peers share your anxiety. By verbally expressing how you experience your anxiety, you move in the direction of diminishing the power of this anxiety. Once you have given voice to your fears surrounding your performance and others' evaluation of you, these anxieties consume less energy.

Many trainees keep good reactions, insights, and intuitions to themselves, so put words to them rather than engaging in an internal monologue. It is not necessary that you express all of your thoughts, feelings, and reactions to your clients, but in your supervision meetings it is wise to verbally express the self-talk that often remains silent within you. Challenge yourself to change an internal rehearsal into verbal expressions during your supervision sessions.

Acknowledging your fears is the first major step in constructively dealing with them. Courage is not the absence of any performance anxiety; rather, courage entails identifying and challenging these fears. It takes honesty and courage to admit your perceived imperfections and to avoid becoming frozen out of fear of making mistakes. Recognize errors you might make, avoid punishing yourself if you do make them, and talk openly with your supervisor about them. If you are not willing to acknowledge when you make a mistake, you probably will not be willing to try anything new. You will be overly conscious about what you are doing and whether you are doing it "right." You must, of course, assess the willingness of your supervisor to be open to such discussions. But in most cases, you can take full advantage of your role as a trainee. In this role you are certainly not expected to know everything; allow yourself the freedom to be a learner. If you can free yourself from the shackles of trying to live up to the unrealistic ideal of perfection, you will be taking significant steps toward curbing your performance anxiety.

Most professionals have feelings of self-doubt and question their competence at certain times and in certain situations. Your supervised fieldwork or internship is a place where

you can acquire specific knowledge and where you can develop the skills to translate the theory you have learned into practice. It is within the supervisor's responsibilities to assist you in addressing these insecurities and feelings of anxiety. In the following *Personal Perspectives*, you will learn how two authors dealt with their self-doubts as supervisees.

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

Dealing with self-doubt and low confidence was a real battle for me during my undergraduate experience as a human services major. I constantly monitored my words and criticized myself for not being as skillful as I wanted to be, which compounded the problem. In the beginning of my training, my perfectionist tendencies really sabotaged my ability to be fully present. Fortunately, my discomfort with being such a perfectionist was so great that it motivated me to address the problem in a proactive way. Although I admit this sounds compulsive, I took an experiential group leadership course four times (not because I failed the first, second, or third time—just for the record). The practice component of this particular course was so amazing that it gave me and others an opportunity to facilitate a semester-long self-exploration group and to participate in group supervision. So I addressed my fear and feelings of inadequacy by forcing myself to do what scared me the most. I practiced, and practiced, and practiced. And over the course of four semesters, the experience of cofacilitating groups in conjunction with group supervision every week transformed me into someone who was more confident and comfortable in the role of counselor. In group supervision, I was able to work through my self-doubts, and I learned to realistically appraise my skills and professional development. Some people say that "practice makes perfect"; I'd rather say that "practice makes imperfection tolerable." I still have very high standards, but I am a much more effective counselor and counselor educator today because I let go of being a perfectionist. I guess you can say that I take being an "imperfectionist" very seriously! I am beginning to see that the more experienced I become, the more realistic I am about not having to be perfect.

JERRY COREY'S PERSONAL PERSPECTIVE

What stands out the most for me in my own supervision was how inadequate I felt as a counselor trainee. I did not have much confidence in my ability to tune into what a client was saying and effectively know how to respond therapeutically. As I recall, my supervisors did not devote a great deal of time or attention to talking with me about my self-doubts and my unresolved personal issues that restricted my ability to be present with a client. Most of the supervision sessions were case focused, with some discussion of possible interventions to employ with different types of client problems.

During my supervised postdoctoral year, I gathered most of my hours by doing individual counseling with college students and by coleading therapy groups. I often felt lost, and I did not know how best to proceed in sessions with individual clients. If clients did not "get well quickly," I was convinced that this was evidence of my lack of competence as a counselor. My early attempts at providing individual counseling were characterized by what seemed like the slow progress of my clients and my desire for positive feedback from them. I compared myself to my supervisors and wondered how they would likely intervene with a client.

Coleading intensive group therapy sessions with my supervisor proved to be the most helpful of all my supervised experiences. After the therapy sessions, we spent time

processing my interventions as a facilitator and what the group brought out in me personally. The actual coleading with this supervisor was painful for me, however, as I constantly compared myself to this person who had many years of experience. I convinced myself that I was not measuring up and that I had little to offer anyone in the group. My supervisor's insight and clinical skills intimidated me, which heightened my own sense of insecurity and inadequacy. I felt totally inept during these early experiences with supervised work. I seemed very mechanical and rehearsed in my responses. Rather than creating my own style, I tried to figure out how my supervisor might respond and imitated that. In essence, I lost my own unique direction by striving to become like my supervisor.

The most important thing I learned during this experience was how critical it is to be willing to take an honest look at myself. I recognized that I had an exaggerated need for approval and acceptance from both my clients and my supervisor. This need often got in my way of being present with my clients and in bringing up material to explore in sessions with my supervisor. I recognized that a parallel process was operating and that my need for being accepted inhibited my ability to express myself as fully as I might. These experiences and insights as a supervisee taught me that I cannot take clients on a journey if I have not been willing to engage in my own self-exploration.

The professional development process is called a process for a good reason. Although one might wish to transform into a fine clinician with the wave of a magic wand, in truth, it takes time, courage, and practice to develop into a competent counselor or therapist. When addressed in supervision, the discomfort of having self-doubt can be the impetus for a professional growth spurt and can deepen your capacity to have compassion for clients who struggle with self-doubt and feelings of inadequacy.

Therapeutic goals can suffer if you have a strong need for approval and focus on trying to win the acceptance and admiration of your clients. Guy (2000) reminded us of the danger of depending on our clients as the main source of meeting our needs for admiration, approval, and acceptance. To the degree to which you are unaware of your needs and personal dynamics, you become vulnerable to using your work primarily to satisfy your own unmet needs.

Identifying Unresolved Personal Problems

Although trainees may think that they have effectively dealt with their personal problems, they are often surprised when they recognize in themselves some of the struggles their clients are talking about. Trainees may see themselves in their clients, and painful memories are frequently unleashed. These issues should be explored in personal therapy. If you are unaware of these conflicts, your unresolved personal problems can interfere with the therapeutic process to the detriment of the client. This is not to say that you must resolve all your personal difficulties before you begin to counsel others. Just be aware of your biases, your areas of denial, and the issues you find particularly difficult to deal with in your life. Struggling with anger in one's personal life, for example, might translate into avoiding any hint of anger in counseling and supervisory relationships.

To illustrate this point, suppose that you experience serious difficulties in a significant relationship in your life. You may be wrestling with some pivotal decisions about what you want to do about the relationship. You may be caught between fear of loneliness and a desire to be on your own, or between your fear of and need for close relationships. How might a personal problem such as this affect your ability to counsel others effectively?

If you have difficulty staying with a client in an area that you are reluctant or fearful to deal with, consider what present unfinished business in your own life might be affecting you as a counselor. The critical point is not *whether* you happen to be struggling with

personal questions but *how* you are struggling with them. Do you recognize and try to deal with your problems, or do you invest a lot of energy in denying their existence? Are you willing to consult with a therapist, or do you tell yourself that you can handle it, even when it becomes obvious that you are not doing so? Is there consistency between your personal life and professional life? In short, are you willing to do in your own life what you expect your clients to do? Bring these concerns into your supervision, not for the purpose of getting therapy but to more clearly see how your conflicts might be blocking your progress with clients.

Avoiding the Role of Problem Solver

Trainees sometimes have a tendency to focus too quickly on solving clients' presenting problems before clients have had a chance to identify and explore these concerns. Ask yourself how patient you are in allowing clients to get to the core of their problem areas and to struggle with finding their own answers. Do you tend to delve quickly into problem solving? Or do you have a tendency to give a great deal of advice? Clients who seek immediate answers to ease their suffering can easily encourage you to give advice. However, the opportunity to give advice places you in a superior, all-knowing position, and you may convince yourself that you do have answers for your clients. Another aspect of this pattern might be a tendency to engage in excessive self-disclosure, especially by telling your clients how you solved a particular problem in your own life. In doing so, the focus of therapy shifts from the client's struggle to your situation. Even if a client asks you for advice, it is a good idea to reflect on whether you might be helping or hindering the person by providing it. How might you respond to advice-seeking clients in a way that will empower them to explore for themselves?

Identifying Countertransference

Although it is not necessarily problematic to identify with your clients in some respects, it is possible to lose a sense of yourself by overidentification with clients. In a broad sense, countertransference can be viewed as any projections that can potentially get in the way of helping a client. Performance anxiety, a need to be perfect, or a need to solve a client's problems might all be manifestations of countertransference. When you become aware of such reactions to clients, discuss what is going on with you in your supervision.

Effective counselors use their own life experiences and personal reactions to help them understand their clients and as a method of working with them. When drawing on your personal experiences, it is essential that you be able to establish clear boundaries so that you do not get lost in your client's world. The process of working therapeutically with people is bound to open up personal themes in your life. As a partner in your client's therapeutic journey, you can be deeply affected by a client's pain. The activation of painful memories might resonate with your own life experiences, stirring up unfinished business and opening old wounds. If your countertransference issues are not recognized, such reactions can result in a great deal of pain and stress in your life.

Understanding countertransference is especially important in the supervision of group counselor trainees. Supervisees who are conducting groups are exposed to a wider range of clients than supervisees who work exclusively with individual clients, which means that group work expands the opportunities for countertransference. Bemak and Epp (2001) stated that it is essential that trainees working with groups receive systematic attention to understanding the dynamics of countertransference. Dealing effectively with countertransference involves systematic reflection, discussion, and practice. Bemak and Epp pointed out that supervisors must create a sense of safety in the supervision group that will enable supervisees to explore their emotional reactions. The supervisor does well to

actively engage in the supervision group as a way to elicit deeper emotional responses from trainees. Bemak and Epp recommended designing supervision that facilitates a critical self-analysis of countertransference by trainees. They added that the aim of group supervision is to accentuate the awareness and attention of trainees, assisting them to further explore their personal reactions, not only within the supervisory group but outside of the supervisory relationship. Countertransference has the potential to be a powerful therapeutic force. Bemak and Epp recommended that training and supervision incorporate identifying, analyzing, and strategically using countertransference as a tool for self-understanding and as a valuable tool in therapeutic work.

Stoltenberg and Delworth (1987) and Stoltenberg, McNeill, and Delworth (1998) described a three-stage developmental model that has useful applications for the supervision of group counselor trainees. Countertransference is most apparent when supervisees are beginning their work as group counselors. During this early phase, trainees are generally uncertain about how groups function, their role as group facilitators, the interventions they think best to employ, and their relationships with the various members. As trainees acquire increased independence, they become less preoccupied with their personal issues. They can think more about the concerns of the group members and use interventions that fit what is occurring in the group. Eventually, at an advanced stage, trainees are able to pay attention to both their clients' and their own reactions.

Respecting Diverse Value Systems

A problematic trait of some counselors in training is the imposition of their values on clients. Even though trainees do not want to directly impose their values on clients, they may influence clients in subtle ways to embrace their views. It is now generally recognized that the therapeutic endeavor is a value-laden process and that all therapists, to some degree, communicate their values to clients (Richards & Bergin, 2005). There is an abundance of evidence that therapy not only is value laden but that counselors and clients often have different value systems (Zinnbauer & Pargament, 2000). Some researchers have found evidence that clients tend to change in ways that are consistent with the values of their therapists, and clients often adopt the values of their counselors (Zinnbauer & Pargament, 2000).

It will be difficult to avoid communicating your values to your clients, even if you do not explicitly share them. Your nonverbal behavior and body language give clients indications of how you are being affected. If clients feel a need to have your approval, they may respond to these cues by acting in ways that they imagine will meet with your favor. Suppose, for example, that an unhappily married man believed you thought he was wasting good years of his life in the marriage and proceeded with a divorce mostly because of his perceptions of your beliefs. Although you may have decided not to coerce clients to believe and act in ways that agree with your own values, you still need to be sensitive to the subtle messages you may project that can be powerful influences on clients' behavior. For instance, a school counselor may subtly communicate to students her disapproval of a teacher who has frequent classroom management issues. A student who is referred to this counselor may get the impression that the counselor is taking the student's side in a conflict with the teacher.

Yarhouse and VanOrman (1999) asserted that value conflicts between clients and therapists are inevitable. The challenge you will have is to recognize when your values clash with a client's values to the extent that you are not able to function effectively. You will be expected to honestly assess whether your values are likely to interfere with the objectivity needed to be useful to your clients. In supervision, you can explore barriers within you that prevent you from working effectively with specific clients. In Chapter 6, diversity in supervision is explored in greater depth.

Committing to Personal Growth

The person you are is perhaps the most critical element of your ability to successfully reach clients. If you are willing to recognize some ways that your personal characteristics could get in your way as a counselor and a supervisee, you are in a good position to do something about the situation. Your life experiences, attitudes, and caring are crucial factors in establishing an effective therapeutic relationship. If you are unwilling to engage in self-exploration, it is likely that your fears, resistances, and personal conflicts will interfere with your ability to be present for clients. Honest self-appraisal is essential if you are committed to being as effective as you can be in your roles as counselor, supervisee, and ultimately, as a supervisor.

In *Voices From the Field*, Jamie Bludworth, who was introduced in Chapter 2, shares his first encounters with supervision as a trainee. Can you identify with his experience? Are there any lessons to be learned from his account? Have you wanted to express your thoughts and reactions to your supervisor yet found yourself holding back?

VOICES FROM THE FIELD

Jamie Bludworth, PhD

I came to my first supervision group with bright-eyed idealism. Each of us was cofacilitating a personal growth group, and we were required to attend 1½ hours of group supervision per week. I imagined that we were going to enrich the lives of our clients while learning the finer distinctions of counseling practice from our esteemed supervisor. I envisioned us growing individually and professionally through the process of serious self-reflection and compassionate inquiry. I was quickly disillusioned.

In group supervision meetings, I found myself disagreeing with the manner in which my peers and supervisor were discussing clinical issues relating to group practice. Instead of expressing my disagreement, I grew more and more silent. I eventually recognized that my continued silence in supervision was counterproductive. Nevertheless, I also recognized that to voice my dissatisfaction with supervision could prove to be a risky endeavor.

Certainly, I had great respect for my supervisor's clinical judgment. Yet I strongly disagreed with the atmosphere of our supervision group. My disappointment was turning to resentment. I had to voice my concern if I was to receive any benefit from supervision. When I finally gathered enough courage to speak out to my supervision group, my colleagues expressed strong reactions toward me. My supervisor, however, responded graciously to my concerns. It was clear that I was alone in my sentiments, but it was also clear that my supervisor was willing to hear me.

In retrospect, I see now that I made many mistakes in the use of my first supervision experience. I was much too slow in the disclosure of my personal values. I could have displayed the kind of authenticity and congruence that I secretly demanded of the supervisor. In keeping my most powerful reactions hidden, I helped to foster an environment that I found most distasteful. What's more, I missed many of the valuable insights and suggestions offered by our supervisor in my resistance to the developing norms of the supervision group.

Although this initial experience was difficult for me, I learned volumes about myself and the ways in which I can more effectively use supervision to expand my knowledge and skill sets and, most important, better serve my clients. I

learned that it is contingent upon me, and me alone, to determine how satisfying my supervision experience will be. I learned to take responsibility for my perceptions of the process. Above all, I learned the value of being true to myself in supervision, allowing my voice to be heard, authentically and respectfully.

Challenges for Supervisors

One of the things we often hear from supervisees is how anxious and overwhelmed they feel regarding their clinical performance and their ability to help others. Supervisors need to understand and appreciate this anxiety and be willing to work with supervisees in supportive and constructive ways. This section addresses the supervisor's role in assisting supervisees in dealing with anxiety and with supervisees' reactions to client failures, whether perceived or real.

Supervisee Anxiety

A large number of supervisees are anxious about the supervision experience and their ability to perform well. Some supervisees experience more anxiety than others do, but nearly all experience it whether they are in a bachelor's-level social work program or a doctoral-level clinical psychology program. They are worried about performing up to standard and about the whole process of being evaluated by supervisors. Most have done well in their academic programs, but the anxiety escalates when they begin to put their knowledge into practice. As supervisors, we should be aware of how common, and maybe even healthy, it is for supervisees to have anxiety, and we should focus on what can be done to help supervisees manage anxiety effectively. You can see how one supervisor dealt with his supervisee's anxiety by reading Case Study 3.3.

CASE STUDY 3.3: MARLA

Marla has a bachelor's degree in psychology and has begun the master's counseling psychology program. She has gone straight through school without any time off to gain work experience except for seasonal summer jobs. She started her first semester of practicum training under the supervision of Dr. Moore at Veterans' Hospital, where he works as a psychologist. Marla is bright, young, enthusiastic, and motivated to learn. She is, however, extremely anxious about doing everything correctly, and it is clear that she is eager to please her supervisor. Dr. Moore has just observed Marla in a counseling session with a client, and it is clear that her need for the client to like her is getting in the way of her counseling. She frequently asked the client how the session was going, whether he was getting anything out of their discussion, and how the client liked working with her. She concluded the session by asking if the client thought she had done a good job in counseling him.

Marla is a very typical new, young student who is eager to please and do a good job. Dr. Moore does not want to dampen her spirit, motivation, and enthusiasm, but he needs to provide her with honest, constructive feedback and supervision without her unraveling. Support and understanding are essential with a trainee like Marla. Dr. Moore approaches Marla in this way: "You seemed like you were eager to have the client like you in that you asked him in several ways how he thought you as the counselor were doing. Being anxious to do well as a counselor is something that most of us experience, especially when we are beginning. What is crucial, however, is how you cope with your anxiety about 'doing well.' It is important that your anxiety doesn't get in the way of

the counseling you are doing and obstruct your perception of the client's needs and goals. I would certainly be open to exploring ways that you might manage your anxiety effectively."

If you were supervising Marla, how would you guide her in thinking through her need for approval and how it affects her counseling relationships? What challenges is Marla facing, and how do you think she will do over the course of her supervision?

When supervision is conducted in a group, it is very common for supervisees to experience anxiety regarding how they are being perceived by the supervisor and their peers. Christensen and Kline (2001) described participation anxiety, which is related to supervisees meeting their own expectations as well as the expectations of their peers and the supervisor in the supervision group. It is quite common for supervisees to experience fear and self-doubt regarding their ability and knowledge in group supervision. Christensen and Kline (2001) indicated that supervisees generally realize that there are clear benefits to facing their anxieties and dealing with them openly in a supervision group. By confronting their participation anxiety, supervisees are more able to initiate interactions in spontaneous ways in their supervision. Indeed, recognizing and dealing with anxiety can be a pathway to growth.

Most new trainees feel some degree of performance anxiety, which should decrease over time. Sharing some of the struggles you experienced as a trainee will go a long way toward putting your supervisees at ease. Let them know that counseling is not an exact science and that we make mistakes as we work and learn. Get supervisees into activities where they can develop a sense of mastery of some tasks and skills. Supervisees have potential to grow and learn under your supervision, and you are in a position to be of tremendous benefit to them as both supervisor and mentor. One useful intervention is to treat supervisees as colleagues when appropriate and encourage them to believe in their ability to learn and function creatively as clinicians. It may be tempting to figure things out for your supervisees and provide them with answers, but as with the client in therapy, supervisees have the ultimate task of discovering their own answers.

Supervisee Reactions to Client Failures

One of the most difficult situations for a counselor to deal with is the failure of clients to benefit from therapy. This is difficult even for the seasoned clinician, and it is especially difficult for trainees and prelicensed clinicians who want to be successful in their work. The job of the supervisor is to help the supervisee do everything possible to bring about a positive outcome in therapy and counseling, and to assist the supervisee in putting it in perspective when the outcome is not so positive.

There are many opportunities for client failures in counseling, just as there are many opportunities to experience success in the therapeutic venture. Oftentimes, clients attribute success to something other than the work of the therapist. When there are failures, however, the therapist may be identified as the cause. This may come from the client or the client's spouse or family. All too often, this identification of the cause of a therapy failure comes from the therapist, and this can be very disconcerting. Seasoned clinicians learn how to assess the factors contributing to a therapy failure, but new clinicians often lack the experience and self-confidence to self-assess. As with Roberto (see Case Study 3.4), they quickly turn to themselves as the reason therapy failed and consequently feel discouraged.

CASE STUDY 3.4: ROBERTO

Roberto has been working with a married couple in therapy at the family service center. The couple seem to love each other and want to be together, but as soon as they begin to talk, they fight. Roberto has been working with them on

communication skills, and they seem to be making some progress. Hours before their next scheduled session, Roberto gets a call from the wife indicating that they have had another fight, have decided to seek a divorce, and would like to cancel future counseling sessions with him. Roberto asks, "What happened that led to this decision so quickly? How are you doing with this? How is your husband doing with this? What led you to want to cancel the counseling sessions? Would either or both of you be willing to come in one more time to discuss your decision?" Roberto comes to the next supervision session feeling discouraged and frustrated about this case and about his future work with couples and relationship issues.

How would you respond to Roberto's thoughts, feelings, and concerns about this case? Would you help Roberto decide what further action he could take regarding counseling this couple? What do you need to teach Roberto to help him cope with these kinds of therapy failures in the future?

It is important to remember that change is a complicated process. When clients are provided with the tools for change, they frequently do not implement them. Even though they have come to therapy to change something, the change may be risky or frightening. Clients often say they want to change a certain behavior, yet their actions indicate they are not yet ready or willing to do what is needed to bring about this change. Clients often know why they *should* change a behavior and probably spend many hours thinking about how life would be better if they were to change.

Your role as the supervisor is to help the supervisee disengage from the successes and failures of the client. Actually learning this detachment is a very difficult process because we like to see the fruits of our work. The key to long-term survival in this field is to have a delicate and healthy balance between caring and objective disengagement. Some helping professionals are successful in achieving this balance, and some are not. Supervisors would do well to help their supervisees examine their cognitive processing of what they are saying to themselves about their clinical competence and their client failures. A cognitive restructuring approach in supervision may be in order to help supervisees develop a more realistic set of expectations about their own role and the client's role in the therapeutic process.

Summary

The quality of the supervisory relationship is just as important as the methods a supervisor chooses. The essential elements of the supervisor–supervisee relationship include trust, self-disclosure, understanding transference and countertransference, acknowledging diversity, and establishing appropriate boundaries. The supervisory relationship has a built-in power differential, which can be mediated by a collaborative relationship style. Parallel processes can be seen between supervisory relationships and the client's relationship with supervisees. It is important for supervisors to be aware of their personal values and beliefs and those of supervisees that may affect the supervisory relationship.

Because the supervisory relationship is unequal, conflicts can easily occur. Working through a conflict can enhance the quality of the supervisory relationship. Supervisees face many challenges as they begin their clinical practice. Supervisors can help supervisees deal with feelings of self-doubt and anxiety and provide a context for talking about client failures.

As a supervisor, the time and effort you devote to establishing and maintaining a collaborative relationship with your supervisees will pay dividends in terms of the quality of their learning. The relationship is the foundation upon which therapeutic knowledge and skills are acquired. Reflecting on what you valued in your own relationships with your supervisors may be a good way for you to design your approach to supervising others.

SUGGESTED ACTIVITIES

1. In small groups, discuss the elements of the supervisory relationship you believe are essential for supervision to be effective. Discuss what you have learned about this from your own experience with supervision. How might your experiences as a supervisee assist you in getting a clearer picture of what you will want to bring to your work as a supervisor? Have each group share the common themes with the larger group.
2. Reflect on your own supervision and write in your journal about some of the fears and concerns you had when you first began seeing clients. How did these fears affect your ability to counsel? How did you deal with your fears and concerns?
3. In small groups, identify a few strategies you can use to deal with your supervisee's reactions to a client's therapy failure. How do you view failure in your clients? How might you determine the degree to which you are responsible for client failures? As a group, explore supervisory strategies for coping with both real and perceived mistakes your supervisees might make with clients.
4. As a small group discussion topic, identify and share your main concerns about becoming a supervisor. What are some of the most challenging things you might face?
5. In a discussion group, identify some ways a supervisee's countertransference might best be addressed. There is a fine line between supervision and therapy, and dealing with countertransference issues takes courage on the part of the supervisee and wisdom on the part of the supervisor.

CHAPTER 4

Models of Supervision

FOCUS QUESTIONS

1. What supervision models did each of your supervisors use? If they discussed their approaches with you, how were they described?
2. What model are you most inclined to follow in your supervision practice at this time? How might this approach influence your view of what you expect from supervisees?
3. What aspects from various theories might you most want to incorporate into your own integrative supervision model?
4. If you were asked in a job interview to describe your model of supervision, what would you say?
5. Why is having a model of supervision important? How does a model influence supervision?

Introduction

Suppose that you are supervised by three clinicians during your first practicum, which is at a community agency. Your site supervisor focuses heavily on interpreting your intra- and interpersonal dynamics both in your sessions with clients and in supervision. A major focus of this supervision is on processing your clients' transferential reactions to you as well as your own countertransference reactions. By contrast, the supervision you receive on campus with a faculty member seems to be highly structured and very pragmatic, with an emphasis on the logistical details to which you must attend as a new counselor. Your third supervisor, who leads group supervision at your site, seems to draw from a number of theoretical approaches. He often incorporates strategies from narrative therapy, family therapy, and solution-focused brief therapy in group supervision sessions. Which of these approaches to supervision would most appeal to you? Which supervisor would be most instrumental to your growth as a clinician? In your view, what are the benefits and drawbacks of each approach? After reading this chapter, you will be better equipped to answer

these questions and may gain insight into the model of supervision that will best suit your personality and clinical style.

This chapter focuses on the theoretical foundations of supervision. Chapter 5 describes methods that are specific strategies to use with supervisees. It is important to know *what* to do as a supervisor, but it is essential to first be aware of *why* you are choosing a particular method. The three supervisors just described, for example, must be able to articulate why they use a psychodynamic approach and believe in exploring transference and countertransference, why they base supervision on a trainee's level of professional development and provide more structure during early training experiences, or why they integrate theories and draw from a variety of approaches. This chapter is devoted to examining developmental, psychotherapy-based, and integrative models of supervision. This broad view of the theories of supervision provides a basis for addressing the more applied topics in later chapters. In addition, we discuss how you can best go about developing your own model, whether it is integrative or based on one particular perspective.

In reviewing the various models, you will see that some are based on established psychotherapy approaches whereas others have been developed specifically to describe the process of supervision. Many of these models are relatively new. The way they address supervision and the methods for application are uneven, making it difficult to compare and contrast models. Nonetheless, we will try to provide you with a perspective regarding the components of the various models so that you may compare them. We have highlighted the solution-oriented model because this postmodern approach has some connection with family therapy and narrative therapy and because the solution-oriented approach to supervision emphasizes the resourcefulness of supervisees. Likewise, the feminist therapy model also has postmodern roots, emphasizes sharing of power in the supervisory relationship, and addresses gender and contextual issues in supervision.

Only a few of the professional standards address the topic of supervision models, but the ones that do indicate that supervisors are expected to demonstrate knowledge of their supervision model and to inform the supervisee of the model they are using. For instance, the ACES (1993) *Ethical Guidelines for Counseling Supervisors* states that "supervisors should inform supervisees of the goals, policies, theoretical orientations toward counseling, training, and supervision model or approach on which the supervision is based" (3.07.).

To aid you in this process, we examine each of these models in detail and discuss how it can be applied in the practice of supervision.

Understanding Models of Supervision

A *model* of supervision is a theoretical description of what supervision is and how the supervisee's learning and professional development occur. Some models describe the process of learning and development as a whole; others describe the specifics of what occurs in supervision to bring about learning and development. A complete model addresses both how learning occurs and what supervisors and supervisees do to bring about that learning. Effective supervisors have a clearly articulated model of supervision; they know where they are going with the supervisee and what they need to do to get there. An adequate model of supervision explains the following elements:

- The process through which learning and development occur in individuals
- The role of individual and multicultural differences in supervision
- The goals of supervision
- The role of the supervisor
- Intervention strategies the supervisor will use to assist the supervisee in accomplishing the goals of supervision

- The supervisor's style
- The role of evaluation in supervision

Stoltenberg et al. (1998) described how models of supervision have been developed over time. Early models of supervision relied heavily on psychotherapeutic processes. This was consistent with the notion that once clinicians became skilled in conducting therapy, they should accordingly be skilled in supervision. As the body of information regarding supervision has advanced, models designed specifically for supervision have been developed. These models are still evolving and will very likely look different in the future. As a student of supervision, we encourage you to become familiar with the major models of supervision and work toward developing a clear model that will guide your supervision and the approaches you use.

Our overview does not survey every model described in the literature, but it provides a sample of the way models are being categorized today. Some authors classify supervision models into only two groups: psychotherapy-based models, which rely on the assumptions, methods, and techniques of a psychotherapy theory when training supervisees; and supervision-specific models, which focus on supervision processes. We have chosen a three-dimensional system, categorizing the models as developmental, psychotherapy-based, or integrative. This schema reflects our ideas regarding the most significant models of supervision. We find these categories useful, but we recognize that they are somewhat arbitrary and that in reality the models may overlap. For example, a model could be both integrative and developmental, and a developmental model may incorporate some psychotherapy-based concepts and techniques. The purpose of describing these models by category is to assist you in gaining a clearer understanding of the nature and process of supervision.

In summary, the supervision model serves as the theoretical roadmap for developing supervision techniques. Understanding how you view the supervisee, the task of supervision, and the roles of the supervisor will help determine which of the many intervention strategies you will choose. As you begin to outline your theoretical model of supervision, keep in mind that it is not a one-time event. Your model will evolve as you gain clinical and supervisory experience and as you develop the wisdom that comes with life as well as professional experience.

Developmental Models

Developmental models view supervision as an evolutionary process, and each stage of development has defined characteristics and skills. The novice clinician is characterized by a lack of confidence and limited basic skills. The more advanced supervisee has developed confidence and skill with experience and supervision and is becoming a self-sufficient clinician. In developmental models, supervision methods are adjusted to fit the confidence and skill level of supervisees as they develop and grow professionally. Research conducted on developmental models indicates the need for supervisor flexibility because various styles and approaches may be needed, even with the same supervisee (Borders, 2005). Case Study 4.1 shows how one supervisor responded to two supervisees with very different levels of skill.

CASE STUDY 4.1: AARON AND SANDRA

Aaron and Sandra are students in a master's-level counseling program, and both are beginning their internship training at a community mental health center. Aaron is new to the counseling profession, whereas Sandra has considerable

course work in marriage and family counseling and has worked in community mental health settings for many years. They have both been assigned to the family treatment unit.

Dr. Raman is supervising both students at the center, and he performs an initial assessment of the current level of clinical competence of each trainee. He determines that Sandra is very knowledgeable and skilled in her work with families, whereas Aaron is a novice in his clinical experience with this population. Within a matter of weeks, Dr. Raman is primarily using the case consultation method in his supervision of Sandra. Together they brainstorm various approaches and discuss the research supporting these approaches. Dr. Raman asks, "How can we learn together about the newest methods in family work?" Both he and Sandra read journal articles on a variety of topics, and supervision sessions are used to discuss what they have learned.

In supervising Aaron, Dr. Raman takes a different approach. He has Aaron observe him conducting family therapy sessions, and discusses with Aaron the methods he is using and why they are appropriate in working with the family. After some time, Dr. Raman has Aaron participate as a cotherapist with him where he can directly observe Aaron in his clinical work. Over the course of the training, he will use direct observation and video recording as he gives Aaron more autonomy in working with families.

With Sandra, Dr. Raman's role is more of a coach and consultant, whereas with Aaron, he is a model and a teacher of clinical methods. Dr. Raman chose a supervision approach based on the competence level of each supervisee.

Integrated Developmental Model

One of the most useful developmental models is the integrated developmental model (IDM) created by Stoltenberg et al. (1998). This model describes three levels of supervisee development and the corresponding role of the supervisor for each developmental level. "The hallmark of this model . . . is that supervisees develop along a continuum, have different generic needs at different points on the continuum, and need different interventions at various points on the continuum" (Westefeld, 2009, p. 300). Stoltenberg and colleagues emphasized that, as with human developmental stages, the supervisee does not pass cleanly through the three levels. A supervisee, for example, may be highly skilled in individual therapy, yet be a novice when it comes to leading group therapy. Level 1 supervisees are entry-level therapists and generally lack confidence and skill. They need more structure and direction from the supervisor. Level 2 supervisees are more confident and begin to rely on their own abilities and decision-making processes. The supervisor may occasionally provide direction but focuses more on process issues, examining how the supervisee's own personal reactions and issues affect his or her functioning as a therapist. In Level 3, the supervisee provides most of the structure in supervision. Confidence levels are growing rapidly, and the supervision is more informal and more collegial with the supervisor acting as a consultant. Stoltenberg and colleagues identified eight specific domains of clinical practice in which to assess the developmental level. Those domains are intervention skills competencies, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics.

The IDM is a well-conceived developmental model of supervision. It is useful for supervisors to understand the developmental stages of the supervisee and the corresponding skills and approaches for the supervisor. The IDM allows for a wide range of supervision

methods and techniques to be employed to help the supervisee move through the stages in becoming a competent clinician.

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

Using the IDM as a Framework for Supervision

As a counselor educator, I find the IDM to be a very useful framework for guiding trainees' professional development. In fact, although the emphasis of the model is on facilitating supervisees' development, I have found it to be quite helpful as a framework for understanding my own development and reactions as a supervisor.

Supervision is a complex enterprise, so having some sort of framework to make sense of what is happening is a necessity. On a number of occasions, beginning trainees have commented to me on how surprised they were to learn that counseling is far more complex than they initially thought. Shortly after they begin the developmental process of becoming counselors, they realize that what transpires between counselor and client appears to flow as a natural conversation yet actually requires a great deal of skill, knowledge, self-reflection, and practice. They are drawn to the field of counseling because they consider themselves to be good conversationalists and compassionate listeners, but at a critical point early in their development, they see that to be effective their conversations with clients, unlike those with friends and family members, must be grounded in a theoretical framework and have a sound rationale. Knowing enough about something to realize that one has a vast amount to learn is overwhelming but can be the impetus for growth. Although trainees invariably find this developmental stage to be uncomfortable, I consider it exciting and hopeful because those who have a strong desire to be counselors are going to invest in the process in order to move out of their discomfort zones and move in the direction of becoming more autonomous (Level 2).

I am a believer in parallel process, and it makes sense that just as counselors experience a developmental process, so do supervisors. Having strong counseling skills certainly helps supervisors perform their job with greater competence, but these skills alone are not sufficient to make a supervisor effective. Although I may have been a Level 3 counselor when I was enrolled in my supervision practicum as a doctoral student, my skills as a supervisor had not yet been developed. I had never been in a position to evaluate a trainee's competence, and the responsibility of being a gatekeeper for the profession made me anxious. Using the IDM helped me to have more patience with myself because it normalized my reactions and helped me to anticipate some of the concerns and issues that my supervisees might have based on their developmental level.

The IDM also helps to make sense of certain dynamics that occur in supervision. Suppose that one is just starting out as a supervisor and feels the need to do everything "right" and cover every conceivable point with his or her trainees. If a Level 1 trainee is matched with this inexperienced supervisor (I'll refer to him or her as a Level 1 supervisor), things may work out nicely because the trainee is looking for guidance and is eager to acquire knowledge about therapy. On the other hand, a Level 3 supervisee who has had years of clinical experience may not benefit from or have a lot of tolerance for this Level 1 supervisor's approach. A Level 2 trainee who has mastered the basics and wants more autonomy may also resist this Level 1 supervisor's direction. The inexperienced supervisor might interpret the trainee's resistance as a sign of disrespect whereas a more experienced (Level 3) supervisor who has more confidence in his or her own supervisory skills may view the trainee's behavior in a developmental context and not take it personally. Of course, we must also consider the influence of factors such as personality, age, gender, race, ethnicity,

and so on. Add those factors to the equation, and supervision becomes exponentially more complex.

Life-Span Model

An expanded developmental model has been proposed by Skovholt and Ronnestad (1992). They described the developmental process of counselors as occurring over a long period of time; it is not limited to graduate school years. Thus Bernard and Goodyear (2009) classified this model as a life-span model. Skovholt and Ronnestad (1992) interviewed clinicians from graduate students to those with years of experience and identified eight stages that characterize counselor development. Those stages are competence, transition to professional training, imitation of experts, conditional autonomy, exploration, integration, individuation, and integrity. This model is useful in helping the supervisor conceptualize the developmental process that clinicians experience. Supervisors can then adjust their supervision methods to fit the needs of their supervisees.

A blueprint for developmental supervision is presented below. It provides examples of the types of actions that supervisors and supervisees need to take at each developmental stage of supervision. This list was developed by supervisors with input from their supervisees following completion of their graduate externship experience. New supervisors often ask, "What specifically should I be doing with my supervisees at each of the developmental stages?" This outline answers some of those questions and provides a roadmap for navigating the developmental stages of supervisees. The first stage involves intensive monitoring and control on the part of the supervisor. Stage 2 is characterized by sharing responsibilities. Stage 3 reflects the independent functioning of the skilled supervisee.

These developmental stages are based on the knowledge and skill of the supervisee and may vary with the type of therapy or target population served and the theoretical model being used in supervision. As a supervisor, you will always start with the assumption that every supervisee is at the beginning stage of skill. This means that each supervisee will begin at Stage 1 and move through each stage based on his or her knowledge and expertise in that given area.

A Blueprint for Developmental Supervision

1. *Beginning stage:* The goal is to develop the relationship, assess competencies, educate, and monitor early experiences.
   Supervisor
   - Assume primary responsibility and encourage supervisee
   - Assess supervisee's strengths and weaknesses in areas of training, experience, and clinical competence (assessment, direct treatment, and interpersonal style)
   - Use supervisee assessment information to develop goals with the supervisee
   - Review and sign supervisory contract and other supervisory agreements
   - Critically review each of the supervisee's prospective clients for appropriate placement
   - Set supervisory goals collaboratively with supervisee
   - Review policies and procedures of practice (address ethics, confidentiality, and emergency procedures)
   - Educate supervisee in areas of need to include ethics, liability, assessment, organization of information, documentation, and therapeutic skills
   - Provide direct and consistent observation of therapy (live supervision, video, one-way mirror, bug-in-the-ear, and bug-in-the-eye)
   - Provide structure for supervisory sessions
   - Limit autonomy until competence in performance is evidenced

- Provide direct feedback often and combine with information and practice as needed
- Be available for direct intervention in critical incidents (with supervisee and clients)
- Review and approve all documentation (assist in writing if needed)
- Document supervisory activities

Supervisee

- Seek and accept direction
- Discuss perception of strengths and weaknesses with supervisor
- Provide supervisor with information requested
- Review and sign contract and supervisory agreements
- Set supervision goals in collaboration with supervisor
- Practice safe and prudent therapy within the structure provided by supervisor
- Review policies and procedures for practice and seek clarification
- Be willing to take risks and practice within the boundaries of the supervisory relationship
- Question and hypothesize
- Provide information to supervisor regarding wants and expectations of supervision
- Recognize that anxiety is normal and discuss concerns with supervisor

2. *Middle stage:* The goal is to transition from dependency to independent practice. This stage is often characterized by a struggle in the supervisory relationship as supervisees want to move forward and supervisors want to tread carefully.

   Supervisor

   - Role-play, provide ethical dilemmas, play devil's advocate, and design "what if" scenarios for supervisee to explore and discuss
   - Suggest various theoretical approaches for each case
   - Facilitate discussion of various treatment alternatives
   - Assist supervisee in choosing a sound course of action
   - Provide supervisee with opportunities to discuss clients and presenting problems from supervisee's perspective
   - Share responsibility with supervisee
   - Monitor by direct observation, documentation review, and self-report
   - Create opportunities for supervisee to struggle with decisions and consequences
   - Ask questions and expect supervisee to seek answers (be prepared to assist)
   - Serve as a resource and reference for materials, problem solving, and practice
   - Encourage supervisee to present cases in a collaborative manner
   - Collaboratively make decisions about how much time to spend on each case
   - Share responsibility for the supervision session structure
   - Reduce directive stance and encourage democratic decision making
   - Provide formative feedback consistently, and develop a plan of action collaboratively with supervisee for improvement
   - Document supervisory practice

   Supervisee

   - Practice presenting cases in a professional manner
   - Explore theoretical orientation with supervisor
   - Actively participate in identification of treatment techniques and strategies
   - Consult with supervisor for direction
   - Initiate interventions independently
   - Provide information to supervisor to assure client welfare
   - Choose approach for case conceptualization and share with supervisor
   - Identify relevant questions and strategies for gaining information
   - Draft reports and explain formulation and process to supervisor

- Assume comprehensive case management duties
- Share responsibility with supervisor for client care
- Share responsibility for structure of supervisory sessions
- Come to supervision sessions prepared to initiate topics for discussion
- Provide feedback to supervisor on the supervision received and identify and voice perceptions of unmet needs

3. *Ending stage:* The primary goal is to foster independence and prepare supervisee for work as an independent professional.
   Supervisor
   - Review goals and progress
   - Listen to and encourage supervisee
   - Monitor primarily through supervisee's self-report and documentation with occasional direct observation
   - Provide summative evaluation
   - Take responsibility for termination of formal supervisory relationship
   - Document supervisory process
   - Acknowledge continued vicarious and direct liability throughout the supervisory relationship
   - Be open to and seek evaluative feedback on the supervisory process, the structure of supervision, and specific supervisory skills
   - Promote the development of self-supervision skills including the ability to self-monitor and self-evaluate

   Supervisee
   - Articulate theoretical orientation, treatment alternatives explored, and course of action chosen
   - Provide justification for any given course of action in treatment
   - Recognize and identify skills for future development
   - Assume primary responsibility for client welfare
   - Review goals and progress
   - Review learning during supervision
   - Determine future goals and course of action
   - Think out loud while problem solving and conceptualizing client information
   - Increase independent decision making
   - Become self-supervising and develop a plan for the longer term to be able to self-supervise
   - Reflect on the supervisory process and provide supervisor with evaluative feedback

For a more detailed treatment of the developmental models, see Skovholt and Ronnestad (1992), Stoltenberg and McNeill (1997), and Stoltenberg et al. (1998).

Psychotherapy-Based Models

Psychotherapy-based models use the concepts developed for psychotherapy and apply them to the supervision setting. That which is useful in bringing about change with clients is likely to be useful in bringing about change with supervisees. Depending on your therapy orientation, you may find that one or more of these models resonate with your own style.

Psychodynamic Model

According to Bradley and Gould (2001), supervision "is a therapeutic process focusing on the intrapersonal and interpersonal dynamics in the supervisee's relationship with clients,

supervisors, colleagues, and others" (p. 148). The primary focus of supervision is on the supervisee's development of self-awareness of these dynamics and on development of the skills necessary to use a psychodynamic approach in counseling. The supervisor is concerned with the supervisee's personal issues to the extent that these issues are influencing the course of therapy.

With this model, emphasis is placed on the dynamics of supervisees, such as resistance, their way of reacting to clients, and the client's reactions (transference) to the therapist. Because transference is common in the therapeutic process, it is important to conceptualize the meaning of a client's reactions to a counselor and for the counselor to understand his or her own reactions to the client's transference. The psychoanalytic model offers the richest perspective for grasping the implications of both transference and countertransference. In psychodynamic approaches, transference and countertransference are viewed as central to the therapy process. With this model of supervision, a great deal of emphasis is given to understanding how client–counselor reactions influence the course of therapy.

Parallel process is often discussed in conjunction with psychodynamic approaches (Borders & Brown, 2005; Ganzer & Ornstein, 1999; Searles, 1955). It refers to the supervisee's interaction with the supervisor that parallels the client's behavior with the supervisee as the therapist. The supervisor's task is to explore these parallel relationships or processes with the supervisee as a key to learning how to become a better therapist. For example, a counselor may experience difficulty terminating with clients. Her ambivalence about ending a therapy relationship may mirror the client's resistance to talking about ending the professional relationship. The counselor may have unresolved personal conflicts pertaining to losses and ending relationships in her own life, and this may surface when concluding the supervisory relationship. The parallel process provides a lens by which to view and understand ways that therapy may get stalled due to the therapist's unresolved personal problems.

Here are some examples of questions and statements typically made by supervisors with a psychodynamic orientation:

- What similarities do you see between our supervisory work and the relationship you share with your client?
- We've talked about your wanting my approval as a supervisor. It appears to me that you are hesitant to challenge your client lest she not approve of you.
- Think out loud for a bit about what purpose your client's resistance might be serving.
- You appear to be having a very strong emotional response to your client; where and with whom else in your life might you experience this emotion?

For further information on supervision of psychodynamic psychotherapies, see Binder and Strupp (1997) and Kestenbaum (2006). For a psychodynamic approach to the supervisory relationship, see Frawley-O'Dea and Sarnat (2001) and Ganzer and Ornstein (1999).

Person-Centered Model

In the person-centered approach to supervision, the supervisor assumes that the supervisee has immense resources for both personal and professional development. The supervisor is not viewed as the expert who does all the teaching; rather, the supervisee assumes an active role in this process. Learning that occurs in the supervisory process results from a collaborative venture between supervisor and supervisee (Sadow, Wyatt, Aguayo, Diaz, & Sweeney, 2008). According to Lambers (2000), the "supervisor and supervisee must be clear from the outset what the supervision relationship is about and both need to take responsibility for maintaining and managing the boundaries of the relationship" (p. 199). Rather than relying

on providing supervisees with directives or advice, supervisors encourage supervisees to think about how they might best proceed with their cases. Just as therapy outcomes are greatly influenced by the quality of the therapeutic relationship, in supervision the outcomes of the process hinge on the quality of the relationship between supervisor and supervisee (Tudor & Worrall, 2004).

In this model, development of a trusting and facilitative relationship between supervisor and supervisee—characterized by the supervisor's empathy, warmth, and genuineness—provides an atmosphere in which the supervisee can grow and develop. "The bottom line is that when supervisees feel heard and understood by their supervisors, they are more likely to be motivated and open to feedback" (Campbell, 2006, p. 171). It is the job of the supervisor to provide this atmosphere where growth can flourish. Furthermore, when supervisees feel understood, they are more likely to take an active role in bringing their concerns to supervision sessions.

Supervision from the person-centered perspective downplays the evaluative role of the supervisor and questions the role of the supervisor as gatekeeper of the profession. Lambers (2000) stated that the person-centered supervisor "has no other concern, no other agenda than to facilitate the therapist's ability to be open to her experience so that she can become fully present and engaged in the relationship with the client. The person-centered supervisor accepts the supervisee as a person in process and trusts the supervisee's potential for growth" (p. 197).

Here are some examples of the kinds of statements or questions typically used by the person-centered supervisor:

- I'd like to hear you talk more about how it was for you to be with the client for that session.
- I encourage you to begin to place more trust in your own internal direction.
- Even though you are saying you really don't know how to proceed, if you did know, what actions might you take?
- Tell me what you found to be important about the experience you shared with your client today.
- I'd like to hear you talk more about the climate you are creating with your client.
- To what degree do you feel you understand the world of your client?
- What are your expectations for what we might do in today's session?

Inspired by the work of her father, Carl Rogers, who pioneered the person-centered approach, Natalie Rogers developed person-centered expressive art therapy, which is noted to be "especially helpful for clients stuck in linear, rigid, and analytic ways of thinking and experiencing the world" (Sommers-Flanagan, 2007, p. 120). As described in *Voices From the Field*, the creative and expressive arts can be incorporated quite effectively in person-centered supervision. For further readings in the area of person-centered supervision, see Sadow et al. (2008), Tudor and Worrall (2004), and Lambers (2000).

VOICES FROM THE FIELD

Phyllis Robertson, PhD

I have been teaching an elective class on creative and expressive arts in counseling for several summers and have been attending professional seminars and conferences on the use of art in individual and group counseling and self-care. At one conference a visual art therapist drew her interpretations of the workshops she attended, and at the end of the conference she shared them with the

other participants. I realized that she was able to capture in her drawings not only the essence of the speaker's content but also the mood and energy of the participants. She was allowing her intuitive side to flow with her cognitive self and had not only created very interesting works of art but had demonstrated a medium for reflection and integration of learning. I decided I wanted my students to have this experience. I wanted them to not only hear what was being said but to conceptualize their case presentations from several vantage points and to integrate the consultation process into their skill base. Not only would I be training counselors, I would be training future supervisors and peer consultants.

I showed up to supervision with drawing paper and my basket of markers, colored pencils, pastels, crayons, and charcoal. I instructed my supervisees to suspend their insecurities about artistic expression and allow themselves to create pictures, symbols, words, images, or whatever came to mind while listening to the presentations. I wanted them to learn how to conceptualize a case without internal dialogue about how they were going to express their feedback. Each case presentation was to last approximately 1¼ hours with two presentations per meeting. I allowed them to choose their drawing tools, instructed the presenters to give us a brief case summary and play 10 selected minutes of an audio recording of a counseling session. Both the supervisee presenting the case and I drew as well. Once the tape started to play, the supervisees became immersed in their drawings, pausing occasionally to look into space, never really noticing what others were drawing, but focusing intently on their own work. The group drew the entire time the tape was playing, and I allowed them a few minutes to finish up their drawings after the tape ended. Then I had them turn their papers over and on the back write out or draw their feedback for the presenter. They were to consider what the strengths of the counselor were and what recommendations they would have for the counselor in future sessions with this particular client. To my surprise and pleasure, even these ideas were oftentimes expressed in symbols, images, and simple phrases.

In the feedback process for each case, I had them each explain their drawing, looking for themes, patterns, and areas of concern. Once we began talking about the drawings, we started to see overlapping themes and patterns in the client's story, some of which the presenting supervisee was aware of and others that had not been noticed. Their creative, intuitive side had been tapped, and they were able to discern even more insight into the client's circumstances, which surprised everyone. Their case conceptualization skills had been enhanced and their sense of efficacy was growing. The dialogue about the themes, patterns, and areas of concern continued for about 30 minutes. I then asked them to share their suggestions and recommendations. The feedback they received through this method was so much richer and covered so many more skills and approaches that I was concerned the presenter might feel overloaded. In processing the experience, my students indicated they preferred having more information and that the method actually felt less intimidating than a structured format. The supervisees later stated, "It allowed us to really think about the client in terms of a global perspective. It was nice having others bring new insight into the client." and "In the debrief session afterward, I had a rich conception of the meaning of what I had heard." An international supervisee said, "Images for me have a [more] lasting effect than words, and I can still recall some of the drawings, as opposed to what may have been said." This demonstrates to me that cultural variations in conceptualization and memorization were being addressed by the use of a creative art expression. A supervisee with ADHD

expressed a similar view. "I tend to process visually, and the technique helped me to translate the disembodied voices I heard in the recordings to visual symbols that encapsulated the meaning of the session."

From the perspective of the supervisee as consultant, the ability to take notes by drawing allowed greater flexibility in the content of feedback. One student stated, "I think I was able to recall more and express it in a more complete form." Another said, "drawing gives one a free range to think outside the box." When I asked the students, "What feelings did the client elicit in you?" they had a wider range of emotions and could attribute specific statements as well as themes to their emotional reactions. They then could vocalize empathy with the presenting supervisee, and, while providing feedback, could draw on their personal and professional experiences when dealing with emotion-evoking situations and stories.

The use of creative art in peer supervision strongly addressed my students' various learning and expressive styles, thus promoting growth in case conceptualization, empathy, and consultation skills. I believe the students benefited greatly from this experience, losing some inhibitions to "get it right" and becoming more involved in the dialogue and learning how to receive constructive feedback from others who were walking in their same shoes. Also, by allowing the presenting supervisees to take the drawings with them, they had memory cues to help them process the information shared and integrate the feedback into their approach with the client.

Cognitive–Behavioral Model

A key task in cognitive–behavioral supervision is teaching cognitive–behavioral techniques and correcting misconceptions about this approach with clients. These sessions are structured, focused, and educational, and both supervisor and supervisee are responsible for the structure and content of the sessions (Liese & Beck, 1997). In supervision, the focus is on how the supervisee's cognitive picture of his or her skills affects his or her ability as a therapist. By focusing on this, the supervisee also learns how to apply these cognitive–behavioral methods with clients.

Liese and Beck (1997) outlined nine steps that typically occur in cognitive therapy supervision. These steps provide an example of the content of a session.

1. *Check-in:* The supervisor asks "How are you doing?" to break the ice.
2. *Agenda setting:* The supervisor teaches the supervisee to carefully prepare for the supervision session and asks, "What would you like to work on today?"
3. *Bridge from previous supervision session:* The work of the last supervisory session is reviewed by asking, "What did you learn last time?"
4. *Inquiry about previously supervised therapy cases:* Progress or particular difficulties with previously discussed cases are reviewed.
5. *Review of homework since previous supervision session:* Homework might include readings, writing about cases, or trying new techniques with a client.
6. *Prioritization and discussion of agenda items:* A review of the supervisee's tape-recorded therapy sessions is a major focus for the supervisory session. Teaching and role playing are common supervision methods.
7. *Assignment of new homework:* As a result of the session, new assignments are given that will help the supervisee develop knowledge and skills in cognitive–behavior therapy.
8. *Supervisor's capsule summaries:* The supervisor's reflections of what has been covered in the session keep the session focused and emphasize important points.

9. *Elicit feedback from supervisee:* The supervisor asks for feedback throughout the session and ends the session with questions such as, "What have you learned today?"

These steps closely parallel the steps that occur in a cognitive–behavioral therapy (CBT) session with a client. In the process of supervision, the supervisee learns both from the content of the supervision and from the supervisor modeling how to conduct a cognitive–behavioral session. I. A. James, Milne, and Morse (2008) emphasized the importance of using microskills when conducting supervision and described 14 activities in which CBT supervisors generally engage. These include listening, gathering information, supporting, managing, giving feedback, summarizing, checking theoretical knowledge, challenging, educating, using experiential learning, self-disclosing, disagreeing, utilizing video observation, and other activities.

For further reading on this model, see I. A. James et al. (2008), Liese and Beck (1997), Townend (2008), and Woods and Ellis (1997).

Reality Therapy/Choice Theory Model

Reality therapy/choice theory is based on the assumption that people strive to gain control of their lives to fulfill their needs. Like the cognitive–behavior models, reality therapy is active, directive, structured, psychoeducational, and focuses on *doing* and *action plans*. Attitudes, feelings, insight, transference, exploring one's past, and unconscious motivations are not emphasized. Reality therapy focuses on helping clients solve problems and cope with the demands of reality by making more effective choices. People can improve the quality of their lives through honestly examining their wants, needs, and perceptions. Clients are challenged to evaluate their current behavior, formulate a plan for change, commit themselves to their plan, and follow through with their commitment.

The WDEP system, developed by Robert Wubbolding, outlines the procedures used in reality therapy. Specifically, the strategies help clients identify their *wants*, determine the *direction* their behavior is taking them, *evaluate* themselves, and design and commit to a *plan* for change. In *Voices From the Field*, Wubbolding describes how supervision is approached from a reality therapy perspective.

VOICES FROM THE FIELD

Robert Wubbolding, EdD

The purpose of the supervision of reality therapy trainees is twofold: (a) to train candidates to enhance their knowledge and skills, and (b) to coverify that participants have achieved sufficient knowledge and skill to successfully attend the certification week (a 4-day program).

The supervisor is a professional person who is credentialed (Reality Therapy Certified) and has been further trained through the William Glasser Institute to supervise reality therapy trainees. Since its inception in 1973, the philosophy underlying this process has been to make continuing education in counseling/therapy accessible and realistically doable. Candidates complete their training on a part-time basis in a reasonable amount of time, approximately 18 months. These principles are an extension of the work of William Glasser who has demystified mental health by emphasizing the role of conscious human choice and the internal motivational aspect of reality therapy.

During the practicum supervisory periods, candidates and supervisors discuss business details and ethical considerations. The core of the supervisory

experience is the role-play practice of skills and techniques learned in the 4-day training workshops. Trainees also prepare a brief presentation on their application of choice theory and reality therapy, which they present at the certification week. They discuss cases and describe how they've applied reality therapy and review articles and books on reality therapy. The result is increased skill and added insights beyond those gleaned from the 4-day training workshops. This added learning is brought about with feedback from both peers and the supervisor.

The supervisor's responsibility is to provide a safe atmosphere that encourages trainees to take risks and to receive feedback. Feedback is positive, not critical, direct when appropriate, and always considerate of cultural differences. Most especially, the supervisor is the gatekeeper for supervision. Although participant self-evaluation is central to the process, the supervisor coverifies the readiness of the supervisee only when the trainee demonstrates sufficient knowledge of theory and proficiency in the use of the WDEP reality therapy procedures. For a further treatment of reality therapy, see Wubbolding (2000).

Family Therapy Model

Family therapy typically involves work with the family as a system by examining the various relationships and dynamics. Liddle, Becker, and Diamond (1997) suggested that family therapy supervision is much like family therapy—it is active, directive, and collaborative. In fact, "live supervision," which involves immediate direction and intervention during the therapy session, appears to be the most widely used method in family therapy training programs (Taylor & Gonzales, 2005). The supervisor encourages supervisees to examine their own intergenerational dynamics, values, and culture to further their own awareness and growth and to learn about becoming a family therapist. The family therapy supervisor works with the supervisory relationship as a system and with the supervisee and his or her clients as a system.

Some family therapists place primary emphasis on the therapist as person, which has implications for supervisors working within the family therapy model. Bitter (2009) identified the following personal characteristics and orientations of effective family practitioners: presence; acceptance, interest, and caring; assertiveness and confidence; courage and risk-taking; openness to change; paying attention to goals and purposes of a family; working in patterns; appreciating the influence of diversity; being sincerely interested in the welfare of others; tending to the spirit of the family and its members; and involvement, engagement, and satisfaction in working with families. Supervisors working within this model view exploring the personal characteristics of supervisees as being of major importance.

The family therapy approach to supervision is based on the assumption that a trainee's mental health, as defined by relationships with his or her family of origin, has implications for professional training and supervision. Supervisees can benefit from exploring the dynamics of their family of origin because this significant knowledge enables them to relate more effectively to the families they will meet in their clinical practice.

Supervisors of family therapist trainees generally assume that it is inevitable that trainees will encounter similar dynamics between the family members whom they are counseling and the members of their own family of origin. If supervisees lack awareness of ways that particular members of their own family of origin may trigger strong emotional reactions in them, it is likely that they will react too quickly or inappropriately to client families. Such supervisees are then likely to project feelings they had toward their own family onto their clients. Supervision addresses how supervisees' clinical work is influenced by their experiences with their own families of origin.

Most family therapy training programs encourage students to explore their own family-of-origin issues. The family therapy supervisor assists the supervisee in exploring his or

her own family dynamics with the use of techniques such as genograms, family history, and family sculpting. The supervisee is encouraged to identify patterns such as enmeshment, detachment, and triangulation. The purpose of this exploration is to determine ways in which one's own family of origin will affect the supervisee's ability to function as a family therapist.

For further readings on the family therapy model of supervision, see Bitter (2009), Garcia, Kosutic, McDowell, and Anderson (2009), Gardner, Bobele, and Biever (1997), R. E. Lee, Nichols, Nichols, and Odom (2004), Liddle et al. (1997), Taylor and Gonzales (2005), and Whiting (2007).

