Counseling Supervision: Responsibilities and Considerations

3 CE Hours

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Learning objectives

Upon completion of this course, the learner will be able to:

• Define counseling supervision.
• Understand the history behind counseling supervision.
• Identify the most common types of supervision approaches.
• Identify the key differences between internal and external models, and between hierarchical and collaborative supervision models.
• Define the "common factors" approach to counseling supervision.
• Identify the most common variables in positive supervision experiences.
• Demonstrate and promote social diversity in the supervisory relationship.
• Understand ethics in counseling supervision.
• Understand different professional organization standards of counseling supervision.

Introduction

For newer mental health professionals it would be easy to assume that counseling supervision has always been embedded within the profession. Yet, counseling supervision began much like "apprenticeships" in other fields. A student/apprentice with minimal skills and knowledge would learn the work by observing, assisting, and receiving feedback from an accomplished member of the same field. It was believed that because the "master" was quite good at the work, he or she would be equally good at teaching/supervising. However, this is not often the case.

Though clinical supervision and counseling have much in common (e.g., the ability to engage in an interpersonal relationship), the two tasks also utilize separate and distinct skills. A "master" clinician may not always be a "master" supervisor without additional training and competency in supervisory knowledge and skills. And, the concept of "master-apprentice" supervision prompts the assumption of a hierarchy of power that favors the master as the "authority," a dynamic that is not supported in today’s literature on supervision. It is also documented that clinical knowledge and skills are not as easily transferrable as the master-apprentice model implies (Falender & Shafranske, 2008).

Observing experienced clinicians at work is a useful training tool, but is not enough to help counseling students develop the skills necessary to become skilled clinicians themselves. Professional development occurs when the supervisee engages in reflection on the counseling work and relationship, as well as the supervision itself. As a result, clinical supervision is now recognized as a complex exchange between supervisor and supervisee, with supervisory models or theories developed to provide a framework for it. “Theoretical orientation informs the observation and selection of clinical data for discussion in supervision as well as the meanings and relevance of those data (Falender & Shafranske, 2008).

Counseling supervision includes two, often separate, goals or intentions within the mental health profession. First, counseling supervision is necessary when becoming a licensed mental health professional, and like any other human relationship, it is complex and embedded in a larger system that influences the process. And, second, supervision is also necessary as an ongoing piece of professional development after mental health practitioners have acquired their mental health licenses. (Administrative supervision refers to those supervisory activities which increase the efficiency of the delivery of counseling services.)
Counseling supervision terms

**Counseling settings** include public or private organizations of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings.

**Supervisees** are counselors-in-training in university programs at any level who working with clients in applied settings as part of their university training program, and counselors who have completed their formal education and are employed in an applied counseling setting.

**Supervisors** are licensed mental health professionals who have been designated within their university or agency to directly oversee the professional clinical work of counselors. Supervisors also may be persons who offer supervision to counselors seeking state licensure and so provide supervision outside of the administrative aegis of an applied counseling setting.

**Background**

Counseling supervision started as the practice of observing, assisting, and receiving feedback. In this way, supervision follows the framework and techniques of the specific psychotherapy theory/model being practiced by the supervisor and supervisee. As the need for specific supervisory interventions became evident, supervisory models developed within each of these psychotherapy theories/models to address this need.

Clinical supervision has emerged as a “distinct field of preparation and practice” (Dye & Borders, 1990) with a unique body of knowledge and skills. As competencies of effective supervisors have been identified in the literature (Bernard & Goodyear, in press; Dye & Borders, 1990; Russell, Crimmings, & Lent, 1984; Worthington, 1987), the necessity of specialized training in counseling supervision has become increasingly clear. A number of writers made repeated calls for systematic training in clinical supervision for supervisors (e.g., Bernard, 1981; Hart & Falvey, 1987; Hess & Hess, 1983; Holloway, 1982; Lumsden, Grosslight, Loveland, & Williams, 1988; McColley & Baker, 1982). Some writers have asserted that supervisor training is an ethical necessity, suggesting that untrained supervisors are practicing outside their area of competence (e.g., Cormier & Bernard, 1982: Newman, 1981; Upchurch, 1985).

The need for specialized training has also been acknowledged in preparation standards and professional credentials. Instruction in supervision is required for doctoral students in counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 1988), and it has been recommended for counseling psychology programs (Kagan et al., 1988; Meara et al., 1988; Russell et al., 1984). Training for counseling supervisors is a legal requirement in several states (e.g., Arkansas, South Carolina, and Texas), where counselor licensure applicants must be supervised by persons who can document academic or in-service training experiences. In addition, professional groups have established supervisor credentials that require some training experiences. Examples include the American Association for Marriage and Family Therapy, 1987 and NACCMHC Approves Standards, 1987.

These professional developments indicated broad-based support for specialized training in counseling supervision. Several factors, however, have restricted widespread implementation of supervisor training programs. The training approaches published have been informative. Examples of these approaches include descriptions of doctoral level academic courses (Borders & Leddick, 1988), an introductory laboratory experience (Bernard, 1981), illustrations of a particular training technique (e.g., Bernard, 1989; Williams, 1988), and models for teaching specific supervision skills (e.g., Spice & Spice, 1976). Relevant professional standards (e.g., CACREP, 1988; see “Standards for Counseling Supervisors” in Dye & Borders, 1990) suggest that both didactic and experiential instruction should be included.

In the past, there was some evidence that avenues for receiving supervisor training were limited. Relatively, few counselor education and psychology programs offered systematic training (Borders & Leddick, 1988; Hess, 1980; Holloway & Hosford, 1983; Lumsden et al., 1988; Russell et al., 1984), and in-service opportunities were scarce (Harvey & Schramski, 1984). Training opportunities for supervisors were particularly restricted in areas that had limited access to counselor education programs (e.g., rural areas). Substantive, innovative training programs were sorely needed for these areas (Borders, L.D., Bernard, J.M., Dye, H.A., Fong, M.L., Henderson, P, & Nance, D.W. 1991).

In addition, psychotherapy-based models of supervision often felt like a natural extension of therapy itself. “Theoretical orientation informs the observation and selection of clinical data for discussion in supervision, as well as the meanings and relevance of those data” (Falender & Shafaanske, 2008).

Counseling supervision - Defined

In any of the mental health professions, counseling supervision in its most basic form is the process of guiding a mental health professional in how to do mental health treatment. Selicoff (2006) notes, “The goal of good supervision is to help the therapist do quality therapy.” At its best, supervision enhances clinical skills, and also promotes the personal growth of the therapist (Liddle, 1988). Supervision is distinct from teaching, training or therapy, though, at times, some boundaries, in some situations, may feel blurred for the supervisor and the supervisee.

National organizations, within the mental health professions, also have their own definitions of supervision. For example, the website of the American Association of State Counseling Boards (AASCB) states: “Clinical supervision includes, but is not limited to, the supervisor’s participation in the diagnostic evaluation, diagnosis, the development of a service plan, progress notes and other documentation, release of clinical information, appropriate referral, appropriate use of more colleagues, adherence to applicable laws and ethics, and nurturing the therapeutic process.”

The American Association of Marriage and Family Therapists (AAMFT) website states: “AAMFT approved supervisors are dedicated professionals who … serve as mentors who support and nurture their supervisees’ strengths and resources, and provide a learning environment that ensures thorough marriage and family therapy (MFT) training and education.”

Other counseling supervision definitions exist which define counseling supervision as the process of an experienced practitioner providing feedback and sharing expertise with a less experienced professional and can be focused on:

- Developing new professional specialties.
- Pursuing professional licensure.
- Completing the requirements for an academic degree in counseling.
- Teaching, mentoring, coaching, advising and guiding a professional in training or a beginning professional by an
Being clinically focused or administratively focused.

Providing a formal summative evaluation.

Willingness to actively engage in self-reflection.

Providing orientation to site expectations, mission, philosophy and values.

Supporting the professional, personal, and clinical skill development of counselors.

A study examined what supervision was designed to do and concluded that supervision in the area of counseling has five functions:

1. Monitoring and evaluation.
2. Instructing/advising.
3. Modeling.
5. Supporting/sharing (Holloway, 1995).
6. Supervision goals and supervisor responsibility.