Feminist Model

The underlying philosophy of the feminist model is being gender-fair, flexible, interactional, and life-span oriented. This approach emphasizes that gender-role expectations profoundly influence our identity from birth onward. The aims of feminist therapy include both individual change and social change. The overall aim is to replace the current patriarchy with a feminist consciousness, creating a society in which relationships are interdependent, cooperative, and mutually supportive (G. Corey, 2009b).

The basic concepts of feminist therapy can be applied to the process of clinical supervision. The supervision process is clearly explained to supervisees from the beginning, which increases the chances that the supervisee will become an active partner in this learning process (G. Corey, 2009b). The feminist model of supervision entails striving toward an equalization of the power base between the supervisor and the supervisee. In fact, feminist supervisors proactively analyze power dynamics and differentials between supervisor and supervisee, model the use of power in the service of the supervisee, and vigilantly avoid abuses of power (Porter & Vasquez, 1997). Although the supervisory relationship cannot be entirely equal, the supervisor shares power in the relationship by creating a collaborative partnership with supervisees (Carta-Falsa & Anderson, 2001). Together they participate in acquiring, sharing, and reshaping knowledge. According to Carta-Falsa and Anderson, this collaborative spirit leads to an empowered relationship that is characterized by a sense of safety. This sense of trust and security forms the basis for increased risk-taking, higher levels of performance, and greater individual confidence.

Martinez, Davis, and Dahl (1999) suggested that feminist supervisors foster a mutually agreed-upon approach to working with a client rather than using the usual supervisor-directed approach. Supervision focuses on the trainee's philosophy and practice of counseling. A supervisee's assumptions, beliefs, and values pertaining to gender, race, culture, sexual orientation, ability, and age are often the subject of discussion during supervision sessions.

Because social change is a key goal of the feminist approach, feminist supervisors advance and model the principle of advocacy and activism (Porter & Vasquez, 1997). Supervisors do this by guiding their supervisees into thinking about their role and power in influencing the systems in which they work. At times, they assume responsibilities for challenging sexist and racist attitudes and behaviors of their supervisees, including the negative use of stereotypes and the misuse of diagnoses. Feminist supervisors are aware of the fine balance between imposing their beliefs and being apolitical in supervision. It will come as no surprise that feminist supervisors advocate for their supervisees and clients in the educational and training settings within which they practice. Supervisors recognize that the feminist tenet of working for social change often originates in their own institution.

Like supervisors who subscribe to other theories, feminist supervisors must ensure their supervisees practice in a competent and ethical manner. Supervisors help their supervisees to appreciate the complex nature of ethical dilemmas, and they discuss ways to prevent ethical breaches (Porter & Vasquez, 1997). Hierarchical supervision methods tend to be

avoided, but they may be used by feminist supervisors when clients pose a risk of harm to self or others or when the situation is beyond the supervisee's current therapeutic abilities (Prouty, Thomas, Johnson, & Long, 2001).

One of our contributors specifically mentioned the challenge supervisors face in dealing with the power differential inherent to the supervisory relationship. This clinician is supportive of the feminist value pertaining to power, and her thoughts on minimizing the power differential between supervisor and supervisee are provided in *Voices From the Field*. If you are interested in further reading on feminist approaches to supervision, see Carta-Falsa and Anderson (2001), Martinez et al. (1999), and Porter and Vasquez (1997).

VOICES FROM THE FIELD

Tory Nersasian, PsyD

The power differential inherent in the supervisory relationship can present significant challenges for the student. Ideally, a supervisor acts as a consultant, empowering the supervisee to make his or her own clinical decisions, offering alternative solutions and guidance when necessary. At times, however, supervisors take a more authoritarian role in the relationship, imposing a clinical opinion as the "correct" solution to a particular treatment or assessment issue. When this occurs, the supervisee is left with two choices: assert a clinical opinion in opposition to the supervisor or comply with orders. When one is in the role of colleague, the former option carries much less risk; in fact, it is much more acceptable for there to be disagreements in clinical opinion among professionals. However, when one is in the role of supervisee, asserting an opinion that runs against the clinical beliefs of the supervisor can be professional suicide.

Oftentimes, the supervisor is also the evaluator of the supervisee and has the power to turn a clinical disagreement into a black mark on the student's permanent record. Even in cases where the supervisor would never take a disagreement as an opportunity to professionally harm the student, there is always fear within the student that this could occur. No matter how strong the level of trust is within the supervisory relationship, there is pressure on the supervisee to comply with the clinical opinions of the supervisor. I believe it's important for the supervisor to keep this issue in mind, discuss it with the student, and take steps to minimize the power differential as much as possible.

Solution-Oriented Model

The solution-oriented model differs from traditional psychotherapy models by eschewing the past in favor of both the present and the future. This approach has implications for the supervisory relationship because it is grounded on the optimistic assumption that people are healthy, resourceful, and competent and have the ability to find solutions that can enhance their lives. In solution-oriented supervision, the basic assumption is that the supervisee is the expert and has the resources to problem solve clinical situations (Thomas, 1994). According to Thomas, there are two steps in solution-oriented supervision: (a) building the conceptual map, which includes a discussion of what supervisees want from supervision, the supervisory relationship, and assumptions about solution-focused supervision; and (b) implementing solution-oriented supervision, which includes setting goals and future orientation.

Operating within the framework of a solution-oriented approach, supervisors strive to design a collaborative style in working with supervisees. Supervisees are assumed to be

capable and resourceful when it comes to achieving their supervision goals. The model is based on family therapy and narrative therapy and focuses on affirming and empowering the supervisee to learn and grow in supervision.

Practitioners using a solution-oriented approach use several techniques to steer clients toward solutions. One of these techniques is the *miracle question*, which can be effective with a variety of complaints and situations (de Shazer, 1991). Miracle questions can be used as an assessment technique to determine what the client would see as a satisfactory solution to a given problem. A practitioner might ask, "If a miracle happened and the problem you have was solved overnight, how would you know it was solved, and *what would be different*?" Clients are then encouraged to enact "what would be different" in spite of perceived problems. This process reflects O'Hanlon and Weiner-Davis's (2003) belief that changing the doing and viewing of the perceived problem changes the problem. Supervisors can also effectively incorporate the miracle question into supervisory sessions, thereby modeling the technique. If a supervisee discloses that she struggles with feeling inadequate around certain clients who remind her of her critical father, for instance, the supervisor might ask, "If a miracle happened and you did not feel inadequate around your clients the next time you met with them, what would be different? How would your feelings affect your actions? How might your clients react to you if you felt more confident?"

Another technique involves asking *exception questions*, which direct clients to times in their lives when the problem didn't exist. This exploration reminds clients that problems are not all-powerful and have not existed forever; it also provides a field of opportunity for evoking resources, engaging strengths, and positing possible solutions. Solution-oriented therapists focus on small, achievable changes that may lead to additional positive outcomes. Their language joins with the client's, using similar words, pacing, and tone, but also involves questions that presuppose change, posit multiple answers, and are goal directed and future oriented. A therapist might ask the client, "Was there a time when you weren't feeling stressed out at work? What was different about the situation and your reaction?" In the supervision context, exception questions can be quite effective to assist supervisees in realizing that their own issues do not have to control them and that change is possible. A supervisee who is working on being less judgmental with clients may be asked to think about an occasion when he did not feel critical toward them. His supervisor might ask, "What was that like? How did that differ from times when you felt judgmental toward them?"

Solution-oriented therapists also use *scaling questions* when change is required in human experiences that are not easily observed, such as feelings, moods, or communication. For example, a woman reporting feelings of panic or anxiety might be asked, "On a scale of 0 to 10, with 0 being how you felt when you first came to therapy and 10 being how you feel the day after your miracle occurs and your problem is gone, how would you rate your anxiety right now?" Even if the client has only moved away from 0 to 1, she has improved. How did she do that? What does she need to do to move another number up the scale? To measure growth on any number of dimensions, a supervisor may ask a trainee scaling questions. To gain a baseline measure in the early stages of supervision, a supervisor might ask the following questions: "On a scale of 0 to 10, how would you rate your anxiety related to trying new techniques or meeting with new clients? Using this scale, how would you rate your comfort with making mistakes?" As the trainee develops competence, these questions can be revisited to assess how the trainee's views have changed over time.

There are many ways to apply the solution-oriented therapy model to an optimistic model of supervision. Such an approach has a great deal of potential for empowering supervisees. For a more in-depth discussion of the solution-oriented approach to therapy, see O'Hanlon and Weiner-Davis (2003), O'Hanlon (1999), and O'Hanlon and Beadle (1999). For a useful book on solution-focused brief therapy, see de Shazer and Dolan (2007).

Integrative Models

Integrative models of supervision, like integrative models of counseling and psychotherapy, rely on more than one theory and technique. A variety of integrative approaches can be designed that are based on a combination of techniques, common principles, and concepts from a number of different theories. An integrative approach based on various techniques offers more flexibility than does a single approach, because interventions can be combined in a way that uniquely fits the supervisor's beliefs and values about change, the therapeutic process, and the client's needs.

Because no one theory contains all the truth, and because no single set of counseling techniques is always effective in working with diverse client populations, integrative approaches hold promise for both counseling practice and the practice of supervision. Norcross and Beutler (2008) maintained that effective clinical practice requires a flexible and integrative perspective: "Psychotherapy should be flexibly tailored to the unique needs and contexts of the individual client, not universally applied as one-size-fits-all" (p. 485).

According to Dattilio and Norcross (2006) and Norcross and Beutler (2008), there are multiple pathways to achieving integration, two of the most common being technical eclecticism and theoretical integration. *Technical eclecticism* tends to focus on differences, chooses from many approaches, and is a collection of techniques. This path calls for using techniques from different schools without necessarily subscribing to the theoretical positions that spawned them. Technical eclecticism aims at selecting the best treatment techniques for the individual and the problem. For technical eclectics, there is no necessary connection between conceptual foundations and techniques. In contrast, *theoretical integration* refers to a conceptual or theoretical creation beyond a mere blending of techniques. This path has the goal of producing a conceptual framework that synthesizes the best of two or more theoretical approaches to produce an outcome richer than that of a single theory (Norcross & Beutler, 2008).

An integrative perspective at its best entails systematic integration of underlying principles and methods common to a range of therapeutic approaches. To develop this kind of integration, you need to be thoroughly conversant with a number of theories, be open to the idea that these theories can be unified in some way, and be willing to continually test your hypotheses to determine how well they are working. An integrative perspective is the product of a great deal of study, clinical practice, research, and theorizing (G. Corey, 2009a).

An integrative perspective of the supervision process is best characterized by attempts to look beyond and across the confines of single-school approaches to see what can be learned from other perspectives. Unless you have an accurate, in-depth knowledge of theories, you cannot formulate a true synthesis. Simply put, you cannot integrate what you do not know (Norcross & Beutler, 2008). Constructing an integrative orientation to counseling practice is a long-term venture that is refined with experience. Ideally, an integrative approach dynamically integrates concepts and techniques that fit the uniqueness of your personality and style of supervision.

There are some drawbacks to encouraging the development of an integrative model. Some practitioners are critical of an inconsistent eclectic approach that is reduced to a random borrowing of ideas and techniques. At its worst, eclecticism can be an excuse for practice that is not well thought out—a practice that lacks a systematic rationale for what you actually do in your work. If you merely pick and choose according to whims, it is likely that what you select will be just a reflection of your biases and preconceived ideas. It is important to avoid the trap of emerging with a hodgepodge of theories thrown hastily together (G. Corey, 2009a).

The kind of integrated model of supervision we subscribe to and suggest to you is based on common denominators across the different models. At its best, this involves identifying

core concepts that different models share or concepts that can be usefully combined. It is essential to identify your key beliefs underlying the practice of supervision. Your philosophical assumptions are important because they influence which "reality" you perceive, and they direct your attention to the variables that you are "set" to see in carrying out your functions as a supervisor.

Beware of subscribing exclusively to any one view of human nature; remain open and selectively incorporate a framework for counseling that is consistent with your own personality and your belief system. When blending different theoretical frameworks, it is essential that these frameworks lend themselves to a fruitful merger. For example, you will find many commonalities of philosophy shared by person-centered and feminist models of supervision. These commonalities include minimizing power differentials, focusing on supervisees' attitudes and behaviors, and striving to build and maintain collaborative relationships. Both models focus on development of the supervisee as a person, but the feminist model also has a primary goal of social advocacy and change. Even though there are some clear differences between these two models, there is enough commonality that they lend themselves to integration.

Clinicians who use an integrative model of psychotherapy are inclined to use an integrative model of supervision as well. This approach could involve the complete integration of several theories or an integration of concepts from a number of theories fashioned into one's own model. One advantage of an integrative approach is that the supervisor can uniquely tailor the supervision methods used to fit the supervisee, the client, and the setting. The limitation of an integrative approach is that it requires the supervisor to have a broad understanding of the range of supervision models and techniques.

In the following sections, we briefly describe the discrimination model and the systems approach model, both of which are integrative models of supervision. For further reading on integrative approaches to supervision, see Norcross and Halgin (1997). For more on specific ways to develop an integrative counseling approach, see G. Corey (2009a).

Discrimination Model

The discrimination model, developed by Bernard (1979), is rooted in technical eclecticism. It is called the discrimination model because the supervisor's approach is determined by the individual training needs of each trainee (Bernard & Goodyear, 2009). In this model, the supervisor focuses on three separate areas for supervision: the supervisee's intervention skills, the supervisee's conceptualization skills, and the supervisee's personalization skills or personal style in therapy. Once the current level of functioning in each of these three areas has been assessed, the supervisor chooses a role that will facilitate the supervisee's learning and growth. In this model, the three roles that the supervisor may adopt are teacher, counselor, and consultant. The discrimination model continues to be a viable and useful framework for counseling supervision (Borders, 2005).

To meet the unique needs and demands of school counselor trainees, Luke and Bernard (2006) extended the discrimination model to address the domains composing the comprehensive school counseling programs (CSCP), an initiative strongly endorsed by the American School Counselor Association, the American Counseling Association, and the U.S. Department of Education as a part of educational reform. These four CSCP domains are large group interventions; counseling and consultation; individual and group advisement; and planning, coordination, and evaluation. The school counseling supervision model (SCSM), an outgrowth of the discrimination model, is structured so that any of the domains can be an entry point for clinical supervision of school counselors. According to Luke and Bernard (2006), "school counseling students who receive SCSM supervision will benefit from supervision that more directly parallels their experience in their internship sites" (p. 292).

Systems Approach to Supervision

The systems approach to supervision (SAS) was developed by Holloway (1995) to guide the teaching and practice of supervisors. It is a conceptual model that organizes what supervisors do without subscribing to any particular theoretical orientation. There are five specific goals in the SAS model: (a) The supervisee will learn a wide range of professional attitudes, knowledge, and skills; (b) supervision occurs within the context of a mutual professional relationship; (c) the supervisory relationship is the primary means of involving the supervisee in accomplishing the goals of supervision; (d) both content and process are integral to the instructional approaches within the context of the relationship; and (e) the supervisee is empowered through the acquisition of knowledge and skills (Holloway, 1997).

Holloway (1995) identified seven dimensions that serve as the bases of supervision. The first three dimensions are (a) the supervisory relationship, (b) supervision tasks, and (c) supervision functions. The other four dimensions are described as contextual factors: (d) the supervisor, (e) the supervisee, (f) the client, and (g) the institution or agency. The supervisory relationship is the foundation for supervision, and the SAS model describes how the interaction of the seven components affects what takes place in supervision.

Holloway (1995) identified the phases of the supervision relationship as developing, mature, and terminating, which parallel research findings in research on friendship. The developing phase is characterized by clarifying the supervisory relationship and establishing the supervision contract. The mature phase is characterized by increasing the individual nature of the supervision specifically for the supervisee, developing the skills of case conceptualization, and confronting personal issues as they relate to clinical practice. Finally, the terminating phase involves the supervisee's understanding of the connection between theory and practice and a decreasing need for direction from the supervisor. The SAS model provides a framework and a language to guide supervision teaching and practice.

Developing Your Own Model of Supervision

In most of the single theory models, supervisors accept an underlying philosophy and incorporate key concepts and specific methods of supervision. If you adopt a primary model, you will need to adapt this theory to your particular supervisory style. If you are interested in using an integrative model of supervision, the task is more complex, for you need to draw from several approaches and integrate these perspectives with the person you are. Even though you will be challenged to personalize your approach to supervision and despite the complexity of the task, we favor an integrative approach to clinical supervision and recommend it to you. This approach is the most flexible, and it can be adapted to many situations and settings.

Whatever the basis of your integrative model of supervision, you need to have a basic knowledge of various theoretical systems and counseling techniques to work effectively with a wide range of clients and supervisees in various clinical settings. Subscribing strictly to one theory may not provide you with the therapeutic flexibility required to deal creatively with the complexities associated with clinical and supervisory practice.

When developing your approach to supervision, a good place to begin is by reflecting on the meaning of your own experiences when you were being supervised. What was especially helpful for you? What model of supervision enabled you to develop to the fullest extent possible? What kind of different experience might you have wanted from your supervision? How would you characterize the theory each of your supervisors operated from, and what could you learn from each of them with respect to designing your own model of supervision?

After this personal reflection on your own experiences as a supervisee, put your efforts toward mastering a primary theory that will serve as a guide for what the supervisor and the supervisee do in the supervision process. Select a theory that comes closest to your

beliefs about human nature and the change process and deepen your knowledge of the theory to determine the aspects of it that fit best for you. Look for ways to personalize the theory or theories of your choice.

Commit yourself to a reading program and attend a variety of professional workshops. Reading is a realistic and useful way to expand your knowledge base and to provide ideas on how to create, implement, and evaluate techniques. As you attend workshops, be open to ideas that seem to have particular meaning to you and that fit the context of your work. Don't simply adopt ideas without putting them through your personal filter. As you experiment with many different methods of supervision, strive to bring your unique stamp to your work. Personalize your techniques so they fit your style, and be open to feedback from your supervisees about how well your supervisory style is working for them.

When you begin your work as a supervisor, think about what theoretical framework can help you make sense of what you are doing. Certainly your theoretical orientation to supervision will not be complete at the beginning stage of being a supervisor. Engage in reflective practice and look for a conceptual framework that will assist you in making sense of your interventions with supervisees. Think of your approach as evolving and developing with experience.

As you practice, be open to supervision throughout your career. Westefeld (2009) noted that we "need to inculcate the idea that supervision should never stop, that long after graduate school, persons delivering psychotherapeutic services should be engaged in the supervisory process regularly" (p. 301). He added, "It may be even more important to supervise someone 25 years post-Ph.D. than a 3rd-year graduate student" (p. 301). On that note, talk with other supervisors and colleagues about what you are doing. Discuss some of your interventions with other professionals, and think about alternative approaches you could take with supervisees. Although it may be helpful to begin by finding a primary theoretical orientation to guide your supervisory practice, don't get locked into any one model. Remain a long-term learner, and continue to think about alternative theoretical frameworks. Be open to borrowing techniques from various theories, yet do so in a systematic way. Think about your rationale for the manner in which you carry out your supervisory role and functions with supervisees.

We encourage you not to leave your personal style out of the process of developing your integrative approach in supervision. Continue reflecting on what works for you and what set of blueprints will be most useful in creating an emerging model for supervisory practice. None of these established models will fit you perfectly. Instead, your challenge is to customize a supervisory approach, tailoring it to fit you and each of your supervisees.

Summary

It is essential that supervisors have a clear understanding of the goals of supervision and the theoretical model they use. The models of supervision have been refined in recent years but need further clarification and validation. Some of the current models are uneven in the topics they cover and the methods for application in supervision. A supervision model describes what supervision is and how the supervisee's learning occurs. Although there are many different supervision models, the most common ones are developmental models, psychotherapy-based models, and integrative models. Become familiar with the various models of supervision and begin to develop your own model, yet realize that doing so is a long-term process based on study, reflection, clinical experience, and experience in doing supervision. The practice of supervision can best be viewed as an evolving and developing process that will most likely continue to change throughout your professional career.

SUGGESTED ACTIVITIES

1. Interview one or two clinical supervisors and ask them about their model of supervision. Ask how they arrived at using that model, how it is applied with supervisees, and about its pros and cons.
2. Sketch out some ideas for your own model of supervision. Discuss these ideas in small groups in class, comparing your thoughts and ideas. What common themes were identified by your classmates?
3. Working in small groups, develop a hypothetical composite model that each member in the group can agree to. Include in this model the types of activity and structure that apply. What are some of the basic components of a useful model? What kind of framework will help you be most effective as a supervisor? Have each group present their model to the entire class.
4. Identify and share with a partner the dynamics in your family of origin that may positively or negatively affect your ability to work with families. How do you think some of the key concepts of family therapy can be usefully applied to your work as a supervisor?
5. As a supervisee, how important is it that your supervisor has a theoretical orientation that you think you can work with? How much value do you place on being able to conceptualize a case from your preferred theoretical orientation? Discuss this topic in small groups.
6. As a supervisor, could you work effectively with a supervisee who has a different theoretical orientation than you do? For example, if you work within a person-centered supervision model and your supervisee is largely psychodynamic, how would you work with that supervisee? What might be the challenges for you? For the supervisee?

CHAPTER 5

Methods of Supervision

FOCUS QUESTIONS

1. What have you learned about supervision methods from being a participant in supervision?
2. What supervision methods do you currently utilize, and what additional methods would you like to learn about?
3. What are the pros and cons of individual versus group supervision approaches? Which do you prefer as a supervisee? as a supervisor?
4. Would you choose supervision methods based on the competence and developmental level of the supervisee, or would you use the same methods with all supervisees?
5. What methods do you recommend for supervisees at different levels of development?

Introduction

In this chapter, we describe some of the more common supervision methods. Clinical supervision is a rapidly expanding field, and a number of supervision methods have been developed. Some methods provide a general approach to supervising, and others involve specific techniques. Some methods have been borrowed from psychotherapy techniques; others have been developed specifically for supervising. We refer to both the methods and the techniques of supervision as *supervision methods*.

Professional standards (AAMFT, 1999; ACA, 2005; ACES, 1990, 1993; APA, 2002; NASW, 1994) address supervision methods and techniques in a number of different ways, but they all emphasize that supervisors are expected to have a good understanding of and ability to apply them. For example, ACA's (2005) standard on supervision preparation states, "Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills"(F.2.a.). Supervision requires many of the same helping skills as those used in counseling (e.g.,

empathy, respect, active listening, and challenging), but the focus and goals of supervision are different from those of psychotherapy. Supervisors are charged with monitoring and evaluating supervisees. Therapists also monitor and carefully assess a client's progress, but unlike supervisors, therapists do not have a gatekeeping function.

Some of the methods suggested in the standards of the various codes of ethics are live observation, cotherapy, live supervision, audio and video recordings, role play, interpersonal process recall, suggestions and advice, feedback, and demonstration of skill. Historically, supervisors have applied therapy skills and methods to the supervisory process. However, there is more to supervising than merely selecting and applying supervision methods. As mentioned in Chapter 3, the personal characteristics and the style of the supervisor are just as important as the supervisor's knowledge and skill in the application of methods. The literature in clinical supervision supports the critical role of the supervisory relationship (Borders, 2005). The quality of the supervisory relationship is basic to the successful implementation of supervisory methods, and methods cannot be considered apart from the context of the working alliance.

A clearly articulated model of supervision provides the basis for the selection of supervision methods (see Chapter 4). This does not necessarily mean that a supervisor follows one model to the exclusion of all others. Methods vary depending on the theoretical orientation of the supervisor, the supervisee's developmental level and needs, the client population being served, the setting where the supervisee works and his or her role in that setting, and the supervisor's competence with the supervision methods to be employed. Determine the methods to use for a particular supervisee at the outset of supervision, reassess the supervisee's needs periodically, and adjust your methods as needed. It is highly recommended that supervisors employ a variety of supervision methods and techniques (Campbell, 2006).

Supervision Formats

Supervision can be effective in a number of formats. Individual supervision is the most common form, and it is used in virtually all of the helping professions. The supervisor and the supervisee meet face-to-face to discuss cases and a variety of topics surrounding the supervisee's personal and professional development. Individual supervision is required by many licensing and certification agencies, largely because it lends itself to detailed personal attention to the clinical work and development of the supervisee. The frequency and duration of the meetings vary depending on the situation and the supervision requirements for licensure.

Group supervision is the preferred method for many supervisors, both because of the economy of supervising several supervisees at once and the benefits to the supervisees of group interaction and learning from one another. Group supervision, however, is often seen as a supplement to individual supervision, and the number of hours of group supervision allowed for licensure purposes is usually limited. In California, for example, the requirement for supervision for prelicensed psychologists working 40 hours per week is 4 hours of supervision per week, at least 1 hour of which must be individual supervision (California Department of Consumer Affairs, 2008). All 4 hours may be in individual supervision, but no minimum requirement exists for group supervision. The inference is that individual supervision provides more attention to the supervisee's work with clients. In our experience, it is most effective to use a combination of group and individual supervision. In this section, we explore individual and group supervision in greater depth and describe a format that is increasingly being utilized, triadic supervision.

Individual Supervision

Druss (2007) stated that "the backbone of any psychiatry program is individual supervision" (p. 215); this sentiment is shared by members of the other helping professions.

Individual supervision is the most widely used format in the helping professions, and the majority of methods described in this chapter can be applied to individual supervision. The most common format is self-report, in which the supervisee describes his or her clinical activities and case conceptualizations to the supervisor without the use of case notes, recorded information, or other forms of supporting data. However, self-reporting is not satisfactory as an exclusive method for supervision (Campbell, 2006). If self-report is the primary method used, supervisees may avoid discussing problematic situations or be cautious in bringing up difficulties they are encountering with their clients. Gould and Bradley (2001) concluded that because self-report is solely dependent on the supervisee's memory of case information, the self-report method is best used as an approach to gathering information about the supervisee's perceptions of counseling. Direct observation methods such as cotherapy, observation, and the use of video recording are strongly recommended for use along with self-report methods to ensure that the supervisor has a clear understanding of the supervisee's work. Another common method involves the use of process and progress notes that the supervisee has recorded for each counseling session.

Some supervisees respond best to the personal attention received in individual supervision, and they may be more comfortable disclosing information regarding their professional development in this setting than they would be in a group setting. However, individual supervision does not afford the learning that occurs from the interaction in a group supervision setting (Campbell, 2006), nor does it offer the opportunity to view the supervisee's interaction with other supervisees as a parallel process of how the supervisee might interact with clients. Ray and Altekruse (2000) suggested that the effectiveness of individual and group supervision are about the same, but consistent with our view, York (1997) suggested that individual supervision is most effective when used in conjunction with group supervision methods.

Triadic Supervision

An emerging form of supervision, particularly in the counselor education arena, is triadic supervision. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2009) described triadic supervision as "a tutorial and mentoring relationship between a member of the counseling profession and two counseling students" (p. 62) and has included this form of supervision as an acceptable substitute for the weekly individual supervision requirements for accredited programs since 2001. Some supervisors implement triadic supervision utilizing individual supervision methods, but others have begun to explore specific methods that might be particularly effective in the triadic format. For example, Stinchfield, Hill, and Kleist (2007) described the reflective model of triadic supervision (RMTS), which incorporates the concept of the reflecting team from the marriage and family therapy field. The RMTS allows supervisees to engage in the supervision process through multiple roles; this structured format creates opportunities for supervisees to engage in greater self-reflection and maximizes student involvement.

Hein and Lawson (2008) conducted a qualitative study and interviewed doctoral students about their experiences with triadic supervision. These students were operating as supervisors of master's-level students in a counselor education program and utilizing triadic supervision. Results indicated that, overall, triadic supervision increased the demands on the supervisor. The primary reason for this increased demand was having to interact with two individuals simultaneously with varying levels of skill, ability to accept feedback, and, possibly, differing therapeutic approaches. Balancing the dynamics of the supervisory relationship with two supervisees versus one seemed to be the major challenge. The responsibilities for monitoring, responding appropriately to, maintaining engagement with, and supporting two people at the same time were reported as increasing the cognitive load of the supervisor. Consequently, supervisors utilizing this format should

be adequately trained and experienced in this form of supervision prior to implementing it. Triadic supervision can lighten the load of the supervisor under optimal conditions, such as when there is a good fit between supervision peers (Hein & Lawson, 2008). An effective match that is based on developmental level may minimize difficulties in giving appropriate feedback, reframing supervisee feedback, and monitoring supervisee interactions and enable the supervisor to challenge both supervisees in a similar way. When supervisees are well matched in personality and motivation, they may be more comfortable with challenging each other and more open to feedback, thereby allowing the supervisor to be more flexible and creative with interventions (p. 29). In a recent article, Lawson, Hein, and Stuart (2009) concluded that "triadic supervision appears to hold promise for teaching counseling skills, stimulating counselor development, and supporting supervisees, but many aspects of this new supervision format still need to be understood more thoroughly" (p. 456).

Group Supervision

Supervisors who conduct group supervision should have skills in group supervision methods and training and experience in facilitating group process. Supervisors conducting group supervision must go beyond a focus on the content of cases and issues raised by supervisees. Supervisors need to create a safe and accepting atmosphere within the supervision group that will encourage trainees to meaningfully participate in the supervision process.

Regardless of the particular method used in group supervision, group dynamics will develop and the group will move through a number of stages. M. S. Corey, Corey, and Corey (2010) described four stages of group process, which can be applied to help understand a supervision group. We now briefly consider each of these stages as they apply to supervision groups.

Initial Stage

In the initial stage, the focus is on orientation and exploration of the group structure, ground rules, personal goals, expectations, fears, and the beginning of the development of the group as a safe place. During the early phase of supervision, it is essential to develop a supervision contract and make sure all supervisees in the group are aware of what is expected of them and that informed consent is given. This is a time to formulate goals, discuss how group supervision works, and prepare supervisees to actively engage themselves in forming the agenda for each session. Supervisees should be encouraged to take active steps to create a trusting climate by sharing their thoughts and feelings pertaining to being in the group.

Transition Stage

In the transition stage, the group may be characterized by anxiety, resistance, and struggle for control, conflicts, and problem behaviors. It is helpful for group supervisors to be calm and consistent in helping the group move toward the working stage. Supervisees may wonder about others' acceptance or rejection of them, performance anxiety is often present, and supervisees may struggle with appearing competent. This is a time for supervisees to take risks by expressing their vulnerabilities pertaining to their training experience, to risk disclosing thoughts they have pertaining to issues being explored, and to risk asking for what they want from supervision in the group setting.

Working Stage

As the group increases its safety level and cohesion is enhanced, people in the group are more open to learning from each other and the supervisor. This is a time of increased cohesion, and a sense of community develops. Supervisees interact with one another and with the supervisor freely and directly. If conflict emerges in the group, it is dealt with directly

and effectively. Participants are willing to bring their concerns to the supervision group, to give one another feedback, and to ask for feedback regarding their cases.

Ending Stage

At the ending stage, the group begins to prepare for putting the learning of the group into practice for themselves. Issues of termination and separation must be dealt with, including discussing what the group meant to each participant. This is a time for each supervisee to identify what was learned from the field placement and from the supervision group itself. The group supervisor assists supervisees to develop a conceptual framework that will help them understand, integrate, consolidate, and remember what they have learned in the group.

Value of Group Supervision

Crespi, Fischetti, and Butler (2001) stated that the value of group supervision using a case model approach has been documented for supervisory sessions with school counselors. Although group supervision will cut into other service responsibilities of school counselors, this form of supervision can lead to greater accountability and improved outcomes and, in the long run, is cost-effective.

Group supervision lends itself to a variety of role-playing approaches that enable trainees to become aware of potential countertransference issues and to acquire alternative perspectives in working with clients they sometimes perceive as being "difficult." A supervisee can assume the role of the client by "becoming" the client while the supervisor demonstrates other approaches for dealing with a given client. The supervisor can then assume the client's position while the trainee experiments with another way of dealing with the client. Supervisees also can assume various roles for one another, which often generates rich discussion material after a situation is enacted. Many techniques of psychodrama, such as role reversal, can be fruitfully applied in supervision groups. Role-playing techniques tend to bring concrete situations to life. Instead of merely *talking about problems* with clients, supervisees can bring these concerns to life by enacting them in the here-and-now. Role playing and role reversal are discussed at greater length later in the chapter.

Melnick and Fall (2008) noted, "The challenge of group supervision involves the ability to balance the individual and group needs, while at the same time holding the well-being of the client as central" (p. 59). Combining individual and group supervision is one way to ensure that this balance is achieved. Valerie Russell's account in *Voices From the Field* explains how she conducts supervision using a group format, and how she combines both individual and group approaches. Jerry Corey's *Personal Perspective* on group supervision also offers valuable insights on effective group supervision.

VOICES FROM THE FIELD

Valerie Russell, PhD

Creating a Trusting Climate in My Supervision Group

My goal is to create a safe and supportive environment in which interns are encouraged to feel comfortable about presenting their cases in a candid manner, paying particular attention to their feelings of transference and countertransference. Although supervision is not therapy, I incorporate a number of therapeutic techniques to establish a safe and trusting environment in my supervision group. I spend a significant part of our first meeting together "establishing the frame"

(to use a psychoanalytic descriptor), in which I describe the parameters of the group, explain the goals of group supervision, and describe my expectations of the interns. The framework contributes to a sense of safety. I emphasize collegiality among the interns and encourage them to provide support, validation, and feedback to their colleagues. I invite the quieter members to challenge themselves by speaking up more frequently, accompanied by a directive to the more loquacious members to practice "biting their tongues" to give the more reticent members a chance to participate. This simple directive encourages all interns to hold themselves accountable for their role in developing and maintaining a supportive group environment and helps me achieve my goal of having a balanced level of interaction among all the interns. By paying particular attention to how the supervision group is shaped at the outset, and then by carefully adhering to its parameters, the interns quickly begin to recognize it as a valuable resource and a unique learning opportunity.

Methods I Use in My Supervision Group

At my agency, an intern supervision group is fashioned after a therapy group in some ways. Ideally consisting of six to eight interns, the group meets weekly for 2 hours. As the group facilitator, I am mindful of our time together and ensure that the group starts and ends on time. At the beginning and end of each group, the interns are expected to check-in and check-out. A check-in provides the interns the opportunity to request whether they would like time during our meeting to discuss a particular case and alerts the group to any personal concerns that might be affecting their participation or performance in the group. The evaluations of interns are handled by the individual supervisors, so I am not formally evaluating the interns in group supervision. This frees students to speak more openly about their presumed "mistakes" with their cases and to more readily discuss their feelings of transference and countertransference.

Confidentiality is handled in the supervision group as it would be in a therapy group: "What is said in the group stays in the group." There is one caveat. I make it clear to the interns that it is likely that I will talk with their supervisors on occasion. However, I assure them that I will be tactful in presenting potentially sensitive material. If I believe it is important for the supervisor to be informed, I will make every attempt to include the intern in the dialogue and will encourage the intern to bring a particular concern to the attention of his or her supervisor directly.

I hope I have created an environment in which interns are encouraged to take risks. Often interns come from different theoretical backgrounds, which adds to the creativity of the group. They may suggest hypotheses based on their particular theoretical orientations and offer different intuitive hunches. I hope they will challenge their sense of incompetence. I oftentimes use an exercise analogy to encourage meaningful discourse. I suggest that they talk about a case the same way they would approach a workout at the gym. The idea is to push yourself somewhat so that you will feel a little sore the next morning, but not so much that you are too sore to get out of bed! So it is in talking about a case: challenge yourself so that you are demonstrating some level of vulnerability, but not to the point where you might feel embarrassed to see your colleagues tomorrow. It is very important for a group to get off on the right foot from the outset because this lays the foundation for meaningful work in the supervision group.

How I Combine Individual and Group Supervision

Group and individual supervision are both valuable, and the two formats complement each other nicely. My focus in individual supervision is to help each intern develop an increased understanding of the client's process and an awareness of the intern's transference and countertransference. Although in-depth exploration can be done in either format, individual supervision tends to lend itself to deeper and longer discussion in which matters that are more threatening to the supervisee can be addressed more readily. I am more inclined to view group supervision, on the other hand, as a means to assist interns in developing confidence in presenting their own cases. They also are able to hypothesize about their colleagues' cases, drawing from their various theoretical orientations. Group supervision is a more viable format for practicing techniques (e.g., role playing), but I am somewhat less inclined to stir up unconscious considerations in a group format. When I have the opportunity to work with an intern in both individual and group supervision, it gives me a broader perspective of the intern and can evoke a number of feelings in either the intern or his or her colleagues in group supervision. For example, some may feel they're not as special to me as others; others may feel more pressure to perform. Ideally, these feelings become "grist for the mill" and are worked through in group supervision.

JERRY COREY'S PERSONAL PERSPECTIVE

In conducting group supervision, teaching, and training group counselors, I use an intensive workshop approach. These all-day workshops last from 3 to 6 days and involve a combination of didactic and experiential training. Trainees function in the roles of both group members and group cofacilitators. In addition to this intensive workshop, trainees must also enroll in my semester-long group leadership practicum course, which is basically a supervision session of students who are cofacilitating peer groups on campus.

During each meeting, I talk with supervisees about group process issues, show portions of a DVD on group process, and conduct a live demonstration to model certain group skills. As a supervisor, I believe I can teach a great deal by actually demonstrating skills as well as by imparting information. I strive to teach ways to intervene with material that evolves in a group. Giving information has its limits, and demonstration is required to bring this content to life. These demonstrations provide a context for the trainees to design their own interventions for the groups they will lead as a part of the supervision group.

Trainees spend about half of each day in an experiential group, and they have several opportunities to cofacilitate their group. I find that trainees approach this experiential part of the workshop with considerable anxiety over appearing incompetent in the eyes of their peers and supervisor. Early in the workshop I encourage participants to be active: "In this workshop by being self-conscious and critically judging what you say or do, your learning will be limited. No matter what happens, there is something to be learned. If a group session does not meet your expectations, you can explore what specific factors contributed to that outcome." Group members usually react to these instructions with relief and report feeling much less anxious. As their supervisor, I let them know that I understand and empathize with their difficulty in being observed by their peers and by supervisors. Trainees often find it helpful to openly share their fears, and, paradoxically, their fears appear to be lessened by this act of acknowledgment.

Trainees have about 1 hour to facilitate a group session while I sit in the group with them and observe the process. The next 45 minutes are devoted to processing the group. I typically begin this process time by asking the peer coleaders to talk with each other about their perceptions and reactions to the session. They are asked to comment on how they worked together, what they thought about the unfolding of the group, what they particularly liked, what they might have wanted to change about their coleadership, and what they were concerned about. This offers plenty of material to explore. This seems to me like a better way to supervise than giving my comments immediately. By first listening to the coleaders' concerns and perceptions, I am in a better place to more sensitively and effectively share my perceptions of what I observed in their training group. The other members also are asked to share their observations and reactions to the session. In this way, those who coled the group, the other members, and the supervisor are all able to state their observations and to come up with ways to more effectively use group time.

During the processing time, I ask questions of the coleaders that encourage self-reflection: "Did you have any persistent thoughts or reactions during the time you were coleading this group that you did not express? Was there a time when you felt stuck or wondered what to do?" I also often ask coleaders to focus on specific skills such as opening a group meeting, linking members with common themes, following a member's cues as a way to deepen group interaction, and closing a group session. My emphasis is on helping group trainees become increasingly aware of what is going on in the context of here-and-now interactions within the group and assisting them in developing interventions that are based on statements members make during a session. I emphasize that it is not a matter of "right" or "wrong"; rather, interventions are often a function of the leader's interest in something that is occurring in the group he or she is facilitating.

Peer Supervision Groups

One form of group supervision is the peer supervision group, which is a common format used in training programs and in agency and school settings. Campbell (2006) described peer supervision and team supervision as two forms of group supervision. *Peer supervision* involves a group of similarly trained clinicians who meet together on a regular basis to informally supervise one another, discussing cases and ethical issues and providing support and feedback about their work. Peer supervision groups are useful for counselors at all levels of experience. For trainees, peer groups offer a supportive atmosphere and help them learn that they are not alone with their concerns. For counselors in practice, they provide an opportunity for continued professional growth. Peer supervision also allows for the opportunity for a dialogue on ethical dilemmas that may provide alternative perspectives to difficult situations. These groups are informal and typically do not include an evaluation component. In addition to the case consultation method, peer supervision frequently involves the use of training tapes, discussions of the counseling literature, licensing law updates, and other didactic methods.

Counselman and Weber (2004) stated that peer supervision groups are valuable for practitioners for many reasons, some of which include ongoing consultation and support for difficult cases, networking, and combating professional isolation and potential burnout. Clinicians often recognize a renewed need for supervision at a later point in their careers because they want additional training, because of the emotional intensity of practicing therapy, or because of the stress associated with their professional work. Some licensed practitioners in the field have regular group meetings they call *peer consultation groups* to make it clear that no one person in the group is solely responsible for the group or for the actions of other members of the group (M. K. Reese, personal communication, July 6, 2009). In *Voices From the Field*, Wendy Logan, a school counselor, describes the evolution of a peer supervision group, which functions as a peer consultation group, that she started and its value to those who have participated in it.

VOICES FROM THE FIELD

Wendy Logan, MA Ed

I would like to say that I developed a peer supervision group out of a thirst for professional knowledge and a desire to increase my skills as a school counselor. But let's be honest, the group was formed out of fear and sheer panic. I had a new job, a new principal, and a variety of client issues I had never dealt with before. I needed some guidance, so I contacted my designated "supervisor" at the county office, only to learn that she primarily handled paperwork and out-of-district students, not clinical issues. That is when fear and panic took over.

I began by inviting 12 counselors from a variety of grade levels and school systems to attend a meeting designed to explore the potential benefits of regularly meeting as peers. The group was open to any school counselor and began primarily as a way to gather resources and get support for our stressful and sometimes emotionally overwhelming jobs. Agendas for each meeting were set ahead of time based on the needs of the group. For example, one month we might discuss how to organize and facilitate parent groups and discuss particular cases where we were having difficulty working with parents. Another month we might discuss school politics and how to navigate the balance between counseling and all of our other tasks.

After 2 years, a genuine trust within our group had developed, and our process became more like peer supervision than consultation. We identified areas for individual growth and asked for feedback and suggestions in those specific areas. It was at this point we closed our group to new members, which was a difficult decision. We believed there was a place for ongoing consultation and sharing of resources; however, our group needed to move away from general concepts to more clinically specific issues.

We began periodically inviting local therapists to speak to our group about specific clinical issues. A cognitive behavioral therapist spoke with us about using CBT with children and adolescents. We visited the office of a therapist who specialized in sand tray therapy who demonstrated how to incorporate sand tray therapy into our sessions. We invited an eating disorder specialist to speak about recognizing eating disorders and identifying when referrals were needed. This was a win-win arrangement. We received training on specific clinical issues and learned about community resources, and community practitioners were able to make personal connections with school counselors who were excellent referral sources for them.

An unanticipated benefit of our group was the opportunity to contact each other outside of our monthly meetings as needed for clinical consultations. We were able to call any group member and feel that the member had a working knowledge of our areas of strength as well as weakness and would be able to consult.

Our group continued to meet for more than 10 years. As group members moved on to other fields or took jobs in other places, we would discuss asking someone else to take their spot. Several factors contributed to the group's success over such an extended period of time. First, a designated facilitator was responsible for leading the group, setting an agenda, and sending out reminders. Having one designated person in charge decreased the potential for subgroups to develop. Second, the group process belonged to the group. Although there was a facilitator, the group members set the guidelines, discussed confidentiality, and developed agendas, which promoted group ownership. A third factor

contributing to the group's success was maintaining a diverse group of counselors representing different grade levels, different county school systems and different experience levels. This way of organizing the group expanded the potential for diverse perspectives and brainstorming.

Team supervision (or team consultation) is found primarily in agency settings where a group of mental health professionals from different disciplines meet to discuss cases and other clinical issues, much like peer supervision sessions. It is similar to the case conference, yet broader in scope of topics addressed. Other forms of group supervision include grand rounds, staff meetings where clinical issues are discussed, seminars, and tutorials.

Methods Used in Supervision

Verbal exchange and direct observation are the most commonly used forms of supervision and, arguably, could be considered the two overarching categories of methods. Historically, the verbal exchange method—wherein supervisor and supervisee discuss cases, ethical and legal issues, and personal development—has been the preferred form of supervision. Direct observation supervision methods—wherein the supervisor actually observes the supervisee practicing—have become increasingly popular in recent years. The verbal exchange method is more easily accomplished and can be done in person or by telephone or computer-assisted technology in a crisis. The downside to "talking about" treatment and other issues is that much of the supervision's effectiveness depends on the degree to which the supervisee is straightforward and accurate in describing his or her activities. Direct observation methods, although requiring more time and effort, provide a more accurate understanding of the supervisee's skills and abilities.

Because verbal exchange methods rely exclusively on the supervisee's self-report, the use of this method alone is no longer acceptable, especially with students and novice counselors. Supervisors are strongly encouraged to ensure that supervisees have adequate skills by observing their clinical work (ACES, 1993). This protects the client, supervisee, and supervisor. Using both methods together combines the economy of the verbal exchange method with the accuracy of direct observation. This pairing of methods provides better risk management for the supervisor, who carries vicarious liability for all the actions of her or his supervisees.

As we describe a number of commonly used supervision methods, consider what your experience as a supervisee or supervisor is with these methods. Consider how these methods could be applied to both individual and group supervision settings.

Case Consultation

The case consultation method involves a discussion of the supervisee's cases, and it is the most common supervision method. This verbal exchange method usually involves the supervisee describing to the supervisor the major issues surrounding each case. These might include the client's purpose for seeking therapy; diagnostic formulations; therapy techniques used; relationship issues; ethical, legal, and multicultural issues; and process notes regarding the case. This method is effective in individual as well as group supervision settings. Campbell (2006) stated that the case consultation approach can be used to "protect clients and promote development; explore assessment and diagnostic skills; teach case conceptualization; apply techniques and theory; process relationship issues; promote self-awareness, especially the impact of personal feelings on client care; teach ethics; explore the impact of multicultural issues on client and client care; and promote development of self-efficacy in supervisees" (p. 86).

Case consultation utilizing the supervisee's self-report, although widely used, is a limited method. In many instances the supervisee is able to say all the right things in supervision, but when observed directly with the client, a very different picture of the supervisee's skill level is seen. The supervisee may be able to conceptualize well, but his or her actual performance may be another matter. In addition, the supervisee's perception of what is going on may not accurately depict the reality of the counseling situation. This is not to say that the supervisee is deliberately trying to be deceptive, but the reality is that in addition to learning from the supervisor, the supervisee hopes to receive a positive evaluation from the supervisor. Despite this dilemma with the use of all verbal exchange methods of supervision, case consultation remains the supervision method of choice (Campbell, 2006). On a positive note, it can be very effective when used with other methods.

Cotherapy

The cotherapy method involves the supervisor and the supervisee working together as cotherapists with a client or a group. It is essential that the two discuss the nature of the case or the group and the respective roles that the two of them will play as they work together (Campbell, 2006). Sometimes supervisors take over and do therapy the way they think it should be done, not allowing the supervisee to struggle and learn in the process. Also, the client may discount the supervisee in favor of the supervisor as the therapist, which can have a negative effect on the supervisee's training experience (Goodyear & Nelson, 1997).

In cotherapy, the supervisor and supervisee typically discuss their work together in formal supervision sessions. This method offers the supervisor a firsthand view of the skills of the supervisee and provides an arena for modeling and demonstration on the part of the supervisor. According to Feist (1999), this form of supervision provides the most accurate information about the supervisee's work as a therapist. Cotherapy seems to be effective and beneficial for both trainees and supervisors. It cuts through the "talking about" therapy problem and can provide an exciting in-vivo training experience.

Live Observation

In live observation, the supervisor or observing team directly observes a supervisee in action either by sitting in on a counseling session or through a one-way mirror or on a video monitor (Borders & Brown, 2005). The focus is on the supervisee's counseling session and his or her therapy skills. Live observation, also referred to as live supervision, was first used by Jay Haley and Salvador Minuchin in the 1960s.

Written permission of the client(s) must be given for the supervisor to sit in on the session or to observe the session from outside the room. The supervisor may sit in occasionally or on every session, and supervisor and supervisee meet beyond the observation sessions to discuss the case and the work of the supervisee. This method has a number of variations (Campbell, 2006). The supervisor could remain silent throughout the session or could actually interrupt the session occasionally to discuss the supervisee's approach, either with or without the client present. Too many interruptions, however, can be distracting for both supervisee and client. Another variation uses built-in breaks during the session for the supervisee and supervisor to discuss the supervisee's approach. Sometimes the supervisor may take over the session to demonstrate how to proceed with the client. The supervisor must be aware of the potential impact of his or her presence in the session both on the client and supervisee. Maintaining concern for the welfare of the client and the dignity of the supervisee are of paramount importance.

Another method of observing the supervisee in action with clients is to use a one-way mirror. The supervisee and client are in one room, and the supervisor is in an adjoining

room and views the supervisee's work with the client through the mirror (Borders & Brown, 2005; Madanes, 1984). Neither the client nor the supervisee can see the supervisor in the observation room, but both are aware of the supervisor's presence. The therapy room is wired for audio, which is broadcast into the observation room. This setting offers many options for providing feedback to the supervisee. The supervisor may simply observe and provide feedback following the session, but several methods of providing feedback during the session are available as well. The "bug-in-the-ear" method uses an audio receiver that the supervisee wears in the ear, and the supervisor provides feedback and direction to the supervisee via a microphone. This allows the supervisee to make adjustments in his or her work with the client during the session rather than waiting to discuss the case later. It can become a distraction, however, if the supervisor does too much talking to the supervisee. Sometimes a buzzer is used as a signal to the supervisee that the supervisor needs to discuss the clinical work of the supervisee. The supervisee can take a break to talk to the supervisor or have a telephone available to call the supervisor. If none of these devices is available, the supervisee can take two or three prearranged breaks and come to the observation room to discuss the work in the session with the supervisor.

Using a one-way mirror is an effective way to observe the work of the supervisee directly and to intervene as the work of the supervisee is in progress. It does, however, require the physical set-up of the two rooms, the one-way mirror, and the audio equipment discussed. It also requires the permission and the cooperation of the client(s) involved. In the *Personal Perspective* feature, Bob Haynes provides some further thoughts on the value of live observation supervision.

BOB HAYNES'S PERSONAL PERSPECTIVE

I participated in the live observation method many times as a supervisee, and I found it to be an excellent learning experience for me. As a young and anxious supervisee, it gave me confidence in that, should I get stuck in counseling the client, a supervisor would suggest to me via the "bug-in-the-ear" what to say next.

In my work as internship director, I found live observation to be effective in establishing a baseline on interviewing skills during internship training. Interns typically reported that although live observation was anxiety producing, it was one of their most valuable learning experiences. The supervisory staff found this direct observation to be extremely useful in obtaining a snapshot of the intern's abilities and deficiencies and to do so early in the training program. The clients (forensic patients) usually enjoyed being in the "spotlight" and rarely objected to participating in the observation. When they did object, they were excused from participating. Overall, the staff and I found this to be a valuable and expedient method of supervision.

Case Study 5.1 illustrates how effective the method of live observation can be in identifying trainees' skill deficits, which in turn can assist supervisors in providing corrective feedback and developing appropriate strategies to remediate the deficiencies.

CASE STUDY 5.1: TOBY

Toby is a master's-level marriage and family counseling trainee who is able to describe and discuss therapy cases with ease and apparent competence. He appears to have a clear understanding of the diagnostic issues, treatment goals, and methods needed in counseling clients. One of Toby's clients is an African American male with a history of chronic depression. When observed in therapy with this client through the one-way mirror, Toby did have a clear picture

of the diagnostic and treatment issues, but he experienced considerable difficulty using basic helping skills. He did not take time to listen to the client or to truly understand the client's perspective and what it was like to be chronically depressed. Neither did Toby understand what role cultural issues played in his work as a White student with an African American client.

Due to direct observation of Toby, his supervisor was able to identify the need for work on basic helping skills and multicultural competence and sensitivity. It is not uncommon to find a student who has the intellectual understanding of a case but lacks the basic helping skills to "connect" with clients. Modeling, role playing, and more direct observation supervision methods helped Toby develop his basic counseling skills with clients. What are the main supervisory issues with Toby? What are the multicultural issues here? What supervision methods would you use to help Toby develop basic helping skills?

Video Recording

When using video recording, the supervisee arranges to video record one or more sessions with the client or group and views them in supervisory sessions. Huhra, Yamokoski-Maynhart, and Prieto (2008) reviewed the literature on the use of video recording in supervision and, using a developmental model of supervision, offered guidelines for this method of supervision. Here are our suggestions for using video recordings in supervision:

1. Set up the equipment such that the camera has a clear view of the faces and full bodies of both supervisee and client in order to observe body language.
2. The audio portion of the recording often suffers due to poor reception by the camera microphone. It is very frustrating to video record only to find the audio portion nearly impossible to hear. The use of an external microphone placed close to the supervisee and the client is ideal, but if not feasible, move the camcorder as close as possible to the supervisee and client for better audio recording.
3. Provide full disclosure of the recording process and use to clients, and obtain the written consent of clients for the recording. Assure clients that they have the option to rescind their consent at any time and that the recording will be used only for the training purposes of the supervision and then erased. Also, assure the client, who may be anxious about being recorded, that the discomfort often subsides shortly after beginning the recording session.
4. Have a definite plan for how to use the video recording in accomplishing the goals of supervision. Supervisees need to prepare themselves for presenting specific aspects of the recording and come to supervision sessions with questions.
5. One recorded session may be an hour long, making it impractical to view the session in its entirety during the supervision session. The supervisor can select segments to review and discuss with the supervisee. Supervisees can also decide which portions of a recording they would like to review.
6. At the end of viewing, ask supervisees what they have learned and what they would do in future therapy sessions based on this learning.

Video recording is useful and preferred over live supervision for several reasons. Crucial segments of the interaction can be played as many times as needed to review the interaction, and role playing of alternate methods can be conducted with the supervisee and supervisor. Recording sessions at various stages of therapy provides a comparison of the supervisee's progress as a therapist. The major drawback to video recording is the possibility of technical complications. A poorly recorded video is very difficult to watch.

Nevertheless, if you work out the technological details in advance, video recording can be an extremely useful supervision method.

Interpersonal Process Recall

Interpersonal process recall (IPR) is a long-standing, effective, and widely known method for using video recording in supervision and can be used in conjunction with many different supervision models. Kagan, Krathwohl, and Miller (1963) developed IPR to assist supervisees in processing relationship dynamics with the client and to increase self-awareness. In this method, supervisees are video recorded while counseling a client and then shown the recording immediately following the interaction. When the recording is reviewed right away, supervisees are able to recall thoughts and feelings they experienced during the therapy session in detail, but for various reasons, did not express.

The supervisor and supervisee may stop reviewing the recording at any point for exploration and discussion. The primary task of the supervisor, or *inquirer* (Kagan's term), is to assist the supervisee in investigating his or her own internal processes, including motives, thoughts, and feelings, that were at work during the therapy session. Several supervision sessions may be needed to get through one videotaped therapy session. Bernard and Goodyear (2009, pp. 230-231) suggested that the supervisor might ask the following questions during an IPR session:

- What were your thoughts, feelings, and reactions? Did you want to express them at any time?
- What would you like to have said at this point?
- What was it like for you in your role as a counselor?
- What thoughts were you having about the other person at that time?
- Had you any ideas about what you wanted to do with that?
- Were there any pictures, images, or memories flashing through your mind then?
- How do you imagine the client was reacting to you?
- Did you sense that the client had any expectations of you at that point?
- What did you want to hear from the client?
- What message did you want to give to the client? What prevented you from doing so?

Audio Recording

Although audio recording is not as useful as video recording because it lacks the information provided by observing body language and facial expressions, these methods share many of the same advantages and disadvantages. If live observation or video recording is not possible, audio recording is a viable alternative. One group of researchers discovered that having trainees provide written transcripts and self-critiques of their audiotaped sessions with clients was an effective way to facilitate feedback during supervision sessions (Sobell, Manor, Sobell, & Dum, 2008). The *Ethical Guidelines for Counseling Supervisors* (ACES, 1993) states that "actual work samples via audio and/or video tape or live observation in addition to case notes should be reviewed by the supervisor as a regular part of the ongoing supervisory process" (2.06). The same procedures for consent, review, and confidentiality described for video recording apply to the use of audio recording.

Technology-Assisted Techniques

One of the most rapidly growing and potentially useful supervision interventions is the use of technology and the availability of a variety of computer-assisted and online techniques. Audio and video recording has been utilized in supervision for years; but as

Borders and Brown (2005) stated, "In the past 10 years . . . available technology has grown exponentially, and keeping up with these changes is a challenge within the professions of counseling and clinical supervision" (p. 97). Bernard and Goodyear (2009) described the advantages of the use of technology when serving rural areas, serving the needs of international students, supplementing supervision in agency settings, and serving supervisees with disabilities. In addition, the use of technology allows the supervisor to be much more accessible to supervisees to assist with clinical situations and crises that require more immediate supervisory attention.

Methods and ethical issues in the use of online supervision are described by Kanz (2001). Some of the more common computer-assisted techniques and online supervision include live supervision using the "bug-in-the-eye," email, chat rooms, instant messaging, live supervision through videoconferencing, and desktop videoconferencing. Diambra, Fulbright, and Fudge (2006) added to those techniques the use of listservs, discussion boards, blogs, and LiveJournal, as well as the use of cell phones, personal digital assistants (PDAs), and personal media players (PMPs). Kanz concluded that videoconferencing may be the most useable tool for online supervision. These techniques require equipment, online access, supervisor and supervisee knowledge and skill to operate such technology, and attention to the legal and ethical issues that arise using this medium. To rely exclusively on technology and online techniques has inherent danger in that the supervision can only be as successful as the equipment and users' technical ability.

Smith, Mead, and Kinsella (1998) and Scherl and Haley (2000) described computer use in supervision in which the supervisor observes the supervisee from an observation room and types feedback on the computer for the supervisee to view on his or her own monitor during the therapy session. Some are now referring to this method as "bug-in-the-eye," which is an extension of the earlier "bug-in-the-ear" technique. Janoff and Schoenholtz-Read (1999) combined the use of face-to-face and computer-mediated group supervision for use in distance learning. J. A. Wood, Miller, and Hargrove (2005) described in detail the use of telecommunications technology for supervision in settings in which face-to-face contact is difficult if not impossible. In this program of telesupervision, supervisors and supervisees are trained in the technical and ethical aspects of the telesupervision system. They can then use any combinations of hypothetical case studies, group supervision, or individual supervision to meet the needs of the supervisees.

The research to date on the effectiveness of the use of technology and online supervision is limited but growing, and the number of mental health professions utilizing such methods is growing as well. Diambra et al. (2006) found that little research had been done regarding the efficacy of technology in school counselor supervision; however, several studies in related areas have shown promising results.

Bernard and Goodyear (2009) summarized the barriers to the use of technology and online techniques. Some of those are the costs involved, unequal availability of the technology, the loss of nonverbal cues in the use of email and instant messaging, issues regarding informed consent and breaches of confidentiality, lack of training in the use of technology, and problems that occur with technological failures.