The National Association of Social Workers (NASW) outlined the purpose of supervision of candidates for licensure as a social worker. In a 2003 practice update, the NASW noted:

“The purpose of supervision is to enhance the clinical social worker’s professional skills, knowledge and attitudes in order to achieve competency in providing quality patient care. It aids in professional growth and development and improves clinical outcomes. In addition, it is the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. The supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process.”

“NASW states that supervision encompasses several interrelated functions and responsibilities. Each of these interrelated functions contributes to a larger responsibility or outcome that ensures clients are protected and that clients receive competent and ethical services from professional social workers. During supervision, services received by the client are evaluated and adjusted, as needed, to increase the benefit to the client. It is the supervisor’s responsibility to ensure that the supervisee provides competent, appropriate, and ethical services to the client.”

The supervisor is expected to carry a very serious responsibility in agreeing to provide supervision. AAMFT outlines expectations of supervisors and supervisees in the organization’s Approved Supervisor Handbook, stating that supervisors must be aware of the legal and ethical issues related to supervision. The AAMFT Code of Ethics states:

“Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence,” and “Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.” (AAMFT Code of Ethics, 2012).

The NASW also notes in the 2003 practice update:

“Although supervisors do not offer direct services to patients, they do indirectly affect the level of service offered through their impact on the supervisee. They share the responsibility for services provided to the patient and can be held liable for negligent or inadequate supervision related to negligent conduct by the supervisee.”

In a similar statement, the Association to Advance Collegiate Schools of Business (AACSB), noted in its creation of an approved supervisor model that the supervisor has an enormous responsibility:

“The clinical supervisor endeavors to insure competence of professional services, achieve and sustain appropriate standards of care, and to facilitate the supervisee’s professional development. Although both parties (supervisor/supervisee) are clinically responsible for the appropriate care of the consumer/client, ultimately the supervisor bears full ethical and professional responsibility for the professional activities rendered by the supervisee during the course of the professional relationship. Hence, the supervisor is responsible for the planning, course of action, and outcome of the professional work of the supervisee.”

The Association for Counselor Education and Supervision (ACES) is composed of people engaged in the professional preparation of counselors and people responsible for the ongoing supervision of counselors. ACES is a founding division of the American Counseling Association (ACA) and, as such, adheres to ACA’s current ethical standards and to the general codes of competence adopted throughout the mental health community.

ACES believes that counselor educators and counseling supervisors in universities and in applied counseling settings, including the range of education and mental health delivery systems, carry responsibilities unique to their job roles. Such responsibilities may include administrative supervision, clinical supervision, or both.

Administrative supervision refers to those supervisory activities which increase the efficiency of the delivery of counseling services; whereas, clinical supervision includes the supportive and educational activities of the supervisor designed to improve the application of counseling theory and technique, directly to clients.

Counselor educators and counseling supervisors encounter situations which challenge the help given by general ethical standards of the profession at large. These situations require more specific guidelines that provide appropriate guidance in everyday practice.

The ultimate purpose of the Association, in accordance with the purpose of ACA, is to advance counselor education and supervision in order to improve the provision of counseling services in all settings of society.

Other researchers have concluded that supervision has only two broad domains:

1. Intervention skills.
2. Professional behavior (Lanning & Freeman, 1994; Lanning, Whiston & Carey, 1994).

However, there is recent empirical evidence that suggests that there are two major topics that are covered in supervision:

- Personal issues

Supervisory tasks also include:

- Providing orientation to site expectations, mission, philosophy and practices for student intern.
- Working with supervisees to identify and allow access to appropriate professional activities.
- Providing a formal summative evaluation.
- Supporting the well-being of clients.
- Promoting positive relationships and supporting the development of supervisees.
- Understanding and adhering to professional ethical codes and mandates.
- Empathic, genuine, and willingness to give praise and critical feedback.
- Flexibility.
- Willingness to actively engage in self-reflection.

Central Principals – SAMSHA

The Substance Abuse and Mental Health Administration (SAMSHA) has developed 11 counseling supervision principals.