Emerging technologies in supervision also present new ethical challenges for supervisors to consider (Vaccaro & Lambie, 2007). The American Counseling Association's (2005) *ACA Code of Ethics* and the National Board for Certified Counselors' (2007) *The Practice of Internet Counseling* may be useful resources for those conducting supervision via the Internet. Although supervision is not addressed specifically, these standards contain related information that supervisors may find useful. Confidentiality is an obvious ethical concern because Internet security and privacy in general cannot be guaranteed. Also, clients must be informed if supervision of their counselor is occurring online, and they must give consent to such practices. Supervisors using online methods are encouraged to carefully consider the ethical ramifications of discussing client information online. An interesting

legal issue that could arise regarding the use of techniques such as email, chat rooms, and videoconferencing is how licensing laws apply when the supervisor and supervisee are in different states or countries. Which state licensing laws would apply to this situation? The ramifications of these issues have yet to be fully considered.

Kanz (2001) provided the following recommendations for supervisors considering the use of online supervision:

- Consider the ethical ramifications of online supervision even though the codes may not specifically address this form of supervision.
- The supervisory relationship should be established face-to-face before online supervision is begun.
- Clients must be informed of the nature and potential hazards of the use of online supervision and give their full, written consent.
- The supervisor and supervisee should be very careful about disclosing identifying client information in online supervision sessions.
- The supervisor and supervisee are encouraged to evaluate the use of the online supervision.

Computer-assisted and online supervision are relatively new supervision methods, but with rapidly advancing technology, the use of videoconferencing, computers, and the Internet in supervision can be expected to continue to increase dramatically. Supervision courses and workshops should include detailed attention to the equipment and software, skills and knowledge, and the ethical and legal issues involved in the use of these techniques. Borders and Brown (2005) emphasized the importance of not losing sight of the relationship in supervision: "There is some controversy within the profession about whether successful supervision could ever be entirely web-based. . . . Because of . . . the importance of the supervisory relationship, we believe that there should always (if at all possible) be some form of face-to-face contact with our supervisees" (p. 101). In *Voices From the Field*, Benjamin Noah shares his experience of grappling with and ultimately answering the question of whether teaching online counseling courses can be effective.

VOICES FROM THE FIELD

Benjamin Noah, PhD

Teaching Supervision Online

When I first moved from teaching face-to-face to online, I was concerned about the question I often heard: "How can you teach counseling online and know it is valid?" Now, after teaching online for 5 years, I know the answer is "yes, it is valid"—if the course is properly developed, has a trained instructor and motivated students, and is in an active learning environment.

Teaching supervision online involves developing an active learning environment in my class. When I think of an active learning environment, I think of Aristotle, walking with his students through the woods that formed his Lyceum asking questions in the true Socratic method of teaching. Socratic teaching is designed to let the instructor challenge the student and expand his or her view of the topic—to look beyond the obvious by asking questions rather than providing answers. This style of teaching moves the instructor from being a "sage on the stage" to a "guide on the side," becoming an integral part of the learning process. Because the interaction is based on my writing, I write like I

counsel—with a touch of humor when I can get away with it. If I do it right, it draws all the students into the discussion.

For years, I've told students that there is no hiding in the back of the classroom online—everyone is in the first row. This may be the reason for their high motivation to succeed. The Socratic style also may be a factor as learning becomes a collaboration among the students and between the students and the instructor. My experience in face-to-face classes was that a percentage of the students were always involved in the discussion and a near equal percentage were not involved. In online classes, being silent is not an option—everyone must be part of the discussion process. This increased interaction is one of the strengths of the online format. I believe this interaction to be the reason that one can effectively teach counseling online—at least the book knowledge. The true application of the learning will take place during the required residencies and internship.

This is the first time I've taught supervision online. I couldn't start the class with my normal song and dance, so I borrowed what has worked for me in other online classes to draw the students into the topic. I chose to use clinical case studies as these have always worked well—case studies allow the student to ponder a topic in safety. The ACA conveniently has just the book I needed—*Critical Incidents in Clinical Supervision* (Tyson, Culbreth, & Harrington, 2008). The theoretical "book knowledge" for the unit provides the foundation needed for the student to evaluate and critique the incident chosen for that week. I've found that students want to immediately see the benefit of what is being studied. The case studies enable the student to apply and synthesize the topic for the week—to role-play being the supervisor.

Role Play and Role Reversal

Role playing, which involves acting out a variety of scenarios with the supervisor and supervisee acting as the therapist and client, can be a very effective supervision approach when used in conjunction with other methods described in this section. Role play can also be used creatively in a group supervision setting with many possible variations. Larson et al. (1999) found this technique most useful once the supervisee has mastered basic helping skills such as empathy. The real value of role playing lies in the supervisor's ability to see the supervisee in the here-and-now rather than talking about situations and issues.

Role reversal is a kind of role play in which the supervisee plays the role of the client while the supervisor plays the role of the therapist. This is useful to assist the supervisee in developing empathy for the client and the client's role in therapy. Another method of role reversal is for the supervisee to play the role of the supervisor while the supervisor plays the role of the supervisee. This invites the supervisee to examine the issues discussed in supervision from a different perspective, which can aid the learning process.

Modeling and Demonstration

Modeling is teaching the supervisee by means of observing the supervisor's behavior, showing how the supervisor would go about various professional tasks from ethical decision making to formulating and applying clinical methods. This form of teaching occurs throughout the course of supervision, and it conveys attitudes and beliefs and demonstrates behaviors for the supervisee. We hope that an attitude of empowerment is displayed by the supervisor to the supervisee—empowerment for the supervisee to be able to self-supervise. Demonstration involves showing the supervisee how to perform specific tasks

and skills such as conducting an intake session or offering various interventions for managing an angry client. Supervisors can demonstrate skills via role play or in cotherapy wherein they model how to effectively handle certain situations, or by talking aloud about how they might work through a particular dilemma. It is important for supervisors to emphasize that there is no one "right way" to approach a problem situation and that they are merely illustrating one of many ways of intervening.

Remember that as a supervisor your actions often speak louder than your words. Echoing this sentiment, Borders and Brown (2005) commented that "what you do in your role will be more powerful than what you say about your role" (p. 60). In addition to showing supervisees how to do something, explain your thinking process. Be sure to give supervisees a chance to demonstrate what they have learned from your demonstration, and encourage supervisees to bring their own unique style to this work.

Coaching

Coaching is a new supervision method that was originally developed in management supervision as executive coaching and has been developed into the specialty of life coaching. Although rarely identified as a supervision method in the literature, coaching can be readily adapted for use in certain types of supervision. Using this method, the supervisor facilitates the supervisee's learning by helping the supervisee examine various topics. The coach functions less as an authority and more as a personal adviser focusing on the supervisee's agenda. Replace the word *client* with *supervisee* as you read this definition of coaching by the International Coach Federation (2009): "Coaches are trained to listen, to observe, and to customize their approach to individual client needs. They seek to elicit solutions and strategies from the client; they believe the client is naturally creative and resourceful. The coach's job is to provide support to enhance the skills, resources and creativity that the client already has."

In coaching, asking the right question is often more important than having the right answer (T. Stalder, personal communication, August 21, 2009). Coaching is similar to person-centered supervision: the job of the supervisor is to actively listen to supervisees to help them discover for themselves what they need to learn. The practice of coaching is aligned with the work of Carl Rogers as it is based on the assumption that clients (supervisees) have the capability to find solutions to the issues that confront them (Patterson, 2008). In this sense, coaching resembles solution-focused counseling. If supervisees are encouraged to examine the issues, the assumption is that they will be able to arrive at their own conclusions and solutions.

This approach can be applied with novice or experienced clinicians, but it seems to lend itself more to work with the experienced clinician and in peer supervision. Coaching is less structured and requires the supervisee to determine what is needed from his or her supervision. This may not be the best approach when working with a supervisee who needs more structure and direction from the supervisor. Coaching is built on a relationship of trust.

Campbell (2006) is one of the few authors who has addressed coaching as a supervision technique. She stated that the job of the supervisor-coach is to help supervisees move forward, move from ideas and dreams to actuality, and to overcome blocks and resistances. Campbell (2006, pp. 204-205) offered a number of sample questions that supervisor-coaches might ask of supervisees:

- What is it that you would like to get out of supervision?
- What will you need to know and be able to do to be a competent professional?
- Bottom line. What do you need from me right now?
- What do you think you will have to do to solve this problem?
- How do you want to tell me about your successes?

Coaching can be done in brief and informal sessions or in more systematic and formal supervision sessions. This approach can be collaborative and is aimed at developing supervisee autonomy and self-direction. Coaching provides a format for the supervisor and supervisee to work in a partnership to accomplish the goals of supervision.

Homework

Assigning homework that might include readings, texts, and viewing DVDs and CD-ROMs can be an adjunct to supervision sessions. Assignments can be given on any clinical, ethical, legal, or other topic. Just as in therapy, homework is most effective when it results from a collaborative effort on the part of the supervisor and the supervisee. Doing this is likely to increase compliance with the homework. To maximize their learning process, supervisees should regularly come to supervision prepared to discuss homework assignments they completed during the week. If a supervisee wants to learn more about suicide assessment and intervention, for instance, he or she could read selected articles and view a DVD on this topic. Time could then be spent during the next supervision session talking about how the information applies to clients. The use of homework can expedite supervisees' learning because it reduces the need to spend time during supervision sessions covering basic concepts that could easily be learned outside of supervision and increases the time available in supervision to discuss cases in greater depth.

Methods Using Written Information

Process notes are written notes outlining the supervisee's conceptualization of the counseling including diagnosis, goals, objectives, and treatment strategies. Process notes deal with client reactions such as transference and the therapist's subjective impressions of a client. Intimate details about the client, details of dreams or fantasies, sensitive information about the client's personal life, and a therapist's thoughts, feelings, and reactions to the client might be included. Process notes are not considered a component of the client's medical record; they are the personal property of the therapist and are not kept in the medical file but in the therapist's professional files for his or her own use. *Progress notes* are more factual notes regarding what actually took place in counseling, including the client's statements, behavior, and demeanor. These notes are a portion of the official medical record of the client. These methods offer more detailed reviews of the counseling session than the supervisee's self-report alone. Progress notes are behavioral in nature and address what people say and do. They contain information on diagnosis, functional status, symptoms, treatment plan, consequences, alternative treatments, and client progress.

Written information from the supervisee may also include logs, notes, journaling, verbatim transcriptions of sessions, process recording, case review forms, handouts, journal articles, and other reading assignments (Campbell, 2000, 2006). The use of process notes also can aid in the case consultation method of supervision. Written methods can be useful in encouraging the supervisee to conceptualize from the notes what is going on in the session and with the client. These can be used in conjunction with any of the other methods of supervision.

Nonlinear Methods

A fairly new set of supervision interventions, which Bernard and Goodyear (2009) referred to as nonlinear, or relying on right-brain strategies in supervision, have come into use. Guiffrida, Jordan, Saiz, and Barnes (2007), for example, explored the use of metaphor in supervision. They discussed the use of activities such as metaphoric drawing but indicated that use of such interventions is dependent on the willingness of the supervisee as well as the comfort level of the supervisor. Fall and Sutton (2004) also addressed creative approaches to facilitate

supervision. They discussed the use of artwork as a visual representation of a dilemma or issue in supervision. For example, the supervisor might draw on a pad of paper a representation of what he or she is hearing the supervisee saying. Similarly, the supervisor could ask the supervisee to draw a visual representation of a dilemma the supervisee is experiencing in clinical work. The artwork then forms the basis for discussion of the dilemma. Fall and Sutton also described the use of the sand tray as a supervisory intervention in both individual and group supervision. The sand tray is simply a box with sand in it, and the supervisee's task is to arrange a number of figures and items provided (such as marbles, Matchbox cars, shells, or rocks) to represent what is going on between the supervisee and his or her client. Fall and Sutton (2004, p. 67) provided some examples of questions that might be explored in the supervisory session when using the sand tray:

- What would the relationship between you and the client look like in the sand?
- What happened in that session? Describe the session in the sand.
- If you wished for change in that sand tray depiction, what might you do?

These nonlinear supervision methods are becoming more common, and the research to support the value of these methods is expected to follow.

We have described some of the commonly used supervision methods as well as some of the newer developments in the field of supervision. Selection of a particular method depends on the many contextual factors surrounding supervision. The supervisor's model of supervision is also a factor in determining which methods are used.

With the new emphasis on supervision by licensing boards and professional associations, supervisors are encouraged to remain current with developments in the literature regarding supervision methods.

What Supervisors Say to Supervisees

The statements and questions that follow are typical of the lead statements and questions supervisors use with many of the methods described earlier. Notice that, in most cases, the focus of the statements and questions is on the thoughts, feelings, and actions of the supervisee rather than suggesting what the supervisee should do.

Some questions and statements focus on the content of supervision:

- What would you like to accomplish during the course of our supervision together?
- Let's talk about the topics and issues you might bring to supervision to discuss.
- What ground rules do we need to establish about how we will work together that will help make our supervisory sessions a safe place for you?
- How can we work together to help you become a more confident and competent clinician?
- Where can you go to seek out more information on those topics?
- What experiences have you had in your lifetime with other cultures?
- What do you need to learn about multicultural issues in dealing with your clients?
- How do the gender differences in this case affect your work with the client?
- What do the legal, ethical, and professional standards indicate regarding this issue?
- Let's talk about how we will handle the evaluation portion of your supervision. How could it be most useful for you?
- Where are you headed with this client? What are your goals for the client? What are the client's goals? How do you feel about the work you did with this client? How did the client affect you?
- Can you give me three different approaches for addressing this issue?

- How would you like to go about resolving this? What are the options? Which option best serves the goals of the client?

Other questions and statements focus on the supervisee's self-reflection in a way that balances challenge and support:

- What can I do as your supervisor to help you be open to hearing my feedback?
- I struggled with this when I was at the beginning stage of training as a clinician, and this is what I learned.
- Can you practice the words you will use to convey your concerns?
- What was this supervision session like for you? Was it helpful? What were you thinking or feeling when we were discussing this case?
- Can you help me understand the direction you were taking at this moment with the client?
- Talk out loud about your decision in choosing that particular approach.
- If you were to have a second chance at that session, what might you have done differently?
- What did you think was going on in the counseling session? with the client? about how you thought the client was perceiving you?
- In what way does our relationship parallel your relationships with clients?
- How do you react to your clients? Which clients lead to countertransference issues for you?
- Which of your values come into play in your counseling work?

Other Considerations Regarding Supervision Methods

Supervisors in the helping professions are probably most comfortable talking about therapy-related issues, but they should become equally adept at providing supervision for the broader range of topics that may be a focus of supervision. These topics might include preparation for licensing, coping with the bureaucracy of agencies, coping with burnout, and working effectively with other helping professionals. The verbal exchange method is often used in addressing these issues. However, many of the methods in this chapter could be adapted to address problems or topics that are not clinical in nature. For example, coaching could easily be adapted to address coping with burnout. Using a supportive and encouraging approach, the supervisor as coach could assist the supervisee in exploring the aspects of bureaucracy that are most frustrating, coping methods that are effective and ineffective, and barriers that prevent him or her from coping effectively. From this, a strategy for utilizing more effective skills for coping with the bureaucracy might be developed.

Supervisors must be flexible in their ability to assess the skill level and learning abilities of supervisees and in applying methods that best match that level. Campbell (2006) emphasized the importance of role flexibility. Supervisors move from an unequal power base at the beginning of supervision to one that is more collegial toward the end of supervision. The task is to determine where the supervisee currently is and what training model and methods are best suited to take the supervisee to where he or she would like to be. Growth is often an uneven process, and the rate at which the supervisee develops will fluctuate throughout the supervisory process. As the supervisee matures and gains experience, he or she will become more self-directed and the supervisor should respond accordingly.

Self-Supervision

The ultimate goal for most clinicians is to be able to engage in self-supervision, which Morrissette (2001) defined as "a unique process whereby counselors can reflect on

intrapersonal, interpersonal, and clinical issues that influence their work" (p. xvii). He described some of the main methods of self-supervision as interpersonal process recall, self-critique, self-management, self-analysis, self-generated performance feedback, self-monitoring, self-instruction, and self-evaluation. Morrissette detailed the process by which clinicians can step back from their work and reflect on the interactions with their clients. The emphasis is on mobilizing the counselor's resources through increased self-knowledge. Learning how to monitor and evaluate their own clinical and professional performance is an overriding goal for all clinicians.

Self-supervision is clearly not to be employed by beginning counselors or intended to take the place of drawing from the wisdom and experience of seasoned professionals. Supervisees can work toward the ultimate goal of self-supervision while they are under the umbrella of traditional supervision.

Determining Which Methods to Use

A major question asked by many supervisors is, "How do I determine which methods to use with a given supervisee?" Supervisors must be familiar with the array of methods and techniques available to them. They also must be tuned in to the supervisee's strengths, deficiencies, and preferred style of learning (Campbell, 2006). Their options may be narrowed by logistics and resources available.

Novice clinicians, in most cases, require an approach that is supportive, facilitative, and structured. Careful monitoring, observation, demonstration, and teaching are required from the supervisor. As supervisees develop, they can become more actively involved in the supervisory interaction and more confident to bring issues to supervision and explore their own thoughts, feelings, and reactions to clients and to supervision. Toward the successful conclusion of supervision, the relationship becomes more collegial, and supervisees feel empowered to provide the direction for supervisory sessions. Supervisees develop into competent clinicians at their own unique pace; attempting to standardize the length of time supervisees spend in each developmental stage is a futile task. The supervisor and the supervisee must work collaboratively to assess the supervisee's level of development and the best methods by which the supervisee can learn.

Using Methods in Context

Much like therapy methods with clients, supervision methods will be much more effective if used within the context of a healthy supervisory relationship. Trust and respect is essential and should characterize this relationship, and this takes time to develop. The supervisor fosters this relationship early and continuously throughout the supervision process. The use of supervision methods without the base of a healthy relationship is like psychotherapy techniques applied mechanistically without an understanding of the context of the therapist–client relationship.

The selection and use of supervision methods is not a smorgasbord of techniques from which the supervisor can choose. The supervisor must have a clear model of supervision, a rationale for the use of any particular method, and competence in training and experience with the particular method. Several professional standards (ACA, 2005; ACES, 1990, 1993; NASW, 1994) require supervisors to demonstrate that they have the knowledge and skills to apply supervision methods. Supervisors do not increase their level of competence as supervisors simply with the accumulation of clinical and supervisory experience. They learn from courses, workshops, readings, colleagues, and supervisees. Remain open to the growth and learning that occurs from each individual you supervise. Consider these questions when choosing a supervision method:

- What are the needs of the supervisee?
- What is the goal of supervision in this instance?
- Over what period will the supervision occur?
- What are the ethical and legal issues that may pertain to selecting certain methods?
- Is the method consistent with my style and orientation?
- How can I become more skilled in the use of this approach? What new skills do I need to learn?
- What are the limits of my areas of expertise in providing supervision?
- How will I evaluate the effectiveness of the method? How can I incorporate feedback from the supervisee in the selection of methods?

Suggestions for Practical Application for Methods

For additional help in choosing appropriate supervision methods, we offer the following suggestions:

1. Ask open-ended questions of supervisees to facilitate discussion.
2. Include some direct observation of the supervisee in action with clients during supervision. You want to "oversee" what the supervisee is doing, not just "overhear" what the supervisee is telling you.
3. Adapt your supervision methods to fit the learning style of supervisees. Invite them to give feedback regarding how those methods are working for them.
4. A major task of supervision is to help the supervisee conceptualize what is going on with the client (or other situation) and how to proceed. This is often difficult for supervisees who may want the supervisor to simply provide answers to their questions.
5. Remember that supervision is a collaborative process; supervision methods are most effective when applied in that spirit.
6. Because of their primary training as therapists, many supervisors focus more on the therapy with clients than on the learning and development of the supervisee (Borders, 1992). Do periodic self-assessments to assure that you are in fact focusing on the supervisee's development and not solely on your fascination with the therapy process.
7. Be supportive, facilitative, and structured with inexperienced clinicians. Be sensitive to the fact that supervisees are most likely anxious about their skills and abilities and want to perform well for their supervisor.
8. Challenge supervisees to explore thoughts, feelings, and reactions to clients and to supervision. As they develop into more experienced clinicians, allow them to take the lead in supervisory sessions and provide their own self-supervision as you work toward empowering them.
9. Model responsibility by keeping to your scheduled supervision appointments and sticking to the primary tasks of the supervision. Supervisors sometimes let topics drift into less relevant, but more interesting, discussions in supervision.
10. Maintain a healthy perspective on your role as a supervisor. Learn from your supervisees and your supervisory experiences. Don't feel as though you must have all the answers for your supervisees.
11. Some clients may not welcome supervisory methods such as video/audio recording or live supervision. Be sensitive to the client's needs and desires in this regard.
12. Have fun with your supervisory experiences while maintaining proper professional boundaries.

Summary

A number of supervision methods are used by supervisors. Some are specifically designed for use in supervision, and others are adapted from psychotherapy-based approaches. The case consultation model, in which the supervisee discusses with the supervisor his or her clinical cases, is the most common method, and direct observation methods are highly recommended to assure that the supervisor sees the supervisee's clinical work. Group supervision is frequently used and is best done by those with special training in group dynamics and methods. In recent years, more attention has been paid to the use of nonlinear methods in supervision, such as the sand tray or artwork, as well as the use of technology in supervision. Careful study of the efficacy of the various methods is needed.

The selection of supervision methods is determined by the supervisory situation, the needs of the supervisee, the training goals, the client, and the setting in which the supervision occurs. Supervision methods are effective mainly in the context of a healthy and productive supervisory relationship characterized by trust and respect. Supervisees will most likely benefit from being exposed to a variety of supervision methods.

SUGGESTED ACTIVITIES

1. Richard is a marriage and family therapist who has been in private practice for more than 20 years. He decided to further his education and training and went back to school to work toward a doctoral degree in counseling psychology. Rosa works in the counseling center at the university where Richard is a student. She received her doctorate 5 years ago and has been licensed as a psychologist for 3 years. Richard will be a student therapist in the counseling center, and Rosa will be his supervisor. Their first meeting is next week. Assuming you were Rosa, answer these questions:
   - How would you prepare for the first session with Richard?
   - What do you think would be your major focus in supervision with Richard?
   - What are your fears and concerns about working with him? What do you suppose his concerns might be about working with you as his supervisor?
   - To what degree do you feel qualified to work with Richard?
   - What supervision methods would be most applicable with Richard?
   - What will be the greatest challenge in supervising him? What will be the greatest reward?
2. Melissa is a first-year student in a social work master's degree program. She is young, bright, eager to learn, and eager to please; she graduated from college one year ago. Laura has been a licensed social worker for 5 years and is on the staff at the county juvenile probation department. Laura has just met with Melissa in their first supervisory session. Melissa is assigned to the probation department for 9 months of internship training. Melissa expressed her eagerness to learn anything she can and is excited to begin working with the kids. Assuming you were Laura, answer these questions:
   - What would your thoughts be about working with Melissa?
   - What would you include in your contract with Melissa?
   - What supervision methods would be most applicable? Why?
   - What methods would you use to evaluate Melissa's progress in the internship?
3. Select two or three supervision methods that seem most useful and have members of your group role-play how they might be applied in working with Richard or Melissa (see Activities 1 and 2). Take turns role-playing and discuss which methods seemed to be most useful. Which methods were not as useful? Why?

4. What methods of supervision would be useful in the following situations? How would you go about deciding which methods to apply in each situation?
   - Supervising a doctoral-level psychology intern in a community mental health center or at a state hospital
   - Supervising a social worker who is on probation with the licensing board in a private practice setting
   - Supervising a student in the master's program in guidance and counseling at a university counseling center
   - Supervising a mental health counselor who has worked in the field for years in another state and is now under your supervision until she becomes licensed in your state
   - Supervising a student who is doing volunteer work with the homeless as a requirement for a class you are teaching
5. Which methods seem to fit best with which models? What is your understanding of how models and methods of supervision tie together? Must they always be consistent in that the methods flow from the model?

CHAPTER 6

Becoming a Multiculturally Competent Supervisor

FOCUS QUESTIONS

1. How do you define multiculturalism, and what does the concept of cultural competence in supervision mean to you?
2. How might you go about identifying and examining your personal hidden agendas, biases, and prejudices that may result in countertransferences in the supervisory relationship?
3. What primary knowledge and skills do you need to become a culturally competent supervisor?
4. What does the term *culturally competent assessment* refer to, and why is this important in supervision?
5. How might you go about determining the level of cultural competence your supervisees may possess?
6. When you find yourself in an area outside your expertise with a supervisee, what steps might you take to ensure cultural competence in supervision?
7. What does the term *social advocacy* mean to you, and how might it apply to your role as a supervisor?
8. What might you do personally and professionally to establish a supervisory environment that is respectful and reciprocal?
9. When considering cultural competence in supervision, why is it important for the supervisor and supervisee to educate each other regarding the processes of their orientation, goals, and expectations?
10. At what point would you consider yourself to be multiculturally competent as a supervisor? How will you know when you have achieved this?

Introduction

Multiculturalism and diversity have gained increasing focus in the counseling profession over the past couple of decades. Several years ago it was desirable albeit optional for mental health professionals to take a stand and integrate multicultural components into training

and practice, but today adopting a multicultural focus is nonnegotiable. It is expected, and for a very good reason. It is almost a certainty that the U.S. Census of 2010 will show a major increase in the number of racial and ethnic minorities living in the United States since the previous census. Diversity offers both challenges and opportunities, and supervisors need to address these important issues with their supervisees. Let's begin by defining culture. Does culture encompass ethnographic, demographic, status, and affiliation variables? Are within-group differences as significant as between-group differences? And on a more personal note, how do you identify your own culture through concrete, behavioral, and symbolic means?

When we view others as different, we run the risk of playing into the hands of closed-minded and prejudiced people who believe that out-groups are inferior in some way. Vontress has consistently maintained that although human beings are dissimilar in ways, they are more alike than different and that helping professionals should focus on the commonality of people rather than analyzing their cultural differences (Vontress, 1979; Vontress, Johnson, & Epp, 1999). In Pedersen's (2000) view, emphasizing similarities and/or differences establishes a false dichotomy. We all share many things in common regardless of culture, *and* we all are profoundly affected by the many cultures we identify with.

Counselor training has incorporated multicultural competencies and diversity, providing specific information and skills training for counselors. However, there is less information available regarding multicultural practices in supervision, although this body of literature is growing. In a 5-year review of supervision research, Borders (2005) found that multicultural supervision issues were receiving increased attention. From 1999 to 2004, diversity concerns were emphasized in supervisor–supervisee dialogue, and Borders concluded that cultural issues were more frequently discussed when there were supervisor–supervisee mismatches on cultural variables. The research suggested that matching cultural variables was less important to counselor development than was awareness, acknowledgment, and a quality discussion of differences and similarities. It was noted that supervisors have the perception that they discuss topics pertaining to diversity more than they actually do. This chapter offers a definition and framework of multicultural supervisory practice and practical suggestions for incorporating multicultural strategies into supervision.

Defining Multiculturalism

Multiculturalism is a generic term that indicates some relationship between two or more diverse cultural groups. A multicultural perspective provides a conceptual framework that recognizes the complex diversity of a pluralistic society while at the same time suggesting bridges of shared concern that bind culturally different individuals to one another (Pedersen, 1991). Pedersen (2000) provided a useful working definition of the broad perspective of culture, which can be applied to supervision:

> By defining culture broadly, to include within-group demographic variables (e.g., age, sex, and place of residence), status variables (e.g., social, educational, and economic), and affiliations (formal and informal), as well as ethnographic variables such as nationality, ethnicity, language, and religion, the construct *multicultural* becomes generic to all counseling relationships. (p. 36)

All forms of counseling should be, to some extent, culture centered. If we limit our definition only to those aspects shared across cultures, we may be ignoring very important components of therapy. At the same time, there is the danger that by diluting the definition we are somehow evading very real and difficult issues.

PATRICE MOULTON'S PERSONAL PERSPECTIVE

I began practicing supervision over 20 years ago. I needed specific information on ways to define multiculturalism, strategies to explore my own worldview, and specific knowledge

about cultures other than my own that would help me in my practice as a supervisor. I found little information on these issues. When I first became aware of multicultural and diversity issues, I was very confused about how best to incorporate these ideas with the diverse range of individuals with whom I was working. As a professional who cared about competence and ethics, I wondered how to go about "practicing" as a culturally competent counselor and supervisor.

Some sources stated that basically we are all more alike than different, and, therefore, all clients should be treated in a similar fashion. I fundamentally agree with the concept of commonality, but I know that this universal perspective has the potential to cause great damage if it is used as a rationale for ignoring the need to explore how culture affects therapeutic and supervisory relationships, processes, and outcomes.

Other sources implied that I should understand each cultural group I would encounter, but I lacked specific, practical information I could apply as a counselor and supervisor. Some sources recommended that I simply request that the client teach me about his or her culture or orientation. Others stated that this is inappropriate, not the client's responsibility, and a misuse of therapy time. As you can see, I had reason to feel confused, yet I was motivated to continue pursuing these questions.

Today, I find it reassuring that the helping professions have progressed in understanding how to serve the needs of individuals from varied cultures. With the emergence of resources as well as competencies to guide multicultural practice and supervision, I have gained clarity and knowledge about the definition, expectations, and challenges of working with diversity, and because of this, I feel confident in my interactions as a supervisor and clinician.

Practicing Multicultural Supervision Effectively

Becoming a multiculturally competent mental health practitioner involves three dimensions (Sue et al., 1998). The first dimension deals with the practitioner's attitudes and beliefs about race, culture, ethnicity, gender, and sexual orientation; the need to monitor personal biases; development of a positive view toward multiculturalism; and understanding how one's values and biases may get in the way of effective helping. The second dimension recognizes that a culturally competent practitioner is knowledgeable and understanding of his or her own worldview, possesses specific knowledge of the diverse groups with whom he or she works, and has a basic understanding of sociopolitical influences. The third dimension deals with skills, intervention techniques, and strategies necessary in serving diverse client groups. Part of multicultural competence entails recognizing our limitations and is manifested in our willingness to (a) seek consultation, (b) participate in continuing education, and (c) when appropriate, make referrals to a professional who is competent to work with a particular client population.

For master's-level trainees, the expectation to develop multicultural competence in addition to acquiring all the other skills and competencies needed to be an effective counselor within a relatively short time frame might seem overwhelming. For the supervisors training these counselors, their task initially might seem Herculean! The comforting news is that this task becomes much more manageable for supervisors when they have a framework for assisting their trainees in developing multicultural competence. Ober, Granello, and Henfield (2009) proposed the synergistic model of multicultural supervision (SMMS), which is based on the intersection of three concepts that, taken together, address both content and process in supervision. These include (a) Bloom's taxonomy of educational objectives (Bloom, Engelhart, Furst, Hill, & Krathwohl, 1956), (b) the heuristic model of nonoppressive interpersonal development (Ancis & Ladany, 2001), and (c) the multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992). With the first two concepts attending to the learning process and the third concept supplying the content for the model, the SMMS is sensitive to the developmental level of trainees, which is

likely to make achieving multicultural competence a much more feasible goal. Although other models of multicultural supervision preceded development of the SMMS, Ober et al. (2009) believe the SMMS to be more comprehensive. In *Voices From the Field*, Malik Henfield, one of the creators of the SMMS, discusses how ill-equipped he once felt as a trainee to understand the needs of a particular student because of lack of exposure to the issues the student was experiencing. As he points out, he would have benefited then from having access to the SMMS.

VOICES FROM THE FIELD

Malik Henfield, PhD

When I was a master's student, I recall feeling confident that I was prepared to address any concern a student might bring my way. This was the case until I came face-to-face with a student enrolled in a gifted and talented education program. This student was sent to me because he was having a difficult time adjusting to classmates who were just as smart or smarter than he was. He was crying uncontrollably, and I did not know what to say or do. Nothing I tried worked. I was in shock! At the end of the session, all I could think about was that the session was videotaped and my internship supervisor was going to be so disappointed in my performance. To date, that session counts as the most difficult counseling experience of my entire life!

Later on that day, the moment arrived. It was time to show my internship supervisor that horrible videotape. The response I received wasn't as bad as I thought. I was told to relax the next time I met with the student and to concentrate on collecting as much information as possible and staying within the framework of my chosen theory. We role-played for a little while, and that was it. I walked away from that meeting feeling relieved because my supervisor didn't embarrass me. But I also remember feeling incompetent. Years later, when I was assigned to supervise master's-level students in my doctoral program, I recalled that horrific experience and tried to figure out why I froze during that session. After much thought, I realized why I had such a difficult experience: I didn't know anything about gifted and talented students and, frankly, didn't care about their needs. I assumed that because they were smart, they didn't have any problems.

Some may argue that giftedness is not a culture in and of itself; however, there is a body of knowledge detailing common difficulties associated with being gifted and talented. Had I been aware of this literature, I would have been better prepared to counsel that student. Moreover, if my supervisor had initiated a discussion with me regarding gifted issues, it would have been readily apparent that I lacked this knowledge. Had my supervisor been able to uncover this information, I might not have had such a difficult experience.

Currently, I teach an internship class, and when reviewing students' tapes, I always use the SMMS to ensure that I explore salient issues related to my supervisees' cases. If I were supervising a trainee experiencing an issue similar to mine, here are the questions associated with each step of the model that I would ask:

1. What exactly do you know about the history of gifted education (Knowledge)?
2. Can you summarize some common issues associated with students in gifted and talented programs, as well as some well-known explanations for these issues (Comprehension)?

3. Apply the information to the counseling case in question. What are some counseling interventions and/or programming ideas that may be effective in this case (Application)?
4. What went right, and what went wrong? What changes, if any, did you observe after implementing the intervention (Analysis)?
5. How could the intervention have been better? Are there some resources that were overlooked? How can we help other students experiencing similar issues (Synthesis)?
6. If you were asked to consult with a teacher about a student with similar issues, what steps would you take to help (Evaluation)?

By going through these steps in an orderly fashion, I have seen tremendous growth in my supervisees. When confronted by the fact that they lack knowledge and awareness related to particular issues, they often are surprised and quickly make the necessary improvements. If my internship supervisor had used this model, perhaps my counseling failure would not have haunted me all these years.

To understand one's responsibilities in guiding the development of a supervisee's multicultural competence, a logical place to start is by examining the ethics codes pertaining to multicultural supervision (see Box 6.1).

Guidelines for Dealing With Diversity in Supervision

The ethical standards provide professionals with direction regarding multicultural supervision, but they don't offer practical steps to assist supervisors in addressing diversity with supervisees. The guidelines discussed in the following sections are provided to operationalize multicultural actions and attitudes in the supervisory relationship.

Explore Multicultural Dynamics in the Supervisory Relationship

Do you feel competent to supervise someone of a different culture from your own? Are you aware of the possible issues and the strategies you may use when supervising someone of another racial group? Is it necessary to make adjustments in the supervisory relationship based on ethnic, religious, or lifestyle differences between the supervisor and supervisee? If so, how might these adjustments be determined?

In 2003, 27.3% of first-year doctoral students and 21.4% of master's students in psychology programs were members of ethnic minority groups (Norcross, Kohout, & Wicherski, 2005). This speaks to the likelihood of an increasing number of multicultural supervisory relationships. Allen (2007) stated that when supervising trainees from cultural backgrounds other than our own, additional supervisor competencies become important. These competencies include levels of awareness, knowledge, and skill in culturally congruent methods and styles of supervision, as well as the ability to recognize cultural differences in learning styles and the ability to adjust training modalities accordingly.

As a supervisor, it is crucial that you understand the concerns of your supervisees and explore these concerns with them. Equally important is having the ability and the willingness to communicate your understanding in a way that avoids cultural misunderstandings. Here is one example of cultural miscommunication. A counselor trainee who is Thai smiles after being given critical feedback by his supervisor for the manner in which he mishandles a particular case. Consistent with his cultural background, the trainee smiles to communicate to his supervisor that he is apologetic and won't repeat his error. If the supervisor misconstrues this reaction as the trainee's inability to understand the ramifications of his actions and thinks the trainee is making light of a serious matter, the supervisee may feel completely misunderstood and the relationship may become strained.

Box 6.1
ETHICS CODES AND STANDARDS REGARDING MULTICULTURAL SUPERVISION

American Counseling Association (2005)

ACA Code of Ethics

Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship. (F.2.b.)

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives. (F.11.c.)

Association for Counselor Education and Supervision (1990)

Standards for Counseling Supervisors

The counseling supervisor demonstrates knowledge of individual differences with respect to gender, race, ethnicity, culture and age and understands the importance of these characteristics in supervisory relationships. (4.1.)

It is necessary to break the taboo against speaking out loud about racial or cultural differences. Be sensitive to the fact that the appropriate way to speak out loud will be different from one culture to the next. As a supervisor, you should integrate sensitivity to and understanding of diversity issues into all of your supervisory sessions and into all training activities (Barnett & Johnson, 2010). You might be anxious about discussing cultural differences with a supervisee for fear of saying the wrong thing, sounding disrespectful, or appearing to be misinformed. Recognize your own perspective and be aware of how this might influence your supervision practices. In a review of the supervision literature, Borders (2005) found that quality discussion of cultural issues during supervision promoted greater personal insight, stronger emotional bonds with the supervisor, and higher levels of satisfaction.

The terms used to describe cultural differences change with frequency. The only way to overcome the initial awkwardness is to practice in a safe environment, which can be found in training experiences, workshops, and with understanding colleagues who allow us to practice and learn through their mentorship. Supervisors have a responsibility to model appropriate and effective communication. In fact, Vereen, Hill, and McNeal (2008) believed that mental health counselor educators need to integrate multicultural discussions into the supervision process so that the doctoral- and master's-level supervisors they train will be more intentional in integrating multiculturalism into their supervisory practices. Before initiating a discussion of culture, it is useful to "talk about talking" with the supervisee and to set some ground rules. Seek the permission of your supervisees before asking deeply personal questions about their lives. Examples of this type of communication include asking supervisees directly about their cultural identity and how this may affect their practice of counseling (which also applies to areas of gender, sexual orientation, and spirituality), and direct discussions regarding issues of racism, privilege, cultural mistrust, sexual identity development, disability, or economic environments.

During these discussions, strive for open and honest communication that sets the stage for an open and safe dialogue. When it is unclear what a supervisee might be saying or meaning, ask for clarification. Also, invite supervisees to ask for clarification of what you say, and ask for illustrations of their cultural experiences that may have an impact on their view of counseling. In addition, be prepared for discussions that may be less than glowing about your own race or culture, and do your best not to respond defensively. These conversations provide an opportunity for growth and can facilitate discussions of social constructs and how they affect case conceptualization and treatment. In *Voices From the Field*, Heriberto Sánchez explains how central culture is in the lives of clients.

VOICES FROM THE FIELD

Heriberto G. Sánchez, PhD

Supervisors need to provide information to their staff about multicultural issues and encourage them to participate in training programs to improve their skills in working with culturally diverse populations. In our rapidly changing society, multiculturalism is perhaps one of the more important issues facing mental health professionals. Our ability to help our clients depends on our ability to understand them from their perspective. Cultural identity is more than just language and customs. Culture affects cognitions, stress tolerance, and coping styles. Culture also involves history, particularly the manner in which dominant and minority groups have interacted in the past and the nature of their relationship (for example, whether it was friendly or adversarial and the current status of that relationship). Understanding the client's cultural perspective of his or her problem can lead to solutions beneficial to the client.

The client's culture, race, sex, age, marital status, sexual orientation, and socioeconomic status are all important factors to consider in supervision. Fortunately, many books and journals are available that mental health professionals can use to educate themselves about cultural issues. In addition, they can attend workshops and educational programs. However, it is clients who will provide the most useful information about how they view their particular situation.

The key for mental health professionals is to recognize the impact of culture. This requires having an unbiased view and taking the initiative to learn about the client's culture. Other areas to consider are the impact cultural differences could have on the therapeutic relationship, psychological testing, and diagnosis. Transference and countertransference issues may arise that are related to cultural difference. Results of psychological assessment must be interpreted in the context of these cultural differences.

Include Multicultural Competencies in the Supervisory Agreement

As a supervisor, it is your responsibility to educate your supervisees about how you will work together in the supervisory relationship. The initial sessions of supervision should allow ample opportunity to explore your cultural similarities and differences. We suggest that an important way to minimize misunderstandings is to clarify everyone's expectations early in the relationship. Discussion of the supervisory contract is the ideal forum in which to introduce the expectations and requirements regarding the acquisition of multicultural competencies. A 5-year review of literature in supervisory practice supported discussing multicultural issues in the early stages of supervision (Borders, 2005). Three approaches

for facilitating multicultural conversations were provided: the use of semistructured questions; a reciprocal exchange regarding supervisor/supervisee differences initiated by the supervisor; and the supervisor's self-disclosure about his or her own process of becoming multiculturally aware.

As you begin the supervisory relationship, you may pose some of the following questions to initiate a discussion with supervisees about multicultural considerations:

- How do you describe your ethnic identity? What does it mean to you to identify with this group?
- What are the various cultural groups to which you belong? Which ones seem to take on the most importance in your life?
- How do you think your culture affects the way you see your role as a therapist, your choice of theoretical orientation, and the manner in which you approach case conceptualization, diagnosis, and treatment? What parts of your counseling approach do you most strongly identify with and why?
- Can you identify, at this time, ways in which our cultural differences or similarities may affect our supervisory relationship?
- How would you rate your knowledge of and comfort with discussing cultural issues?
- If you find discussions about culture uncomfortable, can you identify what it is that you find awkward or threatening? Where might you have learned this fear?
- What types of academic training, professional conferences, workshops, or seminars have you completed in the area of multicultural counseling?

This is an appropriate time to set the stage for an open and safe discussion regarding cultural issues both within the supervisory relationship and when client cases are reviewed and processed. It is important to develop a relationship that is respectful and reciprocal. Encourage supervisees to bring their concerns to supervision sessions at any point during their field placement when questions arise regarding cultural perspectives.

Assist Supervisees in Developing Cultural Self-Awareness

Be aware of your feelings, attitudes, and perceptions regarding your own culture as well as those of supervisees. This kind of awareness provides congruence in the supervisory relationship. Explore your own cultural awareness as you teach supervisees to do the same.

Personal exploration provides the opportunity to examine personal agendas and prejudices so these issues may be addressed. Learning to identify your own implicit culturally learned assumptions is a significant step toward cultural competence. A supervisor's worldview is likely to influence the therapeutic choices made by supervisees. Therefore, it is good practice for you as a supervisor to explore questions of bias and cultural perspectives for yourself and to provide the opportunity for your supervisees to do the same. Here are some questions to guide your process of self-exploration:

- Through what lens do I view the world?
- What is my definition of culture?
- What is my cultural heritage?
- With which cultural groups do I primarily identify myself?
- What cultural values, beliefs, and attitudes do I hold, and how do these fit with the dominant culture?
- How did I learn my cultural values?
- What has been my experience with other cultures, and what has been my perception of these cultures?

- How might my beliefs affect my ability to supervise effectively?
- How do I define the relationship between culture and counseling?

As you grow in your role of supervisor, reflect on these questions often and recognize your deepening understanding of what it means to be a multiculturally competent supervisor.

Accept Your Limits as a Multicultural Supervisor

The majority of counselors are specialists in some area of psychological expertise, but few pronounce themselves as experts in the area of multiculturalism. Unless you have studied and practiced extensively with diverse client populations, you will find yourself lacking the detailed knowledge you need to work with certain cultures with which you have limited familiarity. However, regardless of training and experience, it will be necessary to take the time to get to know your supervisees as individuals within the context of their cultural environment. You need to be careful about making generalizations regarding specific individuals from any given culture and should seek information and clarification regarding your assumptions.

Therapists and supervisors are sometimes placed in positions requiring multicultural expertise outside their range of competence. It is not possible to be knowledgeable in all areas, and there will be times when it is appropriate and ethically responsible to seek consultation and possibly referral. If you find yourself in over your head and in need of supervision regarding multicultural issues in the supervisory relationship, seek help. If you are not willing to risk making mistakes, the chances are that you are restricting your opportunities for learning. In other words, when it comes to multicultural issues in supervision, it is important to initiate the necessary conversations even though it may be awkward at times and you may think you are not using the "right" words. You may tell yourself you could have asked more or better questions to explore cultural issues. If supervisees are not accustomed to this type of discussion regarding their cultural identity, it is possible that you may unknowingly create discomfort or defensiveness for your supervisees. The task is not to do a perfect job but to learn how to recover after having said or done what you perceive to be the "wrong thing." Asking for help when necessary is in no way a failure; it is the sign of a competent professional willing to accept limitations and not willing to practice outside his or her scope of competence; this serves as positive role modeling for supervisees as well.

Model Cultural Sensitivity

As a supervisor, be aware of the impact that your attitudes, views, and practices have on your supervisees and, therefore, on each client that is served. Supervisors need to model and attend to biases both seen and felt, direct and indirect, within the supervisory relationship and between supervisees and clients (Barnett, Cornish, et al., 2007). Remember that you must respect the uniqueness of the individual as well as the cultural group membership at all times. If too much attention is placed on cultural group membership, it may encourage stereotyping. In Case Study 6.1, the supervisee's motivation was positive, but the negative outcome was certainly not what the counselor had intended.

CASE STUDY 6.1: JOE

Joe, a young man with a mobility disability, came in for counseling. The counselor had just read about multicultural counseling sensitivity and saw this as an opportunity to practice these skills. After 20 minutes, the young man wheeled out shaking his head and said to his partner, "I'm never going to see him again. I had problems about money, relationships, family, grades, and lots of other things, but all he wanted to talk about was my physical disability."

If too much attention is placed on the individual outside the context of his or her cultural group, you may neglect the impact of the cultural environment on the individual. One is both an individual and a member of a cultural group. Giving too much attention to either identity creates the risk of denying the other identity. It is essential to start counseling with a clear focus on the client's concerns rather than on those of the counselor. In the *Personal Perspective*, Patrice Moulton explains her strategy for discovering the gaps in her own knowledge about one cultural group.

PATRICE MOULTON'S PERSONAL PERSPECTIVE

A number of years ago, while serving as coordinator of the family therapy program for a state substance abuse facility, I was invited to begin running the first Adult Children of Alcoholics group for the Native American tribe of the Seneca Nation in Salamanca, New York. I was also to supervise a colleague running the same type of group at a reservation in Jamestown, New York. I was considered an expert in substance abuse group work and family issues, but I had limited knowledge of Native American culture and little knowledge of the Seneca Nation or the reservation. I felt very much that I was in over my head and was wondering if the rules that govern family systems applied in a similar enough way to allow for the building of rapport, trust, and respect that is necessary to provide a positive group experience for participants.

Rather than assuming that I would be able to figure things out as I went—or expecting the group members to educate me as best they could on how their culture might affect the group dynamics, goals, and expectations—I sought help. I went to the Seneca Nation Mental Health Department and spent some time in supervision myself with one of the family counselors there. I shared with her the knowledge I had about adult children of alcoholics (ACOA) and covered the group structure and content. She helped me understand where adjustments would have to be made, and how to intertwine the cultural components into our group exercises in a way that would be meaningful to these clients.

Accept Responsibility to Provide Knowledge About Cultural Diversity

Differences among psychological dimensions of culture are discussed in the model of multicultural understanding presented by Locke (1998). This model encourages exploration of the following cultural elements: acculturation, poverty and economic concerns, history of oppression, language, racism and prejudice, sociopolitical factors, child-rearing practices, family structure and dynamics, and cultural values and attitudes. In using Locke's approach, both the supervisor and the supervisee can evaluate their cultural practices and determine how these affect the supervisory relationship and the supervisee's practice with clients. These cultural elements can be used as an indicator of cultural knowledge regarding any given cultural group. The culturally competent supervisor will have a working knowledge of this type of information for various cultural groups and will be aware of resources to share with supervisees regarding basic information for any given cultural group.

Teach and Model Multicultural Sensitivity in Assessment

Supervisors need to be knowledgeable regarding culturally competent psychological evaluations and other types of assessment. This requires understanding how race, culture, and ethnicity may affect personality formation, vocational choices, and manifestation of psychological disorders. Locke (1998) suggested that counselors ask themselves the following questions as part of the assessment process:

- Does something about this person's appearance make me think this person's behavior is abnormal?
- What is the basis for making these assumptions?
- What labels am I consciously or subconsciously applying to this person, and where did the labels come from?
- What other labels might be used to describe this behavior?
- To what cultural group am I assuming this person belongs, and what do I know about this group?

It is necessary to understand both the technical aspects and the limitations of traditional assessment tools. The goal for you as a supervisor is to model and teach culturally sensitive assessment practices that allow the use of test results to benefit diverse clients.

Provide the Opportunity for Multicultural Case Conceptualization

Case conceptualization requires supervisors to gain an understanding of a client's symptoms within that client's sociocultural context. But supervisors' assumptions regarding their supervisees' abilities to incorporate these variables into multicultural case conceptualization also must be addressed. Multicultural case conceptualization includes an analysis of the impact of the client's race, class, sexual orientation, gender, age, or disability status on the client's life. McGoldrick and Giordano (1996) suggested that people differ in the following ways:

- Their experience of psychological distress
- How they describe symptoms of distress
- How they communicate about their symptoms and distress
- Their attribution of causes
- Their attitude toward helpers
- Their expectations for treatment

Work with your supervisees to help them clearly state their assumptions and how that analysis will influence their interventions with clients.

Promote Culturally Appropriate Interventions

When determining appropriate multicultural treatment strategies and interventions, remain flexible and help supervisees choose interventions that will most benefit the client. Be prepared to send and receive both verbal and nonverbal messages accurately and appropriately, and model this for supervisees in supervision sessions. Review theoretical orientations for cultural appropriateness or inappropriateness, and help supervisees choose treatment strategies that will validate the cultural identities of clients. In addition, help supervisees become aware of "cultural camouflage" (use of ethnic, racial, or religious identity as a defense against change or pain). Be realistic about the support systems available to clients, and help supervisees understand clients' value conflicts.

Model Social Advocacy

It is the supervisor's responsibility to model active social advocacy and to encourage this role in supervisees. Members of certain groups have been oppressed and discriminated against. Counselors have a responsibility to act as advocates by being willing to speak on behalf of their clients, especially those clients who have been the target of discrimination and oppression. For instance, Li and Vasquez-Nuttal (2009) suggested that school consultants need to be agents of social justice for culturally/linguistically

diverse students and their families. As a social advocate, the supervisor must attend to and work toward eliminating biases, prejudices, and discriminatory practices in conducting evaluations and providing interventions, and develop sensitivity to issues of oppression, sexism, heterosexism, elitism, ageism, and racism. In your role as supervisor, we recommend that you take responsibility for educating your supervisees about the processes of psychological intervention, such as setting goals, clarifying expectations, and explaining legal rights.

Work with professional organizations and serve on committees advocating for policy changes. Encourage your supervisees to become involved in these efforts, and provide education and training for other professionals regarding multiculturalism. Social advocacy has become an important responsibility of counselors and other mental health practitioners in recent years. In *Voices From the Field*, Kellie Kirksey describes the spiritually focused integrative approach she uses to supervise African American women and emphasizes the role of social advocacy in her work.

VOICES FROM THE FIELD

Kellie Kirksey, PhD

It is not my intention to generalize in any way but to give a personal account of my work with African American women who are in supervision for clinical or school counseling. My supervision with this population has been for the most part spiritual and integrative in nature. Discussions of advocacy and social justice are topics we cover in our supervision hour. I encourage supervisees to move beyond the counseling chair and create a presence in the community for change and well-being.

Primarily, this particular group of women wants to know how to survive in the profession. They yearn to know how to make it through the "system" that at times characterizes passion as pathology and expressiveness as histrionics. Most of my supervisees of African descent tend to be from a Christian background and are first-generation college students. The landscape of academia is foreign, just as it was for me when I entered the academy.

Helping students of color deal effectively with the micro aggressions they will encounter is critical. Spirituality is often the foundation of ultimate success for my supervisees. These women will be confronted at some point in their careers with racism, discrimination, sexism, sexual harassment, ageism, and so on. This reality is discussed in supervision in terms of resiliency and determination to contribute something positive to the field. Discussing boundaries, multiple relationships, and self-advocacy are necessary conversations. We role-play these scenarios, rehearse the uncomfortable encounters, and practice healthy and proactive responses.

Developing Advocacy Competencies

As noted, counseling professionals need to function as advocates for clients and their supervisees' clients who are marginally acculturated and who need remediation of a problem that results from discrimination and oppression. It is a supervisor's role to highlight the importance of advocacy interventions. Counselors who hope to become competent client advocates need to develop a greater awareness of their own beliefs, attitudes, and biases as they relate to the impact that sociopolitical factors have on marginalized and

underserved populations. To effectively implement the delivery of advocacy services in practice, counselors need to acquire knowledge and skills of the different approaches outlined in the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002; Ratts, Toporek, & Lewis, 2010). "*Advocacy competence* can be thought of as the ability, understanding, and knowledge to carry out advocacy ethically and effectively." Supervisors also need to be well-versed in the Advocacy Competencies in order to influence their supervisees in this area.

The Advocacy Competencies clarify how practitioners serve their clientele at these three levels of advocacy intervention: (a) the individual client/student level, (b) the community/school level, and (c) the public/societal level. Within each of these levels, counselors *act with* and *on behalf* of their clients and others in their clients' environments. The Advocacy Competencies are described in Box 6.2.

Box 6.2
ACA ADVOCACY COMPETENCIES

Individual Client/Student Level

This level of advocacy entails using direct counseling and empowerment strategies to assist clients in understanding their lives in context. At this level, "counselors also serve as advocates who help remove barriers that contribute to psychological stress and disorders" (Ratts & Hutchins, 2009, p. 270). Counselors who are considered competent at this particular level are able to accomplish the following 13 tasks (Lewis, Arnold, House, & Toporek, 2002):

- Identify strengths and resources of clients and students.
- Identify the social, political, economic, and cultural factors that affect the client/student.
- Recognize the signs indicating that an individual's behaviors and concerns reflect responses to systemic or internalized oppression.
- At an appropriate development level, help the individual identify the external barriers that affect his or her development.
- Train students and clients in self-advocacy skills.
- Help students and clients develop self-advocacy action plans.
- Assist students and clients in carrying out action plans.
- Negotiate relevant services and education systems on behalf of clients and students.
- Help clients and students gain access to needed resources.
- Identify barriers to the well-being of individuals and vulnerable groups.
- Develop an initial plan of action for confronting these barriers.
- Identify potential allies for confronting the barriers.
- Carry out the plan of action.

The Community/School Level

According to Lopez-Baez and Paylo (2009), at this level "counselors can intervene in the advocacy process either by assuming a position as an ally to others in the school/community or by moving from an ally position to a position of leadership in advocating for

(*Continued*)

Box 6.2 (*Continued*)

the desired change needed within the school/community" (p. 276). The two Advocacy Competency domains at the community/school level are community collaboration and systems advocacy, which combined include 16 competencies. *Community collaboration* counselor competencies are as follows (Lewis et al., 2002):

- Identify environmental factors that impinge on students' and clients' development.
- Alert school or community groups with common concerns related to the issues.
- Develop alliances with groups working for change.
- Use effective listening skills to gain understanding of the group's goals.
- Identify the strengths and resources that the group members bring to the process of systemic change.
- Communicate recognition of and respect for these strengths and resources.
- Identify and offer the skills that the counselor can bring to the collaboration.
- Assess the effect of counselor's interaction with the community.

The eight remaining competencies at this level address tasks associated with systems advocacy. Counselors who have mastered these competencies should be able to do the following:

- Identify environmental factors that impinge on students' and clients' development.
- Provide and interpret data to show urgency for change.
- In collaboration with other stakeholders, develop a vision to guide change.
- Analyze the sources of political power and social influence within the system.
- Develop a step-by-step plan for implementing the change process.
- Develop a plan for dealing with probable responses to change.
- Recognize and deal with resistance.
- Assess the effect of counselor's advocacy efforts on the system and constituents.

The Public/Societal Level

C. C. Lee and Rodgers (2009) stated that "the ultimate goal of counselor intervention at this level is to increase public awareness, affect public policy, and influence legislation" (p. 285). They suggested that counselors can move from a passive position, which is all too common for those who provide the "talking cure," to an active position and "become active voices and conduits for social/political change at the macrolevel of intervention" (p. 285). The seven Advocacy Competencies that address the counselor's responsibility to inform the public about the role of environmental factors in human development are as follows:

- Recognize the impact of oppression and other barriers to healthy development.
- Identify environmental factors that are protective of healthy development.
- Prepare written and multimedia materials that provide clear explanations of the role of specific environmental factors in human development.
- Communicate information in ways that are ethical and appropriate for the target population.
- Disseminate information through a variety of media.
- Identify and collaborate with other professionals who are involved in disseminating public information.
- Assess the influence of public information efforts undertaken by the counselor.

(*Continued*)

Box 6.2 (*Continued*)

The remaining seven Advocacy Competencies at this level focus on influencing public policy in a large, public arena:

- Distinguish those problems that can best be resolved through social/political action.
- Identify the appropriate mechanisms and avenues for addressing these problems.
- Seek out and join with potential allies.
- Support existing alliances for change.
- With allies, prepare convincing data and rationales for change.
- With allies, lobby legislators and other policy makers.
- Maintain open dialogue with communities and clients to ensure that the social/political advocacy is consistent with the initial goals.

The Advocacy Competencies are a relatively new contribution to the helping professions. Case Study 6.2 illustrates how these Advocacy Competencies might be incorporated in the supervision process.

CASE STUDY 6.2: CELINE

Celine supervises school counselor trainees at a suburban middle school that is composed of roughly an equal number of European American and African American students. One of her trainees, Matthew, has been assigned to work with all of the students participating in the school's gifted and talented (G/T) program. A disproportionate number of the program participants are of European American descent. Most of the very few African American students who have participated in the G/T program over the years have dropped out of it. In reviewing his cases in supervision, Matthew reveals that Towanda, one of the two African American students currently enrolled in the G/T program, is starting to perform poorly in class and does not seem to enjoy interacting with the other G/T students. He perceives that she has been avoiding the extracurricular activities sponsored by the G/T program, such as the after-school math club. His immediate conclusion is that Towanda must be having problems at home and may be depressed, which is affecting her grades and level of involvement at school.

Assuming that Celine had already introduced Matthew to the Advocacy Competencies at the outset of supervision, Celine should ask Matthew to revisit the competencies and consider some alternative reasons that Towanda may be withdrawing from the G/T program and performing poorly academically. Celine should certainly hear Matthew's rationale for reaching the conclusion that he did and be open to the possibility that there are some family issues negatively affecting Towanda, but Celine could help Matthew generate some other possibilities. For instance, based on the Individual Client/Student level of advocacy, Celine and Matthew might discuss the fact that certain environmental barriers exist that prevent Towanda from fully engaging in the G/T program and that Towanda's behaviors and concerns might reflect responses to systemic or internalized oppression. Considering the consistently high dropout rate among other African American students in the program, it seems plausible that the school culture does not support African American students becoming high achievers. For instance, it is possible that Towanda feels excluded by the Caucasian G/T students and is receiving the message from her African American peers that by participating in the G/T program she is acting "White." She may have little incentive to remain in the program.