Central Principles of Clinical Supervision

1. Clinical supervision is an essential part of all clinical programs.
2. Clinical supervision enhances staff retention and morale.
3. Every clinician, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need and have a right to supervision of their supervision.
4. Clinical supervision needs the full support of agency administrators.
5. The supervisory relationship is the crucible in which ethical practice is developed and reinforced.
6. Clinical supervision is a skill that has to be developed.
7. Clinical supervision in substance abuse treatment most often requires balancing administrative and clinical supervision tasks.
8. Culture and other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence.

### Common factors approach

Another approach to supervision is the “common factors” approach, which indicates that all successful supervision relationships have elements in common, regardless of theoretical orientation. Just as the fields of counseling, psychology, social work and family therapy have embraced the integrative approaches to work with clients in the therapeutic process, supervision has shown a strong trend towards eclectic approaches as well.

This is a further example of “isomorphism” in that supervisors tend to use the same methods in supervision as they do in therapy. Lampropoulos (2002) reviewed the literature and concluded that an effective counseling supervision experience should contain common elements, regardless of the theoretical approach. In general:

- A supervision relationship needs to be a good match between supervisor and supervisee.
- Supervisors and supervisees are encouraged to find a good match between theoretical orientations and comfort levels of how directive a supervisor should be. Contracts should be created to lay out goals and expectations of the supervisor and supervisee.
- There must be safety in the supervision relationship, so that a supervisee feels comfortable disclosing weaknesses and fears. The supervisor needs to provide empathy and support.
- Supervision focus is to give hope to a clinician who may be doubtful that therapy really works, or that he/she can be an agent of change.
- Growth of the individual therapist, so he/she becomes aware of abilities, shortcomings and personal challenges that may help or impede his/her ability to be an effective clinician.
- A need exists to discuss and confront problems with the supervisee that are keeping him or her from being effective as a therapist, in a similar way that a therapist would guide a client to confront their fears and take chances, which may involve role plays and cognitive exercises to overcome fears.
- The acquisition of new skills is seen as a critical common factor in supervision.

Within the specialty of family therapy for example, there are many assumptions about what supervision is designed to accomplish, but there had been very little empirical evidence exists to support these assumptions. (Liddle, 1991). Many of the “musts” in supervision are based on commonly agreed-upon objectives within the field, some of which are based on assumed needs that while logical and based in “common sense,” have not been studied empirically to determine whether they are really necessary.

In lieu of evidence, the field of marriage and family therapy has had to reach some common consensus of how to provide supervision and what the supervision should provide for supervisees. Storm, Todd, Spremkle and Morgan (2001), completed a comprehensive literature search review of what family therapy supervisors believe supervision is supposed to be providing for supervisees, detailed these commonly held beliefs:

- Supervisees do better with supervision than without it.
- Supervision protects consumers from incompetent or unethical therapists.
- Supervision is distinct from consultation or training.
- Supervisors are ultimately responsible for the supervisees’ cases.
- Supervisors must attend to issues of gender, race and religion.
- Supervisory ethics are more complicated than clinical ethics.
- Supervisors should avoid dual relationships with supervisees.
- Supervisors need a common framework for supervision.
- Supervision and therapy are isomorphic.
- Supervisors’ theoretical orientations aid in their success.
- Supervisors must adapt supervision to the experience level of the supervisee.
- Supervision is a private contract between supervisors and supervisees.
- Supervisors are generally practicing collaborative supervision.
- Supervision should have detailed contracts to avoid problems.
- Supervisors frequently use live supervision.

### PROFESSIONAL ORGANIZATIONS WEIGH-IN WITH COUNSELING SUPERVISION STANDARDS

Mental health professional organizations have developed their own supervisory standards based on their particular mission and ethics. The reader may notice that they share similarities.

#### The American Counseling Association (ACA) Standards

The ACA Code of Ethics contains nine main sections, but one in particular addresses Supervisors, Section F, Supervision, Training, and Teaching.

The American Counseling Association (ACA) Standards, 2014
The American Counseling Association (ACA) provides a fairly comprehensive approach to supervision in Section F of the code and describes theses specific standards in the following manner:

- Counselor Supervision and Client Welfare.
- Counselor Supervision Competence.
- Supervisory Relationship.