Celine might encourage Matthew to advocate at the Community/School level. Matthew could investigate the environmental factors that are preventing African American students from thriving in the G/T program, not to mention the underrepresentation of African American students in the program. Perhaps Celine and Matthew might initiate contact with other G/T coordinators and school counselors at local schools to develop alliances, and together create a step-by-step plan for change that better serves their academically talented African American students. This advocacy group would prepare themselves to deal with resistance from those at the school and community level who are in denial about the need for change.

Although Matthew may feel intimidated to take his advocacy efforts to the next level, with the support and encouragement of Celine, he could address the issues raised by Towanda's case at the Public/Societal level. He and his supervisor could write letters to policy makers at the state level to reform gifted education practices so that underrepresented student populations are better served. They might also write letters to the editors of newspapers to convey their message about the underrepresentation of African American students in G/T programs and the cost society pays when the talents of able minority students are not developed. Towanda may also feel empowered to be encouraged by Matthew to take an active role in the advocacy process and have her voice heard.

By utilizing the Advocacy Competencies in their clinical work, both Celine and Matthew will increase the number of ways in which they can intervene, and perhaps they will be able to make a more profound difference in the lives of those they serve.

The multicultural counseling competencies described in the following section were developed 20 years prior to the Advocacy Competencies. It is not an exaggeration to say that they have revolutionized the counseling field.

Acquiring Multicultural Competencies in Supervision

When professionals who are not multiculturally competent take on supervisory roles and responsibilities, they are likely to encounter professional and ethical dilemmas. The lack of cultural competence in supervision is often evidenced in one or more of the following ways: failures of respect and mutuality; issues of power; boundary violations; failure to take into account social forces that have an impact on supervisees' and clients' lives; incorrect assumptions regarding supervisees' abilities; insufficient knowledge of multicultural case conceptualization; unintentional racism; inappropriate assumptions regarding supervisees' racial or ethnic identification; excessive attention placed on visible ethnicity; lack of attention to cultural similarities and differences; and inaccurate assessment, diagnosis, and treatment.

Development of the multicultural competencies, which were initially formulated by Sue et al. (1982) and later revised and expanded by Sue et al. (1992), has been a major contribution to the counseling profession. Arredondo et al. (1996) updated and operationalized these competencies, and Sue et al. (1998) focused on the application of the multicultural counseling competencies to individual and organizational development. In 2007, after conducting a 20-year content analysis of empirical studies on the multicultural counseling competencies (MCCs), Worthington, Soth-McNett, and Moreno (2007) noted that "the current research foundation for the MCCs is still not adequate to address the future challenges we are likely to face" (p. 360). They cited problems related to instrumentation and the scarcity of process/outcome studies. Despite these limitations and the need for a stronger research base, the MCC model "continues to be widely accepted as the core multicultural competency model within the field of counseling psychology" (Worthington et al., 2007, p. 352), and it is endorsed by numerous professional counseling associations (Arredondo, Tovar-Blank, & Parham, 2008). We have taken the liberty of rethinking these multicultural counseling competencies and adapting them to apply to the supervision process. Box 6.3 outlines multicultural competencies as they apply to supervision.

To learn more about successful and unsuccessful multicultural supervisory behaviors, refer to Dressel, Consoli, Kim, and Atkinson (2007). For the complete description

Box 6.3
MULTICULTURAL COMPETENCIES IN SUPERVISION

I. Being Aware of Your Own Cultural Values and Biases
   A. With respect to *attitudes and beliefs*, culturally competent supervisors:
      1. Believe cultural self-awareness and sensitivity to one's own cultural heritage are essential.
      2. Are aware of how their own cultural background and experiences have influenced their attitudes, values, and biases about the supervisory process.
      3. Are able to recognize the limits of their expertise in multicultural supervision.
      4. Recognize their sources of discomfort with differences that exist between themselves and supervisees in terms of race, ethnicity, culture, gender, and sexual orientation.
   B. With respect to *knowledge*, culturally competent supervisors:
      1. Have specific knowledge about how their own racial and cultural heritage affects their perception of assessment, diagnosis, and treatment of the client cases that they supervise.
      2. Possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them and their supervisees in their work.
      3. Possess knowledge about their social advocacy responsibility as supervisors.
   C. With respect to *skills*, culturally competent supervisors:
      1. Seek out education, training, and consultation to improve their supervisory work with diverse populations.
      2. Participate in ongoing self-exploration as racial and cultural beings.

II. Understanding the Worldview of Clients and Supervisees
   A. With respect to *attitudes and beliefs*, culturally competent supervisors:
      1. Are aware of their negative and positive emotional reactions toward other racial and ethnic groups that may prove detrimental to the counseling and supervisory relationship.
      2. Are aware of stereotypes and preconceived notions that they may hold toward diverse client and supervisee populations.
   B. With respect to *knowledge*, culturally competent supervisors:
      1. Possess specific knowledge and information about the supervisees and clients for which they are responsible.
      2. Understand how race, culture, ethnicity, language, age, religion, gender, and sexual orientation influence the ways supervisees and clients function in the world.
      3. Understand and have knowledge about how sociopolitical factors affect the personal development of supervisees and the clients they serve.
   C. With respect to *skills*, culturally competent supervisors:
      1. Have a working knowledge and train their supervisees about mental health and mental disorders that affect various ethnic and racial groups.
      2. Interact with diverse populations professionally and in the communities they serve.

(*Continued*)

Box 6.3 (*Continued*)

III. Developing Culturally Appropriate Intervention Strategies and Techniques
   A. With respect to *attitudes and beliefs*, culturally competent supervisors:
      1. Model respect for supervisees' and clients' religious and spiritual beliefs and values.
      2. Respect the needs of diverse populations in selecting intervention strategies that are appropriate for specific cultures.
   B. With respect to *knowledge*, culturally competent supervisors:
      1. Have a clear and explicit knowledge and understanding of the models and methods of counseling and supervision and the degree to which they fit with the values of diverse groups.
      2. Are aware of barriers that prevent diverse populations from accessing mental health care.
      3. Have knowledge of the potential cultural bias in assessment, diagnosis, treatment, and evaluation.
      4. Have knowledge of family and community systems of the diverse populations they serve.
      5. Are aware of relevant discriminatory practices at the professional and the community levels of the supervisees and clients they serve.
   C. With respect to *skills*, culturally competent supervisors:
      1. Use a variety of supervision methods that are congruent with the diverse backgrounds of supervisees.
      2. Use relationship skills consistent with the cultural background of supervisees and their clients.
      3. Are responsible to train supervisees in multicultural case conceptualization as it pertains to assessment, diagnosis, and treatment.
      4. Are able to help supervisees assist their clients in determining whether a problem stems from racism or bias so that clients do not inappropriately personalize problems.
      5. Are open to seek consultation for alternative treatment strategies to meet the needs of the diverse populations they serve.
      6. Can teach their supervisees about potential bias and the appropriate use of traditional assessment and testing instruments when working with diverse populations.
      7. Assist supervisees in reducing or eliminating biases, prejudices, and discriminatory practices as they pertain to diverse groups.
      8. Take responsibility for educating their supervisees through the use of a supervision contract that includes multicultural dimensions of supervision.

Source: Adapted from "Multicultural Counseling Competencies and Standards: A Call to the Profession," by D. W. Sue, P. Arredondo, and R. J. McDavis, 1992, *Journal of Counseling and Development*, 70, pp. 477–486. Copyright 1992 by the American Conseling Association.

of multicultural counseling competencies, along with explanatory statements, refer to Arredondo et al. (1996). Sue et al. (1998) also provided a detailed list of multicultural counseling competencies. For a description of a framework through which the multicultural competencies can be taught in supervision, refer to Ober et al. (2009).

Assessing Multicultural Competencies in Supervision

With so much emphasis placed on training counselors to become multiculturally competent in serving their clients, it follows that supervisors need to develop a protocol for assessing whether counselor trainees have achieved competence. Not surprisingly, in the

psychology field, in which assessment is viewed as one of the profession's foundational components, multicultural assessment supervision is now acknowledged as a specialty area within clinical supervision. Allen (2007) stated that *multicultural assessment supervision* "can refer to supervision of an assessment process in which the person assessed and the assessor are from different cultural backgrounds, the supervisor and the trainee are from different cultural backgrounds, or the assessment instrument used was developed with a cultural group different from the cultural background of the person assessed" (p. 248). In counselor education, multicultural counseling competency assessment is regarded as "a multidimensional process that involves evaluation of counselor competencies for specific cultural groups as well as awareness of power issues among groups in response to the social justice movement" (Hays, 2008, p. 100).

Allen (2007) developed a multicultural assessment competency model that views multicultural assessment supervision through a developmental lens:

> Knowledge, skills, and attitudes from multicultural training are generalized to practice. Intensive case supervision and knowledge transfer characterize the early supervision process. Later, the trainee moves to greater independence, culminating in independent practice. Supervisor multicultural competence and supervision process variables are important determinants of effective supervision in assessment task areas. Multicultural assessment supervision emphasizes development of proximal linkages bridging cultural knowledge to assessment practice. (p. 256)

Even though the helping professions are making great strides in advancing multicultural assessment, especially with regard to racial and ethnic groups, there is still much work to be done. Existing assessment tools, though invaluable to clinicians, need further validation and statistical support (Hays, 2008). In addition, multicultural assessment strategies and instruments should be extended to include certain disenfranchised groups, including religious minority groups, women, lower socioeconomic groups, and gay, lesbian, and bisexual clients (Hays, 2008).Variables such as supervisor satisfaction, client satisfaction, supervisee satisfaction, accuracy of case conceptualization, cultural appropriateness of assessment, interpretive accuracy, and assessment outcomes are but a few of the possibilities suggested for further exploration in the area of multicultural assessment supervision research. For more information addressing social justice issues in supervision, see Chang, Hays, and Milliken (2009).

Spirituality as a Facet of Multicultural Supervision

Only within the recent past have we begun to explore and acknowledge the construct of spirituality as a facet of multicultural counseling and supervision. Religion and spirituality have been foundational components of recognized diversity for centuries. Religion and spirituality are particularly central in understanding, assessing, and treating many cultural groups. Awareness of the significance of spirituality and religion in the average person's life seems to be the driving force behind the recent integration of these constructs into the areas of multicultural counseling and supervision.

In a national survey involving more than 1,000 clinical psychologists, Hathaway, Scott, and Garver (2004) found that the majority believe a client's religion and spirituality are an important aspect of functioning. The survey revealed, however, that most clinicians *do not* routinely incorporate spirituality into the assessment and treatment process. This omission might well limit the effectiveness of therapy for some clients.

In a feature article in *Counseling Today* on how counselors can work effectively with clients who hold religious beliefs, Rollins (2009) interviewed various ACA members who spoke about the importance of viewing a client's religious and spiritual values as a dimension of viewing the client from a holistic perspective. Most of those interviewed contend that counselors who avoid addressing issues of religion and faith are doing clients a disservice.

Counselors tend to include a wide range of variables in the assessment process, yet some are reluctant to ask about a client's religious or spiritual background lest they appear to be imposing their values on the client. Many of those interviewed agreed that it is essential for counselors to be open to discussing a client's spiritual or religious concerns—if the client raised any of these concerns.

There are many reasons counselors fail to draw upon spiritual resources in the assessment and treatment process, including not being trained in this area; a fear that they will be perceived as imposing their values on clients; a struggle to overcome their own negative experiences with religion; and an aversion to a client's religious values. Rollins's (2009) article reported on graduate students' thoughts regarding the question, "Are issues of spirituality and religion being adequately addressed in counseling programs?" Several students thought that their programs could be doing more in the area of training in spiritual and religious concerns. Graduate students at a roundtable discussion at a recent ACA conference voiced similar concerns:

- Spirituality is not commonly talked about in our graduate programs.
- Counselors may or may not be spiritual, but programs cannot ignore this concept because it might help our clients.
- Spirituality, like multicultural counseling, should be infused in all courses.
- We should be learning, in every class, how to address issues of multiculturalism and spirituality in counseling.

The Association for Spiritual, Ethical, and Religious Values (ASERVIC) developed *Competencies for Addressing Spiritual and Religious Issues in Counseling* and revised these competencies in May 2009. Here are a few of the 14 competencies ASERVIC (2009) listed:

3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.
4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.
7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.
10. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.
11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can (a) enhance well-being, (b) contribute to client problems, and/or (c) exacerbate symptoms.

These competencies, like the multicultural competencies and the ACA Advocacy Competencies, give a sense of various aspects of diversity that can be incorporated in training programs. If supervisees are to work effectively with various aspects of diversity, it is imperative that they possess basic competencies. These competencies can provide a basis for discussion in supervisory sessions.

Ripley, Jackson, Tatum, and Davis (2007) suggested that it is the supervisor's responsibility to promote supervisees' awareness and encourage growth in the spiritual area of training. This task is challenging because of the need for awareness-raising dialogue. Hage (2006) provided several factors for consideration when deciding about whether to

incorporate spiritual or religious discussions in therapy and, consequently, supervision. The extent to which spirituality or religion is relevant to the client's presenting problem, your ability as a supervisor to facilitate discussions about spiritual beliefs without imposing your own personal values, and your supervisee's readiness to consider alternative worldviews are factors on which to reflect. We, as supervisors, have a specific responsibility to ensure that those who train under our guidance receive ample opportunity to understand, honor, respect, and address religious and spiritual diversity. Wade Arnold, who was in the clergy before becoming a counselor, provides his perspective about spirituality in supervision in *Voices From the Field*.

VOICES FROM THE FIELD

Wade Arnold, PhD

The supervision I received with regard to religion and spirituality was very uneven. A couple of supervisors, one of whom had a similar background to mine and another whose spiritual beliefs were very dissimilar, had a profound impact on how I approach religion and spirituality with my clients. Another supervisor was downright antagonistic toward all things religious, but I learned from all three. I learned that it is absolutely necessary to assess client spirituality. There is an insidious belief among many consumers of counseling services that counselors are not interested in or will be hostile toward their religious convictions. A person's religious convictions may be an asset from which he or she draws strength, or they may contribute to the person's problems in living. Finally, I learned that none of us is neutral and that we all have blind spots. Every one of us has a perspective from which we view the world. To the extent that we fail to acknowledge this perspective, we risk doing our clients a disservice.

Now that I am in the position to supervise beginning trainees, I try to emphasize several points regarding religion and spirituality. First, it is unethical to fail to assess your client's spirituality and/or religious beliefs. By not assessing these areas of functioning, you may be overlooking the key to helping the client change his or her life for the better. Second, assessing spirituality can begin by simply asking "gateway questions" like "How important is religion or spirituality to you?" or "Would you consider religion or spirituality a personal asset or strength?" or "How important was religion in the home in which you grew up?" These questions potentially yield a vast amount of information. Third, know your own boundaries. Most therapists are not trained to answer theological questions (as most theologians are not trained to answer psychological questions). So, knowing a trusted member of the clergy to whom you can refer or bring into the therapy session is an essential responsibility.

My hope is that religion and spirituality will lose their taboo status in the therapy room. We must not overlook an area that is so central to so many individuals' functioning and well-being.

Summary

Before you begin your supervisory experience, it is imperative that you gain personal insight into multicultural issues, which pertain to culture as well as all forms of diversity. This personal awareness serves as the cornerstone for your multicultural knowledge and skill. You have an ethical responsibility to be a competent multicultural supervisor. This means having knowledge of multicultural issues in assessment, therapy, and diagnosis

and providing opportunities for your supervisees to explore and learn multicultural and social advocacy competencies under your supervision. This role includes teaching, modeling, mentoring, and advocating. More than anything, it requires sensitivity and openness to both the diversity and uniformity of the supervisees and clients for whom we are responsible.

All forms of counseling, to some extent, are culture centered and include diversity in many forms. It is our responsibility as supervisors to provide a safe environment for open dialogue with supervisees regarding diversity. You do not have to know every detail about every population to be a culturally competent counselor or supervisor; however, you need to be willing to seek out resources that will equip you with the tools to work effectively with diversity. Modeling cultural sensitivity, conceptualization, and practice is probably your strongest training tool in supervision.

SUGGESTED ACTIVITIES

Here are a few questions that could be explored independently or in a group.

1. Identify the cultural groups that you are most likely to encounter in your work as a clinician and clinical supervisor. What assumptions and expectations do you have about people from these cultures? Which ones might be faulty or unrealistic? Which ones are realistic?
2. How does your culture (as you define it) influence others' perceptions of you? Which of these perceptions might be faulty or off-base, and which are accurate? To what extent do you think your supervisee's assumptions about and expectations of you are related to your role as supervisor? To what degree might they be related to your cultural background?
3. What values were you brought up with regarding people from different cultures? How might these values affect your ability to supervise?
4. What are five specific ways to serve as a social advocate in your community (as you define it)?
5. Identify presenting problems that you encounter in your caseload and develop case conceptualizations through the lens of various cultures. How would you deal with the issues of assessment, diagnosis, and treatment in a culturally sensitive manner?

CHAPTER 7

Ethical Issues and Multiple Relationships in Supervision

FOCUS QUESTIONS

1. What are the most critical ethical issues in supervision?
2. What are the most important ethical responsibilities supervisors have toward their supervisees and supervisees' clients?
3. What kinds of training, course work, and other professional experiences are essential for competent supervision?
4. If you were a supervisee, how would you ideally like your supervisor to address multiple roles and relationships that might be a part of the supervisory process?
5. As a supervisee, how have your relationships with supervisors changed over time? What lessons can you apply from these experiences when you assume a supervisory role?
6. What kinds of activities that extend beyond the formal supervisory relationship do you think might be appropriate for a supervisor to engage in with a supervisee?

Introduction

Sometimes the work of a clinician is full of surprises regardless of how careful one is to practice in an ethical and professional manner. The popular slogan of Nationwide insurance, "Life comes at you fast®," seems to capture the spirit of these moments. All of us can recall times when we were caught off guard as supervisors or as trainees, when thinking on our feet was necessary but insufficient to meet the demands of a particular situation. During those times, referring to the ethics codes of our professional associations was of paramount importance.

This chapter explores ethical issues frequently encountered in clinical supervision and provides guidelines for the ethical practice of supervision. Some of the topics address issues pertaining to students in training programs, yet most of the principles examined can be

applied to supervisees in many different settings. A few of these topics are responsibilities of clinical supervisors, competence of supervisors, dealing with incompetent trainees, and managing multiple roles and relationships in the supervisory process.

As discussed in Chapter 3, the relationship between the clinical supervisor and the supervisee is of critical importance in the development of competent and responsible therapists (Barnett, Cornish, et al., 2007). If we take into consideration the dependent position of the trainee and the similarities between the supervisory relationship and the therapeutic relationship, the need for guidelines describing the rights of supervisees and the responsibilities of supervisors becomes obvious. Both the American Counseling Association (2005) and the Association for Counselor Education and Supervision (1993, 1995) have developed ethical guidelines for counseling supervisors that address major ethical issues in supervision such as informed consent, supervision agreements, supervisor competence, confidentiality concerns, supervisory relationships, client welfare and rights, supervisory role, diversity considerations, due process, and multiple roles and responsibilities in supervision.

Ethical Issues in Clinical Supervision

Some critical ethical issues in supervision are balancing the rights of clients, the rights and responsibilities of supervisees, and the responsibilities of supervisors to both supervisees and their clients. Supervisors must discuss the rights of supervisees from the beginning of the supervisory relationship in much the same way the rights of clients are addressed early in the therapy process. When this is done, the supervisee is invited to express expectations, empowered to make decisions, and encouraged to become an active participant in the supervisory process.

The Supervisor's Responsibilities

Supervisors have a responsibility to provide training and supervised experiences that will enable supervisees to deliver ethical and effective services. It is essential for supervisors to be knowledgeable and skilled in the practice of clinical supervision. The topic of supervisor competence is addressed in the *ACA Code of Ethics* (2005): "Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills." (F.2.A.). As we saw in Chapter 2, if supervisors do not have training in clinical supervision, it will be difficult for them to ensure that those they supervise are functioning effectively and ethically.

To make optimal use of supervision, supervisees need to clearly understand what their responsibilities are, what the supervisor's responsibilities are, and how supervisees will be assessed. In one study, 9% of respondents (151 therapists in training) reported that their supervisors never explained the roles and responsibilities of the supervisee and the supervisor (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999). Ethical supervision involves providing scheduled periodic feedback and evaluation to supervisees so they have a basis for improving their clinical skills (ACA, 2005; ACES, 1993, 1995). In a study on the ethical practices of clinical supervisors, one third of the participants reported that their supervisors did not provide adequate evaluations of their counseling performances, nor did they provide ongoing feedback (Ladany et al., 1999). According to Barnett, Cornish, Goodyear et al. (2007), "so many negative supervision experiences have been reported that a number of authors . . . have even called for the establishment of training standards, ethical guidelines, and credentialing processes for those psychologists who provide clinical supervision services" (p. 269).

Clinical supervisors have a position of influence with their supervisees. Supervisors operate in multiple roles as teacher, coach, evaluator, counselor, consultant, model, mentor, adviser, and advocate (see Chapter 2). From an ethical perspective, it is essential that

supervisors monitor their own behavior so as not to misuse the inherent power in the supervisor–supervisee relationship. Supervisors are responsible for ensuring compliance with relevant legal, ethical, and professional standards for clinical practice (ACES, 1993, 1995). The main purposes of ethical standards for clinical supervision are to provide behavioral guidelines to supervisors, protect supervisees from undue harm or neglect, and ensure quality client care (Bernard & Goodyear, 2009).

Barnett, Cornish, et al. (2007) noted that effective supervisors understand the importance of serving as ethical role models to their supervisees and attend to the following areas of ethical practice in supervision: assessing their trainees' learning needs from the outset and modifying the training experience in accordance with their needs; reaching an agreement with each supervisee at the outset of supervision about the nature and course of the training process and supervisory relationship; offering supervisees timely and meaningful feedback; maintaining appropriate boundaries; maintaining clients' and supervisees' confidentiality, and when required to breach confidentiality, doing so in an appropriate manner; limiting one's clinical practice and supervision to one's areas of competence; engaging in wellness practices to ensure one remains effective; and paying attention to diversity. Barnett and Johnson (2010) provided the following guidelines to supervisors for the effective practice of supervision:

- Offer supervision only after obtaining the education and training to ensure competence in this role.
- Assess each supervisee's competencies and training needs at the beginning of a supervisory relationship; determine the degree of supervision and level of oversight needed.
- Treat supervisees with respect and as colleagues-in-training.
- Promote ethical practice of supervisees by drawing attention to ethical issues throughout the duration of the supervisory relationship.

The first of these guidelines is very important, but events in the field often take a different course. Many practitioners who are assigned supervisory responsibilities find that on-the-job training is the standard mode of operation. Supervisors should make every effort to obtain adequate education and training before assuming the supervisory role, and they should consider the ethical and legal ramifications if they are asked to take on this role prior to training.

Modeling Confidentiality

It is essential that supervisors teach and model ethical and professional behavior for their supervisees. One of the best ways for supervisors to model professional behavior for supervisees is to deal appropriately with confidentiality issues pertaining to supervisees. Supervisors have the responsibility of keeping information obtained in the supervisory relationship confidential. As is the case with a client–therapist relationship, confidentiality in the supervisory relationship is not an absolute; it has limitations. Furthermore, supervisors must make supervisees aware of clients' rights to privacy and confidentiality in the counseling relationship (Maki & Bernard, 2007). Supervisors can do this by explaining the parameters of confidentiality in the supervisory relationship.

In the Ladany et al. (1999) study, 18% of the supervisees believed confidentiality issues were not handled appropriately by their supervisors. More recently, Barnett, Wise, Johnson-Greene, and Bucky (2007) noted that the limits of confidentiality are a particularly important part of the informed consent process in supervision that is frequently overlooked. Clearly, supervisors have an evaluative role, and at times faculty members need to be apprised of students' progress. However, personal information that supervisees share during a supervision session should generally remain confidential. At the very least,

supervisees have a right to be informed about what will be revealed and what will not be shared with others on the faculty. Supervisors need to put ethics in the foreground of their supervisory practices, which can best be done by treating supervisees in a respectful, professional, and ethical manner.

Supervisors have responsibilities for their supervisees' clients, one of which is to respect the confidentiality of client communications. Supervision involves discussion of client issues and review of client materials, and supervisees must respect their clients' privacy by not talking about clients outside of the context of supervision. Supervisors have a responsibility to model for supervisees appropriate ways of talking about clients and keeping information protected and used only in the context of supervision (Bernard & Goodyear, 2009). Of course, supervisors must make sure that both supervisees and their clients are fully informed about the limits of confidentiality, including those situations in which supervisors have a duty to warn or protect, or to report. This topic is addressed in greater detail in Chapter 8.

Teaching Supervisees How to Make Ethical Decisions

A chief responsibility of supervisors is to teach their supervisees how to think about the ethical dilemmas they are bound to encounter and to help them develop a framework for making ethical decisions. To whatever degree it is possible, we suggest that supervisors teach supervisees the importance of involving their clients in the process of resolving an ethical concern. Of course, supervisees would do well to bring any ethical issues they face in dealing with their clients to supervision. As supervisees learn to be open with the ethical concerns that arise for them, they are also developing a pattern of being willing to seek consultation as they become seasoned professionals.

The American Counseling Association's (2005) *ACA Code of Ethics* states that when counselors encounter an ethical dilemma they are expected to carefully consider an ethical decision-making process. To make sound ethical decisions, it is necessary to engage in an intentional course of ethical deliberation, consultation, and action (Barnett & Johnson, 2010). A number of ethical decision-making models are available, a few of which have been developed by Barnett and Johnson (2010), Herlihy and Corey (2006a), Koocher and Keith-Spiegel (2008), Remley and Herlihy (2010), and Welfel (2010). Although no one ethical decision-making model is most effective, mental health professionals need to be familiar with at least one of these models (such as the one described below), or an amalgam that best fits for them. G. Corey et al. (2011) have suggested the following eight procedural steps as a way to think through ethical dilemmas. Supervisors can use this model to teach supervisees how to address ethical issues.

1. Identify the Problem or Dilemma

Gather as much information as possible that sheds light on the situation. Clarify whether the conflict is ethical, legal, professional, or moral—or a combination of any or all of these. The first step toward resolving an ethical dilemma is recognizing that a problem exists and identifying its specific nature. Because most ethical dilemmas are complex, look at the problem from many perspectives and avoid simplistic solutions. Consultation with the client and supervisee begins at this initial stage and continues throughout the process of working through an ethical problem, as does the process of documenting decisions and actions taken.

2. Identify Potential Issues Involved

After the information is collected, list and describe the critical issues and discard the irrelevant ones. Evaluate the rights, responsibilities, and welfare of all those who are affected by the situation. Consider the ripple effect on everyone who may be touched by the situation

at hand. Part of the process of making ethical decisions involves identifying competing values. Ask the supervisee for input regarding the values that must be considered. It may help to prioritize these values and principles and to think through ways in which each one can support a resolution to the dilemma.

3. Review Relevant Ethics Codes

Ask yourself whether the standards or principles of your professional organization offer a possible solution to the problem. Consider whether your own values and ethics are consistent with or in conflict with the relevant codes. Encourage your supervisee to do the same.

4. Know Applicable Laws and Regulations

Keep up-to-date on relevant state and federal laws that apply to ethical dilemmas. This is especially critical in matters of keeping or breaching confidentiality, reporting child or elder abuse, dealing with issues pertaining to danger to self or others, parental or guardian rights, record keeping, testing and assessment, diagnosis, licensing statutes, and the grounds for malpractice. Be sure that you discuss these issues with your supervisee as they pertain to the issue you are trying to resolve. In addition to gaining clarity about reporting incidents, you must clearly identify the reporting process and resources for immediate access when needed.

5. Obtain Consultation

At this point, it is generally helpful to consult with colleagues to obtain different perspectives on the problem. Do not limit the individuals with whom you consult to those who share your orientation. If there is a legal question, seek legal counsel. It is wise to document the nature of your consultation, including the suggestions provided by consultants. In court cases, consultation illustrates the attempt to adhere to community standards by finding out what your colleagues in the community would do in the same situation. Consultation can help you think about information or circumstances that you may have overlooked. In making ethical decisions, you must justify a course of action based on sound reasoning. Include your supervisee and the client in consultation sessions when appropriate.

6. Consider Possible and Probable Courses of Action

Brainstorming is useful at this stage of ethical decision making. As you think about the many possibilities for action, discuss these options with the client, your supervisee, and with other professionals.

7. Enumerate the Consequences of Various Decisions

Ponder the implications of each course of action for the client, for others who are related to the client, for your supervisee, and for you as the supervisor. A discussion with the client about the consequences for him or her is most important, and you and your supervisee may decide to act as cotherapists when this discussion is initiated.

8. Decide the Best Course of Action

In making the best decision, carefully consider the information you have received from various sources. The more obvious the dilemma, the clearer is the course of action; the more subtle the dilemma, the more difficult the decision will be. Once you have made what you consider to be the best decision, do what you can to evaluate your course of action. Reflection on your assessment of the situation and on the actions you took are essential if you are to learn from your experience. Follow up to determine the outcomes and whether any further action is needed. To obtain the most accurate picture, involve your supervisee and the client in this process.

These procedural steps should not be thought of as a simplified and linear way to reach a resolution on ethical matters. The aim of these steps is to stimulate self-reflection and encourage discussion with the client, your supervisee, and your colleagues. Use supervisory sessions to model this process for your trainees.

Competence of Supervisors

From both an ethical and legal standpoint, it is essential that supervisors have the education and training to adequately carry out their supervisory roles. The provision of clinical supervision requires competence both in the specific areas of counseling practice and in the practice of supervision. Supervisors without specific training in supervision may lack needed competencies and be at risk for harming trainees and their clients (Barnett & Johnson, 2010). The skills used in counseling are not necessarily the same as those needed to adequately supervise trainees or to advise other helping professionals; specific training in how to supervise is needed. Many who function as supervisors have not had formal course work and training in supervision theory and methods. If courses in supervision were not part of the program, clinicians must acquire the specific knowledge and skills, perhaps through continuing education, that will enable them to function effectively as clinical supervisors. Only in recent times has the standard for qualifying to be a clinical supervisor included formal course work and being supervised in doing supervision, which is often referred to as *supervision-of-supervision*. Currently, most counselor education programs offer a course in supervision at the doctoral level, and some programs provide training for supervisors at the master's level (Polanski, 2000).

Becoming a competent supervisor currently involves taking course work in theories of supervision, working with difficult supervisees, working with culturally diverse supervisees, and methods of supervision. The counselor licensure laws in a number of states now stipulate that licensed professional counselors who practice supervision are required to have relevant training experiences and course work in supervision. Through this training counselors learn firsthand about the importance of mutuality in the supervision relationship and become more educated consumers of supervision. State laws or guidelines pertaining to the practice of supervision change over time; counselors and other helping professionals are advised to contact their professional associations and state licensing boards to get up-to-date information about the specific requirements they need to fulfill in order to practice supervision.

Supervisors not only need specialized training in methods of supervision but also need to have an in-depth knowledge of the specialty area in which they will provide supervision. It is unethical for supervisors to offer supervision in areas beyond the scope of their practice (Barnett, Cornish, et al., 2007). The APA's (2002) position on boundaries of competence state this clearly: "Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (2.01). If supervisees are working outside the area of competence of the supervisor, it is the responsibility of the supervisor to arrange for competent clinical supervision of those cases (Cobia & Boes, 2000).

To be an effective supervisor, the clinician must have acquired the following competencies:

1. Competent supervisors are *trained in supervision* and periodically *update their knowledge and skills* on supervision topics through workshops, continuing education, conferences, and reading.
2. Competent supervisors must have the education, training, and experience necessary to be *competent in the area(s) of clinical expertise* in which they are providing supervision.

3. Competent supervisors must have *effective interpersonal skills* and be able to work with a variety of groups and individuals in supervision and with counselors with a range of life and clinical experience. Examples of these interpersonal skills include the ability to listen and provide constructive feedback, the ability to challenge and confront the supervisee in a helpful manner, and the ability to set professional interpersonal boundaries with the supervisee.
4. Competent supervisors must be cognizant of the fact that *supervision is a situational process* that is dependent on interaction between the supervisor, the supervisee, the setting, and the client. Skilled supervisors will be able to modify their approach to supervision as the situation dictates.
5. Competent supervisors must be flexible and *be able to assume a variety of roles and responsibilities* in supervision. The supervisory role can change rapidly depending on the needs of the situation.
6. Competent supervisors must have a *broad knowledge of laws, ethics, and professional regulations* that may apply in a variety of situations that could arise in supervision of clinical cases.
7. Competent supervisors stay focused on the fact that a primary goal of supervision is to *monitor clinical services* so that the welfare of the client is protected.
8. Competent supervisors are willing to *serve an evaluative function* with supervisees and *provide feedback* about their performance on a regular basis.
9. Competent supervisors document *supervision activities* in a timely and accurate fashion.
10. Competent supervisors *empower supervisees*. Supervisors assist supervisees at both problem solving current situations and developing a problem-solving approach that they can apply to nearly any clinical situation long after the supervision has ended.

Journey Toward Competence

You might well find yourself lacking in the competencies to be an effective supervisor, even if you are able to take a course in supervision as a part of your program. Today, there are many more workshops on supervision, books on the topic, and opportunities to obtain supervision by others as you begin practicing as a supervisor. It may be a mistake to think that your graduate program alone will adequately prepare you with experiences in supervision or with the in-depth knowledge you will need to supervise others who are working with a wide range of client populations with special problems. Part of the answer to moving toward competence is seeking out quality continuing education programs dealing with special client populations and methods of supervision. Developing competence as a therapist in the areas in which you are supervising will also enhance your competence in supervision (Campbell, 2006). Michelle Muratori provides a *Personal Perspective* on one route toward becoming a competent supervisor.

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

My Journey Toward Competence

When I decided that I wanted to be a counselor, I was not wedded to a particular specialty area. I guess you could say that I was open-minded about the direction that my career path would take. Consequently, my training experiences have been quite varied.

As part of a group leadership training program during my undergraduate education, I cofacilitated groups that were composed of college students from diverse cultural backgrounds.

In my master's program, I was placed at a practicum site working with inner-city pregnant teenagers, followed by a second field placement at a community mental health center in an urban area, where I met with individuals, couples, families, and groups. The clients I served seemed to range from young children to older adults, from the worried well to the acutely psychotic. And upon graduating from my master's program, I worked for an agency that provided in-home counseling services to families that were at risk of losing their children to the state. Upon starting my doctoral training, I returned to community mental health and eventually took a graduate assistantship at a university center serving academically talented students. Although some might conclude that I lacked focus, the truth is that all of these educational and professional experiences combined have broadened my understanding of the helping process and of the problems so many encounter. I feel honored to have had the opportunity to work with individuals who have walked such different paths.

Because I have trained at different types of settings, I am used to facing a learning curve. I have always been a hard worker, so investing extra time and energy into the learning process never seemed too daunting to me. For instance, shortly after leaving my position at a community mental health center where I counseled several low-functioning clients, I was hired as a graduate assistant to work with highly able students who entered college early. I was excited by the challenge but admittedly concerned that I didn't have the background and skills to work effectively with them. I approached this challenge as I had approached challenges in the past. In addition to reading about gifted education, and the social/emotional issues that gifted students often experience, I was open to learning from colleagues and seeking out supervision. I also attended conferences on gifted education. As my knowledge base developed, my comfort level increased.

Later in my doctoral program I had a similar experience; however, this time I was in the supervisor's role, not the supervisee's position. As part of my supervisory training, I supervised a few master's-level trainees, who happened to specialize in rehabilitation counseling. Lacking formal training in that specialty area, I needed to learn enough about rehabilitation counseling to be of assistance to my supervisees and their clients, so I worked with my own supervisor to ensure that my supervisory interventions were on track.

I recognize that it is our ethical duty as counselors, counselor educators, and supervisors to *not* practice outside of the scope of our competence. Realistically, since none of us start out as seasoned veterans, it seems that the only way to acquire competence is by allowing ourselves to be learners. We must be open to acquiring new information and be willing to improve our skills and modify our thinking when necessary.

Incompetent or Impaired Supervisors

There is a growing body of literature on counselor impairment, but the topic of supervisor impairment has generally been overlooked. *Supervisor impairment* is defined as the inability to perform the functions involved in the supervisory role because of interference by something in the supervisor's behavior or environment, with the caveat that a distinction should be made between *incompetence* and *impairment*. Although not specifically relating their ideas to supervisors, Kaslow, Rubin, Forrest, et al. (2007) suggested that the term *impairment* be used only in cases involving disabilities and "not when addressing other aspects of professional competence" (p. 481). According to Falendar and Shafranske (2007), "professional impairment relates to behaviors symptomatic of an underlying problem such as substance abuse, psychopathology, situation crises, or organic impairment" (p. 237). Other behaviors that might be indicative of supervisor impairment are engaging in exploitive or harmful dual or multiple relationships with supervisees, sexual contact with supervisees, misuse of power, or extreme burnout. A supervisor who makes poor decisions as a result of inexperience might be considered to be incompetent. By contrast, a supervisor with a personality disorder who abuses his or her power and makes the training experiences of a supervisee negative could be considered to be impaired.

"Examining Supervisor Impairment From the Counselor Trainee's Perspective" (Muratori, 2001) explored the implications of working with an impaired supervisor at the various levels of counselor development and discussed some of the key factors that may influence how a supervisee might deal with this problem. We must not forget that the supervisor is in an evaluative position and is expected to assess whether trainees have acquired the necessary skills and competencies to advance in the program. This fact has implications for the counselor trainee's decision of what to do in the case of having an impaired supervisor. Before determining a proper course of action, the trainee must consider the precise nature and the severity of the supervisor's impairment. Other factors that contribute to the complexity of the decision to either confront or endure working with an impaired supervisor include the power differential that is inherent in the supervisory relationship, one's level of development as a counselor trainee, and the personalities of both the supervisor and the supervisee. Trainees who have an impaired supervisor may have fewer options than a client who has an impaired counselor. Even assertive supervisees need to carefully weigh their options for action with an impaired supervisor because of the potential consequences that could be associated with this supervisor's misuse of power. In extreme cases trainees may need to take legal action, especially if the quality of supervision is being compromised or if they believe they or their clients are being harmed by the relationship. Michelle Muratori offers a *Personal Perspective* on her experience dealing with an impaired supervisor.

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

Although I consider myself fortunate to have worked with several competent supervisors, I will share an experience I had with one who, in my view, was impaired. Early in my training, one of my fieldwork experiences was at a community mental health center where I worked with individuals, groups, families, and couples. I had been counseling a young couple who seemed to be stuck at an impasse yet wanted to work their difficulties out. This case stirred up my own countertransference because in my personal life I was having problems in my relationship with my boyfriend of many years. We, too, were stuck, and I felt inept and frustrated that I was counseling others yet couldn't resolve my own difficulties. Many questions crossed my mind that I would have liked to address with my supervisor, but I was reluctant to raise them in supervision.

Although experienced and knowledgeable, my supervisor seemed to be suffering from burnout. She seemed to have little patience for clients who were not making rapid progress. When discussing this particular case, she referred to my clients as "losers." That's right, "losers." I didn't quite know what to do with that, but my intuition told me to seek supervision elsewhere (which I did). I was afraid that if I was vulnerable with this supervisor and disclosed my countertransference, she would consider me a "loser" as well. For a number of reasons (e.g., I wanted her approval, she was evaluating me and had a gatekeeping role), I felt I could not take the risk to be open with her. The bottom line is that I did not trust what she would do with the information I gave her, so I was exceedingly careful in how I presented information, which detracted from my experience. Shortly before my training ended at the center, she retired. I finished out the year with another supervisor on staff, which felt odd, but I was pleased that my original supervisor knew when it was time to quit.

Incompetent or Impaired Supervisees

Interacting with an impaired or incompetent supervisor is a difficult situation to navigate, but we expect such situations to be less frequent than encountering incompetent or impaired supervisees. It is likely that in the supervisory role you will encounter some

trainees with skill deficits, gaps in knowledge, personality issues, or any number of other problematic behaviors or attitudes that are hindering the development of their competence. What is the supervisor's responsibility when supervisees are clearly not competent to counsel others? What ethical issues must be addressed when supervisors encounter impaired supervisees? Supervisees may not have the fundamental knowledge or the basic helping skills required to carry out effective counseling, and to be sure, supervisees will be evaluated on their level of knowledge and skill development. But what about those instances in which supervisees are unable to function effectively because of personal problems or personality characteristics?

Trainee Impairment

Supervisors cannot ethically avoid confronting supervisees who are unable to competently carry out their training role because of some personal limitation or impairment. Given the increased awareness of possible damage caused by counselors who do not possess the personal qualities of effective counselors, training faculty and supervisors are expected to address situations that involve trainee impairment or incompetence (Kaslow, Rubin, Bebeau, et al., 2007; Kaslow, Rubin, Forrest, et al., 2007; Lumadue & Duffey, 1999).

A range of behaviors can adversely affect the ability of students and trainees to effectively carry out their clinical duties. Two severe problems are substance abuse and personality disorders. More subtle aspects of trainee impairment include interpersonal sensitivity, need for extreme control, and using one's position to meet personal needs at the client's expense. Bemak, Epp, and Keys (1999) noted that what distinguishes impaired counselor trainees is their lack of ability to understand and resolve their own personal problems so that these issues do not interfere with their professional work with clients. These authors cited a number of dimensions of trainee impairment:

> Impaired graduate students may incorporate personal agendas into their counseling philosophy involving dogmatic religious teachings, harmful directive techniques, or antipathy towards members of a different gender, ethnicity, race, sexual orientation, or age-group. They may project their own personal issues onto their clients or interpret their clients' issues through the "distorted lenses" of their own problems. (p. 21)

Monitoring Trainee Competence

Monitoring the competence of students in training has long been viewed as an essential component in training programs. In addition to evaluating a supervisee's academic ability, knowledge, and clinical skills, it is essential to identify and evaluate a supervisee's personal characteristics, interpersonal behaviors, and professional behaviors that are likely to influence his or her ability to effectively deliver mental health services. Given the increased awareness of possible damage caused by mental health professionals who do not possess the personal qualities necessary for effective practice, it is clear that counselor educators and supervisors have a responsibility to serve as gatekeepers for the profession (Foster & McAdams, 2009; Johnson et al., 2008; Lumadue & Duffey, 1999). Gaubatz and Vera (2002, 2006) stated that it is the responsibility of counselor training programs to develop formalized policies and procedures to address students' personal and interpersonal fitness for professional practice, as well as attending to their trainees' didactic skills. Sometimes trainees have personal characteristics or problems that interfere with their ability to function effectively, yet when this is pointed out to them they may deny the feedback they receive. In these cases, a program has an ethical responsibility to take action and not simply pass on a student with serious academic or personal problems. Gaubatz and Vera (2002) investigated whether formalized gatekeeping procedures and program-level training standards

influence the rates at which problematic trainees are graduated from counseling programs. Their findings indicated that programs with formalized standards and procedures reduce the number of deficient students they graduate. In a later survey, Gaubatz and Vera (2006) arrived at this conclusion: "Deficient students exist in counseling training programs, but well-designed gatekeeping procedures appear to improve the effectiveness with which they are identified and prevented from progressing unremediated into the counseling field" (p. 41). Foster and McAdams (2009) proposed a framework designed to promote a climate of openness and transparency in the assessment of students' professional performance. They suggested that such a climate may be essential to students' trust in relationships with faculty members and their future willingness to assume an active gatekeeping role.

Bemak et al. (1999) described a five-step process model for monitoring counselor trainee development, for evaluating student progress, and for dismissing impaired students from training programs. Their model includes a consideration of both academic grades and personal and professional development as guiding criteria.

Taking Action With Incompetent Supervisees

It is of the utmost importance that supervisees hear from their supervisors long before it is too late for them to take corrective measures. Supervisees have due process rights (Maki & Bernard, 2007), and dismissal from a training program should be the last resort after other interventions have failed to produce any change in supervisees who exhibit deficiencies. Supervisors have an obligation to provide their supervisees with regular, specific, and ongoing feedback. If there are problems regarding supervisees' performance, they must be given opportunities to take remedial steps to correct these problems. A few types of remediation include increased supervision, a leave of absence, personal therapy, taking a course or workshop, repeating a practicum or internship experience, or being part of a personal growth group. We cannot overemphasize the importance of setting up in advance realistic expectations and possible consequences for deficiencies through the supervision contract.

Both the *ACA Code of Ethics* (2005) and the "Ethical Guidelines for Counseling Supervisors" (ACES, 1993) address matters pertaining to the gatekeeping functions of supervisors and suggested remediation measures and how to deal with dismissal from a program (see Box 7.1).

In their review of the literature on the reasons for dismissal from a program, Forrest, Elman, Gizara, and Vacha-Haase (1999) found these common categories of incompetence: poor academic performance, poor clinical performance, poor interpersonal skills, and unethical behavior. Psychological reasons for dismissal included factors such as emotional instability, personality disorder, psychopathology, and unprofessional demeanor. Forrest and her colleagues identified some general procedural guidelines for due process that should be provided to protect both the program and the trainees:

- Written description that gives reasons for termination
- Oral and written evaluations of trainees regarding their personal and interpersonal functioning
- Written action plans for remediation specifying the expected behavioral changes, a timeline, and consequences for failing to remediate
- A notification process for dismissal
- Procedures that permit trainees to appeal a decision to dismiss

Kerl, Garcia, McCullough, and Maxwell (2002) described the importance of designing systematic procedures for training programs to evaluate students' professional performance. When dismissal from a program is based on interpersonal or clinical incompetence, Kerl and colleagues underscored the importance of sound systematic academic evaluation

Box 7.1
ETHICS CODES AND STANDARDS REGARDING SUPERVIORS' RESPONSIBILITIES IN DEALING WITH SUPERVISEE INCOMPETENCE

American Counseling Association (2005)

ACA Code of Ethics

Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They assure that supervisees are aware of options available to them to address such decisions. (F.5.b.)

Association for Counselor Education and Supervision (1993)

Ethical Guidelines for Counseling Supervisors

Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance. Supervisors have the responsibility of recommending remedial assistance to the supervisee and of screening from the training program, applied counseling setting, or state licensure those supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisees who are so evaluated. (2.12.)

and adherence to procedural and substantive due process. These authors argued that in counselor education programs the evaluation of students' interpersonal and clinical skills is part of the overall assessment of their academic performance. They conclude that courts have consistently viewed personal characteristics or behaviors as basic to academic performance, which makes this an academic issue.

When there is concern about personal characteristics or problematic behavior of supervisees, both faculty and supervisors may be hesitant in taking action to prevent supervisees from continuing a program. Some of the factors that get in the way of taking action include difficulties in giving clear evidence and the lack of adequate procedures in place to support the decision to dismiss a student, concern about the psychological distress for faculty and students, concern about heightened resistance and defensiveness in the trainee, the potential for receiving criticism from other faculty or supervisors who were not involved in the trainee's remediation, possible liability, genuine concern for the student's future and success in the program, and lack of administrative support (Forrest et al., 1999). Perhaps the major deterrent to dismissing a student is the fear of legal reprisal by that student.

McAdams, Foster, and Ward (2007) and McAdams and Foster (2007) described their experience and lessons learned from a challenge in federal court when their program dismissed a counseling student on the grounds of deficient professional performance after engaging in unethical behavior during a clinical practicum and then failing to cooperate with a remedial

program implemented by the program faculty. These authors described the many systematic procedures they implemented prior to making the decision to dismiss the student, who later filed a lawsuit against the counseling program faculty and the university. One of the charges was that the program and the university violated the student's constitutional right to due process.

A key strength of the program's legal position rested in the steps the faculty took in formally documenting all the remedial actions taken in dealing with the student. In a federal jury trial, the court ruled in favor of the counseling program and the university by upholding the dismissal decision. Although the faculty won the case, there was no sense of victory in the aftermath of a painful and long litigation process that had a huge impact on both the students and the faculty in the program.

The importance of having continuing documentation of deficiencies or difficulties, feedback provided, efforts toward remediation, and the trainee's response to that feedback and remediation cannot be emphasized enough. Even though there are many difficulties involved in dismissing students from a program due to nonacademic reasons, it is critical that students not be allowed to complete a graduate program if they do not successfully remediate personal or interpersonal problems that interfere with their clinical performance. It is a common occurrence for counselors to take on supervisory functions at some point in their careers, and the welfare of future supervisees and their clients might be at stake if an incompetent or impaired trainee is allowed to graduate from a training program. If a trainee is performing satisfactorily in the academic realm, but has serious unresolved personal conflicts or demonstrates dysfunctional interpersonal behavior such as Chelsea in Case Study 7.1, action needs to be taken. If remediation has not worked, dismissal is necessary. Yet this option should be a measure of last resort.

CASE STUDY 7.1: CHELSEA

Two master's trainees in a mental health counselor training program recently complained to the coordinator of the program that Chelsea, a 3rd-year doctoral student, has been very difficult to work with at their practicum site. According to both of them, Chelsea regularly shows up late and seems arrogant and condescending to them and other trainees at the facility. She is also perceived as manipulative. For instance, in group supervision she claimed that an idea that her coleader "supposedly came up with" was really her own idea. In truth, Chelsea takes credit for other people's ideas and becomes very defensive when other trainees confront her. She also makes up excuses for her tardiness and fails to take responsibility for her actions. Because Chelsea can be very charming and is a straight *A* student (which Chelsea makes sure everyone knows), the trainees believe that their site supervisor is blind to her faults and is easily manipulated by her. This frustrates the other trainees, who feel angry that their site supervisor cannot see Chelsea's true character and take control of the situation.

The program coordinator at the university is understandably troubled by this news and views this as a multifaceted problem. If the two trainees' allegations are true, he must deal with (a) a potentially personality disordered trainee who may cause great harm to her clients and who has certainly created stress for her colleagues; (b) a site supervisor who failed to do a competent job of gatekeeping; and (c) faculty members in the training program who have awarded exemplary grades to a student who may be strong academically but lacks the personal qualities to be an effective counselor. Furthermore, the coordinator must make sure that the program's other trainees at that site are getting their needs met.

If you were the coordinator and were informed of this situation, what would you be inclined to do first? How might you approach Chelsea without revealing the identities of

the trainees who made the complaint? What actions would you take to determine whether the allegations were true? How would you make provisions for due process for Chelsea? What might you say to Chelsea's site supervisor as well as to your colleagues on the faculty who allowed this impaired student to advance in the program? These are just a few questions that must be addressed. Given the complexity of the situation and the number of stakeholders involved, it would be imperative to use an ethical decision-making model to determine the best course of action. Being mindful of your obligation to uphold ethical principles while gathering more information about the situation and examining the problem from each person's perspective should increase the likelihood that the dilemma will be resolved in a productive and fair manner.

Challenges for Training Programs

As a pathway to ensuring competence on the part of trainees, training programs need to be designed so that students can acquire a more thorough understanding of themselves as well as acquire theoretical knowledge. Ideally, trainees will be introduced to various content areas, will acquire a range of clinical skills they can use in working with diverse clients, will learn how to apply theory to practice through supervised fieldwork experiences, and will learn a great deal about themselves personally. An ethical mandate of a good program is to do more than impart knowledge and skills. A quality program provides a supportive and challenging environment, encourages trainees to build on their life experiences and personal strengths, and provides opportunities for expanding their awareness of self and others. In addition, it is essential that programs provide clear policies and direction to field supervisors regarding supervised clinical training for their trainees.

Some problems that arise are not the result of incompetence or impairment on the part of either supervisee or supervisor. Rather, certain problems may emerge as a consequence of working in a flawed system. As Janna Scarborough describes in *Voices From the Field*, in addition to attending to trainees' counseling skills and other areas of professional development, supervisors may also have to teach supervisees how to understand, navigate through, and, under certain circumstances, challenge a system.

VOICES FROM THE FIELD

Janna Scarborough, PhD

"I just don't feel like I have any support. Nobody knows what I do. Of course, the teachers and principal tell me what they think I should do, and so I don't really have a choice." As a school counselor educator and supervisor, I often hear statements such as this. The underlying theme is that the school counselor feels powerless to fully, or sometimes partially, implement a comprehensive school counseling program due to obstacles within the school system. For example, I worked with a school counselor who saw the need for a social skills group in her school. She had a list of students referred by teachers and also knew of students who were unhappy and underperforming largely due to their social situations, however, she was "not allowed" to conduct groups during academic time.

School counselors work in complex systems with responsibilities to a variety of constituents. Not only do school counselors serve the system, they rely on being "part" of the system in order to do their jobs effectively. The school counselor in the situation described above had a clear grasp of the therapeutic issues, case conceptualization, and counseling plan. Typically, this would not

be an issue for supervision, except that she was not allowed to carry out the treatment plan!

Rather than solely addressing client issues, the focus of supervision was on working within the system and taking a proactive stance to advocate for the needs of clients as well as the school counselor role. With this supervisee, I facilitated a discussion regarding her ideas about why she believed the system did not support group counseling. She listed several including (a) the pressure on teachers to ensure that their students were successful academically; (b) a lack of faculty knowledge of the benefits of group counseling and the efficacy of social skills groups; and (c) a lack of understanding among the faculty that conducting groups was within the school counselor's role and that she was capable of doing so. We then looked at reasons to actively advocate for the opportunity to provide this group. In terms of professionalism, the school counselor wondered if she was ethically responsible to provide the most appropriate service for her students, rather than just what she was "allowed" to do. She was aware that as a school counselor she was expected to be an advocate, leader, and collaborator, and that if she did not take an active role, she was not fulfilling these professional standards.

She also did not want to jeopardize her relationships or job by coming across as demanding or insubordinate. She was afraid that if she made her request the administrator would become upset, directly challenge her role, or perhaps she would learn that she and her job were not valued at all. And what if they actually let her do the group, and it failed? We discussed the skills she needed to work on to go to the principal to make a compelling request. She decided on a course of action to accomplish the goal of advocating on behalf of the students and her role and we role-played some of the interactions she anticipated.

Multiple Roles and Relationships in the Supervisory Process

Counseling supervisors are expected to possess the personal and professional maturity to manage multiple roles and responsibilities (ACES, 1993, 1995). A *multiple relationship* occurs when a supervisor is simultaneously in a professional role and at least one more role (professional or nonprofessional) with the supervisee. Some examples of multiple relationships in supervision are a supervisor becoming the supervisee's therapist, a supervisor initiating a business venture with a supervisee, or a supervisor developing a friendship or social relationship with a supervisee. The process of supervision becomes more complicated when supervisors take on two or more roles, either personally or professionally, simultaneously or sequentially with each other (Herlihy & Corey, 2006b). Although multiple roles and relationships are common in the context of training and supervision, supervisors should thoroughly discuss and process issues relevant to these multiple roles with their supervisees (Barnett & Johnson, 2010; Gottlieb et al., 2007; Ladany et al., 1999). Before entering into a multiple relationship with a supervisee, it is good practice for supervisors to consider options, alternatives, and the potential impact of doing so on their objectivity and judgment. If a multiple relationship with a supervisee may be neutral or beneficial, supervisors would do well to explore with the supervisee the pros and cons of the extra relationship before moving ahead (Barnett & Johnson, 2010).

Ethical Standards and Multiple Roles and Relationships

Ladany et al. (1999) noted that it is the responsibility of the supervisor to handle role-related conflicts in an appropriate and ethical manner. Ethically, supervisors need to clarify their roles and be aware of potential problems that can develop when boundaries become blurred (Falender et al., 2004). Supervisors who are able to establish appropriate personal

and professional boundaries are in a good position to teach supervisees how to develop appropriate boundaries.

Supervisees may be affected by the multiple roles of their supervisors, and these blended roles may influence the supervision process. As Herlihy and Corey (2006b) pointed out, unless the nature of the supervisory relationship is clearly defined, both the supervisor and the supervisee may find themselves in a difficult situation at some point in their relationship. If the supervisor's objectivity becomes impaired, the supervisee will not be able to make maximum use of the process.

The codes of ethics of most professional organizations issue a caution regarding the potential problems involved in multiple relationships. Specifically, the standards caution about the dangers involved in any relationships that are likely to impair the judgment or result in exploitation or harm to clients and supervisees. Box 7.2 presents principles from two codes of ethics pertaining to multiple relationships.

Managing Multiple Roles and Relationships

Although multiple roles and relationships cannot always be avoided, supervisors have the responsibility to manage them in ethical and appropriate ways (Falender et al., 2004). The

Box 7.2
ETHICS CODES AND STANDARDS REGARDING MULTIPLE RELATIONSHIPS

American Counseling Association (2005)

ACA Code of Ethics

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with superviseees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship. (F.3.a.)

Association for Counselor Education and Supervision (1993)

Ethical Guidelines for Counseling Supervisors

Supervisors who have multiple roles (e.g., teacher, clinical supervisor, administrative supervisor, etc.) with supervisees should minimize potential conflicts. Where possible, the roles should be divided among several supervisors. Where this is not possible, careful explanation should be conveyed to the supervisee as to the expectations and responsibilities associated with each supervisory role. (2.09.)

Supervisors should not participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor–supervisee relationship. Dual relationships with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated. (2.10.)

Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning. (2.11.)

crux of the matter is to avoid multiple relationships that could reasonably be expected to impair the professional's objectivity, competence, effectiveness in performing duties, or has a high likelihood of being harmful to the supervisee. Avoid multiple role relationships in the training and supervisory process that involve an abuse of power. Supervisees are in a vulnerable position because of the power differential and can be harmed by a supervisor who exploits them, misuses power, or crosses appropriate boundaries. Supervisors must not exploit supervisees or take unfair advantage of the power differential that exists in the context of training.

M. S. Corey and Corey (2011) pointed out that the difference between boundary crossings and boundary violations is relevant in the supervisory relationship as well as in the client-therapist relationship. A *boundary crossing* is a departure from standard practice that could potentially benefit the client or supervisee, whereas a *boundary violation* is a serious breach that causes harm to the client or supervisee. If a counselor's actions result in harm to a client or supervisee, this is considered to be a boundary violation. Interpersonal boundaries are fluid; they may change over time and may be redefined as counselors and supervisees continue to work together. As supervisors and supervisees progress in the transition toward becoming professional colleagues, boundaries often take new forms. Even though boundary crossings may not be harmful to supervisees, these crossings can lead to blurring of professional roles and can result in multiple relationships that do have a potential to be harmful. It is critical to take steps to prevent boundary crossings from becoming boundary violations.

Even well-intentioned practitioners must thoughtfully reflect on their actions to determine when crossing a boundary may result in a boundary violation. Failing to practice in accordance with prevailing community standards, as well as other variables such as the role of the client's diagnosis, history, values, and culture, can result in a well-intentioned action being perceived as a boundary violation (Barnett, Lazarus, Vasquez, Moorehead-Slaughter, & Johnson, 2007).

Supervisors play a critical role in helping counselor trainees understand the dynamics of balancing multiple roles and managing multiple relationships. Barnett and Johnson (2008) noted that supervisors have a responsibility to model appropriate boundaries in the supervisory relationship. Supervisors can bring up with their supervisees a range of topics pertaining to boundary concerns supervisees might be having with their clients such as their reactions to their clients, appropriate boundary crossings, and exercising vigilance in avoiding boundary violations. Although students may learn about multiple relationships during their academic work, it is generally during the time they are engaged in fieldwork experiences and internships that they are required to grapple with boundary issues (Herlihy & Corey, 2006b). In addition, multiple relationships are almost unavoidable with professional peers who are seeking required supervision hours for licensure or certifications.