- Supervisor Responsibilities.
- Student and supervisee Responsibilities.
- Counseling Supervision Evaluation, Remediation, and Endorsement.
- Responsibilities of Counselor Educators.
- Student Welfare.
- Evaluation and Remediation.
- Roles and Relationships Between Counselor Educators and Students.
F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare
A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees’ work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the ACA Code of Ethics.

F.1.b. Counselor Credentials
Counseling supervisors work to ensure that supervisees communicate their qualifications to render services to their clients.

F.1.c. Informed Consent and Client Rights
Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation
Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.

F.2.b. Multicultural Issues/ Diversity in Supervision
Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

F.2.c. Online Supervision
When using technology in supervision, counselor supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships
Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

F.3.b. Sexual Relationships
Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment
Counseling supervisors do not condone or subject supervisees to sexual harassment.

F.3.d. Friends or Family Members
Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision
Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

F.4.b. Emergencies and Absences
Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees
Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.4.d. Termination of the Supervisory Relationship
Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities
Students and supervisees have a responsibility to understand and follow the ACA Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional counselors.

F.5.b. Impairment
Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

F.5.c. Professional Disclosure
Before providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

F.6. Counseling Supervision Evaluation, Remediation, and Endorsement

F.6.a. Evaluation
Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.6.b. Gatekeeping and Remediation
Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

F.6.c. Counseling for Supervisees
If supervisees request counseling, the supervisor assists the supervisee in identifying appropriate services. Supervisors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.

F.6.d. Endorsements
Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement.
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.7. Responsibilities of Counselor Educators

F.7.a. Counselor Educators
Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession; are skilled in applying that knowledge; and make students and supervisees aware of their responsibilities. Whether in traditional, hybrid, and/or online formats, counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior.

F.7.b. Counselor Educator Competence
Counselors who function as counselor educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and knowledge available in the profession. When using technology to deliver instruction, counselor educators develop competence in the use of the technology.

F.7.c. Infusing Multicultural Issues/Diversity
Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.7.d. Integration of Study and Practice
In traditional, hybrid, and/or online formats, counselor educators establish education and training programs that integrate academic study and supervised practice.

F.7.e. Teaching Ethics
Throughout the program, counselor educators ensure that students are aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

F.7.f. Use of Case Examples
The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (a) the client, student, or supervisee has reviewed the material and agreed to its presentation or (b) the information has been sufficiently modified to obscure identity.

F.7.g. Student-to-Student Supervision and Instruction
When students function in the role of counselor educators or supervisors, they understand that they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselor educators make every effort to ensure that the rights of students are not compromised when their peers lead experiential counseling activities in traditional, hybrid, and/or online formats (e.g., counseling groups, skills classes, clinical supervision).

F.7.h. Innovative Theories and Techniques
Counselor educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When counselor educators discuss developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities.

F.7.i. Field Placements
Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

F.8. Student Welfare

F.8.a. Program Information and Orientation
Counselor educators recognize that program orientation is a developmental process that begins upon students’ initial contact with the counselor education program and continues throughout the educational and clinical training of students. Counselor education faculty provide prospective and current students with information about the counselor education program’s expectations, including:
1. The values and ethical principles of the profession;
2. The type and level of skill and knowledge acquisition required for successful completion of the training;
3. Technology requirements;
4. Program training goals, objectives, and mission, and subject matter to be covered;
5. Bases for evaluation;
6. Training components that encourage self-growth or self-disclosure as part of the training process;
7. The type of supervision settings and requirements of the sites for required clinical field experiences;
8. Student and supervisor evaluation and dismissal policies and procedures; and
9. Up-to-date employment prospects for graduates.

F.8.b. Student Career Advising
Counselor educators provide career advisement for their students and make them aware of opportunities in the field.

F.8.c. Self-Growth Experiences
Self-growth is an expected component of counselor education. Counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Counselor educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class.

F.8.d. Addressing Personal Concerns
Counselor educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students
Counselor educators 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 feedback regarding their performance throughout the training program.