Is prohibiting all forms of multiple relationships the best answer to the problem of exploitation of clients or supervisees? This matter is too complex for such a simple solution. Some writers have claimed that avoiding certain multiple relationships could be potentially harmful to some clients and that therapists should use their professional judgment to determine which multiple relationships should be avoided, which are acceptable, and which are necessary (Barnett, 2007; Zur, 2007). Zur (2007) took the position that rigid avoidance of all boundary crossings could result in a weakening of the therapeutic alliance. He added that therapists should avoid crossing boundaries if doing so would likely harm the client or would be expected to impair the therapist's objectivity, judgment, competence, or interfere with his or her therapeutic effectiveness. Both professional counselors and supervisors need to clarify their stance on a host of boundary issues they will face and develop a systematic way of making ethical decisions.

Burian and O'Connor Slimp (2000) pointed out that training staff and interns are faced with the prospect of entering into multiple role relationships with each other. These relationships may at first appear benign, and sometimes even beneficial, yet they pose some risks to interns and training staff. For example, the mentoring that occurs between faculty and students (and between supervisors and supervisees) often includes social elements, which can be beneficial to the trainee. Burian and O'Connor Slimp have designed a decision-making model pertaining to social multiple role relationships between interns and their trainers. Their model is designed to raise awareness of the issues involved in these relationships and provide a basis for evaluating their potential for harm. These authors suggested ending or postponing the social relationship if more than a minimal risk of harm exists. In cases in which there is a lack of clarity of the level of risk involved, it is wise to consult with a trusted colleague.

Mentoring

A dynamic way to teach is through the mentoring process. Experienced supervisors are in a position to encourage their supervisees to get a vision of what they might want to accomplish professionally. This role as a mentor can include many informal activities that involve meeting outside the supervision office. Not only can mentors offer encouragement, but they can inspire supervisees to pursue their interests and can offer practical suggestions of ways trainees might accomplish their goals. In many graduate programs, supervisors often invite their supervisees and students to be copresenters at a conference or convention. Johnson (2007) raised questions regarding a clinical supervisor's ability to also serve as a mentor to trainees. There are challenges a supervisor faces in balancing the sometimes conflicting roles involved in mentoring and evaluating supervisees. Johnson addressed the difficulties supervisors may experience in balancing a mentoring role, or the commitment to their supervisees, with the obligation to evaluate and screen their supervisees' capacity for competent practice.

Even though different levels of responsibilities are evident and different roles exist, this does not have to be a problem. Supervisors can address what is involved in managing both the mentoring and evaluative roles and functions. Again, the critical point is that the person with greater power (the supervisor) initiates a discussion about this type of collaborative project. Perhaps the best way for supervisors to teach is by this kind of active process of copresenting at professional conferences, or working together on some research project, or engaging in some kind of collaborative writing project. A potential ethical issue lies in some supervisors not giving supervisees full credit for their participation in a project. This does not have to present a barrier and should not discourage mentoring. Instead, an ongoing process of open discussion can provide the foundation for optimum learning. From our perspective, this collaborative dialogue is far preferable to having a long list of prohibitions about multiple relationships. It is not uncommon for supervisors with lists of prohibitions to be protecting themselves in certain ways. To be a true mentor and allow a supervisee to know you outside of your authority role as supervisor may leave you feeling somewhat vulnerable.

Boundary Considerations Between Doctoral Students and Master's Students

Counselor educators and supervisors are expected to teach students about boundary issues and multiple relationships. In counselor education programs, doctoral students often participate in roles with master's-level students in which they hold a position of authority. In their review of the literature on multiple relationships and boundary issues in counselor education programs, Scarborough, Bernard, and Morse (2006) found that little research has been done on the potential for doctoral students to inadvertently or deliberately violate

boundaries with master's students. Scarborough and colleagues provided these guidelines for doctoral students who counsel, teach, or supervise master's students:

- The topic of multiple relationships and boundary considerations should be introduced and explored as a part of an orientation to doctoral study. Doctoral students should understand that multiple relationships are part of the territory in their counselor education program. However, they need a safe context in which to explore such relationships so that they do not become boundary violations.
- As a part of the orientation of doctoral students, they should receive instruction concerning the power they may have in relationship to master's students in the program. Those responsible for training programs should include curricula to address multiple relationships as a professional issue.
- Although multiple relationships between doctoral and master's students should not be discouraged, there needs to be an open discussion of ways to benefit from these relationships as well as ways to be vigilant for the potential of boundary violations.

Socializing Between Supervisors and Supervisees

Supervisors may be asked to engage in some form of socialization with supervisees outside of the academic or clinical setting. For example, supervisors may be asked to attend a dinner or some kind of party that trainees are sponsoring. In the case of professional peer supervision, it may be an office gathering that all are invited to attend. Although this may not be a regular event, supervisors still need to think about the potential issues that could surface and how attending a social function might either enhance or inhibit the professional relationship.

Rather than adopt an all-or-nothing mentality with regard to this issue, we encourage you to be flexible in your thinking as long as you are mindful of the ethical ramifications of your actions. The specific context and circumstances must be considered when making decisions about socializing. One may argue, for example, that an educational setting is distinctly different from a clinical setting in that it provides more room for personal and professional interactions with those we train, coach, and mentor, and for whom we serve as role models.

In *Voices From the Field*, two clinicians offer contrasting views, demonstrating various ways that helpers view their professional boundaries. Reflect on your position on the possible benefits and risks associated with socializing with supervisees. Do you think such relationships are inevitable in supervision? If they are, what kinds of safeguards could minimize potential harm? More generally, what thoughts do you have about managing multiple roles and relationships in supervision? What have been your experiences with multiple roles as a supervisee?

VOICES FROM THE FIELD

Todd Thies, PhD

I dealt with multiple relationships with interns early in my professional career. I was young for a psychologist, and my personal interests and preferences often matched those of my supervisees more closely than those of my colleagues. As a result, I commonly encountered interns I was supervising in social situations. Living and working in a relatively small town compounded this issue. For me, the first step is communication. Sometimes it is not possible to avoid being placed in a social situation with someone you also supervise, so the best

thing to do is keep the channels of communication open. That way, if conflicts or potential boundary violations occur, they can be addressed by the supervisor, supervisee, and colleagues. The information shared between an intern and supervisor frequently must be kept private for confidentiality reasons, but the relationship between a supervisor and supervisee should be public. To put it in one sentence: Don't do anything with a supervisee that you wouldn't feel comfortable having your colleagues see you do.

Bill Safarjan, PhD

I take a rather hard line on this issue and may be seen as "old school." I see the relationship between supervisor and supervisee as a special one that must not be jeopardized by forming other kinds of personal associations. One example is a supervisor who becomes a friend with a supervisee. Accepting favors or engaging in social activities weakens boundaries and undermines the objectivity and authority of the supervisor. Another example of a problematic multiple relationship involves the supervisor who becomes the supervisee's therapist. The supervisor's job is to improve the supervisee's clinical practice rather than provide therapy for the supervisee. If "therapeutic interactions" occur, they should occur in the context of the supervisee's ability to deliver psychological services or benefit from supervision. In my view, multiple relationships must be avoided because they have the potential to undermine the supervisory process and divert attention away from the primary role of the supervisor.

There is also the matter of supervisors and supervisees attending a professional convention. There may be many opportunities to meet at informal events at these functions, such as a party in the evening or some group tour of the city where the convention is being held. Although this kind of social contact may seem innocent, there is potential for problems. At a later time, supervisees may expect to be treated somewhat like a friend during supervision sessions, or they may be disconcerted when a supervisor gives them critical feedback during a performance evaluation review. Supervisors have to be prepared to accept that a supervisee may be very upset at not being allowed to befriend a supervisor. Rigid rules are not necessarily the best answer to dealing with the fact that supervisors and supervisees may attend social functions together or have informal contacts outside of the supervision setting. Open discussions about this possibility can prevent serious problems from occurring during supervision.

In Case Study 7.2, Mike confronts a common dilemma involving multiple roles and relationships. Is this a clear boundary situation, or is it an "it depends" kind of situation? Is Stan crossing the line in making the invitation? What do the standards and regulations say about this? Would this situation be different if the supervisor or the supervisee had been female? Have you ever experienced multiple relationships with a professor or supervisor?

CASE STUDY 7.2: MIKE

Mike is a marriage and family therapist and teaches in the master's-level human services program at the local university. He is currently supervising Stan, who is enrolled in the human services program and does counseling at the university's community clinic. Mike is also the instructor in one of Stan's classes, and they frequently see each other at academic and social functions sponsored by the program. Stan respects and admires Mike and sees him as a role model for himself. During a supervision session, Stan invited Mike and his wife over to his house for dinner. Mike inquires about the purpose of the dinner and whether

other students or faculty will be present. When he learns that it is purely a social invitation and that Mike and his wife are the only ones invited, Mike decides to politely decline. Stan explains how much he admires Mike and how he just wanted to invite him over to show his appreciation for all the help he has received. Mike realizes that Stan is puzzled by his decline of the invitation. To help clear up Stan's confusion, Mike returns to a discussion of the parameters of the supervisory relationship as outlined in the supervision contract.

Multiple relationships in the academic and clinical setting are very common. Teachers and professors often serve in several roles with students and can do so effectively and ethically (Gottlieb et al., 2007), but to do so requires that they be clear about what their respective roles are in various situations. Herlihy and Corey (2006b) indicated that the nature of the supervisory relationship should be clearly defined. It is best if this is done in writing. To avoid heading down a slippery slope, when a problem occurs with the roles in the various relationships, the supervisor and supervisee are strongly urged to revisit their definition of who they are to each other in which situations (Gottlieb et al., 2007).

It is the responsibility of the supervisor to define the relationship, to discuss with the supervisee when boundaries are changing, and to protect the welfare of the supervisee. If the situation seems unmanageable with a given supervisee, the supervisor can either try to reduce the number of situations in which they are together or seek another supervisor for the supervisee. Michelle Muratori provides a *Personal Perspective* on dealing with multiple relationships.

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

Although I teach several classes a year in the Johns Hopkins Counseling and Human Services program, my full-time position is at the Johns Hopkins Center for Talented Youth (CTY), where I work as a senior counselor and researcher for a program that serves exceptionally able students. Because CTY is a prominent center at Johns Hopkins University, which employs many people, it is not uncommon for master's students in the counseling program to seek employment there. As you can imagine, the potential for dual relationships is quite high. To date, a number of students who have completed courses with me have been hired at CTY in other departments. Thus far, these dual relationships have been manageable because I am not in a position of authority over them at the center. I can see how problematic it might be if I served as someone's professor as well as their boss or close colleague. If someone didn't like his or her grade on a paper and the next day had to work closely with me on a project, I can understand how that might create tension. I always try to be mindful of the power differential that exists, even if I am no longer a student's instructor, and be sensitive to his or her feelings. I do think it is my responsibility to set appropriate boundaries in these relationships.

With that said, I do enjoy having former students stop by my office to share how their internships are going or to talk about some aspect of their professional development. And there are times when the organization has social events at which we interact. I don't avoid these events just to prevent dual relationships from happening, but I don't seek them out, and when they do occur, I am cognizant of my ethical responsibility.

Sexual Attraction in Supervision

Ordinarily, attraction, in and of itself, is not problematic. It is what individuals do with the attraction that determines the appropriateness or inappropriateness of these reactions. The supervisor has a responsibility to provide a safe learning environment for supervisees. It

is also a supervisor's job to train supervisees about sexual attraction in a way that encourages them to become aware of their attractions and work through them in a professional manner. Supervisees are strongly encouraged to discuss such matters in supervision, but it is largely the responsibility of the supervisor to create a safe climate that will allow supervisees to discuss matters of sexual attraction.

Supervisor Attraction to Supervisee

There is a distinction between finding a supervisee attractive and being preoccupied with this attraction. As a supervisor, you may find yourself being physically attracted to some trainees more than others. If you find yourself sexually attracted to your supervisees, it is important that you examine your feelings and consider that sexual harassment could be a real issue for you. If you are attracted often and to many different trainees, it is imperative that you deal with this matter in your own therapy and supervision. If this happens frequently, consider these questions: "What is going on in my own life that may be creating this intense attraction? What am I missing in my personal life? How might I be using my professional work as a way to fulfill my personal needs?"

Helping Supervisees Deal With Sexual Attractions to Clients

Although transient sexual feelings are normal, intense preoccupation with clients is problematic. Housman and Stake (1999) found that 50% of the doctoral students in their study reported having experienced a sexual attraction to a client; only half of these students had chosen to discuss the attraction with a supervisor. Seeking help from a colleague, supervision, and/or personal therapy can give counselor trainees access to guidance, education, and support in handling their feelings (Fisher, 2004). Pope, Sonne, and Holroyd (1993) stated that exploration of sexual feelings about clients is best done with the help, support, and encouragement of others. They maintain that practice, internships, and peer supervision groups are ideal places to talk about this topic, which is often treated as though it were nonexistent.

Housman and Stake (1999) conducted a survey regarding sexual ethics training and student understanding of sexual ethics in clinical psychology doctoral programs. They reported that 94% of the students had received ethics training in managing sexual attractions. Programs provided an average of 6 hours of training. Their findings also called attention to the importance of addressing sexual issues in therapy early in students' training. Sexual feelings for clients are common among students as well as professional practitioners. It was concluded that most students in training do not understand that sexual attractions for clients are normal. Housman and Stake's findings suggested that only half the students who are attracted will seek supervision. They note that even if students refrain from acting on their sexual feelings for clients, they may withdraw emotionally from their clients to avoid feelings they believe are unacceptable. According to Pope, Sonne, and Holroyd (1993), the tendency to treat sexual feelings as if they are taboo has made it difficult for therapists to acknowledge and accept attractions to clients. They found that the most common reactions of therapists to sexual feelings in therapy included surprise, startle, shock, guilt, fear, frustration, confusion, and anger. It is crucial that trainees acknowledge these feelings to themselves and to their supervisors and take steps to deal effectively with them.

Housman and Stake (1999) stated that, in addition to supervisory consultations, clinical programs should provide all students with some form of planned experiential training for developing skills in clarifying boundaries and setting limits with clients. They emphasized the importance of broadening sexual ethics training to address both the emotional and cognitive aspects of attractions in the therapeutic relationship.

Wiederman and Sansone (1999) also made the case that deliberate attention to sexuality issues during training is required for the development of competent mental health

professionals. Ideally, trainees will receive accurate information and firsthand experience. Hamilton and Spruill (1999) stated that it is crucial to increase student awareness of sexual attraction before trainees begin seeing clients. They recommended the inclusion of how to deal with sexual attractions as a basic component of a preparatory clinical skills course. Trainees need to be taught to expect that sexual attractions will arise in therapy, and supervisors need to create an atmosphere of trust in which supervisees feel as free as possible to disclose these feelings and experiences in their supervision. If supervisees are not presented with normalizing information, they are likely to continue to regard sexual feelings as rare and hide rather than acknowledge them. Fisher (2004) reviewed the literature on this topic and noted that supervisors, consultants, and educators are doing their trainees a great service when they normalize their feelings of attraction for clients and distinguish these feelings from sexual misconduct.

Sexual Intimacies Between Supervisor and Supervisee

Although multiple relationships are common in university settings, sex between students and their professors and supervisors is forbidden by ethical standards. As in the case of sexual relations between therapists and clients, sex in the supervisory relationship invariably results in a loss of objectivity and an abuse of power because of the difference in status between supervisees and supervisors. Further, there is the matter of poor modeling for supervisees for their relationships with clients. Specific standards of the various professional organizations regarding sexual intimacies in the supervisory relationship are summarized in Box 7.3.

In their national survey on sexual intimacy in counselor education and supervision, G. M. Miller and Larrabee (1995) found that counseling professionals who were sexually involved with a supervisor or an educator during their training later viewed these experiences as being more coercive and more harmful to a working relationship than they did at the time the sex occurred. It seems clear that supervisors have professional power and authority long after the supervisory relationship ends such that sexual involvement with a supervisee could be seen as sexual harassment.

Clear power differentials exist between supervisors and supervisees. Thus supervisors who engage in sexual behavior with supervisees are behaving inappropriately and unethically. G. M. Miller and Larrabee (1995) suggested that supervisors be aware of their position of power and function as professional role models. Supervisors ought to refrain from any sexual involvements with supervisees because of the detrimental impact of sexual involvements on the supervisory relationship.

Just as in instructor–student and therapist–client relationships, in supervisory relationships it is the professional who occupies the position of greater power. Thus it is the supervisor's responsibility to establish and maintain appropriate boundaries and to explore with the supervisee ways to prevent potential problems. If problems do arise, the supervisor has the responsibility to take steps to resolve them in an ethical manner.

The core ethical issue is the difference in power and status between supervisor and supervisee and the exploitation of that power. When supervisees first begin counseling, they are typically naive and uninformed with respect to the complexities of therapy. They frequently regard their supervisors as experts and depend on their supervisors in a way that may make it difficult for supervisees to resist sexual advances. Supervisees may disclose personal concerns and intense emotions during supervision, much as they might in a therapeutic situation. The openness of supervisees and the trust they place in their supervisors can be exploited by supervisors who choose to satisfy their own psychological or sexual needs at the expense of their supervisees.

Box 7.3
ETHICS CODES AND STANDARDS REGARDING SEXUAL INTIMACIES IN THE SUPERVISORY RELATIONSHIP

American Counseling Association (2005)

ACA Code of Ethics

Sexual or romantic interactions or relationships with current supervisees are prohibited. (F.3.b.)

Counseling supervisors do not condone or subject supervisees to sexual harassment. (F.3.c.)

American Psychological Association (2002)

Ethical Principles of Psychologists and Code of Conduct

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom the psychologists have or are likely to have evaluative authority. (7.07.)

Association for Counselor Education and Supervision (1993)

Ethical Guidelines for Counseling Supervisors

Supervisors should not participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor–supervisee relationship. Dual relationships with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated. (2.10.)

National Association of Social Workers (2008)

Code of Ethics

Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority. (2.07.a.)

Sexual Intimacies Between Supervisee and Client

In addition to sexual attractions or sexual intimacies between supervisors and supervisees, there is the matter of supervisees being attracted to a client or even the possibility of a supervisee becoming sexually involved with a client. It is clear that this is a matter for supervision and that the supervisor bears both ethical and legal responsibilities for the actions of his or her supervisees. Supervisees may be reluctant to admit that they are attracted to a client, or a client to them. This dilemma highlights the importance of supervisors creating a safe climate where supervisees are more likely to bring into supervision feelings they might be having toward clients. Any form of sexual intimacy between supervisees and their clients is inappropriate and unethical. However, sexual attractions may very well occur, and being able to talk about this in supervision is of the utmost importance (see Case Study 7.3).

CASE STUDY 7.3: ELIZABETH

Elizabeth is supervising a prelicensed social worker, George, in a group practice setting. George has been seeing about 15 clients per week. One of his clients, Connie, is in therapy because she is dissatisfied with her current career and would like to obtain a master's or doctoral degree. George enjoys working with Connie as a client and can identify with her struggles. He thinks he can be a mentor in helping her decide how to proceed with her schooling. He looks forward to seeing her every week and, in fact, is beginning to feel sexually attracted to her. George discusses all of his cases with his supervisor, Elizabeth, including the case of Connie. He finally admits to his supervisor that he is sexually attracted to Connie.

As the supervisor, Elizabeth realizes that she is responsible for the actions of her supervisee. She knows that her first responsibility is to ensure that Connie is protected from any harm that George's feelings of sexual attraction might do. Elizabeth wonders whether she should insist that George discuss his feelings of attraction with Connie. She asks George how that would help the client and/or the therapeutic relationship. George realizes that once he mentions this to Connie, the level of trust will be affected and the therapeutic relationship changed forever. If George can resolve his feelings regarding Connie in supervision, then he feels there is most likely no reason to bring it up to her. If he cannot and is faced with referring Connie to another counselor, then he may wish to discuss the reason for his wanting to make the referral.

Elizabeth has established a safe and open environment in supervisory sessions, and she helps George explore and understand how and why this attraction has occurred, why acting on the attraction is not acceptable, how to deal with this situation now, and how to handle similar situations in the future. With Elizabeth's help, George deals with the situation and learns from it in a way that will help him in his future professional work.

If you were George's supervisor, what would you be inclined to say to George if he seemed to be in denial about his attraction to Connie as well as the potential consequences if he acted on his feelings? What actions might you have to take as George's supervisor if you suspected that he was not being forthcoming with you about the nature of his interactions with Connie? How would you feel about taking these actions?

Feelings of attraction and infatuation might well overtake reason and logic. What we typically hear from someone who has become involved with a client or a supervisee is, "I know about boundary issues, but this is different, we really do love each other and before I realized it we were intimately involved." Somehow they think this is different and that the rules don't apply because it is love.

Supervisees will need to feel safe to discuss and explore their feelings, and they need to know the consequences of what will happen if they persist in their feelings and act on them. Supervisees should be encouraged to learn as much as they can about their feelings and needs and what role they play in counseling. Boundary issues and sexual attraction should be a regular topic for discussion among supervisors and their supervisees and should be covered in the supervision contract.

If sex between the supervisee and the client is occurring, the supervisor has a legal and ethical obligation to do everything possible to intervene immediately. It is not sufficient to tell your supervisee that sex with clients is forbidden. Ethical standards provide guidance regarding ethical misconduct of a peer (in this instance your supervisee). These standards include possible actions such as attempting to remedy the situation through direct discussion with the peer involved, reporting to a direct supervisor, reporting to an ethics committee, taking administrative action such as client referral, probation, mandatory

counseling, and so on. In addition, you are responsible to ensure that the client is not further damaged and is referred to another therapist to deal with the incident and to continue therapy. In all likelihood, you will be required to initiate further action with the supervisee. The specific actions you take are dependent on a number of variables including the ethics codes that apply, licensing and other legal regulations, and the policies of your agency or institution. As a supervisor, you are legally vulnerable if you fail to take appropriate actions. (See Chapter 8 for an in-depth review of legal responsibilities.)

Combining Supervision and Counseling

The differences between providing supervision and providing personal counseling to supervisees are not always clear. In the literature on supervision and the professional codes, there is basic agreement that the supervision process should concentrate on the supervisee's professional development rather than on personal concerns and that supervision and counseling have different purposes. There is, however, a lack of consensus and clarity about the degree to which supervisors can ethically deal with the personal issues of supervisees.

Supervisory relationships are a complex blend of professional, educational, and therapeutic relationships. This complex process can become increasingly complicated when supervisors become involved in certain multiple roles with trainees. In the supervisory relationship, it is expected that a supervisee's personal issues will be dealt with appropriately, and that referrals will be made to a therapist when a supervisee experiences a personal problem that interferes with providing adequate care to the client. Of the participants in one study, only 5% believed their supervisors failed to adhere to this ethical guideline (Ladany et al., 1999). It is the supervisor's responsibility to help trainees identify how their personal dynamics are likely to influence their work with clients, yet it is not the proper role of supervisors to serve as personal counselors for supervisees. Combining the roles of supervising and counseling often presents conflicts (Pope & Vasquez, 2007). Serving in both roles may well constitute a conflict of interest because those roles likely have different and possibly contradictory goals and methods.

As personal problems or limitations of supervisees become evident, supervisors are ethically obliged to encourage and challenge supervisees to face and deal with these barriers that could inhibit their potential as therapists (Herlihy & Corey, 2006b). Sometimes the personal concerns of supervisees are part of the problem presented in supervision. At these times, supervision might well involve assisting supervisees in identifying some of their concerns so that the client's therapy is not negatively affected. The purpose of discussing supervisees' personal issues—which may appear like therapy—is to facilitate supervisees' ability to work successfully with clients, not to resolve their problems. In other words, supervision can be useful in helping supervisees become aware of personal limitations or unresolved problems that intrude into their work with clients. With this awareness, supervisees are then in a position of seeking personal therapy to work through a problem rather than using supervision as a substitute for therapy.

There is a difference between assisting a supervisee in identifying and clarifying his or her concerns and converting supervision into sessions aimed primarily at therapy for the supervisee. If the trainee needs or wants personal therapy, the best course for supervisors to follow is to make a referral to another professional (Barnett & Johnson, 2010). The supervisor should not offer in-depth personal therapy to the supervisee. The ethics codes of some professional organizations caution against requiring personal therapy for trainees or converting supervision sessions into therapy sessions for supervisees. The APA (2002) standard on this matter reads: "In programs that require mandatory individual or group therapy, faculty who are or are likely to be responsible

for evaluating students' academic performance do not themselves provide that therapy" (7.05.b.).

Although it is not appropriate for supervisors to function as therapists for their supervisees, good supervision is therapeutic in the sense that the supervisory process involves dealing with supervisees' personal limitations and blind spots so that clients are not harmed. Working with difficult clients and dealing with resistance tends to affect supervisees in personal ways. Certainly, it may be a challenge for both trainees and experienced therapists to recognize and deal with transference effectively. Countertransference issues can work either in favor of or against the establishment of effective client–therapist relationships. A study by Sumerel and Borders (1996) indicated that supervisors who are open to discussing personal issues with supervisees in an appropriate manner do not necessarily affect the supervisor–supervisee relationship negatively.

As a part of the informed consent process in supervision, boundaries need to be discussed and clarified regarding how personal issues will be addressed in supervision. If the nature of the supervisory relationship is not clearly delineated from the beginning, both supervisor and supervisee might well find themselves in difficult positions at some later point. If supervisors overextend the boundaries of a supervisory relationship, their objectivity can become impaired, and the supervisee will then be inhibited from making full use of the supervision process.

Ramos-Sánchez et al. (2002) recommended that graduate students participate in personal therapy while they are in training as a way to expand their self-awareness, foster their personal and professional development, and enhance the supervisory relationship. We also believe it is appropriate for supervisors to encourage their supervisees to consider personal therapy with another professional as a route to becoming more effective both personally and professionally. Counselors in training can greatly profit from a self-exploration experience that opens them up to insight and teaches them about vulnerability, discipline, and freedom in their professional training.

Changing Roles and Relationships

Many of our one-time students and supervisees are now our valued colleagues. In fact, these former students and supervisees might be working with us in the same agency, a private practice setting, or in a department on the same faculty. It is important to have open discussions to sort out any issues that might get in the way of present collegial relationships. To illustrate how roles and relationships change over time, let us take a closer look at Jerry Corey's work history.

JERRY COREY'S PERSONAL PERSPECTIVE

For almost 40 years I have been a professor in an undergraduate human services program. For 8 of those years, I served as the program coordinator in addition to teaching counseling courses. In a number of instances, former students have later become colleagues. I can think of at least a dozen graduates from our program—students in my classes or who were part of the group counseling supervision and training program I taught—who later joined the faculty in our human services program. This could have presented problems when I was the coordinator of the program because part of my administrative responsibility involved visiting the classes our faculty taught for purposes of evaluation of teaching performance. There was not a single incident, however, where this changing relationship (from student to colleague) became problematic. Perhaps what averted conflicts was an open discussion about potential difficulties.

Of course, former students experienced an adjustment period when assuming their new role. When some of these new faculty members began, especially when they were fresh out of graduate school, their confidence in their ability to teach waffled a bit. I invited them to talk to some of the seasoned faculty members or to discuss their concerns with me. Had we not had these discussions, I am quite certain a hidden agenda would have interfered with their ability to teach effectively.

To illustrate how roles change, let me cite the example of two full-time faculty members I had the responsibility of evaluating for tenure and promotion purposes. As I did with all the part-time faculty members, I visited their classes and wrote detailed letters each semester based on their teaching performance, scholarly work, contribution to the department, and professional endeavors. In both cases, these individuals eventually received tenure and, over the course of the years, progressed from assistant professor to full professor. As the program coordinator, I was required to write an evaluation letter and recommend (or not recommend) tenure status and advancement in academic rank. Fortunately, these two faculty members were of the highest caliber, which meant I could honestly write positive evaluations and could recommend tenure and promotion.

But what if their performance in the classroom had been substandard? What if they had many conflicts with their students? What if they had not produced any journal articles or done any of the research required for advancement? What if they were not contributing to the mission of the department? Certainly, it would be difficult if I were in the position of having to write negative evaluations. To avoid such awkward situations, my guiding principle is to initiate open and ongoing discussions about any problem areas early on. Waiting until a decision time has arrived to inform faculty of their deficiencies is, in my opinion, unethical.

After many years, one of these professors became the coordinator of the program, and our formal relationship was reversed. A few years later, she became the dean of our school and my direct administrative supervisor. Changing roles and relationships cannot always be avoided, for in reality, roles and relationships do evolve over time. What is absolutely necessary is that trust has been established so that everyone can play with open cards and that all concerned feel free to express their desires, frustrations, concerns, wants, and complaints. From my perspective, there is no simple formula that can solve all potential multiple role and relationship concerns. We need to learn how to identify potential problems and then collaboratively we must formulate guidelines that will result in adjusting to any changes in roles and relationships.

Summary

Effective supervision needs to be considered within the context of ethical practice. Although there are ethics codes and guidelines for ethical practices in clinical supervision, both supervisors and supervisees will be challenged to interpret these guidelines and apply them to specific situations. It is essential that supervisors adopt some form of ethical decision-making model and teach it to their supervisees. In this chapter, we have looked at the rights and responsibilities of supervisees, the roles and responsibilities of supervisors, the importance of informed consent in the supervisory relationship, becoming competent as a supervisor, and handling supervisees who function below an acceptable standard in academic and personal areas. We also addressed managing multiple roles and relationships in the supervision process. Challenges include establishing clear and appropriate boundaries, avoiding sexual intimacies between supervisors and supervisees, distinguishing between supervision and counseling, learning how to make supervision personal without converting supervisory sessions into therapy sessions, and understanding the changing roles and relationships from being a supervisee to becoming a colleague.

A supervisor is required to play many different roles—consultant, teacher, evaluator, mentor, model, counselor, coach, and adviser. From both an ethical and legal standpoint, supervisors must have the education and training to carry out their roles. Continuing education in supervision is often required to fill in the gaps in one's graduate training.

Supervisors are responsible for informing their supervisees of the relevant legal, ethical, and professional standards for clinical practice. Informed consent is a crucial part of supervision, and this process is best achieved by written documents and ongoing discussions between supervisors and supervisees. The challenge of multiple role relationships in the supervisory process is to avoid the potential for abuse of power and to learn how to effectively manage them.

SUGGESTED ACTIVITIES

1. Role-play a situation that involves a supervisor realizing that he or she does not have the competence required to help supervisees with certain client populations. Discuss how the supervisor might deal with the situation.
2. Set up a role play in which the supervisor does not provide any information about how supervision works, how the evaluation process will be handled, or what the expectations are for adequate performance. Critique what is being enacted and discuss some appropriate alternatives.
3. Investigate some of the community agencies in your area to learn what supervision they offer to interns and to newly hired practitioners. Document your reactions in a journal.
4. Interview at least one clinical supervisor to determine what he or she considers the most pressing ethical issue in the supervisory relationship. Ask questions to determine what process this supervisor uses to make decisions about ethical issues in his or her practice.
5. In small groups, formulate guidelines for handling incompetent or impaired supervisees. What kinds of remedial measures can your group suggest? If attempts at remediation fail to bring about change in problematic supervisees, what other steps can your group devise?
6. In small groups, explore the challenges involved in learning how to manage multiple roles and relationships in the supervisory relationship. Have each group pick one of the following areas and develop guidelines for practice:
   a. Socialization between supervisors and supervisee: What kind of socialization, if any, might be beneficial and appropriate in the context of supervision?
   b. Combining supervision and counseling: How can personal problems be addressed in supervision without changing supervisory sessions into therapy sessions?
   c. Helping supervisees deal with sexual attractions: What are some ways that a supervisor can offer help to supervisees who report experiencing a sexual attraction to a client? How can supervision be made safe in a manner that will allow for an open discussion of sexual attractions?
7. An ethical decision-making model is presented in the chapter under "Teaching Students How to Make Ethical Decisions." Use this model to work through the two ethical issues listed below. For each one, address the following questions:
   a. What are the potential ethical issues involved in the situation?
   b. What ethical codes and laws appear to be relevant in this case?
   c. Brainstorm possible and probable courses of action to take. What are the likely consequences of each course of action?

d. What are the most promising and least promising courses of action? Explain your response.
e. Ultimately, what course of action would you choose?

Dilemma 1: You work as a clinical supervisor at a high school and are supervising Derek, a school counseling trainee who seems to be doing exemplary work. He appears to be responsible, intelligent, interpersonally skilled, and well liked among the staff and students attending the school. In passing, you happen to overhear two trainees complain to each other about how inappropriate Derek has been with them. He reportedly has made sexually inappropriate comments to each of them on a number of occassions, however, neither of them has informed the staff. You must decide what to do with this information that you overheard.

Dilemma 2: You work as a clinical supervisor at a community mental health center. Harriet, who has been diagnosed with borderline personality disorder, is being counseled by one of your trainees. During a supervision session, your trainee reveals that Harriett is "up to her usual behavior again and is lashing out at people. This time she is making accusations that the staff psychiatrist seduced her." Your trainee seems to immediately dismiss the possibility that the accusation could be true. In your role as supervisor, how should you proceed?

CHAPTER 8

Legal and Risk Management Issues in Supervision

FOCUS QUESTIONS

1. What are the supervisor's responsibilities with regard to legal issues?
2. Why is it important for a supervisor to have a working knowledge of both ethics codes and laws pertaining to supervision?
3. What are the major legal issues concerning clinical supervision?
4. How do ethical and legal issues pertaining to supervision differ?
5. Why is informed consent a critical aspect of clinical supervision?
6. If you were to draft an informed consent document for your supervisees, what elements would you include?
7. How might supervisors use supervision as a risk management strategy?

Introduction

Campbell (2006) emphatically stated that "clinical supervision is increasingly at the forefront of malpractice prevention. Agencies, hospitals, schools, and private practice settings are concerned about liability, and thus many are moving to mandatory clinical supervision for all employees regardless of level of education or years of experience in order to assure the highest standard of care possible for clients" (p. 1). In addition to being well versed in ethical matters (see Chapter 7), supervisors must have a comprehensive understanding of the laws that affect their practice as supervisors and the practice of their supervisees. A good understanding of risk management strategies pertaining to all aspects of supervision is essential.

Some professionals view ethical and legal aspects of clinical practice and supervision as virtually synonymous. Ethical guidelines serve as the basis for the standard of care in supervision, and unethical practice often implies illegal conduct. However, this is not always the case: numerous actions that would be considered unethical are not illegal. For example, bartering and accepting gifts from clients may pose ethical problems and can lead to exploitation, but generally these practices are not illegal. In some instances,

conflicts may arise between ethics and the law, as reflected in the ethics codes of professional associations (see Box 8.1 for examples). It is important for supervisors to separate the legal aspects of supervision from ethical considerations.

In this chapter we provide a brief legal primer for supervisors and a risk management model to address the many liabilities involved in supervisory practice. Bradley and Ladany (2001) suggested that supervisors be aware of the risks involved in practice and protect themselves by identifying the legal implications of providing supervision. Definitions and brief discussions of legal constructs that apply to the supervisory process are provided to educate you about specific legalities directly related to the supervisor's role and responsibilities. Emphasis is placed on preventative actions you can take to protect yourself and your organization.

Legal Primer

Legal aspects of supervision may seem overwhelming at first. Most helping professionals are not versed in legal theory and practice, have little course work in this area, and find the concept of liability quite frightening. Many mental health professionals perceive liability primarily in light of the prospect of losing their license to practice. This is a narrow view and one that leaves supervisors open to legal risks.

Legal Principles That Affect Supervisory Practice

Supervisors must have a working knowledge of the basic legal principles that affect supervisory practice. Let's start by defining some basic terms that are fundamental to understanding legal issues in supervision. In the following sections, we examine these concepts in some detail.

Box 8.1
ETHICS CODES AND STANDARDS REGARDING LEGAL ISSUES

American Counseling Association (2005)

ACA Code of Ethics

If ethical responsibilities conflict with law, regulations, or other governing legal authority, counselors make known their commitment to the *ACA Code of Ethics* and take steps to resolve the conflict. If the conflict cannot be resolved by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority. (H.1.b.)

American Psychological Association (2002)

Ethical Principles of Psychologists and Code of Conduct

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority. (1.02.)

Standard of care: The normative or expected practice performed in a given situation by a given group of professionals.
Statutory liability: Specific written standard with penalties imposed, written directly into the law.
Malpractice: The failure to render professional services or to exercise the degree of skill that is ordinarily expected of other professionals in a similar situation.
Negligence: Failure to observe (or lack of awareness of) the proper standard of care.
Negligent liability: Failure to provide an established standard of care.
Vicarious liability: Responsibility for the actions of others based on a position of authority and control.
Direct liability: Responsibility for your own actions of authority and control over others.
Privileged communication: The privilege allowed an individual to have confidential communications with a professional. It prevents the courts from requiring revelation of confidential communication.
Duty to warn: The obligation of the mental health professional to make a good-faith effort to contact the identified victim of a client's serious threats of harm and/or to notify law enforcement of the threat (Welfel, Werth, & Benjamin, 2009).
Duty to protect: The obligation of a therapist to take action to protect a threatened third party; the therapist usually has other options besides warning that person of the risk of harm, such as hospitalizing the client or intensifying outpatient treatment (Welfel et al., 2009).
Duty to report: The obligation of a therapist to report abuse or suspected abuse of children, older persons, or as it is referred to in some states, vulnerable adults or vulnerable individuals, in a timely manner.

These definitions vary somewhat by state; therefore, supervisors must be aware of their respective state laws regarding these topics.

Supervisors should have a working knowledge of ethics codes and all relevant laws in their state regarding the practice of supervision. Ignorance of the law is not an acceptable excuse and certainly no defense against liability. In addition, it is important to stay abreast of the case law and theories upon which liability may attach. This type of ongoing professional development, along with supervisors' clinical expertise, is needed to provide a sound and complete risk management plan to protect clients, trainees, and supervisors.

Standard of Care

At this time, courts are defining the standard of care in supervision primarily by reviewing the licensing statutes and case law because there is neither consensus nor an explicit statement of the standard of care in psychotherapy supervision by mental health professionals. The many different codes of ethics and practice make it difficult for the courts to establish liability due to the lack of clear guidelines. Even specialty areas within the counseling field, which share the *ACA Code of Ethics* (2005), may have distinctly different standards of care or normative practices for given situations.

A sample scenario was provided to a group of counselors attending a state conference regarding the possible liability of the actions of a school counselor intervening with a 13-year-old student who eventually committed suicide. There was great variation in the responses to the counselor's intervention in the scenario based on the type of counselor responding. For example, the perceptions of the school counselors and mental health counselors differed tremendously with regard to the actions they believed should be taken based primarily on the setting of the incident. This is but one example of the many differences we might find in standard of care in the helping professions.

Six underlying principles must be considered when establishing standard of care for supervisory practice (G. Corey et al., 2011; Kitchener, 1984):

- *Autonomy:* Promote self-determination or the freedom of clients to choose their own direction; integrity; and respect for one's rights and dignity.
- *Nonmaleficence:* Avoid doing harm, which includes refraining from actions that risk hurting clients, either intentionally or unintentionally.
- *Beneficence:* Promote good for others.
- *Justice:* Foster fairness or a means of providing equal treatment to all people.
- *Fidelity:* Make honest promises and honor commitments to those served.
- *Veracity:* Promote truthfulness, which involves the practitioner's obligation to deal honestly with clients.

Together, these six principles can serve as a foundation for developing a standard of care in practice.

To this list of principles, Barnett (2008) added *self-care*, which involves taking adequate care of ourselves so that we are able to implement the preceding virtues. If we fail to practice adequate and ongoing self-care, this will likely result in impairment of our ability to effectively implement the other principles (Barnett, Johnston, & Hillard, 2006).

The ACES (1993) and APA (2002) codes of ethics emphasize competence, confidentiality, informed consent, monitoring, evaluation, and feedback in the supervisory process. Beyond these themes, the professional codes have little to say about legal issues. Saccuzzo (1997) reported that five major ethical principles were found repeatedly in statutes, case law, ethics codes, and the professional literature: (a) competence, (b) confidentiality, (c) avoidance of dual relationships, (d) welfare of the consumer, and (e) informed consent. Standard of care in mental health supervision is based on these concepts. Examples of standards of care that can be extracted through review of licensing statutes, case law, and clinical practice include supervising only within your areas of competence based on training and experience, providing a supervisory contract, providing appropriate feedback and evaluation, consistently monitoring and controlling supervisees' activities, accurately documenting supervisory activities, and providing consistent and timely supervisory sessions.

Statutory Liability

State licensing laws provide the basis for statutory liability. This type of liability is relatively clear; the standards are explicit, as are the penalties imposed if the law is broken. This area of liability is rather difficult to discuss in depth due to the fact that there are differences in statutes state by state. It is important for supervisors to have a clear understanding of the specific statutes they must abide by within the state in which they practice and supervise. For example, state laws vary with regard to how supervisors are to monitor the performance of supervisees, whether supervisees may pay their supervisors for supervision or office space, restrictions on advertising by supervisees, and documentation required in the supervisory relationship.

Malpractice and Negligence

The word *malpractice* means "bad practice." Malpractice is the failure to render professional services or to exercise the degree of skill that is ordinarily expected of other professionals in a similar situation. Malpractice is a legal concept involving negligence that results in injury or loss to the client. *Professional negligence* can result from unjustified

departure from usual practice or from failing to exercise proper care in fulfilling one's responsibilities (G. Corey et al., 2011).

Negligence may be found when one has failed to observe the proper standard of care in supervision. G. Corey et al. (2011) stated that for a malpractice claim to succeed the following four elements need to be present: (a) a professional relationship with the supervisee and/or supervisor must have existed; (b) the supervisee or supervisor must have acted in a negligent or improper manner or have deviated from the "standard of care"; (c) the supervisee or client must have suffered harm or injury, which must be demonstrated; and (d) a causal relationship between the negligence or breach of duty and the damage or injury claimed by the client or supervisee must be established. The burden of proof that harm actually took place is the client's or the supervisee's (if the claim is filed by the supervisee against the supervisor), and the plaintiff must demonstrate that all four elements applied in his or her situation. Here is a brief discussion of each of the four elements as described in *Black's Law Dictionary* (Garner, 1999; Wheeler & Bertram, 2008).

1. *Duty.* There are two aspects of establishing a legal duty: one is the existence of a special relationship, and the other is the nature of that special relationship. A duty exists when a therapist (or supervisor) implicitly or explicitly agrees to provide professional services.
2. *Breach of duty.* Once the plaintiff proves that a professional relationship did exist, he or she must show that the duty was breached. Therapists (or supervisors) have specific responsibilities that involve using ordinary and reasonable care and diligence, applying knowledge and skill to a case, and exercising good judgment. If the therapist (or supervisor) failed to provide the appropriate standard of care, the duty was breached. In supervision, this breach of duty may involve either actions taken by the supervisee or supervisor or a failure to take certain precautions.
3. *Injury.* Plaintiffs must prove that they were harmed in some way—physically, relationally, psychologically—and that actual injuries were sustained. In supervision, injuries can occur to either the supervisees or the clients they serve. An example of such an injury is lack of due process when terminating a supervisee from a training program.
4. *Causation.* Plaintiffs must demonstrate that the therapist's (or supervisor's) breach of duty was the proximate cause of the injury suffered. The test in this case lies in proving that the harm would not have occurred if it were not for the therapist's (or supervisor's) actions or omissions.

One example of negligence in the standard of care is illustrated in Case Study 8.1.

CASE STUDY 8.1: KATHLEEN

Kathleen is a trainee providing direct services to children in an inpatient setting under the supervision of Dr. Snow. Kathleen is seeing a young boy, Jamie, with very serious acting-out behaviors and a disturbing family history. Jamie has been living with his aunt while his mom has been in a drug rehabilitation facility. Kathleen makes the decision to disclose Jamie's shared family information with his aunt to "help" with Jamie's transition at discharge. Dr. Snow is not aware of this disclosure, which is a breach of confidentiality, as Jamie's aunt is not his legal guardian. Jamie's aunt uses this information in a custody hearing to help Jamie's father gain primary custody of the boy. Jamie's mom files suit against Kathleen and the inpatient clinic for breach of confidentiality. In this instance, both Kathleen and Dr. Snow were found guilty of both ethical and legal violations.

Negligent Liability

Negligent liability is not as clear cut as statutory liability and is seen by many as a greater danger to supervisors. The construct of negligent liability is a process based on two components. The first step in the process of claiming negligence is establishing a standard of care. In mental health law, standard of care is derived primarily from licensing statutes, case law, and ethics codes of conduct. In fact, many state laws include specific ethics codes as part of the statute. The second step is determining negligence. One cannot be found liable without first being found negligent. Only when there is an established standard of care and one has failed to observe the proper standard of care, and therefore has been negligent, can there be a charge of liability. This charge must be proven in court; simply making claims against or accusing the supervisor is not sufficient. You need to have a working knowledge of the components of negligent liability when providing supervision (Garner, 1999; Wheeler & Bertram, 2008).

There are two main types of negligent liability: *vicarious liability*, in which the supervisor is held liable for the actions of the supervisee regardless of any fault on the part of the supervisor, and *direct liability*, in which the supervisor is held directly liable for his or her own negligent supervisory practice.

Vicarious Liability

A supervisor may be held vicariously liable under one of three separate doctrines: respondent superior, the borrowed servant rule, or enterprise liability. Let's examine each of these doctrines.

Respondent Superior

One who occupies a position of authority or control over another may be held legally liable for damages caused by the subordinate (Wheeler & Bertram, 2008). In terms of supervision, this means that supervisors can be held liable for the actions of supervisees. This liability pertains to whether or not the supervisor breaches a duty. Falender and Shafranske (2007) stated that ensuring competence in client care involves a fragile balance between the supervisor's competence and the level of trust in the supervisee's ability. In this balance, the supervisor must bear the responsibility for determining when a supervisee may be trusted to perform a professional duty, given the level of competence that has been assessed to conduct the activity responsibly. It appears that the doctrine of *respondent superior* is inherent to the practice of supervision. Case Study 8.2 illustrates this doctrine and points out that the supervisor is liable even when he or she lacks specific knowledge about the supervisee's client.

CASE STUDY 8.2: MIKE

Mike is a supervisee providing therapy to a young woman in her early 20s who has met the criteria for an eating disorder diagnosis. In addition, she reports symptoms of major depression. Mike is comfortable with his knowledge and ability to treat the depressive symptoms, so this is what he has focused on in treatment. The young woman's physical health is deteriorating, and an eating disorders specialist should be consulted to address the client's medical needs. Mike's supervisor does not realize this, however, because he has relied exclusively on Mike's self-reports during supervision sessions. Mike has reported only the facts of the case pertaining to the diagnosis and treatment of depression. The client is presenting symptoms outside the scope of competence for the supervisee to provide quality care. She deteriorates further and becomes

suicidal. The client's family seeks legal action against the supervisor, and the supervisor is found liable.

Borrowed Servant Rule

This rule is used to determine who had control of the supervisee at the time of the negligent act. In determining whether a person is the servant of another, the essential test is whether a person is subject to another's control or right of control with regard not only to the work to be conducted but also to the manner of performing that work (Saccuzzo, 1997). This criterion regards the power to control the supervisee at the time of the negligent act. For example, in university training programs students are often placed in hospitals or community mental health facilities to provide services. The student may then be under the supervision of the university supervisor as well as the licensed staff at the placement facility. Under these circumstances, supervisory liability may be determined under the borrowed servant rule. The critical factor in determining liability is in determining who had control of the supervisee at the time of a negligent act.

Remley and Herlihy (2010) raised the question as to whether there are distinctions in types of supervising based on applied practice. For instance, it has been suggested that someone providing secondary supervision—some use the term *indirect clinical supervision*—may not be as likely to be held vicariously liable due to the fact that this person is not the primary or administrative supervisor. The distinction is that the administrative supervisor has the direct responsibility of hiring, firing, and monitoring, whereas the clinical supervisor serves more as a consultant to the supervisee and defers to the guidance of the administrative supervisor for direct service performance. This type of distinction is important for those who may choose to supervise prelicensed professionals in that they can set up contracts that explicitly state the limits of services provided. Administrative supervisors are vicariously responsible generally for all actions of their supervisees. Case Study 8.3 illustrates the use of the borrowed servant rule.

CASE STUDY 8.3: CHERIE

Cherie has agreed to supervise Jon for his required hours toward supervision. Jon is working for Miguel, his administrative supervisor, at the local mental health clinic. Cherie agrees to meet with Jon once a week to consult with him regarding his practice and to assist in his professional development. Although Cherie will have to document the supervisory hours she spends with Jon and complete an evaluation for the licensing board stating that she views Jon to be competent to practice independently as a counselor, she does not sign off on Jon's case documentation, and she is not on emergency call. She defers to the guidance that Miguel provides and in no way interferes with his work setting.

Should negligence occur, it is likely that Miguel would be held to stricter standards of vicarious liability than Cherie based on the roles they carry out in supervision, provided that the limits of their respective supervisory responsibilities are clearly articulated in a contract. Cherie has placed herself one step away, and although not exempt, she is less likely to be held liable under the borrowed servant doctrine.

Enterprise Liability

In this doctrine, the costs of compensating for injuries are balanced against the benefits derived by the supervisee or supervisor; damages are viewed as a part of the cost of conducting business. This theory focuses on the foreseeability of the supervisee's actions in view of the nature of the duties to be performed. If the supervisor stands to make a profit

from the work conducted by a supervisee (e.g., billing for services and profiting after salary and overhead), the supervisor should be willing to bear the risk of damages to clients.

Direct Liability

In the June 1999 issue of *Counselor Education and Supervision*, Guest and Dooley mentioned that the possibility of supervisors being held liable to their trainees or supervisees for their actions had not yet been investigated. Attention has been given to this issue since then, and today supervisors are held responsible for negligent supervisory practices, which may include any of the following:

- Allowing a supervisee to practice outside his or her scope of practice
- Not providing consistent time for supervision sessions
- Lack of emergency coverage and procedures
- Not providing a supervisory contract
- Lack of appropriate assessment of the supervisee and the clients he or she serves
- Lack of sufficient monitoring of supervisee's practice and/or documentation
- Lack of consistent feedback prior to evaluation
- Violation of professional boundaries in the supervisory relationship
- Failure to follow accepted practices for supervision

To establish direct liability for negligent supervision, a clear link must be provided between the actions of the supervisor and the damages incurred. Attempts by the supervisor to negate responsibility due to not directly performing the therapy that was negligent in some manner and caused damages to the client are unlikely to succeed. The court places emphasis on proper monitoring and determining that the supervisee's competence is appropriate to the therapeutic duties assigned. Supervisors are expected to monitor and control the actions of their supervisees. The court has confronted two major issues when direct liability has been charged due to negligent supervisory practices. First, did the supervisor have a direct duty of care arising from the supervisor–supervisee relationship? Second, did the supervision meet the standard of care for applicable service?

In addition to the possibility of clients filing suit against the supervisor for direct liability, the supervisor must be prepared for the possibility of direct liability suits filed by supervisees. The primary reason cited for these suits is based on the legal concept of due process. In this context, due process involves fairness on the part of the supervisor toward the supervisee. With regard to supervision, this means that supervisors are acting negligently if they give negative evaluations without supplying adequate feedback, remediation guidelines, and the opportunity for improvement.

Privileged Communication

This brief legal primer would not be complete without a review of the legal concept of privileged communication as it relates to supervision. In *Jaffee v. Redmond* (1996) the U.S. Supreme Court ruled that communications between psychotherapists and patients are privileged in federal courts, signaling "its intention that the psychotherapist–patient privilege must be as reliable and unequivocal as possible so as to promote an atmosphere of 'confidence and trust' within the psychotherapeutic relationship" (Mosher & Swire, 2002, p. 577). An evidentiary privilege is a law that prevents the court from requiring revelation of confidential communications. Remley and Herlihy (2010) stated that "privileged communication means that a judge cannot order information that has been recognized by law as privileged to be revealed in court" (p. 112). Privilege statutes are primarily granted only to professionals who are licensed or certified.

The privilege belongs to the client and, therefore, may be waived by the client, in which case the witness (supervisor, supervisee) is obligated to testify fully. Any communication made to the supervisor by the supervisee or the client is considered privileged. However, although all privileged communications are confidential, not all confidential communications are privileged. Courts generally require a statutory or legal basis for finding a communication privileged. It is also important to remember that many states define exceptions to otherwise privileged communication.

Supervisors must be fully aware of the implications of privilege and be able to determine the duty to testify. Failure to do so may lead to breach of confidentiality when testimony is not legally mandated or to civil liability and/or criminal sanctions due to refusing to testify when testimony is mandated (Disney & Stephens, 1994). Supervisors are responsible for securing appropriate legal consultation when confidential information is demanded. In *Voices From the Field*, private practitioner Judy Van Der Wende recalls her experience supervising an intern who had to testify in a very complicated child custody case.

VOICES FROM THE FIELD

Judy Van Der Wende, PhD

In my private practice, I have a great deal of experience with family law matters (e.g., child custody). I met the State of California qualifications as a child custody evaluator after extensive postdoctoral training. This area of practice brings the highest number of board complaints against psychologists in California. I had ultimately left the child custody arena due to the incredibly high level of stress these cases entailed, and my own horror when being grilled on the witness stand. It simply wasn't for me.

A few years ago, I took on an intern in my private practice. My general style as a supervisor is to offer encouragement, insight, and advice based on my experience. Typically, I allowed the intern to find her own way and her own voice as a clinician. It was important to me not to stifle her but to allow her to grow in her own way.

However, in matters of family law and child custody, I definitely had a much more directive and opinionated approach. First of all, I felt child custody issues were far above the expertise level of a generalist-practice intern. I was firm with her not to take a case like this. I was also very anxious that my own license would be in jeopardy.

She chose to become involved in a very complicated child custody case anyway. Her insistence in taking this case created a lot of conflict in the supervision. It was difficult for both of us to balance a supervisory style that was generally supportive and encouraging with my need to maintain great control over this particular situation. With much trepidation, I coached her through testifying and was extensively involved in supervising the case.

I believe I acted ethically by extensively supervising the intern through this difficult case. I made sure we followed legal guidelines and documented rigorously. However, I question whether the teaching experience for the intern was worth the anxiety we both incurred. In the future, I would be explicit when interviewing a prospective intern in explaining that child custody cases are off limits for this type of practice. The intensity of time and energy involved detract too greatly from other clients. I would advise only forensic interns to take on these cases.

Duties to Warn, Protect, and Report

The specific definitions and requirements of the duties to warn, protect, and report vary across states. Although the definition may vary, the supervisor's responsibilities are relatively clear. Supervisors are responsible to be knowledgeable regarding their duties to warn, protect, and report and must ensure that supervisees have a clear understanding of their duties to warn, protect, and report. Supervisors must educate supervisees about agency policies and procedures, review legal statutes pertaining to duties to warn, protect, and report, and establish an emergency plan that includes the supervisee notifying the supervisor immediately. Welfel et al. (2009) addressed some of the limitations of the duty to warn and suggested that options other than warning exist. They added that accurate predictions of dangerousness are difficult to make. Furthermore, warning third parties of a danger from a client does not guarantee their safety. They asserted that the duty to protect allows for the possibility of maintaining a client's confidentiality, whereas the duty to warn requires disclosing confidential information to the alleged victim. Although exercising a duty to warn is the most appropriate option in some cases, it is not the *only* course of action.

Wheeler and Bertram (2008) suggested risk management strategies that include informing clients of limits of confidentiality, consulting, reviewing codes of ethics, maintaining legal counsel, making appropriate referrals, conducting thorough lethality assessments, knowing institutional policy, and documenting all actions considered, rejected, and taken with justification for each. Barnett (personal communication, June 30, 2009) stated that it is essential that all possible limits of confidentiality be addressed in the informed consent process and that these limits be revisited periodically over time to ensure clients know of these potential limits. Supervisors are responsible for training supervisees in appropriate assessment of violence potential, suicidality, and abuse, and should encourage trainees, as Barnett suggested, to treat informed consent as a process rather than a one-time event. Bernard and Goodyear (2009) stated that "in the eyes of the law it is more important that reasonable evaluation be made than that the prediction be accurate" (p. 72). Supervisors are ultimately responsible for the actions carried out by their supervisees.

Risk Management

Risk management is the practice of focusing on the identification, evaluation, and treatment of problems that may injure clients, lead to filing of an ethics complaint, or a malpractice action. Informed consent, documentation, and consultation are key elements of risk management.

As you read, you may be having some reservations about taking on supervisory responsibility. Even though the responsibilities are numerous and at times the path may seem somewhat treacherous, there truly are safeguards in supervision that are reasonable to pursue. Many of the safeguards are addressed through the process of informed consent. Bernard and Goodyear (2009) suggested three levels of informed consent for supervision: (a) client consent to treatment with the supervisee; (b) client consent to having their case supervised; and (c) supervisee consent to supervision. Falvey (2002) added that "supervisees consent to supervision with a given supervisor" and "institutional consent to comply with the clinical, ethical, and legal parameters of supervision for the discipline(s) involved" (p. 71).

This section on risk management outlines the multiple tasks you are responsible for as a supervisor and suggests an organized approach to managing these multiple tasks in the supervisory process. To help you get started, we have provided an orientation checklist to assist you in your first session with a new supervisee. Because of the extent of detail and number of items to be addressed in order to structure the supervisory relationship, it is recommended that the duration of the first session be a minimum of 2 hours. The checklist will ensure that you have reviewed the primary components included in risk management as part of supervisee orientation.

Supervision: First Session Checklist*

___ 1. Build rapport.
___ 2. Review supervision contract.
___ 3. Inform supervisee of factors regarding supervisor that might influence supervisee's decision to work with him/her.
___ 4. Address cultural differences/similarities and how they might affect the supervisory relationship.
___ 5. Review the ethical issues relevant to supervision.
___ 6. Review the process of supervision.
___ 7. Review policies and procedures.
___ 8. Review all forms.
___ 9. Discuss crisis management strategies.
___ 10. Structure supervision (day, time, length).
___ 11. Assess supervisee's competence (including evidence-based performance).
___ 12. Establish goals and objectives.
___ 13. Have supervisees sign relevant documents and indicate acceptance of them after reviewing them and having questions answered.

*Adapted from a checklist designed by Cynthia Lindsey and Patrice Moulton, April 2009, Northwestern State University, LA, Department of Psychology. Reprinted with permission.

It is important to keep supervision in perspective. Liability is simply a consistent component of our field due to the nature of the work we do, whether practicing directly or supervising practice. Sound and accountable actions can minimize the risk to supervisors from the liabilities inherent to supervision. Supervisors can take the following proactive steps in minimizing liability risks.

Don't Supervise Beyond Your Competence

Competence in supervision requires appropriate training and experience both in areas of clinical expertise and in supervision itself. In addition, supervision requires *metacompetence*, the ability to assess what one knows and what one doesn't know. Metacompetence, as described by Falender and Shafranske (2007), includes continued self-assessment, self-motivation, and professional development to maintain competence throughout one's career.

Training in supervision is essential in making sound judgments about your supervisory practices. This includes choosing an appropriate supervisory model from which to work given the setting, the level of training of supervisees, and the target population that will be served. Supervisors should not supervise cases that they are not competent to counsel independently. If a client of the supervisee has a presenting problem that is outside the supervisor's scope of training, make alternative arrangements for supervision of that client's case, or make an appropriate referral for the client. This type of responsible practice requires careful screening and monitoring, not only of supervisees but of each of the clients they serve.

Evaluate and Monitor Supervisees' Competence

Supervisors are responsible for making sure supervisees practice within their scope of competence. To appropriately assign clients and duties to supervisees, it is necessary to assess their level of knowledge and skill. ACES (1993) specified that such assessment is critical to the supervisor's ability to restrict supervisees' activities to "those that are commensurate with their current level of skills and experiences." Barnett and Johnson (2008) recommended that supervisors carefully assess the supervisee's level of competence and

training needs from the outset. They also noted the importance of providing adequate oversight of supervisees and delegating only those tasks that supervisees are competent to perform. Components of assessment may include education; licensure or certification; goals and interests; clinical practicum experience and treatment settings; supervision received; cultural diversity of experience; past criminal history and disciplinary actions; experience with assessment, diagnosis, treatment, and documentation; and ability to interface with other professionals. Remember that evaluating competence is not only a preliminary activity in supervision but an ongoing process that requires careful monitoring through observation, work samples, feedback, and formal evaluation.

Remind yourself that you have a choice about whether to begin or continue supervision with a supervisee that you believe to be incompetent for the tasks that would be assigned in your setting. Discuss the competencies required and the results of the assessment with the potential supervisee. A referral to a different setting may be the reasonable choice. If you determine incompetence after beginning the supervisory relationship, it is important to decide whether the area of incompetence is one that you might improve through your teaching, coaching, or mentoring. If not, provide alternatives for both you and your supervisee. These alternatives may include referral, shared supervision, consultation, or remediation.

Be Available for Supervision Consistently

Being available on a consistent basis to supervisees is a common struggle for supervisors who are active professionals. Competent supervision requires much more than the understood hour per week face-to-face meeting with a supervisee. The concept of being available includes being available to monitor, to review documentation, and to assist if a crisis arises. This also requires having adequate and competent supervisory coverage when you are, in fact, unavailable and having an emergency plan in place so that supervisees are never left without appropriate backup should they need help.

Critical incidents in mental health settings require immediate, complex decision making and action (Falvey, 2002). The safety of clients and others can be at risk. These types of critical incidents are challenging and often intimidating even for seasoned professionals; therefore, supervisees should not be left to struggle with these situations alone. If you, as the supervisor, are off-call for a specified period of time, provide not only emergency numbers but arrange consistent, on-site coverage for supervision of your supervisees. Many situations need to be addressed as they happen; these problems can turn into serious liability issues without timely intervention. Having an emergency plan in place provides a model for supervisees to follow, under close supervision, to learn the steps for primary emergencies. For instance, there should be a policy in place about the specific steps to take when a client reports immediate danger to self (suicidality). Every setting has a slightly different process based on type of population served and resources available. However, you should have in place a list of actions to be taken that includes primary contacts (police, emergency rooms, coroner, and physicians who assist in involuntary admits) and phone numbers. Specify when you expect to be contacted if you are not present at the time of an emergency.

Formulate a Sound Supervision Contract

The use of a contract in supervision is essential to protect the client, the agency, your supervisee, and yourself as the supervisor. A well-formulated contract provides a clear blueprint for what is to occur in supervision and serves as a reference if problems should occur in the supervisory relationship (Falvey, 2002). The majority of governing boards either strongly recommends or requires a written agreement or contract for supervision. Contracts need to be operational, and supervisors must be prepared to behaviorally support them. For example, if you require supervisees to video record sessions, make certain that you view them

and cue them for effective use in supervision. Contracts should be in writing with signatures and dates required of both supervisee and supervisor. Complete contracts as early in the supervisory relationship as is practical. (See Appendix 2B in Chapter 2 for one sample contract; Appendix 8A at the end of this chapter provides another sample contract.)

Suggested items for inclusion in the contract are listed here, but you can customize the contract by selecting the relevant items for your situation.

- Purpose and goals of supervision
- Logistics of supervision including frequency, duration, and structure of meetings
- Roles and responsibilities of supervisor and supervisee
- Guidelines about situations in which the supervisor expects to be consulted
- Brief description of supervisor's background, experience, and areas of expertise
- The model and methods of supervision to be used
- Documentation responsibilities of supervisor and supervisee
- Evaluation methods to be used including schedule, structure, format, and use
- Feedback and evaluation plan including due process
- Supervisee's commitment to follow all applicable agency policies, professional licensing statutes, and ethical standards
- Supervisee's agreement to maintain healthy boundaries with clients
- Supervisee's agreement to function within the boundaries of his or her competence
- Supervisee's commitment to provide informed consent to clients
- Reporting procedures for legal, ethical, and emergency situations
- Confidentiality policy
- A statement of responsibility regarding multicultural issues
- Financial arrangements (if applicable)

Be sure to clarify the distinction between a supervision contract and informed consent documents. The supervision contract is the larger document. It may, in fact, contain the informed consent between supervisors and supervisees as well as forms and guidelines needed for informed consent between supervisees and clients. We often speak of the supervisor–supervisee informed consent and the supervision contract synonymously because there is much overlap of information. Informed consent primarily outlines duties, training philosophy, expectations, and evaluation of the supervisee. The supervisee–client informed consent document outlines the boundaries of the counselor–client relationship, training status of the supervisee, and confidentiality. These forms and guidelines are often contained within the supervision agreement along with additional materials for assessment and agreement.

Maintain Written Policies

Many of the policies supervisors need to provide for supervisees already exist (professional standards and guidelines). It is a supervisor's responsibility to review these documents with supervisees. The types of written documents needed may include but certainly are not limited to the following: state legal statutes, codes of ethics, informed consent, emergency procedures, supervisee-client rights, and agency policies and procedures.

Document All Supervisory Activities

Supervisors are responsible for keeping records regarding all of their supervisory activities and contacts. According to Campbell (2006), "it is often a problem for busy and overburdened supervisors to find the time to do an adequate job of documenting supervisory practices. Even so, it is absolutely necessary that some attention be given to this important

area" (p. 121). Also, supervisors are sometimes responsible for reviewing and cosigning all client documentation written by supervisees. This signature is intended to ensure that supervisors have reviewed the information. It serves as protection for the supervisees, supervisors, and agencies. Some examples of supervisee documentation include client information sheets, intake reports, psychological evaluations, treatment plans, progress notes, and termination summaries.

Supervisory documentation consists of three primary components: (a) supervisory agreements and contracts (previously discussed), (b) supervision notes, and (c) feedback and evaluation materials. Supervision notes for each supervisory session need to minimally include a summary of cases reviewed, concerns, recommendations made, actions taken, and justification for decisions regarding high-risk situations. In addition, if supervisees fail to follow the supervisor's directions, this should be noted. Thomas (2007) suggested that supervisors clearly delineate situations in which they expect to be consulted. For example, this list might include the following situations: disputes with clients, impasses in therapy, allegations of unethical behavior, threats of complaint or lawsuit, mental health emergencies, high-risk situations, exceptions to general rules, suspected or known clinical or ethical errors, contact with clients outside the context of treatment, and legal issues. It is suggested that a statement regarding keeping the supervisor informed about these types of situations be signed and kept on file as part of supervision documentation. Doing so may lessen culpability for the supervisor if there is a lawsuit or board complaint. Falvey (2002) also suggested that if the focus of supervision is narrow, such as a specialty or certification area of expertise, the supervision contract and the accompanying documentation should be equally narrow. You should state clearly what you will be responsible for supervising, whether that is all activity or a limited scope of activity, and then document accordingly. It should be clearly stated and understood exactly who, including the supervisee, has access to the different types of documentation.

The third component of supervisory documentation consists of forms, such as progress notes, completed by the supervisee in clinical practice. These documents can be used in supervisory sessions to provide feedback and evaluation for supervisees.

Consult With Appropriate Professionals

Maintaining consultative relationships with other professionals such as other supervisors, attorneys, and physicians is imperative. These relationships provide a forum for discussion of roles, responsibilities, and concerns regarding supervision. It is an appropriate place to ask for feedback about issues such as vicarious liability, confidentiality, dual relationships, dealing with difficult counseling situations, and power differential situations. It is essential for the supervisor to share concerns and limitations along with knowledge and success to get the most from consultation. A certain level of trust and vulnerability are required for maximum benefit. Barnett and Johnson (2008) suggested that consultation is not just for trainees and graduate students; they recommend using consultation at various times throughout one's career.

An example of when consultation is particularly critical involves supervisees who are working with at-risk youth. Remley (2009) had some advice for school counselors who do not possess competency in identifying and managing students who may be suicidal. If supervisees are working in this context with this population, they need careful supervision, consultation, and direction from counselors who possess such expertise. According to Remley, although school counselors are not expected to predict all suicide gestures or attempts, they are expected to use sound judgment in making clinical decisions, and their reasoning should be documented in their notes. In cases where school counselors make an assessment that a student is at risk for suicide, it is imperative that they notify the student's parents or guardians that such an assessment took place. Of course, if an intern is working

in a school, they need to make the supervisor aware of any potential risks posed by minors. Parents or guardians also have a legal right to know when their child may be in danger. A good resource for supervisees working with at-risk youth is Capuzzi and Gross (2008).

Maintain Working Knowledge of Ethics Codes, Legal Statutes, and Licensing Regulations

Having a working knowledge of ethics codes and legal statutes as well as an awareness of current trends in the field is essential for the protection of both supervisor and supervisee, as well as for the client's welfare. It is important to integrate relevant ethical and legal issues into all aspects of supervision and to make this a topic of discussion (Barnett & Johnson, 2008). Thomas (2007) suggested assigning supervisees homework to review and prepare for discussions related to ethical and legal situations. A review and evaluation of the supervisee's ability to implement the steps in ethical decision making is sound practice. It is also considered good practice to require supervisees to sign a statement verifying their review of documents, policies, ethics, and procedures in order to possibly limit liability should an ethical violation occur. For example, an area of increasing concern in the counseling field is that of appropriately handling acts of threats and violence. These situations are a challenge for both supervisors and supervisees, and the frequency of these acts seems to be increasing. Case Study 8.4 illustrates the need to be aware of ethical and legal statutes regarding reporting and intervening in acts of violence.

CASE STUDY 8.4: KATIE

Katie is a student in a marriage and family counseling program and is doing her internship at the local community mental health center. She is seeing Dena, who is married, has two children, and wants to return to school to get a degree in secondary education. Dena reports that her husband has slapped her on the face on two occasions. Dena hasn't expressed major concerns about her safety or that of her children, but she has reported recently that he seems to be getting increasingly more upset as she talks of returning to school. Katie is at a loss about determining what degree of threat to the safety of Dena and her children is present and what to do about it.

Katie takes her dilemma to her supervisor, and together they talk through the steps of the ethical decision-making model (G. Corey et al., 2011) to determine what is in the best interest of Dena (and her children). As part of this discussion, they consider the actions that will have the highest probability of assuring confidentiality and safety. The supervisor suggests that Katie obtain more specific information from Dena regarding her husband's agitation. When does it occur? How does he act? What does he say? How is it resolved? In addition, the supervisor suggests that Katie assess the appropriateness of having Dena invite her husband to a session. Taking into account that Dena could be a victim of domestic violence, the supervisor needs to be cautious when making recommendations.

What are your thoughts about the degree of risk of violence in this case? As Katie's supervisor, what additional assessment would you suggest? What are your responsibilities as a supervisor? Would your actions be any different if you were handling the case yourself?

The supervisor must be familiar with the relevant legal and ethical requirements pertaining to reporting and intervening with threats and acts of violence and abuse. The supervisor should assure that the supervisee is aware of those requirements as well and that the supervisee will bring these topics to supervision for discussion as outlined in the

supervision contract. The supervisor can help the supervisee assess the situation, determine if there is an imminent risk, decide whether reporting to the authorities is required legally or is necessary for the protection of those involved even if there is no requirement for reporting, and devise a plan for how to proceed.

There are many ramifications of reporting (or taking action) and not reporting (or not taking action). Taking action may aggravate a domestic abuse situation, and the client may not return for counseling. On the other hand, taking no action could result in the threats of violence being carried out. The possible outcomes should be discussed with the supervisee in a way that will enable the supervisee to be able to problem solve these kinds of situations after supervision has concluded. It is important to note that supervisors are responsible for the actions of their supervisees, and this situation is no exception. The supervision you provide and the suggested direction you give to your supervisee is your responsibility legally and ethically.

Use Multiple Methods of Supervision

Relying on self-report as the sole method of supervision is no longer acceptable. Supervision standards regarding monitoring supervisees' work state that "reasonable steps" should be taken to ensure appropriate client care. However, these standards do not specify what constitutes "reasonableness," and often this is not debated until after damage has occurred. Monitoring supervisees' practice based on level of education, training, and experience is strongly recommended. This is a developmental perspective of monitoring where supervision for beginning supervisees consists of direct supervision, video recording, close review of all documentation, and ongoing assessment. As experience and skill are gained, supervision may transition into more use of audio recording, self-report methods, selected therapy notes, and less use of direct observation. During the later phases of training, supervision may transition once again primarily, but not only, to self-report and documentation review. For more about methods of supervision, refer to Chapter 5.

Implement a Feedback and Evaluation Plan

It is the supervisor's duty to assess and evaluate supervisees' performance. Supervisors are typically expected to evaluate supervisees' progress over a specified period of time and to render judgment regarding supervisees' competence to practice independently. Supervisees have a right to be given regular feedback, and they should be provided with opportunities to remediate any deficiencies (Barnett & Johnson, 2008). It is essential to have an evaluation process that is followed consistently and to inform all supervisees of this process as they begin supervision. Remember that there is a direct relationship between the constructs of competence, fairness, and due process. In other words, the use of a professional disclosure statement is strongly encouraged to inform supervisees of (a) how they will be evaluated, (b) what standard evaluation will take place, (c) how and when feedback will be provided, (d) how information will be shared, and (e) how often supervision will occur and in what manner (individual and/or group). Feedback should be provided in both written and verbal form throughout supervision. It is essential that supervisees have the opportunity to implement feedback from the supervisor. Providing information about specific areas and skills that need improvement and providing appropriate time and attention for remediation prior to a negative summative evaluation is the essence of due process. Bernard and Goodyear (2009) stated that if personal counseling might be required at the supervisor's recommendation as part of the supervisory process, all supervisees must be made aware of this practice. Cobia and Boes (2000) suggested comprehensive evaluation of supervisees' skills in these areas: appraisal and assessment, case conceptualization, and

ability to plan, deliver, and evaluate counseling services. Evaluation is discussed in greater depth in Chapter 10.

Provide Complaint Procedures

It is possible that the supervisee will experience dissatisfaction at some time during the supervisory process. It is useful to provide open communication and opportunities early on for supervisees to discuss both strengths and weaknesses they perceive in the supervisory process. Due process procedures should be described in the consent form or referenced to a policy and procedure handbook for the supervisee (Bernard & Goodyear, 2009). Generally, resolutions should first be sought directly between supervisor and supervisee. If opportunities for these discussions are not provided, the discussions do not bring about resolution, or if the situation is not appropriate to address with the supervisor directly (e.g., sexual harassment by supervisor), alternatives for discussion and resolution should be spelled out in policy and procedure statements and ample opportunity for due process provided. Typical next steps include reporting to the administrative level of supervision and/or professional ethics committees if ethical conduct is in question.

Clearly Address the Endorsement Process

Supervisors are often looked to for endorsement through letters of recommendation for licensure, certification, and employment. The *ACA Code of Ethics* (2005) requires that, "regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement" (F.5.d.). Supervisors may wish to spell out the manner in which concerns will be addressed in the supervisory contract. Some of these concerns include letting supervisees know what the schedule of feedback will be, how concerns will be shared as they arise throughout the process, and what will happen if the supervisor becomes concerned about the supervisee's professional ability to function appropriately. Supervisors may wish to verify hours and participation as part of normal supervision practices, but let supervisees know that if concerns about competence persist, other concerns will be shared in an endorsement as well. Thomas (2007) stated that informing supervisees about the importance of gatekeeping minimizes related misunderstandings. Sometimes supervisory relationships are terminated prior to the planned duration. This can be due to unforeseen circumstances beyond anyone's control, or it may be related to specific supervisee behaviors. Supervisors may wish to clearly identify the types of behaviors that may lead to early discontinuation. These may be different for various supervisors, but examples provided by Thomas (2007) included noncompliance with supervisory directive, concealment or misrepresentation of relevant information, violations of ethical standards or laws, frequent tardiness or absences, and inability to practice with reasonable skill and safety. He also reminded us that the *ACA Code of Ethics* (2005, F.4.d.) requires that supervisors give their trainees adequate notice and describe their reasons to them.

Purchase and Verify Professional Liability Insurance Coverage

Professional liability insurance is a must for both supervisors and supervisees. Check with the company that holds the malpractice policy, prior to purchase, to confirm coverage for damages incurred outside of direct service or due to negligent supervision. In addition, confirm that coverage applies to supervisees' level of education or training. Barnett (personal communication, June 30, 2009) advised supervisors to get a copy of the statement of coverage (not necessarily the policy itself) to include in the supervisee's record as part of

the documentation. When it comes to legal issues, it is wise to have all proceedings and agreements in writing.

Evaluate and Screen All Clients Under the Supervisee's Care

Supervisors have a responsibility to evaluate both the client and the supervisee. It is essential that they carefully assess each client that receives services from the supervisee. This assessment is for the dual purpose of making certain that the case is within the supervisor's area of competence and that the case is referred to the appropriate supervisee based on training, skill, and experience. The supervisor has the responsibility to continue assessing each client under the care of the supervisee. From a legal perspective, it is expected that supervisors will have adequate knowledge of each of their supervisee's clients. Falvey (2002) defined this requirement as meaning that supervisors meet with every one of their supervisee's clients. Although there is no definitive answer to this legal question, it is important that you have sufficient knowledge of each of your supervisee's clients and that you consider the legal ramifications should you not have that information.

Establish a Policy for Ensuring Confidentiality

Establish a process to ensure confidentiality. Have a written agreement with supervisees that includes the right of the supervisor to have consultative discussions with appropriate colleagues regarding the supervisory relationship and duties. Have supervisees use appropriate disclosure statements for clients describing the supervision process, clearly identifying the supervisee as "in training," and the limits of confidentiality and privilege. Review the ethics codes regarding confidentiality as part of the orientation to supervision and discuss these principles with supervisees.

Never take for granted that a supervisee is prepared to handle difficult situations where confidentiality is concerned. Check this out first by providing situations and requesting a course of action by the supervisee to determine his or her working knowledge of confidentiality. As a supervisor, model appropriate confidential behavior regarding discussion of both your supervisees and the clients they serve. Make expectations regarding confidentiality very clear. For example, if clients are only to be discussed within the confines of a therapy room or your office, state this clearly. If you expect your supervisee to communicate his or her status in training before the first formal counseling session, state this expectation clearly. Explain the consequences of breaches of confidentiality.

Provide the message to supervisees that supervisors are not expected to have all the answers regarding confidentiality. You may wish to share instances where you have needed guidance in this area. Make it clear that supervisees are expected to raise questions and seek guidance whenever there is a concern. Acknowledge that self-report is not sufficient to monitor most instances in which confidentiality may be breached. Observation is often required to assess and prevent these situations. Breaches of confidentiality are less likely to be reported in supervision due to the supervisee's lack of awareness. These breaches often occur with good intent, but they are breaches nonetheless. Audio, video, or other methods of direct observation are encouraged to monitor these issues.

Establish a procedure that can be shared with clients regarding the process of supervision of cases. This process should include with whom the case information will be shared and how the information will be managed following either ending of supervision or termination of treatment.

In addition, describe the circumstances under which supervisory information may be shared. Supervisees should understand who will have access to information about them. If multiple supervisors are involved, coordination of services is needed to minimize confusion. Agreement to this coordination of service and communication involved should be

established as a condition of supervision. Disclosures beyond those outlined in the initial informed consent require the agreement of the supervisee. Supervisors should also communicate circumstances that require breach of supervisees' confidentiality, such as reporting unethical behavior. The *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002) requires that supervisees be informed about who will have information about their performance, personal disclosures, and assessments.

Incorporate Informed Consent Into Practice

Proper informed consent procedures protect both supervisees and the clients they serve. In fact, "under the Health Insurance Portability and Accountability Act (HIPAA), supervisors are required to inform all clients of a supervisee's status and the potential impact of this fact on the client's care and confidentiality of client information" (Campbell, 2006, p. 130). In much the same way that therapists provide their clients with a professional disclosure statement, supervisors need to inform supervisees about the relevant aspects of the supervision process. To comply with HIPAA, as part of the informed consent process, supervisors must also inform their supervisees' clients about the purpose of supervision and the procedures that will be used to carry out supervision and maintain the confidentiality of clients' disclosures (Campbell, 2006). For the supervisor–supervisee relationship, informed consent outlines the duties, training philosophy, expectations, and evaluation procedures of the supervisor. These elements are often found within the supervisory contract (see Appendix 8A). For more information about HIPAA, visit www.hhs.gov/ocr/privacy/hipaa/understanding/index.html.

From an *ethical* perspective, supervisees who work with children and adolescents have the responsibility to provide information that will help minor clients become active participants in their treatment. Barnett and Johnson (2010) noted that state laws vary regarding the definition of a minor. Consistent with the increasing concern over the rights of children in general, more attention is being paid to the minor's right of informed consent. Barnett and Johnson maintained that therapists should clearly discuss the limits of confidentiality with minors as part of the informed consent process, even in those cases when a parent or guardian consents to treatment. If children lack the background to evaluate the risks and benefits and if they cannot give complete informed consent, the trainee should still attempt to provide some understanding of the counseling process to them. Even though minors usually cannot legally give informed consent for treatment, they can give their *assent* to counseling. Assent to treatment implies that supervisees involve minors in decisions about their own care, and that to the greatest extent possible, they agree to participate in the counseling process (Welfel, 2010).

Summary

As the role of the supervisor becomes more defined, legal responsibility and accountability are strongly shaping that definition. The legal issues of negligence and liability, specifically vicarious liability, can be somewhat daunting, and it is important to remember that there are clear guidelines for risk management. This chapter has provided a brief legal primer for understanding liability and its implications for the practice of supervision.

We have also provided you with guidelines for risk management that, if practiced, can minimize the risk of liability for you and your supervisees. Know your own limits and scope of practice, and practice within your limits. Remember that you have a choice about whom you supervise and which cases you directly supervise. When you do take on supervisees, be available to them and closely monitor their competence. Of course, the process should begin with a thorough supervisory contract and sound orientation so that expectations are clear from the outset of supervision. As a responsible professional, use multiple

methods of supervision, document all supervisory activities, and provide supervisees with clear emergency policies. In addition, never assume that supervisees have an adequate working knowledge of ethics. Be honest and constructive in your feedback to supervisees and document your evaluations of their work. Identify appropriate professionals to consult with, and always carry liability insurance.

SUGGESTED ACTIVITIES

1. Form small groups and have each group develop a detailed case scenario (from problem presentation through sanctions, if any) of liable supervisory practice. Then have groups exchange scenarios and answer the following questions:
   - Was the supervisor competent to supervise in this situation?
   - Was the supervisee competent to treat this patient given the level of supervision?
   - How was the supervisee monitored?
   - How was this monitoring process documented?
   - Did the supervisor follow accepted ethical principles, such as providing timely and periodic evaluations of the supervisee?
   - Was there a dual relationship of any kind?
   - Was the client fully informed as to the training status of the supervisee, the role of the supervisor, the limits of confidentiality, and other relevant factors pertinent to the relationship?

   The ability to answer these questions in a positive light at any given time during supervisory practice is essential.

2. Read this case example and discuss it in small groups. Then reconvene in a large group and share your answers.

   A supervisee has been working with a teenage girl in a private family clinic. The girl reports having taken some drugs in the past. The counselor gets a call late one night from the girl who is at home, and she says she just needs to talk. It comes out in the conversation that the girl has taken some drugs, and she is not feeling well. The supervisee insists that she put her mom on the telephone, and the supervisee tells the mom what has happened and that the girl should be taken to the hospital. The girl survives, but her parents threaten a malpractice case against the supervisee for not having told the parents of the girl's past drug use. If they had known about the previous situation, they believe they could have prevented the current one from happening. The supervisee calls his supervisor first thing the next morning to report what has transpired. This call is the first knowledge that the supervisor has of the details of the case.

   - What are the ethical, legal, and clinical issues in this case?
   - What kinds of questions would you raise with your supervisee regarding this situation?
   - What would you most want to say to your supervisee?
   - How would you guide your supervisee in thinking through this situation including the ethical, legal, and clinical issues?
   - How would you help your supervisee formulate a plan of action and think through the consequences of the various courses of action?
   - If a malpractice suit is filed, is the supervisor alone responsible or is the supervisee also responsible?

3. As you read each of the examples that follow, answer these questions: Is this an example of vicarious or direct liability? What risk management steps could have been taken to prevent the situation?
   - The supervisor or agency provides an intake form to be used by the trainee, but it omits relevant questions (homicidal tendencies, suicidal tendencies, previous therapy). The client receives improper treatment and injures himself or others.
   - The trainee takes relevant notes during therapy; however, the supervisor does not study these notes and does not realize that the notes describe a therapy method not usually used in counseling.
   - Even with the supervisor's help, the trainee is incapable of offering proper therapy. There is a need to refer to a more competent professional.
   - A medical problem, which would have been discovered by a person with more training, is not discovered by the trainee. A physician is not consulted, and treatment continues even though the psychological problem is caused by a hearing loss, a vitamin deficiency, or other physical imbalance.
   - Psychological tests are conducted, and diagnosis and a treatment plan are based on the test results. The diagnosis is improper due to inappropriate norms of the test and lack of supervision regarding test selection and multicultural case conceptualization.
   - The diagnosis is improper, the prognosis is faulty, or the treatment plan ineffective. The supervisor does not discover the error in any of the three areas or the interrelationship of one to the other, and therapy continues inappropriately.
   - Written progress notes are inadequate or do not support the treatment plan.
   - The trainee and client (or trainee and supervisor) have a conflict of personalities, yet the treatment continues.
   - The trainee becomes socially involved with the client, but cleverly hides the involvement from the supervisor. The supervisor should have known by more complete supervisory sessions.
   - The trainee goes on vacation, and there is no adequately prepared relief therapist.
   - The client consents to treatment but does not know it will be provided by a trainee. He assumes it will be provided by a qualified professional.
   - The trainee is subpoenaed to testify in court and is improperly prepared by training or experience for courtroom testimony.
   - A student trainee is released from a graduate training program based on unsatisfactory performance in a practicum experience. There is minimal documentation of supervision, no documentation of direct observation, no procedure for formal feedback, and no due process prior to termination.

Appendix 8A

SUPERVISION CONTRACT
EXAMPLE OF A COMPLETED FORM

I, Dr. Rebecca T., as the supervisor, offer this agreement to you, Alex R., as the supervisee, and consent to the following conditions set forth for this supervisory relationship. Please read the agreement and sign your name if you fully understand and consent to the conditions.

Professional disclosure of supervisor: This includes but is not limited to the supervisor providing professional credentials, licensures, certifications, etc.

Dr. T. is a clinical psychologist licensed in the state of Kentucky since 1994. She received her PhD in clinical psychology from the University of Nebraska in 1992.

Relevant coursework and experience:

- One graduate course and two 6-hour workshops in supervision
- Two graduate courses and an 8-hour workshop in ethical and legal issues in counseling

Has been a practicing supervisor since 1994.

Supervision Model of Supervisor

I follow the developmental model of supervision in which I provide fairly intense supervision early in the relationship, including direct observation of therapy sessions, frequent homework assignments and role playing, providing more guidance, etc. Then as you progress in skills, knowledge, and competency, you will be given more responsibility and the supervision will be less intense. This is not to imply you will ever work independently as we will always share 100% of the responsibility. It simply means that as you develop professionally, I will encourage you to exercise more judgment and confidence in your skills and decision-making abilities.

As the supervisor, I agree to the following:

- I will provide a minimum of one hour of individual supervision weekly for the patients you are providing services to as part of the requirements of the university practicum.
- I will adhere to APA's *Ethical Principles of Psychologists and Code of Conduct* (2002) and help you with the awareness of and application of the ethical principles and standards. As part of my ethical responsibilities, I will disclose any factors that might influence your consent to participate in a supervisory relationship with me.
- During supervisory sessions, I will focus on two primary areas: your personal development as a professional and the development of your clinical skills. As part of this concentration, I will help you with developing skills in the areas of case conceptualization, identifying a theoretical orientation, becoming more culturally sensitive, selecting and applying empirically supported techniques, and identifying processes, types of clients, or skills with which you may have difficulty.
- I will not allow you to accept a case that is outside the limits of my competence or too complicated for your level of skill. Therefore, I will observe your intake session of each prospective client, and you and I will discuss each case to determine if it is appropriate for your level of skill and my areas of competency.
- In addition to weekly informal feedback, I will evaluate your performance and provide you with written, formal feedback two times during the semester. The areas of the evaluation will include your professional development, clinical skills, and performance/behavior in supervision and with your peers in practicum. The semester will include a midterm and final evaluation. At that time, I will review the evaluation with you and ask that you sign it to indicate your receipt of the evaluation. You will receive a copy of the evaluation form so you will know from the outset what the criteria are for evaluation. Please be aware that the original evaluation will be

entered into your student file and will be discussed with other members of the graduate faculty who participate in your training. Such practice is usual and customary for training programs in clinical psychology.

Also be aware that if you receive a negative evaluation from me, it can serve as a full or partial basis for your retention in or dismissal from the program. If such a situation should occur and depending on the reason(s) for the evaluation, then you may have the remainder of the semester to make improvements, you may have to repeat the practicum, or you may be dismissed from the program. If you disagree with the evaluation that you receive, then you may follow the appeals process described in the Student Review & Retention Policy located in your student handbook.

From you, the supervisee, I expect the following:

- You are to have knowledge of and adhere to the APA's *Ethical Principles of Psychologists and Code of Conduct*.
- You are to act in accord with the practicum policies and procedures.
- You are to be prompt and prepared for each of the supervisory sessions. Being prepared means you are to provide the case files with completed progress notes and forms for review (preferably prior to our session) and my signature and the videotape(s) for that week's session(s). It also means you are to have identified on the videotape any areas during the therapy session that are of particular concern to you and that you want to discuss.
- At the outset of treatment with each prospective client, you are to present him/her with the informed consent form, read it aloud, and explain each of the components verbally, specifically including the limits of confidentiality. This explanation is to include your status as a student-in-training and that you are being supervised by me. You are also to explain that as your supervisor I will often be observing the sessions behind the one-way mirror and/or on the videotapes. This explanation should also include any other individuals who might observe your work, such as other graduate students or faculty members who will be observing your work as part of peer-observation and group supervision. Please provide the client with my name and university phone number. I want your videotape of this session and I want your progress notes to indicate what you told the potential client regarding the elements of informed consent, limits of confidentiality, and your status as a student-in-training. The notes should also reflect the response of the client that indicated his or her understanding.
- You are expected to maintain healthy boundaries with your clients. Sexual contact with your clients is **ABSOLUTELY FORBIDDEN**. However, it is not uncommon for clients or therapists to experience feelings of sexual attraction for one another; therefore, I must be informed of any sexual attraction between you and your client so that we may discuss the experience and the best manner with which to handle the situation if deemed necessary.
- Since you and I share 100% of the responsibility for your client's welfare, I expect you to **immediately** inform me of any problems. Such problems include but are not limited to suspected child, elder, or dependent abuse; domestic violence; report of danger to self or others; or use of any nontraditional treatment methods.

_____ _____

Signature of Supervisee Date

_____ _____

Signature of Supervisor Date

*Adapted from a contract designed by Cynthia Lindsey and Patrice Moulton, April 2009, Northwestern State University, LA, Department of Psychology. Reprinted with permission.

CHAPTER 9

Managing Crisis Situations

FOCUS QUESTIONS

1. Have you ever experienced the loss by suicide of someone you know? What was it like for you? How did the victim's family members react? How do you think you would react to a client's suicide?
2. How do you think you would react to a client who is homocidal or who threatens you?
3. How do you think you could be of most help to a supervisee whose client has attempted suicide or ended his or her life by suicide?
4. Should you intervene with a supervisee to help him or her through a personal crisis? Under what conditions? How would you assist the supervisee? When would you refer the supervisee for personal counseling?
5. What reactions might you have to witnessing a violent act in a school? How would you help a supervisee cope with an incident of school violence?
6. What do you think supervisees need most from supervisors in crisis situations?
7. Have you experienced a natural disaster or been the victim of a crime? What was it like for you? What was helpful to you in recovering from the incident? How would you help a supervisee handle a critical incident (e.g., a shooting or a threat of violence) that occurs in the clinical setting?

Introduction

A doctoral student in a counseling psychology program began his first practicum at a community mental health center. During his second week there, the trainee was assigned the case of a psychotic client who brought a chainsaw to the session. The client informed the student counselor that he intended to use the chainsaw (which fortunately was still in its box) to harm a particular person. Although it may seem like one's worst nightmare to encounter such a client so early in one's training (not that one ever wants to encounter a chainsaw-bearing client), in some respects, it was a straightforward matter. There was

little guesswork involved. The client articulated his intent, plan, weapon, and victim. The trainee had the presence of mind to remain calm and contact the center's director for assistance. Navigating through this crisis clearly was beyond the scope of his competence, and he welcomed the director's intervention.

This scenario may seem unlikely, but it is a true story. Life can indeed be stranger than fiction at times, and as the doctoral trainee recognized, we may not always feel prepared to deal effectively with every type of situation we encounter. This may be true whether we are supervisees or supervisors. Sadly, many tragic events have captured national and international attention in recent years, and counselors need to be better prepared than ever before to deal with crisis on a large scale. As the nation continues to heal from the unspeakable acts of terror that were committed on 9/11 in 2001, we have witnessed natural disasters such as Hurricane Katrina and the devastating floods in the Midwest, school violence on a much grander scale, such as the Virginia Tech massacre, not to mention the grim realities of a failing economy and the Iraq and Afghanistan wars. McAdams and Keener (2008) noted: "The frequency of serious client crises confronting human service professionals has escalated to such proportions that crises have been referred to as an 'occupational hazard' in the professional literature" (p. 388). These authors added that "there is a curious absence in counselor preparation, certification, supervision, and ethical practice standards of a consistent or comprehensive guideline for crisis prevention/intervention and postcrisis recovery" (p. 388).

This chapter is designed to better equip supervisors and supervisees with the specific tools and knowledge needed to effectively intervene in crisis situations of all magnitudes. As noted, given the tenor of societal dynamics and the astounding rate of large-scale critical incidents, it is imperative that supervisors, faculty, and training programs emphasize crisis management to prepare the next generation of counselors for the roles they will be expected to play in crisis prevention, intervention, and recovery. By providing a conceptual framework for supervisors to use in assisting their supervisees in making timely and appropriate client interventions, our hope is that crisis work will seem more manageable and less anxiety provoking for all helpers involved.

Crisis Defined

For the purposes of this chapter, a crisis situation is defined as any unusual event involving the supervisee that might have an adverse impact on the supervisee's ability to function in the role for which he or she is being supervised. These situations might include client suicides or suicide attempts; witnessing or experiencing violent events including incidents of school violence or acts of terror; witnessing or experiencing natural or human-caused disasters such as tornadoes or train wrecks; and personal crises such as death, divorce, illness, or being laid off at work. In this chapter, we will address several of these situations and discuss how to work with them effectively as a supervisor. In each instance, it is the job of the supervisor to help supervisees examine the situation, act in the best interest of the client, do what is legally and ethically appropriate, and learn from the situation so that supervisees are able to problem solve independently in the future. The case examples presented toward the end of the chapter are followed by commentary regarding ways in which the supervisor might handle the situation. The situations described are not all inclusive but represent the more common ones found in supervision. This approach to problem solving can be applied to the variety of situations that may arise in supervision.

The Supervisor's Roles and Responsibilities in Crisis Situations

In our work as supervisors, we have experienced many crisis situations in supervision, and each of these situations posed a new challenge. In crisis situations, it helps to have a basic idea of what to expect from supervisees and a framework for how to approach these

problems. For example, being threatened by a client or witnessing a violent act most likely will be very disturbing to supervisees. In these circumstances, you must first allow supervisees to talk about the incident and express their reactions and concerns prior to moving to problem solving. Supervisees often overreact to these crisis situations and want to proceed without thoroughly examining the situation and the ramifications of their actions. From our perspective, we would not want to curb our supervisees' inclination to initiate action. However, we see it as our obligation to help supervisees proceed using sound, objective assessment and problem-solving strategies to address the clinical situation. Goodman and West-Olatunji (2009) indicated that such assessment and treatment in a crisis situation should include the supervisee's critical consciousness of the client's cultural, social, and historical position.

New supervisors may have a tendency to act too quickly to solve the problem, instructing the supervisee on how to proceed. These special situations offer fertile ground for the supervisee's learning, but great patience and reserve are required by the supervisor to allow the supervisee to process the information, examine courses of action, and proceed with the best intervention for the situation. There are times when quick action on the supervisor's part is necessary to save a life or protect a victim. In those situations, you are obligated to intervene as quickly as possible. However, in most crisis situations there is time to help the supervisee do the major portion of the problem solving and subsequent intervention. Some supervisors, due to their own anxiety about a situation, will tell the supervisee what to do. But allowing the supervisee to process the issue will foster long-term growth for the supervisee.

New supervisors may experience their own anxiety when providing supervision in a crisis situation. This might be due to limited experience as a supervisor or lack of training and experience with the crisis at hand, or both. Supervisors must be aware of their anxiety or misgivings about working with a particular crisis situation and know when to seek outside consultation or supervision. It is effective modeling, as well as ethical practice, for a supervisor to share with the supervisee the limits of the supervisor's knowledge and competence and to work with the supervisee in devising a plan for obtaining the needed assistance. Minimally, supervisors should be knowledgeable about and competent in the practice of lethality assessment; current organizational crisis policy and procedures; basic models of and strategies for crisis intervention; and critical incident assessment skills. Supervisors who feel ill-prepared in any of these areas may find it useful to attend a crisis management workshop as part of their professional development.

Becoming an Effective Crisis Supervisor

When done well, crisis intervention, like counseling, is an art form. The art of crisis intervention is much more than the sum of knowledge and techniques. A true master at crisis intervention supervision possesses a wealth of technical skill, theoretical knowledge, and the following attributes: life experience supported with thorough training, knowledge, and supervision; poise; creativity and flexibility; energy and resiliency; and quick mental reflexes (R. K. James, 2008). Other characteristics that have been observed in effective crisis intervention workers include tenacity, the ability to delay gratification, courage, optimism, reality orientation, objectivity, a strong and positive self-concept, and an abiding faith that human beings are capable of overcoming seemingly insurmountable odds.

Effective crisis supervisors also possess strong communication skills and appropriate interpersonal boundaries. Under the most dire circumstances, supervisors need to be able to be fully present for their supervisees. This entails being able to differentiate between empathy, sympathy, and distancing. In contrast to empathy, which is the ability to accurately sense and articulate the inner feelings of the supervisee's experience in a meaningful way, sympathy involves taking on the supervisee's problems and feelings associated with the issue. Distancing, or becoming emotionally removed, occurs when we

are overwhelmed and feel the need to say something meaningful, yet don't know where to start. R. K. James (2008) called this funeral home counseling, and it may include statements like "Everything happens for a reason," "It could have been worse," or "Try to get your mind off it." Although a supervisor may have the best of intentions when making such statements, distancing communication is generally not helpful and can hinder intervention. It might say more about the supervisor's state of discomfort than the supervisee's. The same is true for supervisees working with clients in crisis who attempt to comfort the client with these hollow phrases. It can further upset the client. Supervisors who seem to absorb their supervisees' feelings or, conversely, keep them at bay may benefit from examining their own boundaries so as to decrease the likelihood that they will communicate ineffectively at a critical time in their supervisees' training and professional development.

In moments of crisis, many supervisors feel tremendous pressure to convey wisdom and all of the right answers to their supervisees, who may be in a state of panic. We need to remind ourselves and our supervisees that in crisis work the main objective is not to strive to have all the answers. Often there is no single best way to accomplish a task, and multiple pathways may lead to resolving a dilemma. In crisis, we simply must be willing to use our knowledge and skills to step up to difficult situations, to care about the human beings involved in each situation, and to try to make a difference and search for safe and reasonable solutions. Due to the stressful nature of crisis, we will see our supervisees struggle to thrive. Even those seasoned in this area will admit to feeling perplexed, frustrated, angry, afraid, threatened, incompetent, foolish, and otherwise unequal to the task. Crisis supervision requires patience, practice, practice, and more patience.

Crisis work is often associated with burnout. Although you may not choose a career as a full-time crisis worker, the counseling field is being looked to more and more for hands-on assistance in critical situations for prevention, intervention, and recovery efforts. Most of us will, in fact, be "crisis workers" at some point in our counseling careers. Although known as some of the toughest work, crisis work is also regarded as some of the most rewarding. Certain counselors even describe an addictive quality to the work due to the feelings of accomplishment one has following the successful resolution of a critical incident. This area has much opportunity for growth, development, and research in the supervision field.

As a clinical supervisor, you will need to develop a variety of ways to work with a supervisee who encounters a crisis situation. Although there is no cookbook approach to addressing crisis concerns, we provide a framework for crisis management in the next section. You should develop your own plan well in advance of entering into a supervisory relationship. In *Voices From the Field*, crisis intervention expert Rick Myer offers advice to supervisors on how to proceed when their supervisees encounter client crises.

VOICES FROM THE FIELD

Rick Myer, PhD

A little over 25 years ago I was working in a general hospital doing crisis intervention. My first weekend on call was in many ways baptism by fire. I was called upon to help a family in which a tragic death occurred, not to mention several other crisis situations in the emergency room. I had received the appropriate induction with respect to procedures, policies, and general dos and don'ts, but I recall wondering if I had the knowledge and experience to be doing crisis intervention.

Since that fateful beginning I have spent much of my professional career conducting research, writing about, and teaching crisis intervention. I have found the

most important issue for beginning professional counselors to understand is that crisis intervention is a specialty. Although some basic counseling skills employed in individual therapy are used in crisis work, these skills are applied in a very different manner. Using the same approach as you do in individual therapy is at best inefficient, and at worst ineffective. And when a client is in crisis, being ineffective can lead to disastrous results such as the death of the client or others. Supervisors must understand this issue and assist supervisees in recognizing when a shift to using crisis intervention skills is warranted. The focus of supervision should be helping supervisees to assess the severity of the crisis and a shift to crisis intervention strategies as needed. Supervision must involve helping supervisees recognize when they need to use a more directive approach.

A mistake that supervisors can make is to insist that supervisees maintain the same therapeutic relationship with clients in crisis as in traditional therapy. At times, the supervision may address the need to bend the standard of preserving a professional boundary of autonomy and instead help the supervisee learn ways to enter into the life of the client. The reason for dropping the boundary is that clients experiencing a crisis may become so vulnerable or incapable that they are not able to care for themselves. However, I have learned that when supervisees and professional counselors choose to drop those boundaries, efforts to reestablish them should begin as soon as possible. This process may take minutes or hours depending on the severity of the client's reaction to the crisis.

A Framework for Crisis Management: What Every Supervisor Needs to Know

Precrisis Preparation

To be prepared for crisis situations that occur in supervision, you should have emergency procedures in place and communicate those to the supervisee at the outset of supervision (Falvey, 2002; Neufeldt, 2007). Information regarding precrisis preparation should be written into the supervision contract and discussed as needed throughout the supervisory and training process. To help supervisees avoid being blindsided by client crises, make provisions for them to acquire the knowledge, skills, and awareness to work effectively and efficiently in crisis situations before the situations occur (McAdams & Keener, 2008).

Crisis Response

When a crisis occurs, assess the situation and identify the various components, including the clinical, legal, ethical, personal, and client safety issues involved. The *Ethical Guidelines for Counseling Supervisors* (ACES, 1993) make it clear that client welfare is the first priority, but ensure that the rights, welfare, and safety of the supervisee are protected as well. Federal and state laws should be the first point of reference. Where laws are not clear, however, the good judgment of the supervisor should be guided by relevant ethical standards, client welfare, supervisee welfare, supervisor welfare, and program or agency needs. This is a sound framework for decision making for any of the helping professions.

In the event of serious client crises, guide the supervisee to effectively and efficiently expedite de-escalation and safe resolution. This may entail having the supervisee shift counseling priorities from long-term goals to the crisis at hand and encouraging the supervisee to be flexible while simultaneously attempting to follow the predetermined crisis response protocol (McAdams & Keener, 2008). To further refine your plan for crisis management, address the principles of risk management presented in Chapter 8.

As a supervisor, you will discover that to some extent a parallel process occurs, which creates the opportunity for a rich learning experience to unfold. Your modeling during a crisis situation has the potential to have a powerful and enduring impact on the trainee's professional development. Consider the following ways in which the steps you take as a supervisor mirror the steps that your supervisee must take in responding to a client crisis:

- Both you and your supervisee must gather as much information about the crisis as possible. You will be drawing on the observations of and discussions with your supervisee, whereas your supervisee will be gathering information directly from his or her client.
- Just as you are required to assess the clinical, legal, ethical, personal, and client safety issues involved, so is your supervisee.
- You must review all the possible courses of action and their potential consequences with your supervisee, and ultimately assist him or her in deciding which path to take. The supervisee experiences a similar process with the client to determine the course of action that will best suit the client's needs. As a supervisor, you have the additional responsibility to decide how best to meet the needs of your supervisee as he or she works through the crisis situation, which may be frightening and in uncharted territory.

Supervisors strongly encourage trainees to seek supervision when they need guidance. It follows that as supervisors, we should heed that advice as well and seek consultation and provide referrals when necessary. To safeguard yourself as the supervisor, always remember to consider the clinical, legal, and ethical ramifications for any action you suggest, and rely on supervision contracts and ground rules already established with your supervisee.

Postcrisis Recovery

You have a responsibility to offer guidance to your supervisee as he or she facilitates the client's postcrisis recovery, which, according to McAdams and Keener (2008), is a four-phase process. The supervisee should begin with triage immediately after the crisis ends, and then help the client deal with losses incurred, reinvest in the counseling process, and integrate what has been learned into future thought and action.

Just as your supervisee must help his or her client recover from the crisis, you have a responsibility to assist your supervisee with this parallel process as well. Here are a few tips:

- Have a plan in mind for reentry of the supervisee into the work setting following a crisis situation.
- Be prepared to assist the supervisee in dealing with fallout from the crisis situation and evaluating how well the supervisee's intervention worked. On a similar note, you will learn a great deal about your supervisory skills if you honestly evaluate how well your supervisory intervention worked.
- Use psychological debriefing interventions (described later in this chapter) when needed. If the supervisee seems sufficiently traumatized by the crisis to warrant personal counseling, provide a referral.
- Consider the effect crisis situations might have on other supervisees and staff as well as clients, and take appropriate steps to ameliorate the effects if possible.
- Finally, discuss with your supervisee the decision-making process, the learning that occurred, better interventions for handling similar situations, and ways to use the problem-solving process to resolve similar client crises in the future.

Few professional standards specifically address crisis situations in supervision, yet most of the standards address topics related to handling these situations. Box 9.1 provides standards that specifically address crises. In addition, the system for the supervisee contacting the supervisor when a crisis situation occurs should be in place and communicated to the supervisee (ACES, 1993).

Understanding Specific Crisis Situations

Suicide and Suicide Attempts

One in five psychologists involved in direct client care will lose a client to suicide (Bongar, 1991, 2002). In addition, one in six psychology graduate students experience a client's suicide during training. According to Rudd, Cukrowicz, and Bryan (2008), "the challenge of responding to suicide risk in the clinical environment is not unique to psychologists, but is uniform across mental health specialties" (p. 219). According to Capuzzi (2009), an increasing concern for schools and communities throughout the United States is suicidal preoccupation and behavior of adolescents. Capuzzi reported that many states are now requiring schools to develop guidelines for suicide prevention, crisis management, and postvention and to include these guidelines in their written tragedy response plans. Many helping professionals can easily recite the list of suicidal risk indicators (e.g., writing about death and dying, lacking a sense of purpose or reason for living, hopelessness, dramatic mood changes). But memorizing a list as an intellectual exercise is completely different from the experience of actually losing a client to suicide.

Suicide and suicide attempts on the part of a client can be devastating for a helping professional, and especially for a supervisee (Foster & McAdams, 1999; Kleespies, Smith, & Becker, 1990; Rudd et al., 2008). After a client suicide, a supervisee typically experiences feelings of shock, grief, loss, guilt, depression, and responsibility. This event and the feelings it evokes may shake the confidence of a novice clinician. DeAngelis (2001) cited an unpublished survey of 91 therapists conducted by the American Association of Suicidology that found that therapists commonly cited sadness, depression, hopelessness, guilt, and anger as reactions to a client's suicide. DeAngelis stated that mental health professionals

Box 9.1
ETHICS CODES AND STANDARDS REGARDING MANAGING CRISIS SITUATIONS IN SUPERVISION

American Counseling Association (2005)

ACA Code of Ethics

Emergencies and Absences: Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises. (F.4.b.)

Association for Counselor Education and Supervision (1993)

Ethical Guidelines for Counseling Supervisors

Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees. (2.05.)

who have lost a patient to suicide say they received little or no support from colleagues, supervisors, or administrators. Although supervisees may be trained to work with a range of disorders and emotions in clients, they are rarely prepared for the personal and professional toll suicide can take. Consider the case of George (Case Study 9.1) as he experiences the suicide of a client.

CASE STUDY 9.1: GEORGE

George, a prelicensed counseling psychologist, was recently hired at the university counseling center and is under the supervision of a licensed counseling psychologist at the center. George had seen Aaron for five sessions to help him work on improving his relationship skills. Aaron was in the midst of a rocky relationship with his girlfriend when he came in for counseling, and he wanted help on what he could do to make things better. He would keep his feelings to himself and did not communicate well with his girlfriend. George thought they were making good progress on these issues in the counseling sessions. At their last counseling session, Aaron reported that his girlfriend wanted to break up with him. He was upset and confused, and George worked with him to sort things out and develop a plan for how he would deal with the imminent breakup. It seemed that Aaron was feeling better by the end of the session. A day before their next scheduled session, George got word from the campus police that Aaron had been found dead in his garage: the car was running and the garage door was closed; he had asphyxiated himself. George was shocked and dismayed; he immediately went to his supervisor to tell him what had happened.

Questions for Reflection

- What kinds of questions would you raise with George regarding this situation?
- What would you most want to say to George about this situation?
- How would you guide George in thinking through this situation including the ethical, legal, and clinical issues?
- How would you expect the agency administrators to react to this situation?
- How would you help George decide how to proceed from here?
- How might you work with George if he told you that he kept telling himself that he missed something and that he was partially responsible for Aaron's suicide? Did he miss something? Is he directly or indirectly responsible?
- How should supervision have addressed the possible concern of suicide potential?

Commentary

As a supervisor, your responsibility is to help George manage his reactions and take care of his agency responsibilities regarding the situation (Rudd et al., 2008). Let George know that it is common for helping professionals to assume an inordinate degree of responsibility when something like this occurs. The most common reaction of helping professionals to an event like this is to believe that had they done something different, said something different, not overlooked signs and symptoms from the individual, then the suicide would not have occurred. Aaron appears to have given little indication of suicide risk prior to the suicide event. Perhaps the point at which Aaron was seen as upset and confused should have alerted George to do a more careful assessment of depression and/or suicide ideation. In most cases of suicide, there are warning signs, but in this case, it seems that few indications were present.

It is important to be cognizant of suicide potential and warning signs, but it is not always possible to predict what individuals will do or how they will react to their situation. We must do everything we can to help individuals, but we have to be able to identify when

we cannot—and put it behind us. It is the task of the supervisor to help George adopt a balanced attitude between caring and maintaining an objective perspective. Here are some ways George's supervisor might initiate a discussion with George:

- "Let's talk about the course of events leading up to the suicide and your interventions and see what we can learn from this."
- "George, I can see this is very upsetting for you. Talk with me more about how this is affecting you."
- "This is always a painful event for counselors. Although I am quite sure you feel a sense of responsibility for Aaron, there is no way we can control the actions of others. At best, we can give them the tools, and it is up to them to use them for change."
- "I really hope you see that if an individual chooses to take his own life you cannot stop him. You did your best for Aaron, and now we need to discuss how this situation is affecting you both personally and professionally."

Supervisors must not be too quick to "fix," provide solutions, or excuse the supervisee from responsibility. Supervisees need an opportunity to fully express their thoughts and feelings surrounding a problematic situation. Once supervisees have had a chance to express themselves, supervisors have a basis for deciding which responses are most appropriate.

While George is dealing with his own feelings of grief, loss, and responsibility, the supervisor must assess what other immediate actions are necessary. This might include carefully documenting the events of the last few sessions and conducting a psychological case review to see what can be learned from the case. Agency regulations often require an immediate review of the incident, and administrators may seek accountability and want answers about how this could have happened while a client is under the care of a counselor. The supervisor would be liable, however, only if it was determined that the supervisee's treatment of the client was substandard and that this treatment was a factor in the client's death. DeAngelis (2001) concluded that the supervisor's conflicting roles—supporting trainees and being responsible for trainees' actions—illustrate how supervisors may feel caught in the middle in an agency setting. It is essential that supervisors attend to the personal feelings and reactions of the supervisee as well as the regulatory needs of the agency.

George may never be quite the same as a result of a client suicide, and he will need to examine how this incident may affect his clinical attitude and work. He may have a tendency to become overly cautious and to detect suicide potential in many clients he will see in the future. It may be beneficial to increase the frequency of supervision depending on George's reaction to the suicide. In addition, the supervisor should review the topic of suicide assessment and intervention with George so that he is fully prepared if this situation occurs in the future (Rudd et al., 2008).

This case illustrates the role of the supervisor in suicide risk management. Whenever suicide risk is suspected by the supervisee, this topic should be explored in supervision sessions. In fact, since suicidal ideation or behavior is the most frequently encountered emergency situation in mental health settings and may trigger intense feelings of anxiety in supervisees, the clinical supervision process should routinely include thorough coverage of this topic, ensuring that trainees acquire both the content knowledge and skills to properly assess suicidal risk and effectively manage such crisis situations in the event they occur (Rudd et al., 2008). Supervisees must know the risk factors and warning signs of suicide, and every client should be assessed for suicidal risk. The supervisor needs to have a working knowledge of all the supervisee's clients so that risk assessment is not left solely with the supervisee. To reiterate, the supervisor clearly is responsible to ensure that both he or she and the supervisee are well trained in the topic of suicide assessment and intervention *before* assigning a supervisee to work with a client with known suicidal risk (Bongar, Lomax, & Marmatz, 1992; Peruzzi & Bongar, 1999, Rudd et al., 2008).

As discussed previously, supervisors are responsible for the clinical work their supervisees perform under supervision. For further information on suicide, see "A Comprehensive and Concise Assessment of Suicide Risk" (Packman, Marlitt, Bongar, & O'Connor Pennuto, 2004), "Core Competencies in Suicide Risk Assessment and Management: Implications for Supervision" (Rudd et al., 2008), *Therapeutic and Legal Issues for Therapists Who Have Survived a Client Suicide: Breaking the Silence* (Weiner, 2005), and *Suicide Prevention in the Schools: Guidelines for Middle and High School Settings* (Capuzzi, 2009).

Personal Threats by Clients

Threats of violence or actual assaults by clients are rare, but they do occur. The supervisor should be prepared for any situation that might arise with the supervisee and have a plan in place for how to proceed. Threats of violence or actual assaults can affect a supervisee both physically and emotionally and may shake the very core of his or her confidence as a helping professional. Concern for the safety of both supervisee and client is paramount. The supervisor can work with the supervisee to find ways to continue to work with the client while managing these heightened emotional reactions. Let's examine Case Study 9.2 as an example of a supervisee's personal reaction to a client.

CASE STUDY 9.2: KENDRA

Kendra has worked as a group counselor in a prison setting for 15 years. She is well trained and experienced in working with inmates. Several of her colleagues meet weekly in a peer supervision group for support and to problem solve clinical cases. Yesterday an inmate who has participated in her group wrote a note to Kendra threatening her life if she did not give him a positive evaluation to assist with his release. Kendra met with the peer supervision group today and talked about the fact that this has affected her dramatically. She is truly frightened and is considering resigning from her position at the prison.

Questions for Reflection

- What are the ethical, legal, and clinical issues in this case?
- What kinds of questions would you raise as a peer supervisor regarding this situation?
- What would you most want to say to Kendra about this situation?
- Do you think Kendra should resign from her position? If not, how would you help her proceed?
- Have you ever been threatened? What was it like for you? What did you learn that you could use in working with Kendra?
- Is there any obligation to warn and inform the authorities about this threat?
- Do you think the peer supervision group can handle this, or should someone else in authority in the prison address it?

Commentary

This situation should be reported to Kendra's superiors so the institution can handle it appropriately. It is important to do whatever is necessary to ensure the safety of the individual and any other staff involved. The peer group members can help Kendra sort through what has happened, what brought it about, and what it is about this particular threat (she has probably experienced others in her 15 years there) that has been so upsetting. The peer supervision group could discuss what action is necessary in notifying the prison authorities and prison police. Some professional codes such as that of the American Psychological Association (2002, section 10.10.b.) address the fact that the counselor may terminate therapy when threatened or otherwise endangered by the client. Kendra might

consider a legal consult if there is any uncertainty about how to proceed. The peer supervision group can also help Kendra develop a plan for how to deal with this situation and how she will handle these kinds of events in the future. Kendra might benefit from some time off from the job. Her documentation of this event is essential.

Once Kendra has recovered from the fear and shock of the threat, the supervision group could help her review the case and options that she has for talking with this individual in the future. The use of role play could assist Kendra in exploring ways for her to talk with the inmate. Members of the group might take turns playing the inmate and the therapist to try out different ways of responding. Then Kendra might role-play talking with the inmate.

The interventions discussed here would be equally applicable had Kendra been a supervisee rather than a member of the peer supervision group. The supervisor, however, would have greater responsibility and liability than does the peer group. For further reading on violence, see *Violence and Mental Disorder* (Monahan & Steadman, 1994).

Violence in Schools and on College Campuses

Counselors who work in schools and college counseling centers and their supervisors increasingly have to deal with violence, which presents both legal and ethical issues. Despite the fact that college counseling centers have been found to lack sufficient resources to assist troubled students (Farrell, 2008), college counselors are expected to rise to the challenge and handle the fallout when crises do occur. The same expectations exist for school counselors; "public school personnel have recently become conversant in such terminology as 'lockdown drills,' 'search and rescue duties,' and 'triage sites'—a vernacular that did not previously exist in school policy books just a few years ago" (Fein, Carlisle, & Isaacson, 2008, p. 247). When counselors are called to the scene of a violent act, their work affects them personally (Fein et al., 2008), and they frequently require debriefing and personal counseling. Those who supervise school or college counselors who deal with the aftermath of a violent incident will need the skills to effectively work with their supervisees' personal reactions. Furthermore, both supervisees and their supervisors have some responsibility to take action before such incidents happen if they become aware of a potential problem in the making. Trainees, counselors, and supervisors need to be vigilant in monitoring and reporting students who have threatened to commit violent acts or who have been part of previous violent activity. Sometimes students make veiled threats, as in the case of Jake (Case Study 9.3), which may not seem clear cut. In such instances, helping professionals are ethically obligated to obtain the information they need to make proper assessments of the potential for violence. They may also need to act on student reports of their peers who intend violence. The basic standard of care for school counselors and their supervisors is clear. Courts have uniformly held that school personnel have a duty to protect students from foreseeable harm (Hermann & Remley, 2000); thus, a growing number of schools are developing crisis management plans (Adamson & Peacock, 2007).

CASE STUDY 9.3: JAKE

Jake is a high school student who has been seeing Myra, a school psychology intern. Jake was referred by a teacher because he has been disruptive in class and his academic performance is rapidly declining. After the first counseling session, Myra sees that Jake is depressed, anxious, and currently quite agitated. He is upset at the teacher for referring him to counseling, and Jake says that he has "ways to take care of teachers like that." After some further discussion, Myra excuses herself for a moment from the counseling session and immediately calls her supervisor to discuss what has transpired and seek direction about how to proceed.

Questions for Reflection

- What are the ethical, legal, and clinical issues in this situation?
- As Myra's supervisor, what additional information would you like to hear from her?
- What would you instruct Myra to do in regard to the immediate situation?
- What are the immediate issues to address with Myra? What will you want to discuss in her next supervision session?

Commentary

The first task is to find out more from Myra about Jake's statement that he has ways to take care of teachers like this. Did she ask Jake exactly what he meant? If not, she should discuss that with Jake to obtain more detailed information. Other questions might focus on Jake's history of other incidents, problems at home, whether he is having problems only in one class or in others as well, his access to weapons, and his use of drugs or alcohol. Because Myra is an intern and this situation could rapidly become a crisis, her supervisor may want to assist Myra as a cotherapist with Jake. This can be a major learning experience for Myra as she participates in the cotherapy with her supervisor and in discussion of the situation in supervisory sessions.

Given the violent climate of today's schools, school counselors and their supervisors would do well to take every threat of violence seriously (Hermann & Remley, 2000). They must be prepared to assess whether or not a potentially violent student has a plan and the ability to act on his or her threats. School personnel may be held accountable if a student's writing assignments contain evidence of premeditated violence. Preventing students from harming other students seems to be implicit in the duty of school personnel. However, whether warning students of other students' threats of violence against them can be considered to be a part of this duty has yet to be determined (Hermann & Remley, 2000). Both counselors and their supervisors might find themselves legally responsible for preventing students from bringing about harm to others by acting on any evidence indicating that a student may be violent and warning others of threats of violence made against them.

For further reading on the topic of school violence, see Capuzzi and Gross (2008). For more on supervising school counseling trainees, see C. Wood and Dixon Rayle (2006) and Nelson and Johnson (1999).

Witnessing Disasters and Violent Events

Those of us who have experienced some kind of disaster—fire, flood, hurricane, accident, war—know the strong emotional impact such events have on each of us. Although the helping professions have recognized these emotional effects for years, only in the last few decades has a response been developed and organized to systematically help victims of a disaster cope with their emotional reactions and head off the posttraumatic stress response. With the events of the past decade, which include both large-scale human-caused and natural disasters, one might argue that the need for an effective response on the part of mental health professionals is greater than ever. This seems to be reflected in the increasing number of articles addressing this topic in the professional literature (e.g., Bartley, 2007; Goodman & West-Olatunji, 2008; Haskett, Scott, Nears, & Grimmett, 2008; Jacobs, Vernberg, & Lee, 2008; Levy, 2008; Mansdorf, 2008; Matthieu, Ivanoff, Lewis, & Conroy, 2007; Naturale, 2007; Rosser, 2008; Ruzek, Brymer, Jacobs, Layne, et al., 2007; Vernberg et al., 2008).

Since the events of September 11, 2001, every facet of our society has been deeply affected—the economy, our personal safety and security, and air travel, to name just a few. As noted earlier, we are seeing violence and its emotional toll on a grand scale, and counselors and supervisors must be trained and prepared to work with clients, communities, and supervisees. Supervisors need to be able to deal with their own as well as their family members' existential anxiety about the uncertainty of our times, about not knowing from moment to moment what will happen.

Supervisors need to be trained and ready to assist their supervisees and their supervisees' clients in dealing with the anxiety and fear that result from terrorist violence.

Those in the helping professions provide disaster mental health services, but these professionals are also subject to disasters and subsequent emotional reactions. It is within the scope of supervision to identify when supervisees need help to cope with their own reactions as well as those of their clients. Consider Case Study 9.4.

CASE STUDY 9.4: DEVIN

Devin has a doctorate in psychology and is completing his postdoctoral training for licensure in a community mental health center. He has 3 years of clinical experience in a variety of settings and has been at the community mental health center for 6 months. This morning a client came in with a gun and threatened to shoot one of the mental health workers. Although Devin did not see the initial encounter, he heard the commotion and ran into the hallway to see the gunman pointing the gun at the worker. As the gunman turned his sights on Devin, some of the agency staff wrestled the gunman to the floor and subdued him. Devin will be meeting with his supervisor this afternoon in an unscheduled meeting to talk about what transpired this morning.

Questions for Reflection

- If you were Devin, what would you most need from your supervisor?
- What are the ethical, legal, and clinical issues in this case?
- What kinds of questions would you raise with Devin regarding this situation?
- How would you guide Devin in thinking through this situation?
- How would you help Devin decide what to do now?
- What kind of reactions would you expect from Devin?
- How might this situation affect the supervisory relationship?
- What kind of interventions will Devin need to help him cope with this situation?

Before we discuss the case of Devin, let's consider two more cases: one involving the repercussions of the Iraq War (Case Study 9.5) followed by another case involving a natural disaster (Case Study 9.6).

CASE STUDY 9.5: ISABELLE

Two weeks after saying good-bye to her husband who left for a year-long tour of duty in Iraq, Isabelle met with Todd, a new client at the community mental health center where she is completing her internship. Shortly after the session began, Todd explained that he had just returned from Iraq and is traumatized by the horrific events that he witnessed, including the deaths of three men in his unit. He appeared to be suffering from classic posttraumatic stress disorder symptoms and revealed that upon returning home he began provoking fights with his wife and drinking heavily. Worried about the safety of her own husband and the emotional toll his experiences in Iraq will have on their marriage, Isabelle seems to be distancing herself from Todd at a time of crisis when he is in dire need of professional help.

Questions for Reflection

- What are the ethical, legal, and clinical issues in this case?
- If you were supervising Isabelle and noticed her distancing behavior, what might you say to her?

- At what point would you recommend that Isabelle seek personal counseling to address her reactions?
- How would you help Isabelle proceed in this case? Would you recommend that the client be transferred to a different counselor, or would you encourage Isabelle to remain assigned to the case?
- Would you consider serving as Isabelle's counselor for a brief time because you realize her own situation is affecting her ability to provide effective counseling?

CASE STUDY 9.6: JODY

In August 2005, several southeastern U.S. states were devastated by Hurricane Katrina. Thousands were killed, and tens of thousands of homes were destroyed. Jody, then an undergraduate psychology student, was a victim of Katrina. Her apartment was so badly damaged that she had to seek shelter in the Louisiana Superdome for several days, where the conditions were unbearable. She lost all of her belongings to the resulting flood and to looters. Several years have passed, and Jody is now residing in a different city and is completing her master's degree in counseling. She is doing her practicum at a community mental health center, where she is supervised by a licensed clinical social worker who has worked there for 12 years. They have just received the warning that a Level 5 hurricane is heading toward their region, and it is a near certainty that the city will experience major devastation when the hurricane strikes in approximately 10 hours. The staff is preparing to provide counseling for the next several weeks to victims of the hurricane.

Questions for Reflection

- What are the ethical, legal, and clinical issues in this case?
- What kinds of questions would you raise with Jody regarding this situation?
- How might Jody's traumatic experience surviving Hurricane Katrina affect her ability to provide crisis counseling to other hurricane victims?
- How would you guide Jody in thinking through this situation in which she may be both a victim of the impending disaster and the provider of services to other victims?
- What is your role as the supervisor in this case? Would you consider serving as Jody's counselor for a brief time if her own situation affects her ability to provide effective counseling?
- Do you think Jody should be counseling other victims of the hurricane? Why or why not?
- What interventions are you likely to use with Jody?

Commentary

The three events described are all disasters: the attempted shooting is a human-caused disaster, the Iraq War is a tragic human-caused situation that has had devastating consequences, and the hurricane is a disaster created by nature. Any kind of a disaster can take its toll on the victims and on those caring for them. Helping professionals are typically called upon to provide services following a disaster, and they must be properly prepared to work with victims and with supervisees. It is essential that helping professionals who will provide services and supervision in disaster mental health receive formal training on this topic. This has become a specialized field in recent years, with research available on assessment and intervention strategies. Supervisees who will be providing disaster mental health services must receive formal training as well.

When disasters occur, people react in a variety of ways. Some are affected little and others are traumatized (e.g., Mansdorf, 2008). Some common reactions are disbelief, shock, anger, depression, frustration, hopelessness, and grief. The message we want to convey to these

victims is twofold: they should expect some kind of emotional reaction, and they can expect to recover (normalize) in time. The amount of time recovery takes varies among individuals.

Critical Incident Stress Debriefing

One common intervention for victims of disaster is critical incident stress debriefing (CISD) (Adler et al., 2008; Morrison, 2007; Mitchell & Everly, 1994; Weaver, 1995), which is a tool used in critical incident stress management (CISM), a multifaceted package of crisis intervention service delivery (Morrison, 2007). CISD is typically held 24 to 72 hours after the critical incident or disaster has occurred and is designed to help victims deal with their emotional reactions to the event. Crisis workers who implement CISD try to help victims conceptualize what is happening to them, learn ways to better cope with their reactions, and become informed about what to expect over the next hours, days, and weeks.

Some criticism of CISD has emerged in recent years on the basis that debriefings, which focus on revisiting the trauma, have "questionable value at best" (Mansdorf, 2008, p. 7). Although critics maintain that the evidence in support of CISD is based largely on uncontrolled studies and that the few randomized controlled trials that have been conducted have elicited negative findings, alternative intervention models have not been validated either (Adler et al., 2008). Adler et al. (2008) discovered through their randomized trial that "there were no clear positive effects associated with CISD, relative to no intervention; however, there were no strong negative effects either" (p. 262). Furthermore, randomized controlled trials show CISD heightens risk for post-traumatic stress symptoms in some individuals (Lilienfeld, 2007). Despite these findings, even these researchers suggest "it would be inappropriate to abandon the human, social, and informational needs of [people] exposed to serious trauma" (Adler et al., 2008, p. 262). Rick Myer, who specializes in crisis work and was featured earlier in the chapter in *Voices From the Field*, acknowledged the criticisms of CISD, but added that this model, which was originally intended for firefighters in cohesive groups, continues to be the "industry standard" for addressing issues of crisis. He pointed out that it is important to understand that crisis intervention is a much larger set of skills than CISD (Rick Myer, personal communication, May 20, 2009).

Since the psychological debriefing aspect of CISD remains highly disputed (e.g., Adler et al., 2008; Morrison, 2007; Robinson, 2007) and the jury is still out with regard to best practices in crisis management, crisis intervention, like all counseling strategies, should be tailored to meet the unique needs and circumstances of each client.

With this premise in mind, Case Study supervisees Devin, Isabelle, and Jody will need special attention and monitoring. Individuals who are victims of or witnesses to a human-caused disaster such as the attempted shooting may have stronger reactions than those that are not human caused (e.g., flood, hurricanes, or earthquakes). As Devin's supervisor, it might be best to schedule a meeting with him the morning after the incident. With Devin's input, assess whether debriefing would be an appropriate strategy in his case. If he seems eager to discuss the crisis and needs to vent, find out what he saw and what it was like for him, what his thoughts have been in the last 24 hours, and how he is coping with the situation currently. You can remind him that he has control over how much detail he provides. Offer support and reassurance that his reactions are normal, and talk with him about possible reactions he can expect over the next days and weeks to come.

Devin should be encouraged to attend counseling if his reaction warrants an in-depth follow-up. He could resume counseling clients, but his supervisor will need to carefully monitor the kinds of cases he is working with and refer cases that might pose particular difficulty for him to other counselors. This can be an excellent opportunity for Devin to learn from his own experience, his subsequent reaction, and from the debriefing process. He can learn what happens to an individual following a critical incident and how to help manage the reaction in a way that will lead to normalization.

Jody presents a particular difficulty in that she is a survivor of Hurricane Katrina, is likely to be a victim of a second major hurricane, and may be called upon to counsel other hurricane victims. As with the other trainees, Jody's supervisor should meet with Jody before the disaster strikes to review the center's emergency protocols and crisis management plan. In any case, postcrisis recovery work should be done with a coleader. Because the hurricane is a few hours away, Jody and her supervisor may have time to talk about any posttraumatic reactions related to Hurricane Katrina that are being triggered before sending Jody home to pack her belongings and evacuate. Jody and her supervisor will need to meet after the hurricane passes, not only to discuss her current level of adjustment as a victim of the disaster but also to determine how ready she is to counsel clients who have been affected by the hurricane.

If Jody has strong reactions to the event she experienced, she should not work with victims at this time. If she is handling the reaction in a positive way and is making a good adjustment, counseling victims could be very productive. She knows what it was like for them and what they are experiencing. Jody should probably not do any grief counseling with those who have lost family and friends in the hurricane. The intensity of that process may be more than she is ready to handle. Nonetheless, with sound supervision Jody can recover from the disaster personally, provide helpful counseling and assistance to other victims, and learn from this entire experience in a way that increases her sense of empowerment to self-supervise in the future.

Isabelle's reaction to her client, Todd, who has been profoundly affected by his experience in war and is in crisis, suggests that she is having great difficulty separating her own circumstances from his experiences and issues. Isabelle appears to be experiencing a constellation of feelings and is consequently unable to fulfill her responsibilities as his counselor. The first obligation is to protect the welfare of clients, so Todd should receive a referral to another counselor. Due to the nature of Isabelle's personal situation and her need for ongoing support while her husband is on a very dangerous mission in Iraq, Isabelle may benefit a great deal from personal counseling. Isabelle's supervisor needs to be sensitive to the stressful situation that her supervisee is currently experiencing and be careful to avoid assigning her cases that may trigger strong countertransference reactions.

For further reading on the topic of disaster mental health, see Weaver, Dingman, Morgan, Hong, and North (2000).

Coping With Personal Crises

Personal crises such as divorce, relationship problems, family difficulties, death, or financial problems can have a profound effect on the work and training of mental health professionals. Supervisees who are experiencing such crises often are ill equipped to continue to work and train effectively. Supervisors must decide how to help supervisees deal with a personal crisis while they continue to provide clinical services. What is your role as a supervisor to assist the supervisee in dealing with the crisis? Should you routinely address the potential effect that personal crises might have on supervisees' clinical work? To what extent, if at all, do you offer limited counseling to your supervisee? Case Study 9.7 provides an illustration of this situation.

CASE STUDY 9.7: TREVOR

Trevor is a student in a master's-level social work program. Before enrolling in the program, he had been a probation officer for 5 years. He is enthusiastic about his training program and demonstrates strong clinical knowledge and skills. At the last supervisory session, Trevor reluctantly talked about the fact that he and his wife recently separated and that he is experiencing a great deal of difficulty

dealing with the situation. He is depressed and having trouble concentrating on his course work and on his clients in the counseling center.

Questions for Reflection

- What are the ethical, legal, and clinical issues in this case?
- What kinds of questions would you raise with Trevor regarding this situation?
- What would you most want to say to Trevor about this situation?
- How would you help Trevor decide how to proceed from here?
- Do you think a supervisor should address personal issues such as divorce, family, or financial problems in the supervisory relationship? How might that be relevant to supervision?
- Would you allow yourself to do counseling with Trevor under any conditions?
- What restrictions on Trevor's counseling work might be appropriate?

Commentary

First, it is within the bounds of supervision to provide support and help Trevor gain perspective on what is occurring and how he thinks the crisis might be affecting his work. The power of allowing Trevor to talk through the situation and explore how it is affecting him cannot be overestimated. As a supervisor, the focus of your discussion should be on how the personal situation affects his work with clients. Avoid the temptation to become the supervisee's therapist and help him resolve his marital difficulties—and it is a temptation because you may feel that you could be of considerable help. Be cautious about how far to go, and be aware that the boundaries can become unclear very quickly. Encourage Trevor to seek out a therapist to focus on his feelings about the separation. If you believe Trevor is impaired in his work with clients, you have an obligation to take action and have him refer his clients to other clinicians while he is dealing with the situation. At the very least, it would be best if Trevor does not work with clients who are going through a divorce or having other relationship problems, at least until his personal situation is having less of an impact on him.

As supervisors, we have to constantly assess how we can be helpful and therapeutic for our supervisees without becoming their personal therapists. It is essential to learn when to refer the supervisee to someone who can provide support and counseling who is removed from the supervisory relationship.

Caring for the Caregiver

After reading a chapter about crisis management, it would not be surprising if you feel somewhat stressed about the challenges you may encounter as a supervisor. The good news is that crises will be more the exception than the rule, unless, of course, you decide to supervise crisis workers! The difficult news to accept is that no mental health professional, including supervisors or supervisees, can completely eliminate the possibility of encountering highly stressful situations at work. As mental health providers, we are in the business of providing a precious commodity—compassion and care—to the people we serve. As such, we may become vulnerable to conditions such as empathy fatigue or compassion fatigue (e.g., Stebnicki, 2008, 2009a, 2009b) and vicarious traumatization (Sommer, 2008). With years of training and experience, professionals can develop effective strategies to cope with the stressful demands that accompany this type of work, but no one is 100% immune. Self-care may seem like a luxury to some helpers; however, we regard it as a necessity and an ethical mandate. It is just as important as any of the skills or strategies that we have introduced in this book. As supervisors, one of our most potent tools is modeling, and we have an obligation to model self-care for our supervisees. At the end of the day, we

must live with ourselves, and if we are to practice what we preach, we must take care of our "self" so that we can continue to help others.

PATRICE MOULTON'S PERSONAL PERSPECTIVE

Early in my career, when I worked in private practice, my caseload was composed largely of dual-diagnosed clients suffering from addiction and depression; many of them were at high risk of attempting suicide. Much of my day was spent conducting lethality assessments and determining at what point hospitalization was necessary for the client's safety. I look back at those days and wonder how I survived them! But I also remember an intense sense of reward at the end of each day. This sense of reward was combined with constant anxiety about making very difficult decisions while exercising "clinical judgment" that we are all supposed to have after completing our clinical training. The upside of that work was the intense sense of meaning in my professional life. The downside was that there never seemed to be a stopping point. Crises don't occur conveniently during regular working hours, and every critical incident requires immediate attention. This meant that my personal life often had to take a temporary back seat.

Looking back, I appreciate that my husband was so supportive of my work and the hours I had to keep. Having a stable home life was my foundation. The feelings I experienced at that time (e.g., of responsibility, anxiety, confidence, and being honored to help people during their worst times) have accompanied me throughout my career, and they now assist me when supervising. I spend considerable time with graduate students discussing topics such as the need for them to have a personal life that is separate from work, the need to have their own lives as clutter-free as possible before attempting to assist others in enhancing their lives, the need to practice self-care, and the importance of establishing and maintaining very clear boundaries. We are caregivers first and foremost, and there is the tendency to care for others before ourselves. Self-care is a vital component for all who care for others in their professional life.

Summary

Any number of crises can and will occur in supervision. It is essential that supervisors have a general plan for approaching these situations, be current on the professional and legal standards that apply, and have a variety of supervision methods to use depending on the nature of the situation. Develop written emergency procedures for the variety of crisis situations that can occur, and address those procedures in the supervision contract. Review the emergency procedures in discussion with the supervisee.

Be sure the supervisee knows which situations must be brought to the attention of the supervisor and in what time frame. For example, suicide threats should be reported immediately to the supervisor. The supervisee should have phone numbers for the supervisor and the alternate supervisor if the supervisor is not reachable. Become familiar with all of your supervisees' clients, and receive regular updates on all cases, with special attention to those that involve some level of risk.

Train your supervisees in handling crisis situations. Discuss these in supervision, and refer supervisees to readings and workshops if you feel they need more training. Take courses and workshops regarding the various kinds of crises that can arise in supervision. You need to have up-to-date knowledge on assessment and intervention in these situations and the related ethical and legal issues.

Take time to listen to what your supervisees have to say about a situation. Ask open-ended questions that will give you a more complete understanding of the situation.

Supervisees often present only the information they think you want to hear. Exercise care in assigning to supervisees clients who appear to have a high degree of risk unless there is assurance that your supervisee has the clinical competence and judgment necessary to work with such clients.

In every case, strive to make the crisis situation a learning experience for supervisees. If the situation permits, help them think through the facts, issues, possible courses of action, and their consequences. The goal for supervisees is to handle situations like these on their own. If an immediate intervention is required, discuss the situation in detail after the intervention has been made. Let supervisees know how you thought through the situation and how you arrived at your chosen course of action.

The importance of modeling and of having supervisees practice through role playing to increase their competence in crisis intervention cannot be stressed enough. As mentioned, precrisis preparation is an important part of supervision and training and may help to circumvent the mishandling of a crisis should one occur. Despite the liabilities associated with crisis intervention supervision, remember that the most rewarding moments in supervision occur when you witness your supervisee gaining the knowledge, skill, and confidence to practice competently in difficult situations.

SUGGESTED ACTIVITIES

1. Interview at least two supervisors and ask them what crisis situations they have encountered as supervisors. Find out what it was like for them and how they intervened in the situation.
2. In small groups, identify a crisis situation in supervision and role-play the scenario. Have different members in the group take turns role-playing interventions with the supervisee. Then discuss what seemed to work best with this situation.
3. Brainstorm a list of all the possible crisis situations that might occur in supervision. Identify the ones that would be the most difficult to handle, and brainstorm possible interventions for those.
4. Invite an experienced supervisor to come to class and discuss his or her experience handling crisis situations in supervision. Ask what he or she has learned from those experiences.
5. In small groups, have each member discuss which crisis situations would be most difficult and which would be easiest to handle. See where there are commonalities, and have a spokesperson from each small group share those themes with the class.

CHAPTER 10

Evaluation in Supervision

FOCUS QUESTIONS

1. What do you think of when you hear the term *evaluation* as it relates to supervision? What is the value of evaluation? Must it always be a part of supervision? Explain.
2. What were some of your experiences when you were evaluated by a supervisor? Generally, was the evaluation experience helpful or not? What did you learn from those experiences that will influence your role as an evaluator in supervision?
3. What methods of evaluation did your supervisor use? Could you see yourself using similar methods?
4. What could you do to decrease the anxiety many supervisees experience surrounding the evaluation process?
5. What value do you place on objective versus subjective evaluation methods in supervision?

Introduction

Evaluation is a critical component of supervision, essential in ethical supervision, and the element that sets supervision apart from counseling and psychotherapy. Evaluating supervisees is one of the most challenging and anxiety-producing tasks for most supervisors. It is also an area in supervision in which supervisors can be unwittingly guilty of bias, unfairness, and subjectivity (Campbell, 2006). Professional standards exist regarding evaluation, but few standards address specific tools, procedures, and frequency of the evaluation process. Although the professions of counseling, psychology, and social work are based on a foundation of research and objectivity, the evaluation of supervisees has little standardization. Supervisors should be cognizant of three considerations in evaluating supervisees: (a) increasing liability concerns are motivating more objective and scientific development and use of supervision evaluation tools (Bernard & Goodyear, 2009); (b) evaluation

tools developed to measure success in supervision often lack validity and reliability measures; and (c) the counseling professions have yet to determine what educational experiences yield competent clinicians who will be successful with clients (Robiner, Fuhrman, & Ristvedt, 1993). Although our evaluation processes are improving, we are still not sure whether we are measuring the skills that predict success. As Lichtenberg et al. (2007) indicated, although there seems to be no lack of proposed areas of competence pertinent to the practice of professional psychology, this field nevertheless has problems defining its competencies precisely enough to be measurable, at least without reducing them to overly simplified, one-dimensional tasks. In this chapter we define the process and methods of evaluation so that supervisors can approach the task of evaluation with a clearly defined plan.

Evaluation is an essential component for accomplishing the four defined goals of supervision: promoting development of the supervisee, protecting the welfare of the client, serving as gatekeeper to the profession, and fostering the empowerment of the supervisee.

1. In promoting development and teaching the supervisee, evaluation measures the degree to which learning is taking place.
2. In protecting the welfare of the client, evaluation ensures that the supervisee is measuring up to established standards of clinical and ethical competence.
3. In serving the gatekeeping function for the profession, monitoring supervisee performance is a cornerstone in providing information about the supervisee's professional and clinical competence as well as his or her suitability for the profession.
4. In fostering the empowerment of the supervisee to be able to work as an independent professional, the evaluation process serves as a model for the supervisee to learn how to self-evaluate and continue to learn and grow throughout his or her career as a helping professional.

Campbell (2006) described evaluation as an ongoing process that begins with the establishment of goals at the beginning of supervision, followed by ongoing feedback as well as periodic formal feedback sessions, and ending with a final evaluation of the supervisee's progress toward the established goals.

This chapter focuses on guidelines for conducting evaluations, methods of evaluation, and concerns of both supervisors and supervisees regarding the evaluation process. In addition, we discuss how to approach writing letters of recommendation and the importance of empowering supervisees to conduct self-evaluations as part of their career-long professional development.

We provide samples of various evaluation tools that can be used to provide some objective measure of performance, but these tools are only a starting point for effective supervision. The competent supervisor will examine the various issues in the evaluation process and develop a position on the standards, objectives, and methods of supervision. Supervisors should demonstrate a willingness to continue to learn about how they can best use evaluation as a communication tool with supervisees to help them learn, grow, and develop confidence as professionals.

Codes of Ethics and Evaluation

Evaluation of supervisees is required by most of the professional and licensing standards. Box 10.1 lists some of the professional standards relevant to evaluation in supervision. Although these standards may vary in detail in addressing evaluation, there is consistency across the professions regarding the need for regular feedback and evaluation as an expected part of supervision. Supervisors are obligated, both ethically and legally, to

Box 10.1
ETHICS CODES AND STANDARDS REGARDING EVALUATION IN SUPERVISION

American Counseling Association (2005)

ACA Code of Ethics

Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship. (F.5.a.)

Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing performance appraisal and evaluation feedback throughout the training program. (F.9.a.)

National Association of Social Workers (2008)

Code of Ethics

Supervision and Consultation
Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful. (3.01.d.)

American Psychological Association (2002)

Ethical Principles of Psychologists and Code of Conduct

In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision. (7.06.a.)
Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements. (7.06.b.)

Association for Counselor Education and Supervision (1993)

Ethical Guidelines for Counseling Supervisors

Supervisory role
Inherent and integral to the role of supervisor are responsibilities for:

c. monitoring clinical performance and professional development of supervisees; and
d. evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes. (2.)

Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance. Supervisors have the responsibility of

(*Continued*)

Box 10.1 (*Continued*)

recommending remedial assistance to the supervisee and of screening from the training program, applied counseling setting, or state licensure those supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisees who are so evaluated. (2.12.)

Evaluations of supervisee performance in universities and in applied counseling settings should be available to supervisees in ways consistent with the Family Rights and Privacy Act and the Buckley Amendment. (3.16.)

provide timely, accurate, and relevant feedback and evaluation to supervisees regarding their clinical performance. Evaluations have a legal aspect in that some degree of liability goes with both the responsibility of evaluating the supervisee's performance and evaluating the performance accurately for the supervisee, professional associations, licensing boards, and employers. An evaluation that is inaccurate can have serious implications for the supervisee as well as for the supervisor.

Essential Features of Evaluation

Objective Versus Subjective Evaluation

In our experience, most evaluation by supervisors has been largely subjective rather than objective. Very few standardized methods for evaluating supervisees have existed, and supervisors have had to develop their own systems to evaluate performance and professional behavior. Individual training programs have developed their own assessment and evaluation procedures, which have lacked specificity and empirical foundation (Robiner, 1998b). In a survey of psychology internship programs published in 1994, Robiner, Fuhrman, Ristved, Bobbitt, and Schirvar found that evaluation practices lacked validation, were fairly general, and varied in scope, scaling, and content. Well over a decade later, these problems in evaluation practices persist. Lichtenberg et al. (2007) suggested that "without developmentally informed, clear, and measurable learning objectives for each competency domain and associated benchmarks for performance at each stage of professional development, the effective measurement of competencies—high fidelity measurement that is reliable and valid and relevant to actual practice—is unlikely to be achieved" (p. 476).

Kaslow and colleagues (Kaslow, Rubin, Bebeau, et al., 2007; Kaslow, Rubin, Forrest, et al., 2007) suggested that evaluation falls into two major categories: formative and summative. *Formative evaluation* involves providing ongoing evaluation, typically in the form of feedback throughout the supervisory process, to facilitate the supervisee's long-term professional growth and development. Formative evaluation has relevance throughout one's professional career as a means of ensuring the attainment of higher levels of competence through performance improvement. *Summative evaluation* refers to evaluation episodes wherein a supervisor provides specific evaluation of how a supervisee is performing, which generally consists of an endpoint evaluation. Supervisors seem to be more comfortable with formative evaluation as a normal part of their role and function and less comfortable with summative evaluation.

The integration of formative and summative evaluation addresses an individual trainee's strengths and areas of competence deficiencies. This kind of evaluation can be a useful basis for developing remedial plans, if needed. Johnson et al. (2008) stated that those who are responsible for the education and training of mental health professionals are ethically and professionally obligated to balance their roles as advocate and mentor of trainees with their gatekeeping role. One of their recommendations for managing these sometimes

conflicting roles is to thoroughly and accurately provide routine formative and summative evaluation for trainees, carefully document these evaluations, and ensure that multiple professionals give independent evaluations of each trainee in a program.

BOB HAYNES'S PERSONAL PERSPECTIVE

A doctoral psychology student came to our internship training program for a year of intensive clinical training. When she began to show deficiencies in basic clinical tasks in assessment and therapy early in the training year, I reexamined her internship application to review what faculty and clinical supervisors had said about her abilities. The letters of recommendation were consistently positive about her abilities, without a single reference to any deficiencies. When I contacted the training director at the doctoral program, I received a somewhat different picture of the intern. Deficiencies had been suspected and noted by some faculty and supervisors—but not consistently enough to result in any of the referees mentioning this in their letters of recommendation. This situation was difficult for our training staff as well as for the intern. No one had counseled her previously about these deficiencies, and she thought her clinical performance was adequate. This failure to provide accurate evaluative information both to the student and to our program resulted in considerable time and energy being expended with this student. In addition, the student struggled throughout the year trying to determine whether the problem was with her clinical skills or with our evaluation process. It was a difficult situation for all of us, and one that could have been avoided had accurate and objective feedback been provided to the student from the beginning.

Standardization of Methods

Supervisors are more likely to fully invest in the evaluation process when standardized procedures and evaluation forms are in place. Many agencies, schools, and field training sites have developed rating forms and other tools for evaluation of supervisees and supervisors. Many of these forms are thorough and objective, though few have undertaken the rigors of reliability and validity testing that should be conducted on these measures.

Criteria for Evaluation

It is extremely helpful when supervisors have specific and clear criteria for evaluation and these are included in the supervision contract. The supervision contract then becomes the basis for measuring that which the supervisee has accomplished over the course of supervision. Having established criteria gives the supervisor standards by which to measure the performance and conduct of the supervisee. The difficulty is that standards of competence in the helping professions are not clear-cut (Lichtenberg et al., 2007). However, professional associations and licensing bodies, as well as doctoral programs and training sites, have attempted to determine the criteria for measuring competence.

In graduate training programs, students have a right to be informed that their knowledge and skills, clinical performance, and interpersonal behaviors will be evaluated at different times during the program. For trainees, satisfactory academic performance is essential, but it is not enough. Trainees' personal qualities, ability to relate effectively with others, and ethical practice are all factors to consider in the development of effective helping professionals (Elman, Illfelder-Kaye, & Robiner, 2005).

Ongoing evaluation of trainees is crucial in order to determine whether they are making satisfactory progress in all areas of the training program (Wilkerson, 2006). Academic programs have a responsibility to provide written policies to applicants regarding how

and when they will be evaluated prior to admission. Regarding evaluations of students in a program, the 2009 CACREP Standard states the following:

> The program faculty conducts a systematic developmental assessment of each student's progress throughout the program, including consideration of the student's academic performance, professional development, and personal development. . . . If evaluations indicate that a student is not appropriate for the program, faculty members help facilitate the student's transition out of the program and, if possible, into a more appropriate area of study. (Section I.P.)

Supervisors must distinguish between performance and personality. In the helping professions, the personal characteristics of supervisees play a major role in their clinical abilities. It is possible for supervisees to perform adequately yet receive a negative evaluation from their supervisors based largely on personality factors. The difficulty, then, is in learning to separate out and measure those personal characteristics that are essential to clinical competence. In addition to assessing knowledge and skills of trainees, Orlinsky, Geller, and Norcross (2005) contended that it is essential to assess *personal* and *interpersonal* competencies, such as the capacity for self-awareness and self-reflection. They emphasized the *personal* qualities of the therapist, including emotional resonance and responsiveness, social perceptiveness, compassion, desire to help, self-understanding, and self-discipline. In summary, there is still much to be learned about the specific dimensions for measuring competence in the helping professional. Nonetheless, supervisors can use criteria and measures that have been developed rather than relying on subjective ones to evaluate clinical competence. Competent supervisors will continue to look for better ways to accomplish the goals of supervision using clearly defined measures upon which to base their evaluation.

Organization of Evaluation

The evaluation process is most effective when it is planned and organized and discussed with the supervisee at the beginning of the supervisory relationship. Evaluation procedures, methods, and time frames should be clearly spelled out in the supervision contract. This encourages the supervisor to have a well-developed plan about the role and methods of evaluation rather than having to develop something at the 11th hour before the evaluation is scheduled to occur.

Evaluation should occur throughout the course of supervision on a regular and systematic basis. Supervisees have a right to know when to expect evaluations as well as to be familiar with the forms, methods, and processes used for evaluation. It is crucial that evaluation be conducted early enough in the clinical experience of the supervisee so that he or she has adequate time to correct any deficits identified by the supervisor. The supervision contract should include due process information regarding how the process will proceed when deficiencies are identified and what recourse the supervisee has to challenge or remediate the deficiencies. Wilkerson (2006) emphasized the importance of informed consent on the part of students enrolling in graduate training programs. Wilkerson stated that informed consent requires clear statements about what constitutes grounds for concerns, including when and why students may be terminated from a program.

Due Process

Due process, as defined in Chapter 8, is a means of providing to supervisees clear expectations for performance and a procedure for handling adverse actions when those performance expectations are not met. The supervisor is obligated ethically to provide due process regarding evaluation of supervisees. Supervisees have a right to be informed in writing of the procedures for evaluation, which include how and when it will occur, what

the consequences of a serious negative evaluation might be, what recourse supervisees will have to correct any deficiencies identified, what they can do if they would like to challenge the evaluation results, and what the course of appeal is in the case of an extremely negative evaluation with which they do not agree. Johnson et al. (2008) suggested that information about due process be available in program descriptions (e.g., Web sites, marketing materials, and student handbooks) to reduce distress for faculty and students in the event that professional development issues arise.

BOB HAYNES'S PERSONAL PERSPECTIVE

Evaluation of supervisees often has significant long-term effects on the careers of helping professionals. Once evaluations are completed, they become a permanent part of the supervisee's record and become the basis for making recommendations for employment, licensing, and professional association membership. As an internship director, I received many requests each year to verify supervisees' performance during internship, in some cases going back more than 25 years. Evaluation results become a part of the supervisee's record for many, many years. It would be helpful for both supervisors and supervisees to consider these far-reaching effects when participating in the evaluation process. Supervisees do not have to agree with the results of an evaluation just to be compliant. If they disagree with the evaluation, they can take steps to contest the evaluation before it becomes a part of their permanent record. Supervisors are obligated ethically and legally to ensure that the evaluation is objective and fair and provides due process for the supervisee.

Empowering the Supervisee to Conduct Self-Evaluation

The ultimate goal for supervision is to empower the supervisee to be able to self-supervise throughout his or her professional career (Morrissette, 2001). A major part of this self-supervision includes the ability to self-evaluate. This ability to assess one's own strengths and deficits, to know the limits of one's competence, to seek supervision and consultation when necessary, and to continue to learn through reading and continuing education is the hallmark of a competent helping professional (Falender & Shafranske, 2007).

Kaslow and colleagues (Kaslow, Rubin, Forrest, et al., 2007) emphasized the value of self-assessment and stated that the psychology community must help to establish a culture that promotes self-assessment and reflective practice. Supervisors in all of the helping professions can foster the development of self-evaluation in their supervisees by modeling this behavior and demonstrating openness to learn and grow, receptivity to feedback about their performance as a supervisor, and willingness to provide the tools and skills necessary for self-supervision (Falender & Shafranske, 2007). Self-supervision should be seen as a long-term goal for clinicians rather than being used as a primary evaluation tool in supervision. As Barnes (2004) found, early in their development, supervisees are not able to assess their own clinical skills accurately—they tend to be too critical or to overestimate their abilities.

Evaluation of the Supervisor

Supervision is very often a one-way street in which the supervisor evaluates the performance of the supervisee. However, a comprehensive evaluation process includes an assessment of the performance of the supervisor by the supervisee and by the agency, department, or the supervisor's supervisor where appropriate. Some supervisors are simply not open to this idea, but those that are can use this feedback as an opportunity for their growth and learning. The supervisor and supervisee could review and discuss the

feedback from the supervisee and discuss what actions can be taken to improve the supervisory process. This requires a supervisor who is well grounded, confident, and open to improvement. Here are some of the qualities on which supervisors can be evaluated:

- Availability
- Communication skills
- Cultural competence
- Ethical and legal knowledge
- Clinical and professional knowledge
- Professionalism
- Provision of useful feedback and evaluation
- Punctuality
- Responsiveness to supervisee's needs and ideas
- Resolution of issues/conflicts promptly and professionally
- Effective modeling for the supervisee
- Supervision of psychotherapy
- Supportiveness
- Use of supervision interventions

We encourage you to seek feedback from your supervisees about your performance as a supervisor. Supervisees are more likely to be forthcoming with both positive and negative feedback when the evaluation is in writing and is conducted at the conclusion of the supervisory relationship. In pointing this out, we are not discouraging ongoing evaluation and discussion of how the supervision is going for the supervisee, but most often the true feelings of a supervisee are more likely to come out after the supervision and final evaluation are over. Even so, supervisees know that you will be asked to write letters of recommendation for many years to come, and they may be reluctant to provide feedback that is too critical or negative. The candor in providing honest feedback to the supervisor directly relates to the level of mutual trust and respect that developed in the course of the supervisory relationship.

Appendix 10A at the end of the chapter provides one example of an evaluation form that could be given to supervisees to assess their supervision experience.

Guidelines for Conducting Evaluations

The *Report of* the *ASPPB: Task Force on Supervision Guidelines* (ASPPB, 1998) captures the requirements for evaluation in supervision best:

> Evaluations provide objective assessment and direct feedback about the supervisee's competence in order to facilitate skill acquisition and professional growth. They are necessary to ensure that supervisees achieve identified objectives. At the outset of the supervisory period each supervisor together with the supervisee shall establish a written contract that specifies: a) the competencies to be evaluated and the goals to be attained; b) the standards for measuring performance; and c) the time frame for goal attainment. Direct feedback should be ongoing with written evaluations provided at least quarterly. Written evaluation of the supervisor by the supervisee should be provided at the end of the training program. (I.V.A., p. 5)

This standard addresses the evaluation of doctoral candidates for licensure, but it is readily applicable to most supervision situations.

Written evaluations and letters of recommendation that are inaccurately positive or negative can have serious consequences. Supervisors should avoid the tendency to minimize or omit any negative information or to give inaccurately positive evaluations. Be aware that a supervisee could sue a supervisor who provides an exceedingly negative evaluation

that hampers the supervisee's ability to seek employment, licensure, and professional association membership. The burden is on supervisors to provide accurate and fair evaluations based on objective information that supports their findings.

From our experience, the evaluation of supervisees can be a positive and valuable experience for both the supervisee and the supervisor. Those positive experiences occur when evaluation is taken seriously as an important part of supervision and when careful planning and development have gone into the evaluation process. It is essential that supervisors have a clear picture of the evaluation objectives, criteria, and process and make sure the supervisee is informed of these early in the supervisory relationship and in the supervision contract. Let's look at some of the guidelines for developing the evaluation process and conducting evaluation sessions.

- Evaluation seems most effective as a continuous process. Formal evaluation should occur several times over the course of supervision, and informal evaluation should be conducted on a regular basis. It is good practice to present a balanced evaluation, highlighting both the supervisee's strengths and deficiencies. Some supervisors tend to focus more heavily on the deficiencies.
- When the supervisee is not open to feedback and evaluation, help the supervisee become aware of and explore that aspect of his or her learning. That could be done by helping the supervisee look at the feedback provided from various sources and how he or she has processed that information. Conduct evaluations frequently enough to keep the supervisee apprised of his or her progress and need for improvement, and give the supervisee ample time to remedy any deficiencies. The frequency of evaluations depends on the needs of the situation and the length of time over which the supervision will occur.
- Understand the administrative policy for evaluation and who else needs to be involved. Many agencies have their own evaluation procedures and tools. Determine how the clinical evaluation fits into the agency evaluation process, and whether it is compatible with employment practices. Does this evaluation process satisfy the needs of the graduate training program or licensing board?
- Try to involve in the evaluation process those who have had significant contact or supervision with the supervisee. If they cannot attend the evaluation meeting, call them or send them a form to complete to give input into the progress of the supervisee.
- Involve the supervisee in the evaluation process. If feedback is given routinely, there should be no surprises for the supervisee when the formal evaluation session occurs. Encourage supervisees to evaluate their own progress and discuss how their evaluation may differ from yours.
- In conducting the evaluation conference, be sure the supervisee knows when and where it will occur and what to expect in the session. Try to meet in a room or office that is private and free of interruptions. Be as clear as possible in stating your evaluation of the supervisee's performance. Use specific examples of his or her performance to illustrate your points. Ask supervisees to evaluate their training, including the value of the supervision and what could be improved about the supervisory relationship.
- Be clear on what needs to be accomplished from here; that is, explain the remediation necessary to correct any problems and include time frames, behavioral expectations, how progress will be assessed, and who will conduct the assessment. Document the session and maintain accurate records of the supervisee's performance and conduct. Ongoing documentation of the supervisory sessions and critical incidents will provide a basis for the periodic formal evaluations and serve as a record regarding the

supervisee's performance under your supervision to employers, licensing boards, and professional associations.
- The issue of openness to supervision should be a major topic of any evaluation—this is a key component of the supervisee's ability to grow and learn. As a supervisor, model openness to feedback. Try to evaluate performance and behavior and not personality styles, but address personal and interpersonal characteristics that affect the supervisee's clinical work as a part of the evaluation process.

The following list provides some specific areas to include in the evaluation of the supervisee:

- Intervention knowledge and skills
- Assessment knowledge and skills
- Relationships with staff and clients
- Responsiveness to supervision
- Awareness of limitations and knowing when to seek outside help
- Communication skills
- Ethical and legal practice
- Multicultural competence
- Professionalism, judgment, and maturity
- Openness to personal development
- Compliance with agency policies and procedures

Concerns of Supervisors

For some supervisors, being trained as a counselor may not translate well to being an evaluator. The training in many counseling, marriage and family therapy, social work, and psychology programs emphasizes that a good counselor is one who does not form judgments about clients. Counselors strive not to judge and evaluate the client. There is a tendency to foster that same approach in the supervisory relationship, which many supervisors liken to the counseling relationship.

Some supervisors do not want to provide what they consider to be negative feedback, especially when they have formed a collegial relationship with the supervisee (Welfel, 2010). Ladany and Melincoff (1999) found in their study that the most frequently cited nondisclosure by supervisors is that of negative reactions to supervisees' counseling and professional performance.

As mentioned, many supervisors simply do not have evaluation tools available to them and have to rely on their own devices to develop the tools and procedures for evaluation. Supervisors may struggle with the problem of whether they are evaluating the performance or the personality characteristics of the supervisee and what role each plays in clinical competence. Sometimes a supervisor does not enjoy working with a particular supervisee. In those instances, the evaluation of the supervisee may become more difficult as the supervisor tries to sort out his or her feelings about the supervisee from the objective evaluation of the supervisee's performance.

The supervisor may determine that the supervisee can do the basic clinical work but that he or she does not seem well suited for the profession. This may be due to the personal characteristics of the supervisee, idiosyncrasies of the supervisor, personality differences between supervisee and supervisor, or some other reason. Johnson et al. (2008) pointed out that "graduate program training directors express concern about the moral character and psychological fitness of their students" (p. 590). Alarmingly, these researchers referred to a study conducted by Huprich and Rudd (2004) that found 72% of training programs and 10% of internship sites reported students with significant levels of psychological impairment.

If the supervisor truly believes the supervisee is not appropriate for the profession, he or she must determine how to objectively define and document the problematic behaviors in order to present specific feedback to the supervisee in a timely way that allows for the possibility of remediation. Supervisors must realize that one letter to a licensing board stating that the supervisee is unfit for the profession could be sufficient to ruin a career; thus it is essential that due process be provided to the supervisee.

Supervisors are being held increasingly accountable and ethically and legally liable for evaluations by professional associations, licensing boards, employers, and supervisees themselves (Falvey, 2002). For that reason, many supervisors do not like to put their observations and evaluative statements on paper. Many issues that supervisors have with evaluation lead to a desire to avoid the evaluation process altogether, but supervisors must be able to substantiate their observations and their evaluation of the supervisee. By developing a system of evaluation using established criteria and measures, supervisors can find their role as evaluators tolerable and productive for both the supervisor and the supervisee.

Concerns of Supervisees

Supervisees have many concerns about the evaluation of their performance and conduct as well. They have a lot on the line, including years of schooling, success in their new career, future income, and the understandable concern of wanting to perform well as a new counselor with acceptance into the profession.

Most trainees and professionals experience anxiety and defensiveness about being evaluated. Concerns about performing well, being liked, and having the basic skills are common to those in the helping professions. It is reassuring to hear from a respected supervisor and professional in one's field that one is progressing, performing well, and has what it takes to contribute as a helping professional.

Because most supervisees would like to receive a positive evaluation, the tendency for them is to present an overly positive description of their clinical work when self-reporting to their supervisors. This is a major problem for supervisees and supervisors because supervisees will not receive accurate feedback from their supervisors unless they are honest in providing information about their clinical work. Supervisors will not get an accurate reading of the skills and abilities of their supervisees if they are not forthcoming. Supervisors need to develop a supportive and trusting atmosphere to foster supervisees' forthrightness. Some supervisors seem unwilling to balance giving negative feedback with comments about a supervisee's strengths. A supervisee in this situation is facing a dilemma about how to respond to the critical supervisor: "Do I challenge the supervisor? Do I keep quiet and try to get through the experience? Do I seek out another supervisor? What will be the consequences of these actions? Will I make the supervisor feel bad if I challenge him or her?"

Supervisees suffer from not knowing what to expect from the supervision, from the clinical experience, and from the evaluation process. To demystify the training process, supervisors need to clarify all of this in the supervision contract and the informed consent agreement early in the supervisory relationship. If not, supervisees will expend a considerable amount of their training energy trying to determine what is expected of them and how they will be evaluated.

Supervisees are not always told who has access to information from the supervisory sessions. This can leave supervisees with many questions: Is the information that is shared between supervisor and supervisee confidential? Can the supervisor share it with others? If so, with whom? And with whom, if anyone, can the supervisee share this information? Can information from evaluations jeopardize a supervisee's career? The supervisor has the

responsibility to inform trainees of the parameters of confidentiality regarding the supervisory relationship at the outset.

What recourse does a supervisee have if he or she disagrees with the evaluation? Supervisees are often at a loss as to what recourse is available if they receive an evaluation with which they disagree. Can they challenge it? Should they? How do they proceed if they want to challenge it? Supervisees have the right to challenge an evaluation and should be informed of the process for doing so early in supervision.

Initial Assessment of Supervisees

One type of evaluation is the initial assessment of a new supervisee. This first task in supervision is to make an assessment of the needs and goals of the supervision, the setting, the client, and your own areas of expertise as a supervisor. This means taking time before the first supervision session to jot down ideas regarding assessment and also to provide an agenda for discussion in the first supervision session.

Here are some areas to consider as you formulate a supervision plan:

- What are the goals of supervision for this group or individual?
- What are the main supervisory roles that I will serve for the supervisee(s)?
- What are the licensing and/or agency policies pertinent to this supervision?
- Will group or individual supervision provide the most effective and economical approach?
- Which supervision methods will serve the goals of this supervision best?
- What methods of evaluation will I use, and will there be requirements for documentation or reporting on the supervisee's performance?
- Where, when, and how often will we meet?
- Can I anticipate any legal or ethical concerns that might arise?
- What are the particular issues about the individual or group that I will be supervising? Are there multicultural considerations?
- If there are identified inherent dual roles, how will I handle them and what are the expectations?

Considering these issues prior to the first session should assist you in developing a clear plan for supervision.

Evaluation Methods

Supervisors evaluate trainees in a variety of ways. The most common method is providing evaluative feedback one-on-one with the supervisee. This can be done at any time in supervision as well as at predetermined sessions for formal evaluation. Another form of evaluation commonly used is for a group of professionals who have worked with the supervisee to arrange a meeting with the supervisee to provide evaluative feedback. The advantage of the group method is that common themes can be identified by those working with the supervisee. It also provides an opportunity for the group to discuss the training objectives of the supervisee for the next period.

In some instances, the supervisor completes a written evaluation form and discusses the results with the supervisee. This can serve as the basis for the individual or group evaluation session and can provide some structure for that meeting. Some forms have a place for the supervisee to sign to indicate that he or she has read it and to indicate whether the supervisee agrees with the ratings on the evaluation.

Direct observation of supervisees' work is necessary to ensure an accurate picture of supervisees' clinical abilities. Supervision methods discussed in Chapter 5 describe this

process. Evaluation following a direct observation can be very effective because it is based on current observation of performance.

Most formal academic and clinical training sites use written evaluation forms. More often than not, the program or site has developed its own evaluation form. Few standardized evaluation tools have been available, and each program or site has its own specific evaluation needs. Two sample forms are provided in the chapter appendixes, but neither may suit your particular needs entirely. The Practicum Evaluation Form (Appendix 10B) and the Supervisee Performance Evaluation (Appendix 10C) are examples of evaluation tools used in university and internship training settings, but they are not empirically derived. Nevertheless, you can begin to see what topics are addressed by examining these evaluation tools. In *Voices From the Field*, Tarrell Awe Agahe Portman describes another approach to evaluation. See Campbell (2006), Falvey, Caldwell, and Cohen (2002), and Storm and Todd (1997) for other sample evaluation forms.

VOICES FROM THE FIELD

Tarrell Awe Agahe Portman, PhD

Evaluation: My Integral Component in Clinical Supervision

Upon entering a PhD program in counselor education and supervision, I was amazed to realize I was one of less than a handful of doctoral students who had obtained a license as a clinical supervisor. I must admit my master's-level clinical supervision was not based on formal training in clinical supervision but on my clinical and school counseling work experiences. My clinical experiences were supervised by well-meaning supervisors who encouraged me to grow through praise, but they provided minimal evaluation. Upon entering a doctoral program, I quickly learned evaluation was a key point in my growth as a clinical supervisor. It has been my experience that evaluation in supervision may be the most important topic overlooked in supervision training. Similar to my own experiences, many master's-level supervisors have not participated in a formal clinical supervision course. These supervisors appear to depend on time-limited workshops or site-supervisor trainings, which may focus more on the technical paperwork than on the role of supervision evaluation. My experience with clinical supervision has been that evaluation is an invaluable developmental tool.

In 1999, I had the honor of instructing a clinical supervision course with Ursula Delworth at the University of Iowa. Delworth relayed to me the rich history related to clinical supervision found at the University of Iowa. I was impressed with her knowledge and pragmatic view of the developmental process of clinical supervision. One of the most important points I learned from Delworth was the importance of helping students understand and incorporate evaluation into their individual supervision sessions and sessions with their own supervisees. I continue to place importance on using a developmental model to address evaluation with supervisees and to help them understand self-evaluation.

The primary role for me as a clinical supervisor in evaluation is to develop a skill set in my supervisees (or students) that enables them to reflect on their own counselor development. This evaluation skill set requires supervisees to objectively view their level of counselor development and understand a developmental framework relative to general counselor development. In particular, the integrative developmental model (IDM) has been my preferred theoretical model throughout my professional career.

In evaluation sessions with supervisees, I attempt to be very direct and to make sure the supervisory relationship is built on the same understanding of the purpose of supervision: counselor growth and development. I include a discussion of evaluation and the anxieties this might invoke in the very first supervision session. The discussion includes topics of (a) gatekeeping for the profession, (b) my professional vicarious liability, (c) client welfare, and (d) supervisee professional growth as a consumer of supervision.

Here is a sampling of questions I might include to begin the evaluation discussion:

1. How do you measure your own professional growth as a counselor?
2. What do you see as your strengths and weaknesses?
3. What have been your past experiences with evaluation?
4. What meaning does evaluation hold for you professionally and personally?
5. Describe for me other evaluations you have encountered outside of supervision? How did these experiences affect your professional or personal life?
6. How do you conceptualize evaluation in supervision?
7. Describe your comfort level with being an evaluator in general? in working with clients? in working with counselors (supervisees)?

Questions similar to these help me as a supervisor to establish a mind-set for evaluation to be an integral part of our supervision process. It also allows me to understand the "evaluation" sensitivity my supervisees may hold. This knowledge helps me to select specific evaluation strategies to match the developmental level of each supervisee.

One of the most exciting areas of supervision is to train clinical supervisors as they work with their own supervisees. Adhering to belief in the theory of parallel process, I often have observed and smiled at the supervisors-in-training who "act out" their supervisees' anxieties related to evaluation. It is a wonderful experience to witness the "aha" moments when supervisors-in-training begin to understand the importance of evaluation as a part of the supervisory relationship. For me, evaluation of supervisors-in-training has taken place in the doctoral level Theories and Practice of Supervision course and the required supervision of supervisors. The evaluation of supervisors-in-training is enhanced through them actually supervising one supervisee during the semester. This mandates higher-order thinking about evaluation of supervision skills to enhance the counseling skills of their supervisees. It also helps that the course is filled with readings about research in clinical supervision. In closing, my experiences have been to incorporate evaluation tools, skills, and discussions into supervision sessions and training as a necessary pragmatic tool to promoting counselor development.

Test Your Evaluation Skills

In the three case examples that follow, read the case description and answer the questions before you read our commentary on each case.

CASE STUDY 10.1: SUSAN

Susan is a bright, energetic, and motivated student in a school counseling program. Maggie is her supervisor and has worked with hundreds of trainees.

Maggie likes Susan and is optimistic about her future as a school counselor but observes that Susan has little experience or working knowledge of clinical issues. The first formal evaluation session with Maggie and Susan is rapidly approaching, and Maggie is unsure about what to say to Susan. She does not want to hurt her feelings or dampen her enthusiasm or motivation, but she wants to be candid about what she has observed.

Questions for Reflection

- What do you think this would be like for Maggie? for Susan?
- Can you identify with the ambivalence Maggie feels about being candid with Susan?
- What advice would you give to Maggie?
- How would you handle the feedback session with Susan?

Commentary

This is a common scenario for supervisors when working with students. Most are enthusiastic and motivated and at the same time inexperienced and sometimes naïve about the work. The goal should be to assist Susan to acquire the experience and knowledge she needs to succeed in the profession. To do otherwise would be a disservice to Susan. It all begins with a clear contract about what is expected and a supervisory relationship built on trust and respect. If Maggie has been honest with Susan continuously, then the information she will present at the evaluation session should not come as a surprise. Maggie might assume the role of mentor and teacher with Susan, use live observation and cotherapy with her, and insist that Susan spend a fair amount of time shadowing Maggie so Susan can observe what is involved in the role of the school counselor and how Maggie carries out that role. If Maggie thinks of the evaluation process as beginning in the first supervisory contact and continuing throughout, then the formal evaluation sessions should provide a summary of feedback that Susan has already heard.

CASE STUDY 10.2: LUTHER

Luther has been your supervisee for the last year. He is knowledgeable of the various therapeutic approaches and how to apply them. However, he is somewhat insensitive to the feelings of others, and you can see this in his work with clients. He is abrasive and has a sarcastic side that can really put people off. His clinical skills are barely adequate, and his people skills leave a lot to be desired. Luther has some awareness of how he comes across to people, but he has not shown much progress in changing this.

Questions for Reflection

- How would you supervise Luther, and what interventions would you use?
- Do you think there is hope for Luther to alter his behavior and improve his people skills?
- How do you think Luther will respond to the evaluative feedback?
- What would be your plan for providing regular and systematic evaluation for Luther?
- If you were asked by a licensing board whether Luther is qualified for licensure, what would you say?

Commentary

With structure and direction, it is likely that Luther can increase his awareness of how he affects others and can develop those basic helping skills of empathy, respect, and active listening. Using a developmental model, Luther is a novice in using basic counseling skills. As his supervisor, you might best provide structure and direction with a great deal of constructive feedback. Your role would be more of a teacher. Live observation and role playing are good ways to give direct feedback regarding the development of those helping skills. At his current level of functioning, it would be difficult to give a favorable recommendation to the licensing board. However, with support, feedback, and his desire for growth and learning, Luther will most likely show considerable improvement. It is essential to report your observations of his performance to the licensing board regarding the manner in which he accepted the feedback and progressed while under supervision. Focus on behavioral observations, and try to stay away from making value judgments about his work.

CASE STUDY 10.3: TYRONE

Tyrone is the most capable student you have worked with as a supervisor. In addition to his current work in the doctoral counseling program, he has worked in the field as a mental health counselor for more than 20 years. He has experience, knowledge, clinical skills, good judgment, and the personal characteristics that make him a true pleasure to work with. You find yourself wondering if you are providing any supervisory help to Tyrone. Your supervisory sessions seem more like consultations than supervision, and you feel you learn more from Tyrone than he does from you.

Questions for Reflection

- How do you work with someone who has more knowledge than you do? What can he learn from you?
- What are the potential problems in working with a supervisee like Tyrone? What are the benefits?
- Would you feel defensive if Tyrone challenged something you said?
- What evaluation methods would be most appropriate?
- How would you expect the evaluation process to go with him?

Commentary

With supervisees like Tyrone, who have years of experience and are enjoyable to work with, the tendency of supervisors is to not supervise very carefully. However, it would be best to supervise very carefully in the beginning, using live observation and assessing his clinical abilities. Develop the supervision contract and implement the usual evaluation procedures as you would with any supervisee. As the supervisor, you are ultimately responsible for Tyrone's work, and you need to be sure that all the bases are covered. Having years of experience in the field and being an enjoyable person to work with are no guarantees that Tyrone has all of the knowledge and skills, as well as the judgment, necessary to function independently.

Writing Letters of Recommendation

A natural result of evaluation in supervision is the subsequent letter of recommendation that supervisees request be sent to prospective employers, licensing boards, and professional associations. These letters are commonly based on information resulting from the evaluation of the supervisee. A number of researchers have reviewed the process of writing letters of recommendation for psychology internship applications (Grote, Robiner, &

Haut, 2001; Kaslow, Rubin, Forrest, et al., 2007; R. K. Miller & Van Rybroek, 1988; Robiner, Saltzman, Hoberman, Semrud-Clikeman, & Schirvar, 1997). These letters typically exaggerated and inflated the claims regarding the abilities of the applicant and hence were of questionable value to internship programs in the selection process. Grote et al.'s (2001) survey of both writers and readers of letters of recommendation concluded that one cannot presume that letters fully disclose applicants' limitations and problems. Writing letters that are accurate and useful is a time-consuming and troubling process for the supervisor who tries to determine how to depict an accurate and objective picture of the supervisee.

When supervisees seek letters of recommendation, most will choose those whom they think will provide the most positive description of their abilities. One supervisor who has worked for many years in the field was quoted as saying, "I've never seen a negative letter of recommendation—and most of them use flowery and complimentary phrases. I just don't put much credence in these letters." This is the case for several reasons. It is counter to our culture to make negative comments about others. As Kaslow, Rubin, Forrest, et al. (2007) noted, "The current norm for letter writers in the United States is rarely to include negative qualities, and 'faint praise' may be a most telling feature of some letters" (p. 485). When there is negative information, referees are often reluctant to write it down. It may be that they do not want to have to justify their observations, or they may worry about liability issues. Robiner et al. (1997) found that many supervisors in their survey indicated that guilt or fear about damaging a supervisee's career was a major factor in being lenient in their letter writing. A referee will sometimes be more candid about an evaluation in a phone conversation, which is off the record.

Some supervisors have ulterior motives for writing the letter. If a problem employee or student has applied for a position elsewhere, the referee may want to write a positive letter to ensure that the individual moves on to another department or agency. The letter may not be inaccurate but may fail to describe some of the negatives regarding the individual. Many do not give a realistic picture of all the strengths and weaknesses of the individual.

Grote et al. (2001) found that letter writers are more likely to include information regarding marginal test administration skills and therapeutic treatment skills and less likely to include information regarding chemical abuse, anxiety or depressive disorders, or unethical behavior. Of those surveyed, 56.4% would refuse to write a letter for a supervisee who has demonstrated unethical behavior, and 46.5% would refuse to write a letter for a supervisee who has problems with chemical abuse. Grote and colleagues indicated that it may be naïve to expect changes in the behavior of letter writers unless there is a culture change and broad efforts within the professions to change this pattern within the quality assurance process. They concluded, "Until supervisors perceive that the other letter writers are expected, and likely, to be accurate and honest, they may well continue to be unwilling to mention any relative weaknesses in their letters for fear of singling out a student" (p. 660). Nonetheless, those authors encouraged supervisors to acknowledge in the letters they write that no supervisee is perfect and that the writer will describe some areas of personal and professional growth that the supervisee should work toward accomplishing. Writing objective letters of reference is an ethical obligation of the supervisor as gatekeeper for the profession.

At the same time, be aware of the implications and consequences of what you say about the supervisee. Because the majority of letters are so positive, when one writes a letter with both positives and negatives (or as alluded to above, faint praise), it is difficult to decipher whether the referee is trying to present an objective picture or send up a subtle red flag. R. K. Miller and Van Rybroek (1988) indicated that letters that contain a balanced picture of strengths and deficiencies can appear negative when compared with those that discuss only the positive aspects of the applicant. The letters that stand out are personable and describe the referee's experience of the supervisee and whether he or she would hire this individual. These letters often include examples of those things the trainee did well or out

of the ordinary. To ensure that letters are descriptive and accurate, follow these tips for writing letters of recommendation:

- Develop a plan for addressing strengths and deficiencies. To overstate or understate strengths and deficiencies could be an ethical and a liability issue.
- Keep in mind that many readers look for summary paragraphs and may only read the first and last paragraphs. Give a good, clear summary of how you have experienced the individual in one or both of those paragraphs.
- Letters of recommendation are typically requested at a time when the supervisee is applying for a job, a license, or a professional association membership. Complete the letter in a timely fashion, usually within a few weeks. It is best to ask the individual when it is due.
- Keep a copy for your file, and send a copy to the supervisee if appropriate.
- Check to be sure you have the name and address of the person to whom you are sending the letter (misspellings of names can irritate the reader and have a negative impact on how that person views the letter). Also, try to learn something about the setting so your letter can emphasize topics that would be of most interest and relevance to them.
- Be brief and to the point—longer is not better.
- Be sure you are familiar enough with the supervisee's work to write an accurate letter. If you do not know the individual well and you are obligated to write the letter, rely on the evaluations from others and cite or quote their comments regarding the individual.
- When writing a letter that includes a description of serious deficiencies, inform the supervisee, if possible, of the information you plan to include in the letter.
- Do you need a release of information to write a letter? Usually, yes. When you receive requests for letters, you should also receive a release from the individual. Do not write a letter (or for that matter talk to an employer or professional association) about the supervisee unless you have written or verbal (note the date) consent to release the information.
- Be very careful about how you describe deficits. Make sure you use objective, behavioral terms and include examples to illustrate your point. Rather than saying, "He is not a very good clinician," you might say, "His knowledge of cognitive behavioral interventions is sound, but he tries to use techniques without first building a relationship based on empathy, trust and respect." Describe what the supervisee has done to remediate the deficiencies and how open to feedback and supervision the supervisee was. Because there are so few negatives in these letters, be aware that the reader will read these comments very carefully and may attempt to "read between the lines" in determining what you are really trying to say.

An alternative to letters of recommendation is to develop and use a standardized form when asked to write a letter. The rating form could conclude with a narrative summary evaluation of the individual. Another option that experienced supervisors have chosen is to develop several templates for letters. A template could be developed for each of the several types of letters that supervisors write: employment, licensing applications, postdoctoral fellowships, professional association memberships, and so forth. It is then a matter of filling in the blanks with the names and key evaluative information for the particular individual. When working from a template, you can be sure you are including all of the necessary information.

Ask your supervisees to help you write the best and most accurate letter you can write. You may want to ask that supervisees provide you with the following information in writing: name and address of person receiving the letter, purpose of the letter, and two to three

highlights or facts that they would like to have included. The purpose of this information is not to have the supervisee write for you but to have the supervisee actively participate in providing pertinent information. If possible, provide supervisees with the opportunity to review letters of recommendation prior to mailing. Use the checklist below to be sure you have included all relevant information.

Letter of Recommendation Checklist

When you write a letter of recommendation for a supervisee, check this list to be sure you have included these relevant items.

- Your position now and when you supervised the supervisee, and how familiar you are with the supervisee's work
- How long you have been in your position
- Position and function of the supervisee
- Dates the supervisee was under your supervision
- The supervisee's duties and responsibilities, and how he or she performed
- Examples of specific training activities the supervisee participated in that illustrate your observations: for example, "She took the initiative to seek out additional training experiences on her own by working as a coleader in the stress management group and the parenting education group, and sat as an observer on the ethics committee for the entire year."
- Level of clinical knowledge and skills
- Was supervisee open to supervision, growing, and learning?
- Did supervisee work well with individuals and groups? Is supervisee a team player? (Many employers look very carefully at this item because so many positions involve working with a team.)
- Does supervisee have good common sense?
- Does supervisee demonstrate good judgment?
- Does supervisee demonstrate an awareness of and an ability to work with multicultural issues?
- Was supervisee enjoyable to work with?
- Was supervisee familiar with legal and ethical standards? Did supervisee demonstrate in practice that he or she can manage these well?
- How have you experienced the supervisee, and is this someone you would hire?

Summary

Evaluation is an essential function of supervision, and it should be described in the supervision contract. It helps us assess what progress the supervisee has made in developing the necessary clinical skills as well as ethical and multicultural competence to function independently. It is of the utmost importance that evaluation be planned, organized, systematic, and objective. Supervisees are typically anxious about being evaluated, and a supportive and trusting atmosphere can go a long way toward reducing that anxiety. Evaluation needs to be scheduled regularly throughout supervision, and the criteria for evaluation need to be clearly specified. The effective supervisor will find that this evaluation process is a communication tool that helps the supervisee get honest, fair feedback toward becoming an independent professional capable of conducting self-evaluation.

SUGGESTED ACTIVITIES

1. Role-play an evaluation of a supervisee using these different scenarios:

   - When the supervisee is performing quite well
   - When serious deficiencies have been identified
   - When the supervisor informs the supervisee that he or she must be terminated from the clinical experience

2. Interview at least two practicing supervisors to learn how they view the evaluation of supervisees and what methods of evaluation they employ. Ask how often they conduct formal evaluations of supervisees, how the feedback is communicated to the supervisees, whether they use any formal mechanism for obtaining feedback from their supervisees, and how they have changed their supervision practices as a result of feedback from supervisees.
3. Write a hypothetical letter of recommendation that is complete, objective, and balanced and incorporates most of the items from the Letter of Recommendation Checklist. Invent different scenarios to write about. For example, one could write a letter regarding a supervisee who has marginal skills and will require considerable improvement before successfully completing the supervised experience. In class, this could be done as a group exercise. Share these letters with the whole class.
4. In small groups, have class members discuss their own experiences with being evaluated as supervisees and brainstorm how they might improve the evaluation process as supervisors. Discuss how the evaluation process can be most beneficial to the supervisee and how the evaluative feedback can be communicated in the most constructive manner.
5. Consider what you think to be the optimal frequency of feedback and evaluation to supervisees. Think about formal and informal evaluation procedures and how often each should occur. What obstacles might get in the way of maintaining the optimal frequency of evaluation? How could a supervisor overcome those obstacles? This exercise can be done in class in small groups for discussion or can be done through journaling.

Appendix 10A

SUPERVISEE'S EVALUATION OF SUPERVISION EXPERIENCE

Name: _____ Date: _____

Please circle the response that describes your supervision experience most accurately.

	Strongly Disagree						*Strongly Agree*
	1	**2**	**3**	**4**	**5**	**6**	**7**
Initial Supervisory Session							
I identified personal goals for supervision.	1	2	3	4	5	6	7
I was informed of necessary preparations for regular sessions.	1	2	3	4	5	6	7
I determined areas for professional growth and development.	1	2	3	4	5	6	7
I was informed of my supervisor's expectations regarding formal and informal evaluation such as live supervision, feedback, and written evaluations.	1	2	3	4	5	6	7
I was informed of the necessity of formal and informal self-evaluations.	1	2	3	4	5	6	7
I was informed about the planned structure and nature of the supervisory meetings.	1	2	3	4	5	6	7
I provided input regarding my expectations of the supervisory relationship.	1	2	3	4	5	6	7
Supervisory Relationship							
My supervisor and I have a positive rapport.	1	2	3	4	5	6	7
My supervisor considered our supervisory relationship a priority.	1	2	3	4	5	6	7
My supervisor made it comfortable to communicate with him/her.	1	2	3	4	5	6	7
My supervisor is culturally sensitive.	1	2	3	4	5	6	7
My supervisor shared and negotiated.	1	2	3	4	5	6	7
My supervisor made it comfortable for me to discuss strengths and weaknesses about my counseling skills.	1	2	3	4	5	6	7
My supervisor refrained from counseling me except in areas that addressed my effectiveness with clients.	1	2	3	4	5	6	7
My supervisor would refer me for counseling when appropriate.	1	2	3	4	5	6	7
My supervisor would provide me with the name of an alternative supervisor in her or his absence.	1	2	3	4	5	6	7
Ethics and Issues							
My supervisor and I reviewed the American Counseling Association's *ACA Code of Ethics*.	1	2	3	4	5	6	7

Any potential dual relationship issues were addressed directly and appropriately.	1	2	3	4	5	6	7
My supervisor did not abuse the power differential in our relationship.	1	2	3	4	5	6	7
My supervisor explained the necessity of informing my client that I am a counselor in training who is being supervised.	1	2	3	4	5	6	7
We discussed the importance of obtaining the client's written consent to audiotape or videotape.	1	2	3	4	5	6	7
The expectations, goals, and roles of the supervisory process were explained.	1	2	3	4	5	6	7
My supervisor explained the importance of confidentiality.	1	2	3	4	5	6	7
I was informed of the need to obtain the client's written consent prior to consulting with other professionals who are serving the client.	1	2	3	4	5	6	7
I was made aware that my supervisor is ultimately liable for the welfare of my clients.	1	2	3	4	5	6	7
My supervisor monitored my client's welfare.	1	2	3	4	5	6	7

Supervisory Process

I was informed of the potential impact of my supervisor's theoretical orientation on the supervisory process.	1	2	3	4	5	6	7
I was encouraged to determine a theoretical orientation.	1	2	3	4	5	6	7
My supervisor was responsive to my theoretical orientation.	1	2	3	4	5	6	7
I was taught therapeutic skills.	1	2	3	4	5	6	7
My supervisor was responsive to my learning style.	1	2	3	4	5	6	7

Supervisory Sessions

I met with my supervisor in a confidential face-to-face environment on a weekly basis.	1	2	3	4	5	6	7
My supervisor and I discussed each of my client's progress every week.	1	2	3	4	5	6	7
My supervisor and I reviewed audiotapes.	1	2	3	4	5	6	7
My supervisor and I reviewed videotapes.	1	2	3	4	5	6	7
My supervisor and I participated in live supervision.	1	2	3	4	5	6	7
My supervisor focused on the content of the counseling session.	1	2	3	4	5	6	7
My supervisor focused on the process of the counseling session.	1	2	3	4	5	6	7
My supervisor helped me develop hypotheses about client behavior.	1	2	3	4	5	6	7
My supervisor modeled specific interventions.	1	2	3	4	5	6	7

Evaluation Process

During our initial supervisory session, I was provided with a copy of the formal evaluation instrument.	1	2	3	4	5	6	7
My supervisor initiated helpful conversations about the strengths in my counseling skills.	1	2	3	4	5	6	7
My supervisor initiated helpful conversations about areas of growth needed in my counseling skills.	1	2	3	4	5	6	7
I received written feedback or evaluation on a regular basis.	1	2	3	4	5	6	7
My supervisor would refer me for remedial assistance to overcome personal or professional limitations.	1	2	3	4	5	6	7
I received verbal summative evaluation during the final supervisory session.	1	2	3	4	5	6	7
I received a written summative evaluation during the final supervisory session.	1	2	3	4	5	6	7

Source: From "Supervisee's Bill of Rights," by M. A. Giordano, M. K. Altekruse, and C. W. Kern, 2000. Reprinted with permission.

Appendix 10B

PRACTICUM EVALUATION FORM

Northwestern State University
Department of Psychology
Evaluation of Practicum Student

Graduate Student: _____ Date: _____

Faculty Supervisor: _____ Date: _____

Circle one: Mid-Term Evaluation Final Evaluation

Instructions: Please use the following scale to evaluate the student.

N/A = Case did not indicate a need for the behavior and therefore was not observed.
Poor = Behavior is rarely or not evident.
Below Average = Behavior rarely evident.
Average = Behavior sometimes evident.
Above Average = Behavior evident most of the time.
Excellent = Behavior always evident.

	N/A	*Poor*	*Below Average*	*Average*	*Above Average*	*Excellent*
	0	1	2	3	4	5
I. Initial Sessions						
A. Establishes Rapport Responds to client's initial discomfort; uses small talk appropriately to help relax client	0	1	2	3	4	5
B. Presents Self Professionally Prepared; presents self as a competent professional; prompt	0	1	2	3	4	5
C. Structures Therapeutic Relationship Verbalizes role and function of therapist and client; explains the therapist's status and supervisory relationship; explains limits of confidentiality; explains and obtains informed consent and assent	0	1	2	3	4	5
D. Performs Initial Structuring Tasks Use of forms/materials; scheduling information; answers client's questions; permission to audio/videotape	0	1	2	3	4	5
II. Facilitative Conditions						
A. Conveys *Empathic Understanding* Reflects client's affect; reflects client's content; responds beyond client's words	0	1	2	3	4	5
B. Conveys *Genuineness* Interacts with spontaneity; responds to client's emotions; expresses congruent words/feelings; uses self-disclosure appropriately	0	1	2	3	4	5
C. Conveys *Unconditional Positive Regard* Facial expression/words are not judgmental; normalizes clients concerns appropriately	0	1	2	3	4	5

	D. Conveys *Effective Listening* Appears attentive; appropriate posture and eye contact; makes physical contact appropriately	0	1	2	3	4	5
	E. Therapist Use of Confrontation Identifies client discrepancies/distortions in content/affect and between verbal and nonverbal behavior; provides appropriate observations; confronts with purpose and in a supportive manner; directs client to deal with confronted content/affect; follows confrontation with active listening/empathy/here and now	0	1	2	3	4	5
	F. Focuses on Therapeutic Relationship Deals with here/now and relationship issues as necessary; responds to client's expressed concerns with the therapy process	0	1	2	3	4	5
III.	Appropriate Movement Through Stages of Therapy Process						
	A. Stage 1: Clarification of the Problem Obtains present behaviors, feelings, symptoms associated with the present problem; obtains relevant background information	0	1	2	3	4	5
	B. Stage 2: Understanding and Goal Setting Identifies client themes by tying prior events to present; restructures client themes when needed; shares impressions with client; uses interpretation appropriately; offers useful/objective perspectives; provides information; identifies/clarifies specific goals	0	1	2	3	4	5
	C. Stage 3: Facilitating Action Utilizes techniques/theory; develops action strategies; facilitates action; evaluates outcomes; offers feedback; models desired behaviors	0	1	2	3	4	5
IV.	Structures Closing of Session Alerts client to closing state; uses summary statements at end of session; asks client to clarify/summarize session content; reviews "homework" assignment; ascertains client affective state at closing	0	1	2	3	4	5
V.	Termination of Therapeutic Relationship Appropriately alerts client of termination throughout the relationship; encourages independence; summarizes goals and outcomes; plans for future; addresses closure of therapeutic relationship; describes nature of appropriate future contacts	0	1	2	3	4	5

VI. Other Skills/Activities

A.	Time management Begins sessions promptly; maintains time limitations	0	1	2	3	4	5
B.	Uses silence appropriately	0	1	2	3	4	5
C.	Develops case conceptualization	0	1	2	3	4	5
D.	Demonstrates self-awareness	0	1	2	3	4	5
E.	Promotes positive work climate	0	1	2	3	4	5
F.	Interacts effectively with colleagues	0	1	2	3	4	5
G.	Interacts effectively with supervisors	0	1	2	3	4	5
H.	Demonstrates writing skills	0	1	2	3	4	5
I.	Demonstrates file management	0	1	2	3	4	5
J.	Demonstrates professional behavior	0	1	2	3	4	5
K.	Demonstrates ethical behavior	0	1	2	3	4	5
L.	Demonstrates cultural sensitivity	0	1	2	3	4	5
M.	Demonstrates use of good judgment and counseling skills	0	1	2	3	4	5
N.	Provides appropriate referrals	0	1	2	3	4	5
O.	Accepts and learns from feedback	0	1	2	3	4	5
P.	Demonstrates appropriate crisis management knowledge	0	1	2	3	4	5

Summary: Please provide a narrative of your evaluation of the student's performance and indicate what actions you are recommending to help the student with remediation/improvement of those areas of concern.

Overall skills

Overall process

Actions taken

_____ _____

Therapist Date

_____ _____

Faculty Supervisor Date

Source: Designed by Cynthia Lindsey and Patrice Moulton (2009), based on Carkhuff, R. (2000). *The art of helping* (8th ed.). Amherst, MA: Human Resource Development Press; Campbell, J. M. (2000). *Becoming an effective supervisor*. Philadelphia, PA: Accelerated Development. Reprinted with permission of the designers.

Appendix 10C

SUPERVISEE PERFORMANCE EVALUATION

Supervisee: _____

Period Rated: _____

Supervisor: _____

Please rate the supervisee's performance for the period indicated. Rate the supervisee in comparison with the average supervisee at the same level of training. Include comments at the bottom when assigning *Below* or *Well Below standard ratings*. Review this evaluation with the supervisee and have the supervisee sign at bottom.

Circle one:

1 = Well below standard 2 = Below standard 3 = Standard 4 = Above standard 5 = Well above standard
NA = Not applicable

Professional Practice							
a.	Attendance/punctuality	1	2	3	4	5	NA
b.	Responsiveness to supervision	1	2	3	4	5	NA
c.	Relations with staff	1	2	3	4	5	NA
d.	Relationships with clients	1	2	3	4	5	NA
e.	Ethical practice	1	2	3	4	5	NA
f.	Verbal communication	1	2	3	4	5	NA
g.	Written communication	1	2	3	4	5	NA
h.	Treatment team participation	1	2	3	4	5	NA
i.	Understanding of multicultural issues/individual differences	1	2	3	4	5	NA
j.	Seeks supervision when needed	1	2	3	4	5	NA
k	Seeks consultation when needed	1	2	3	4	5	NA
l.	Initiative/independence	1	2	3	4	5	NA
m.	Judgment/maturity	1	2	3	4	5	NA
n.	Open to personal development	1	2	3	4	5	NA
Assessment Skills							
a.	Knowledge of instruments and methods	1	2	3	4	5	NA
b.	Formulation of referral questions	1	2	3	4	5	NA
c.	Test administration:						
	Intellectual	1	2	3	4	5	NA
	Neuropsychology	1	2	3	4	5	NA
	Personality	1	2	3	4	5	NA
	Projectives	1	2	3	4	5	NA
d.	Test interpretation:						
	Intellectual	1	2	3	4	5	NA
	Neuropsychology	1	2	3	4	5	NA
	Personality	1	2	3	4	5	NA
	Projectives	1	2	3	4	5	NA
e.	Rapport with clients	1	2	3	4	5	NA
f.	Report writing	1	2	3	4	5	NA
g.	Provides feedback to client	1	2	3	4	5	NA

Intervention Skills						
a. Individual therapy skills	1	2	3	4	5	NA
b. Group therapy skills	1	2	3	4	5	NA
c. Rapport/empathy in therapy	1	2	3	4	5	NA
d. Developing a clear treatment plan	1	2	3	4	5	NA
e. Intervention based on theory/research	1	2	3	4	5	NA
f. Intervention based upon client needs	1	2	3	4	5	NA
g. Evaluates progress regularly	1	2	3	4	5	NA
h. Addresses termination issues	1	2	3	4	5	NA
Other						
a. _____	1	2	3	4	5	NA
b. _____	1	2	3	4	5	NA
c. _____	1	2	3	4	5	NA
Overall Performance	1	2	3	4	5	NA

COMMENTS:

_____ _____

Supervisor Signature Date

This evaluation has been reviewed with me. I agree ___ disagree ___ with the evaluation.

_____ _____

Supervisee Signature Date

Source: Adapted and designed by Cynthia Lindsey and Patrice Moulton, June 2009, Northwestern State University, Natchitoches, LA, Department of Psychology. Reprinted with permission.

CHAPTER 11

Becoming an Effective Supervisor

FOCUS QUESTIONS

1. Think about the people who have supervised you. Which of them would you describe as effective supervisors? What are the key characteristics of those individuals? What additional characteristics do you think the effective supervisor should have?
2. What is the relative importance of a supervisor's knowledge and skill versus his or her interpersonal skills?
3. To what degree do you think you will have many of the characteristics of an effective supervisor when you first become a supervisor? What struggles do you anticipate when you first start to supervise? How can you effectively deal with these challenges?

Introduction

Chances are that you now have a clearer understanding of what supervision is about and how it works. Perhaps you have a picture of the approach you would take in fulfilling the many responsibilities of supervision. What steps will you need to take to move in this direction? Be patient with yourself. Becoming a competent and confident supervisor takes time, experience, and practice. We are convinced that this process can be a dynamic, professionally stimulating, and meaningful experience.

In this chapter we describe the characteristics of effective supervisors. We also asked our contributors to share their perspectives on this topic and to describe the "ideal" supervisor. We adapted that information into the characteristics of the "effective" supervisor. The *ideal* is something that we strive for, whereas being *effective* is something we can actually accomplish. In addition, we describe some of the struggles of new supervisors. The chapter concludes with some thoughts on finding your own style as a supervisor and developing a plan for how to proceed beyond this book in becoming an effective supervisor.

Qualities of the Ideal Supervisor

Carifio and Hess (1987) found that the ideal supervisor seems to embody many of the same personal characteristics as the ideal psychotherapist. In their survey of theory and research pertaining to supervision, Carifio and Hess addressed the question, "Who is the ideal supervisor?" They found that high-functioning supervisors perform with high levels of empathy, respect, genuineness, flexibility, concern, and openness. Furthermore, effective supervisors are able to perform a number of tasks during their interactions with supervisees. This involves experience and knowledge about psychotherapy supervision. Good supervisors are concrete in their interactions with supervisees, use appropriate teaching and goal-setting techniques in their supervisory interactions, and make use of effective feedback strategies. Competent supervisors tend to be supportive and noncritical individuals who have a great deal of respect for their supervisees. Good supervisors appreciate keeping appropriate boundaries, and they do not attempt to convert a supervisory relationship into a psychotherapy venture.

Although Carifio and Hess conducted this survey in 1987, the degree of consistency between their description and relatively recent findings about what constitutes an effective supervisor is striking (see Martino, 2001; Ramos-Sánchez et al., 2002). Notice also the close relationship between the portrait of the ideal supervisor just described and the composite perspectives of the various supervisors who address this question in this chapter.

Ramos-Sánchez et al. (2002) investigated the relationship between supervisee developmental level, working alliance, attachment, and negative experiences in supervision. They conducted a national survey of randomly selected psychology internship directors and psychology doctoral program training directors. Ramos-Sánchez and colleagues affirmed that the supervisory relationship is central in effective supervision. It is within the supervisory relationship that the supervisor trains and guides the supervisee's development in becoming a skilled therapist. They concluded that effective supervision cannot occur without a solid supervisory relationship.

As the supervisee develops his or her clinical and case conceptualization skills, the supervisee and the supervisor are more likely to agree on the tasks and goals of supervision, and the supervisory relationship becomes less didactic and more collegial. Supervisees at more advanced stages of development reported having a better working relationship with their supervisor and a higher level of trust, leading to a greater opportunity for development of the supervisor–supervisee relationship. The Ramos-Sánchez et al. (2002) survey resulted in several recommendations for effective supervision:

- Be aware that harsh criticism and judgmental attitudes on the part of supervisors can result in serious consequences for supervisee development.
- Supervisors are encouraged to build trust, to support and advocate for supervisees, and to be open to feedback from supervisees.
- Supervisor evaluation by the supervisee should be implemented to improve the supervisor's performance.
- Supervisors are encouraged to explore the supervisee's goals for supervision and to be clear about their own expectations for the supervisee's performance.

In another study of effective supervision, Martino (2001) described the information obtained from graduate students regarding their experiences with both effective and ineffective supervision. This study rated the top 10 factors contributing to "best" supervisor (descending order):

- Demonstrates clinical knowledge and expertise
- Demonstrates flexibility and openness to new ideas and approaches to cases

- Exudes warmth and is supportive
- Provides useful feedback and constructive criticism
- Is dedicated to student's training
- Possesses good clinical insight
- Is empathic
- Examines countertransference
- Adheres to ethical practices
- Provides challenge

The top 10 factors contributing to "worst" supervisor were also rated (descending order):

- Shows a lack of interest in student's training and professional development
- Proves to be unavailable
- Is inflexible to new ideas and approaches to cases
- Has limited clinical knowledge and experience
- Proves to be unreliable
- Provides unhelpful, inconsistent feedback
- Comes across as punitive and critical
- Is not empathic
- Lacks structure
- Lacks a sense of ethics

Magnuson, Wilcoxon, and Norem (1999) identified some similar themes in the description of ineffective supervisors: They have an unbalanced focus of supervision, are intolerant of differences, are poor models of professional and personal attributes, lack training as a supervisor, and are professionally apathetic.

As you read the contributors' descriptions of the ideal supervisor, we suggest that you compare them with Martino's (2001) findings. We encourage you to think about the ways the contributors' ideas affect your thoughts about becoming a competent supervisor. We hope you take the time to reflect on the questions and activities provided throughout the chapter. Think about each individual's description of the ideal supervisor, and try to identify those attributes that fit with your picture of the ideal supervisor.

Recent Graduate Student Perspectives

Crissa Markow, MSW, LSW

When she was a graduate student in the social work program at the University of Nevada, Reno, Crissa had this to say about the ideal supervisor: "I believe ideal supervisors should be as skilled in human relations as they are in the job itself. To have a supervisor who knows and understands people is essential in creating a healthy work environment. They should have a good sense of humor and the ability to remain flexible, calm, and understanding. They should welcome feedback and input from their supervisees.

"It is important that supervisors remain calm and in control, while helping supervisees to do the same. Supervisors can accomplish this by being supportive, direct, providing guidance, and by letting supervisees know they are approachable. By allowing supervisees to ask questions or make suggestions, supervisors help supervisees develop self-confidence. This in turn increases one's productivity in the workplace."

- As a supervisor, what are some actions you would take to develop a positive work environment for your supervisees?
- How will you let your supervisees know that you are approachable?

Judith Walters, MS, MFT

Judith was a marriage and family therapist intern and expressed her views on the ideal supervisor thusly: "For me, there is but one quality that must be present in order for any other qualities to be of benefit. Simply stated, it is the ability of the supervisor to intuitively join with and enter the world of the intern in such a way that the intern can develop his or her own artistry as a therapist . . . because I have come to believe that therapy is in fact an 'art.' The professional therapist must possess skills far beyond the intellectual knowledge of theories, interventions, and counseling techniques. The intuitive supervisor can nurture the intern into the often uncharted territory of self-exploration, which must be reckoned with as a prerequisite to effective relationships with clients.

"Specifically, what does the 'intuitive supervisor' do to accomplish this important task? I have identified the following qualities, which I have benefited from most in my own development as a therapist: the ability to sense when interns are ready for deeper and more difficult experiences and to push them forward; the ability to encourage the intern in such a way that questions are ultimately answered by the intern based on self-insight; and the ability to share experience, wisdom, and skills by modeling the very type of relationship I hope to establish with clients—one in which clients are able to 'do their work' without being judged. The skilled supervisor will teach, encourage, nurture, confront, be deliberate, role model, challenge, and provide information and constructive feedback, all the while 'keeping him- or herself out of the way.' I believe it is within this environment that interns will learn to depend on their own self-artistry and will arrive at their destination with clarity and confidence."

- What does "entering the world of the supervisee" mean to you, and how might you accomplish that as a supervisor?
- If you were a supervisor, what obstacles might you need to overcome to "keep out of the way" and allow your supervisees to develop?

Supervisor Perspectives

Here is what some postdegree clinicians with a variety of backgrounds and years of clinical experience had to say with regard to what constitutes an ideal supervisor.

Elie Axelroth, PsyD

Elie described the ideal supervisor in an internship setting: "It is impossible to describe the ideal supervisor without characterizing the ideal trainee, the training environment, the client, and the relationship between all of them. At the outset, the ideal supervisor understands that new interns arrive at their setting in a vulnerable state, in need of reassurance, direction, and compassion. This vulnerability must drive much of the initial work of orientation and relationship building. Interns come to the setting filled with hopes for engaging in challenging life's work, a set of skills, and enormous anxiety about their capacity to perform. The ideal supervisor assesses new interns' training needs, is tuned in to the developmental stages of the interns, and is willing to adjust the training program to their skills and needs.

"In the first weeks of internship, the ideal supervisor spends time orienting new interns by touring the setting and introducing them to staff and referral sources; reviewing crisis procedures, basic issues of confidentiality, and reporting guidelines; walking them through the paperwork and note-taking guidelines; and reviewing risk management issues such as assessment of violence and lethality. This orientation to the setting not only provides the groundwork for solid clinical work but also helps to allay interns' anxiety by establishing clear expectations. Interns need to be oriented to the informal norms of the setting as well as to the more formal policies. It is often the informal norms that create the most anxiety and uncertainty.

"While we are all pulled by the realities of clinical work, the demands on our time, the pressures of service delivery, and the challenge of balancing the numerous hats we wear, ideal supervisors leave their door open when they are available and make themselves accessible and interested, particularly in those early stages of adjustment.

"The ideal supervisor is also knowledgeable, well versed in ethics and the law, and is able to articulate a framework for making those difficult ethical decisions. Ideal supervisors can communicate a theoretical framework in terms that are accessible to the intern. They listen to the intern, are not too quick to make assessments about the client, and respect the intern's right to disagree.

"A talented clinician, one with a flair for the work, is not necessarily the ideal supervisor. The ideal supervisor is willing to highlight the strengths of the intern and not his or her own glowing achievements. This person is a seasoned clinician as well as an experienced supervisor and is able to tailor a variety of interventions to meet the needs of the intern and, at the same time, the therapeutic goals of the client. There are times when didactic instruction is needed to help interns move beyond their knowledge set. As the intern matures and builds in confidence and skill, the ideal supervisor helps the intern to develop more abstract interventions through interpretation and insight. The supervisor, like any skilled clinician, carries a bag of strategies that can be used intentionally, like any therapeutic intervention.

"Supervision is a dialogue, and the ideal supervisor recognizes that good supervision opens the supervisor as well as the intern to new insights, new learning, and excitement about the work. Like good teachers or mentors who are attuned to their students, we learn something new from teaching others. Supervision at its best is a mutual collaborative relationship, and one in which curiosity, excitement, and new insights are opened up to both supervisor and intern."

- What messages might you give your supervisees to reassure them as they begin their role as therapists?
- What do you think are the necessary components involved in orienting new supervisees to the supervisory process?
- Identify boundaries that would be important to you to maintain in the supervisory relationship.
- What are your thoughts and reactions when you imagine evaluating your supervisees?

Todd Thies, PhD

Todd had this to say about the characteristics of the ideal supervisor: "The ideal supervisor is one who can maintain an appropriate balance between providing direction to the supervisee and allowing the supervisee to develop independently. A good supervisor recognizes that the goal of supervision is not to make duplicates of him- or herself but to assist the supervisee to develop into the professional he or she was meant to be. To achieve this goal, the supervisor must be able to clearly identify those things that must be done in a specific way (for example, when to report child abuse) and those that can be left to the personality and individual strengths of the supervisee. An ideal supervisor would also serve as a role model that the supervisee can emulate. However, the parts of the supervisor the supervisee wishes to emulate must be left up to the supervisee."

- Identify elements of your personality or practice that you might be tempted to want your supervisees to emulate.
- How could you balance your responsibilities between providing direction and encouraging your supervisees to find their own direction?
- What kind of role model would you hope to be for your supervisees?

Steve Arkowitz, PsyD

Steve talked about the importance of honoring supervisory sessions: "I believe an effective supervisor is very aware of the value of 'protected' supervision time. That is, the supervisor devotes the supervision hour to the supervisee. A protected supervision hour includes structuring the supervision time with clear start and end times and scheduling the hour at the same time every week. I think this provided me with a sense of continuity and even reassurance when I was in the earlier stages of my training. I also appreciated it when supervisors did not allow phone calls or other interruptions during the supervision hour. For me, this conveyed that the supervisor valued the supervision relationship.

"Moreover, I believe the supervision hour should be structured so that the trainee is given an opportunity and expected to discuss issues from the prior week before the supervisor brings up issues that he or she wants to address. Knowing I was expected to come to supervision prepared to discuss a topic forced me to examine my cases more closely. Ideally, the supervision hour should be structured enough so as to provide the supervisee with a sense of security but be flexible enough that the training needs of the supervisee can be met.

"A less practical but perhaps more fundamental element of supervision involves the subject of autonomy. In my experience, effective supervisors have been those who recognized the need to match the level of clinical autonomy with the supervisee's level of experience. This may seem like a basic concept, but I have been surprised how often supervisors have not taken it into account. I have learned the most and been the most effective as a clinician when my supervisors permitted me a level of independence commensurate with my experience and training."

- How might you create "protected supervision time" for your supervisees?
- How would you expect your supervisees to prepare for the supervision hour?

Marianne Schneider Corey, MA

Marianne reminded us of the importance of developing our own style and being encouraged to so do: "In my training I had three different supervisors. Although they each had a somewhat distinct style of supervision, they were all warm and personable individuals, and they provided a good balance of demonstrating caring and a willingness to challenge me. They encouraged me to stretch my limits rather than to surrender to my fears. They seemed to believe in my potential to become an effective counselor at a time when I had my doubts. When I thought I couldn't meet a challenge, they provided me with a sense that I could do more than I was giving myself credit for being able to do. They provided a safety net by being available for consultation.

"A key lesson they all taught was to understand how vital the role of the counselor as a person is to the outcomes of counseling. When I was discouraged, they provided encouragement. I recall wondering if I could continue my work as a counselor because I felt triggered by so much of the pain my clients expressed. One supervisor let me know that he would be worried if I didn't have concerns in this area, yet he also helped me see the value in identifying and exploring my own personal issues when they were getting in the way of being helpful to my clients. When I was concerned that I would make a mistake and thus ruin a client, one supervisor reminded me that I did not have this much power, nor would my clients be likely to give me that kind of power. All of these supervisors had good boundaries and were able to blend therapeutic work with supervision, yet they did not take over as my therapist. They kept the focus on how my own struggles might influence my interventions with clients.

"Although all of my supervisors stressed the importance of honing my skills and expanding my knowledge, they stressed that I not lose that part of me that I already had before I pursued my education as a counselor. When I began counseling clients, I was

tempted to pattern my therapeutic style after my supervisors. All of them encouraged me to learn from what they had to offer but stressed the importance of finding my own way as a counseling practitioner rather than becoming a carbon copy of them."

- How could you encourage your supervisees to "stretch their limits rather than surrender to their fears"?
- To what degree are you affected by the pain your clients express? How might you help your supervisees cope with the pain their clients will express?
- What might you say to a supervisee who tells you, "I am afraid I will make a mistake and that it will ruin my client forever"?

Tory Nersasian, PsyD

Tory found modeling and demonstrations most useful during her supervision: "The ideal supervisor possesses basic qualities such as likeability, respect for students, and a sense of humor. In addition, achieving the ideal supervision style frequently depends on the personal preferences of the student. For example, one student may desire a relaxed approach, another may prefer more structure. I have found it very beneficial to have an initial supervision meeting during which the student's preferences and expectations of supervision are discussed.

"I have tremendous respect for the supervisor who not only tells the supervisee what works in treatment or assessment but also demonstrates the approach with a real client. Allowing students to watch your therapy sessions, read your evaluations, colead your treatment groups, and watch you present a lecture or testify in court carries much more power than discussing these experiences after they have occurred."

- How comfortable would you feel in teaching supervisees through demonstration? What might get in your way of using demonstration methods?
- How might you use your sense of humor appropriately to enhance the supervisory process? Have you experienced situations where a sense of humor has gotten in your way?

Bill Safarjan, PhD

Bill provided a succinct list of ideal supervisor traits: "An ideal supervisor would be enthusiastic about his or her work, clinically competent, tolerant of diverse viewpoints, objective, responsible, open to new ways of thinking, versatile in her or his teaching strategies, and courageous in confronting the tough issues that could negatively impact the future of the supervisee. An ideal supervisor would also have broad interests; clear, well-defined boundaries; high ethical standards; and a love of teaching and of the profession."

- Which of these traits would you most want supervisees to use to describe you as a supervisor?
- Which of these characteristics would be the most challenging for you to acquire?
- Are there any additional characteristics that you think are essential?

David Shepard, PhD

David believes supervisors must have a passion for the field and communicate their passion to supervisees: "When students begin working in a mental health setting, they will meet counselors who are experiencing burnout. Students may not realize that they are witnessing burnout and may assume that such feelings are an inevitable part of the profession. The 'passionate' supervisor counters these negative messages by modeling the exhilaration this field can *continually* generate provided that counselors practice self-monitoring and self-care.

"Is the ideal counselor a wise expert and brilliant counselor, comfortable with a variety of theoretical approaches and familiar with 'best-possible treatments' for every diagnosis in the *DSM-IV*? I would argue that supervisors need not be so-called master therapists but rather counselors who envision themselves as participating in a lifelong journey of growth as a helper and as a person. They share the discoveries they are making along this journey. They model as supervisors what it means to be a self-reflective practitioner. Ultimately, the ideal supervisor is someone who, like the ideal teacher, inspires. Their supervisees leave the supervisory experience with a passion for their work, with the expectation that failure and uncertainty are necessary experiences on their journey of growth, with respect for the limits of their knowledge, and with a joyous anticipation of continued learning."

- What plan might you put in place that would maintain your passion for your work and decrease your chances of burnout?
- Have you been inspired by any of your supervisors? What might you do to inspire your supervisees?

We can use the descriptions of the ideal supervisor to formulate a composite picture of the supervisor we would each like to be. Take a few minutes now to write down your own description of an ideal supervisor. Doing this will help you to understand how you view the process of supervision. The contributors did a thorough job of describing the attributes of the ideal supervisor, and we have summarized some of the common themes below. Review this list often as you grow into your supervisory role and responsibilities.

Characteristics of an Effective Supervisor

- Aware of clinical, legal, and ethical issues
- Possesses good clinical skills
- Demonstrates empathy, respect, genuineness, listening
- Establishes an accepting supervisory climate
- Creates a supervisory relationship characterized by trust and respect
- Determines the developmental level of the supervisee and provides supervision methods that will best serve the training needs of the supervisee
- Has a sense of humor
- Develops clear boundaries
- Encourages appropriate risk-taking on the part of supervisees
- Supports a collaborative supervisory process
- Respects the knowledge supervisees bring to the supervisory relationship
- Appreciates individual and cultural differences among supervisees and differing opinions about theoretical viewpoints
- Is open, approachable, and supportive
- Is interested in the supervisee as a person
- Has a keen interest in training and supervision
- Shows sensitivity to the anxieties and vulnerabilities of supervisees
- Values supervision sessions as "protected" time
- Provides honest, constructive feedback

Struggles as Supervisors

In addition to asking supervisors to describe the characteristics of the ideal supervisor, we invited them to share with us some of the difficulties and challenges they experienced when they began their role as supervisors. The following excerpts provide some sense of the pathway toward becoming an effective supervisor.

Marianne Schneider Corey, MA

"My experience as a supervisor has been in the area of training and supervising group workers as they facilitate groups. I believe the best training can be provided in an experiential group where the trainees function as coleaders with my supervision. An early challenge for me was to set clear boundaries regarding the purpose and context of group training and to communicate that to the supervisees.

"A struggle I had from the beginning was to find a way to not get in the way of the trainees as they facilitated the group. What helped me as a supervisor was recalling what it was like when I first began. This gave me a continued appreciation for the difficulty they were experiencing as trainees. Although I wanted to be helpful, I learned the importance of not being too helpful to the extent that they are deprived of finding their own voice and direction, thus becoming dependent on me. A key issue has been to avoid taking over a group too soon. I learned to let the trainees find their own way. I wanted to let them know that my way is not the only way, nor is it the way they should be.

"It is a challenge to communicate with group supervisees in a way that offers direct and constructive feedback without being perceived as being judgmental and critical. Many trainees lack confidence and sometimes feel inept. I want to offer hope and specific feedback that trainees can use to increase their self-confidence and enhance their level of skills. When I first began supervising, it was essential for me to establish my own style of supervising. I found out there is no one right way of supervising, yet carving out my own identity as a supervisor took some time.

"There was some struggle in learning how to allow the trainees to accept responsibility and trust that they will learn through a process of experimenting with supervision. At times group workers do not perform adequately in leading a group, yet my challenge is to find a way to make this a teaching opportunity. My goal is to assist trainees in becoming less aware of me and instead focus on the group members. I am very aware of the performance anxieties of most trainees. I strive to gain their trust that my intention is to help them become more skilled clinicians, not to criticize them or put them down. I typically tell them that a great mistake they could make is to give into the fear of making a mistake.

"A main challenge is to create a safe and accepting group atmosphere where they can learn new skills as a group facilitator without converting the group into a therapy forum for them. Supervising experientially always presents the challenge of teaching in a personal way by dealing with personal concerns brought up by the members but maintaining appropriate boundaries so the supervision goals are not lost. For example, at times supervisees comment that they feel stuck with a particular client because that individual triggered them. They may even be willing to describe what personal problems were surfacing for them as they attempted to focus on a client. I use this opportunity to teach the importance of handling countertransference, but I do not abdicate my role as a supervisor and become a therapist in the supervision session. Instead, I encourage them to consider further exploring some of their personal issues with a therapist."

- What causes you anxiety at the prospect of becoming a supervisor? How might you deal effectively with these anxieties?
- What would be helpful to you in carving out your own identity as a supervisor? What might get in your way of developing your unique style as a supervisor?
- How do you go about creating a safe and accepting atmosphere for supervision?

Muriel Yáñez, PsyD

"I think the most difficult aspect of supervision has been the feeling of juggling and attending to different levels of information simultaneously. There is a sense of responsibility to monitor the supervisee's practice, the well-being of the client being served, and the development and training of the supervisee, while monitoring my own process as well.

Watching for multiple relationships and maintaining boundaries has been more of an issue than I had originally thought. This is illustrated by not falling into 'doing therapy' with the supervisee, or maintaining some amount of distance instead of developing friendships."

- To what degree are you concerned about maintaining boundaries with your supervisees?

Bill Safarjan, PhD

"Probably the biggest initial struggle for me was overcoming the feeling of having to know everything—a holdover from my days in graduate school. At the beginning, I felt that it was important to be able to answer every question and solve every problem brought to me by the supervisee. Not only was this an impossible task, but I began to see how I was discouraging independence, which was exactly the opposite of what I was intending to do."

- As a supervisor, what can you do to challenge your belief that you must know everything in order to be an effective supervisor?

Stacy Thacker, PhD

"When I first became a supervisor, I had just recently stopped being a supervisee. That being the case, one of the first struggles was actually 'seeing' myself as a supervisor and believing that I was qualified to take on such a responsibility.

"The next struggle was in determining what type of supervisor or what style of supervision would fit best with my skills as well as my personality traits. My graduate training did not provide much information about becoming a supervisor. Consequently, I have had to gain knowledge in this area by reviewing the literature, attending workshops, and speaking with colleagues. Providing supervision is 'in addition' to my other job responsibilities, so finding time to do this research has been a challenge."

- What steps will you need to take to transition from viewing yourself as a trainee to viewing yourself as a supervisor?

Steve Arkowitz, PsyD

"A potentially difficult area of supervision for me involves incidents in which I believe a supervisee has made a significant clinical error. Situations that involve either trivial mistakes or blatant ethical violations will be easy for me to address. However, once again it will be the ambiguous realms of clinical judgment that I will find most difficult to tackle in supervision. This will be a struggle for me because it clearly relates to feelings of competence. Initially it will be a challenge for me to feel that my opinion is somehow more valid or 'right' than someone else's. Also, I am close enough to my own training days that I still remember what it feels like to have a supervisor lord his or her opinions and knowledge over me. These recollections may cause me to be hesitant or even reluctant to play the role of the expert with a supervisee."

- Identify the approach you would like to take to assist your supervisees when they make a clinical mistake.

Heriberto Sánchez, PhD

"My first major assignment as a supervisor was supervising other licensed psychologists, many of whom had years of clinical experience. The most difficult challenge for me was accepting the different levels of motivation and commitment of the professionals I supervised. As a supervisor, I tried to motivate psychologists to work at their highest potential and to lead them in a direction I believed was good for our profession. I expected my supervisees to be enthusiastic about their work and committed to the advancement of our profession. I realized that my personal goals as a supervisor were not shared by all of my

supervisees. I needed to take into account the stage of life of my supervisees, and not just their professional development. For example, one psychologist was looking forward to retirement and did not share my enthusiasm for making improvements in our department. Others were excellent clinicians but did not participate in professional activities. These types of experiences forced me to reassess my goals as a supervisor. I had to be less idealistic and more realistic. Although this was difficult to accept, eventually it made my job less frustrating and more enjoyable. I realized I had to redefine goals and measure progress in small increments. On the other side of this struggle, I also learned that our department had some highly skilled psychologists who were intrinsically motivated to do good work, had admirable work habits, and were committed to their profession. All they needed was my support and freedom to work independently."

- How do you imagine you would go about motivating your supervisees, including those who are less than enthusiastic about their work? How might it be for you if your expectations were not met?

Todd Thies, PhD

"My struggles as a new supervisor were similar to my struggles when I first went from intern to psychologist. I had to find my own identity and priorities as a supervisor. I also had to struggle with periods of self-doubt. Not too long ago I was in supervision myself, and now I am providing direction and training others. I think I also struggled some with identifying comfortable boundaries between my supervisee and myself. At times, it is easy to overidentify with the supervisee, which makes it difficult to evaluate the supervisee in an objective manner."

- Identify a few specific self-doubts that you hold about becoming a supervisor. How might you help supervisees who are struggling with self-doubts?

A summary of the struggles identified by our contributor supervisors is provided below. This is indeed an interesting list. The struggles these supervisors experienced when they first became supervisors mirror the fears and concerns of many new supervisors. In becoming a supervisor, you can expect to experience fears, doubts, and uncertainty about your role and the goals of supervision. This seems to be a common experience when clinicians make the initial transition from supervisee to supervisor. With experience, knowledge, and learning from readings, courses, and workshops on the topic of supervision, you will be able to develop into the supervisor you would like to be when you make the transition to this new role.

Struggles of Beginning Supervisors

- Developing one's identity as a supervisor
- Setting priorities for what is important in supervision
- Conquering self-doubt
- Setting appropriate boundaries and maintaining some distance
- Learning what supervisors do instead of just giving answers
- Juggling the various goals and roles of supervision
- Providing feedback to supervisees in a constructive manner
- Feeling a need to know everything to be able to assist the supervisee in every case
- Discovering how to let supervisees come up with their own answers
- Finding one's own style and realizing there is no one right way to supervise
- Helping supervisees accept responsibility for and have trust in the supervision process
- Creating a safe and accepting atmosphere

- Avoiding becoming the supervisee's therapist
- Making the transition from supervisee to supervisor and not overidentifying with the supervisee
- Lacking self-confidence to know what to do as a supervisor
- Knowing how to handle supervisees' serious clinical mistakes
- Hesitating to play the role of expert
- Having expectations and goals for supervision that are too high and unrealistic when supervising veteran clinicians

Our Thoughts on Becoming an Effective Supervisor

In addition to specific knowledge and skills that supervisors need to possess, we believe that supervisors must be therapeutic persons. This is especially important in supervisors' ability to form working relationships with supervisees. Effective supervisors are able to maintain healthy personal and professional boundaries, which they model for their supervisees. They have a sincere interest in the welfare of others, and their concern is based on respect, care, and trust. They are able to experience the "now" and be present with others.

Effective supervisors know who they are, what they are capable of becoming, and what they want out of life. They respect and appreciate themselves. They feel adequate with others and allow others to feel powerful with them. They can give help and live out of their own sense of self-worth and strength.

Effective supervisors exhibit a willingness and courage to leave the security of the known if they are not satisfied with what they have. They make choices that influence the direction of their lives, and they are aware of early decisions they made about themselves, others, and the world. They are not the victims of these early decisions, for they are willing to revise them if necessary. They feel alive, and their choices are life-oriented. They are committed to living fully rather than settling for mere existence. They are authentic, sincere, and honest. They do not hide behind masks, defenses, roles, and facades.

Effective supervisors have a sense of humor. They are able to put the events of life in perspective. They have not forgotten how to laugh, especially at their own foibles and contradictions. They make mistakes and are willing to admit them.

They appreciate the influence of culture. They are aware of the ways in which their own culture affects them, and they have a respect for the diversity of values espoused by other cultures. They are also sensitive to the unique differences arising out of social class, race, sexual orientation, and gender.

This description of the characteristics of effective supervisors might seem unrealistic and unattainable. These personal characteristics are not based on an all-or-nothing perspective, however; rather, they exist on a continuum. A given trait may be highly characteristic of someone at one extreme, or it may be very uncharacteristic of someone else at the other extreme. It seems to us that these traits and characteristics can be translated into specific behaviors that can be assessed in the development of a supervisor. Those supervisors who possess many of these characteristics are in a good position to develop their own style of supervision.

Finding Your Own Style as a Supervisor

Some trainees limit their own development by trying too hard to copy the style of a supervisor or a teacher. Chances are you will observe supervisors you respect, and you may tend to adopt their methods. It is important, however, to be aware of how easy it is imitate another person. You can get the most from your supervision by being open to learning from peers and supervisors. Try on different styles, but continually evaluate what works for you and what does not. You might ask yourself: "What fits my belief system, both

personal and theoretical? Do I have any conflicts between the theory or application of my supervisor's way and my own?" If you pay too much attention to another person, you are not likely to discover your uniqueness. Allow yourself to take what is good from your various supervisors and teachers, but avoid being a clone. And learn from your negative experiences as well. If you learn to listen to your own inner voice and to respect your inner promptings, you will eventually have less need to look to outside authorities.

MICHELLE MURATORI'S PERSONAL PERSPECTIVE

When I first started teaching counseling courses, I admittedly was nervous because I was trying out a new role. One of my mentors gave me advice about that, which I have taken to heart: "Be yourself," he said, "It's the best way to be." Those few words have brought me great relief. Over time, I have given myself the space to grow personally and professionally and have discovered my own style. At first, I was more deliberate in trying out techniques that I learned from my mentor and other former supervisors and professors. As time passed and I gained greater competence and confidence, I noticed that my style was beginning to take shape. An important part of being a good counselor educator and supervisor is being an authentic person who has a strong sense of self and modeling that for supervisees. So my mentor's advice is worth repeating again: "Be yourself. It's the best way to be."

Don't Demand Perfection of Yourself

People are not "naturally born" counselors, supervisors, or supervisees. The skills associated with each of these roles are learned, practiced, and refined. Perhaps the best way to learn how to become an effective supervisor is to reflect on lessons you are learning as a supervisee. We hope this book has given you a better idea of the kind of supervisor you are striving to become. As you consider what is involved in the overall process of becoming an effective supervisor, you may feel somewhat overwhelmed by all that needs to be done. You may be intimidated by all of the variables you are expected to pay attention to in your training. As is the case with learning any new skill or craft, it takes time and practice to become accomplished.

When you began your training program, you may have made the mistake of being so focused on anything your clients said and did that you forgot to pay attention to your reactions. By trying too hard to catch every gesture and to understand every sentence, you can easily distract yourself from being present with clients. One supervisor gave a student sound advice when she said, "If you miss something with a client, the person will no doubt bring it up again later."

In a similar manner, if you are learning how to become a supervisor, it is to be expected that feeling comfortable in this role will also take time and practice. When you eventually begin to supervise others, it is not essential that you know all the right things to say to all those whom you supervise in every situation. We see the learning of these abilities and skills as an ongoing process rather than a state that is achieved once and for all. You need not be perfect, and it is important to give yourself the latitude to learn from any mistakes you might make. Giving yourself permission to be less than perfect applies equally to becoming a counselor, a supervisee, or a supervisor.

Where Can You Go From Here?

We believe who the supervisor is as a person is the central aspect of being able to carry out the demands of supervision. It follows, then, that whatever supervisors can do to enhance

their personal development will pay dividends in their professional roles. Here are some ways to enhance your development as a supervisor.

Read articles on the theory and practice of supervision in professional journals as well as books on supervision. (The References and Suggested Readings at the end of this book are full of works that can be of value to you.) Join a professional organization that has some linkage with supervision. For example, if you join the American Counseling Association (ACA), you can also join the Association for Counselor Education and Supervision (ACES), which is the major professional organization for supervisors and counselor educators. Another suggestion is to subscribe to a Listserv for supervisors. You may learn a great deal through networking with others, in person and/or online, who are experiencing similar challenges as supervisors.

At various points in your career, consider taking a course or a continuing education workshop on clinical supervision. You will be able to glean ideas that you can translate into your supervision practice. Look for ways to cosupervise with colleagues. For example, if you do group supervision as part of a course in a university program, invite a colleague to join you for some sessions so that both of you can provide supervisees with feedback. In addition, consider peer supervision as a learning tool. In some way, seek supervision of your supervision and consult with experienced colleagues regarding your supervision practices.

If at all possible, ask a colleague or a professional with considerable experience to supervise your supervision. This supervision can go a long way toward giving you a sense of what your supervisees experience in their supervision. Be willing to share feelings of vulnerability, including your feelings about your limitations as a supervisor. Don't feel like you have to have it all together before you can begin to supervise. Realize that you will learn a great deal about supervision as you reflectively engage in this work.

Ask your supervisees for feedback. Just as instructors ask students for anonymous feedback by way of student evaluations of courses at the end of a term, you can provide an avenue for your supervisees to give anonymous input regarding the value of the supervision they received from you. Keep notes or a personal journal in which you record your thoughts about being a supervisor. Write about struggles you may have and how your professional work as a supervisor is affecting you personally. A journal is an excellent way of keeping track of patterns that you can build upon or change.

Over the years we have learned that becoming an effective supervisor entails the willingness to continue engaging in a process of self-reflection. Rather than reaching a final goal of competence, effective supervisors, much like skilled therapists or competent teachers, are continually rethinking what they do and how they might do things more creatively. Effective supervisors are willing to be part of a process rather than remaining in a fixed state.

Summary

We hope you have a clearer picture of the characteristics of an effective supervisor as a result of having read the contributors' thoughts on this topic. As you learn more about supervision and gain experience as a supervisee and a supervisor, your picture of an effective supervisor is likely to change.

The struggles of our contributing supervisors show that we have all experienced doubts and difficulties in becoming supervisors. This is a normal part of learning a new role and the associated new skills. Make sure that you gain the knowledge necessary to become a competent supervisor and that you give yourself time to adjust to the role. Be open to your continual learning, and do not be afraid to seek additional supervision and consultation when needed.

One way to become an effective supervisor is by being an effective supervisee. Be open to learning and examining your counseling skills through self-reflection. Learn as much as you can about supervision from supervisors, both the effective ones and the ineffective ones. If you are currently a supervisor, seek supervision from colleagues for your supervisory work. Effective supervisors continually seek to learn new skills, new roles, and grow with each supervision experience. This is the ultimate goal of supervision—to be able to self-supervise throughout one's professional career.

SUGGESTED ACTIVITIES

1. In small groups, brainstorm the most important characteristics of the effective supervisor. Members might take turns role-playing how that supervisor would interact with supervisees. Each group could then share with the larger group their findings and thoughts.
2. In pairs, have class members share with their partner whether they have been supervised by someone who closely approximates the effective supervisor, and what that experience was like. What was the most outstanding characteristic of that supervisor? How did that experience influence your idea of how you would like to work as a supervisor?
3. Interview two or three individuals who are currently supervisors. Ask them what their struggles were when they first became supervisors and how they dealt with them. Bring the results back for discussion in your class or in small groups.
4. In small groups, discuss what you think will be the major struggles you are likely to encounter in becoming a supervisor. Then discuss ways you can deal with those struggles. Small groups could then share their major findings with the large group, and a master list of ways to deal with the struggles could be developed.

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