F.9.b. Limitations
Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following:
1. Assist students in securing remedial assistance when needed,
2. Seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. Ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

F.9.c. Counseling for Students
If students request counseling, or if counseling services are suggested as part of a remediation process, counselor educators assist students in identifying appropriate services.
F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships
Counselor educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a counseling or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

F.10.b. Sexual Harassment
Counselor educators do not condone or subject students to sexual harassment.

F.10.c. Relationships With Former Students
Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Nonacademic Relationships
Counselor educators avoid nonacademic relationships with students in which there is a risk of potential harm to the student or which may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement.

F.10.e. Counseling Services
Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

F.10.f. Extending Educator–Student Boundaries
Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.

F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs

F.11.a. Faculty Diversity
Counselor educators are committed to recruiting and retaining a diverse faculty.

F.11.b. Student Diversity
Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

F.11.c. Multicultural/Diversity Competence
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.

The National Association of Social Workers (NASW) Standards

The qualifications for an approved social work supervisor are specified in the licensing statutes and regulatory standards of each jurisdiction, and may include specifications for each level of social work practice or be universal, with one set of qualifications for all practice levels. The general qualifications for supervision may include the following:

- A current license to practice at the specific level or above the level in which the supervision will be provided, and in the jurisdiction in which both the supervisor and the supervisee are practicing.
- A degree from an accredited school of social work.
- Specified coursework in supervision, a minimum number of continuing education hours in supervisory practice, as required by the jurisdiction, or both.
- A minimum of three years (or more if required in licensing statutes) of post license practice experience.
- Continuing education hours as required for maintenance of supervisory credentials in the practice jurisdiction.
- Being free from sanction of the licensing board for violation(s) of practice standards.
- In addition, social work supervisors should have experience and expertise in the practice arena and with the population of the supervisees’ practice, such as addictions, children and adolescents, mental health, and community organizations. Supervisors should have competencies in the theories and various modalities of treatment and maintain currency through the use of professional journals and continuing education.

Effective supervision requires knowledge of the principles of supervision and the ability to demonstrate necessary skills such as addressing both strengths and challenges of the supervisee, modeling and discussing ethical practice, and providing support and encouragement in the learning context. Supervisors should be familiar with the administrative and organizational structure of the agency or practice domain of the supervisee.

To maintain objectivity in supervision, it is important to:

- Negotiate a supervision contract with mutually agreeable goals, responsibilities, and time frames.
- Provide regular feedback to supervisees on their progress toward these goals.
- Establish a method for resolving communication and other problems in the supervision sessions so that they can be addressed.
- Identify feelings supervisees have about their clients that can interfere with or limit the process of professional services.

Confidentiality
Supervisors must ensure that all client information be kept private and confidential except when disclosure is mandated by law. Supervisees should inform clients during the initial interview that their personal information is being shared in a supervisory relationship. Supervisors also have an obligation to protect and keep the supervisory process confidential and only release information, as required, by the regulatory board to obtain licensure or if necessary, for disciplinary purposes.

Competency
Social work supervisors should be competent and participate in ongoing continuing education and certification programs in supervision. Supervisors should be aware of growth and development in social work practice and be able to implement evidence-based practice into the supervisory process. Supervisors should also be aware of their limitations and operate within the scope of their competence. When specialty practice areas are unfamiliar, supervisors should obtain assistance or refer supervisees to an appropriate source for consultation in the desired area.
Liability

Direct liability may be charged against a supervisor when inappropriate recommendations carried out by a supervisee are to a client’s detriment. Direct liability can also be charged when a supervisor assigns duties to a supervisee who is inadequately prepared to perform them.

Social work supervisors should be proactive in preventing boundary violations that should be discussed at the beginning of the supervisory relationship. A supervisor should not supervise family members, current or former partners, close friends, or any person with whom the supervisor has had a therapeutic or familial relationship. In addition, a supervisor should not engage in a therapeutic relationship with a supervisee.

Vicarious liability involves incorrect acts or omissions committed by the supervisee that can also be attributed to the supervisor. Supervisees can be held to the same standard of care and skill as that of their supervisors and are expected to abide by the statutes and regulations in their jurisdictions.

For purposes of risk management, supervisors should:
- Ensure that the services provided to clients by supervisees meet or exceed standards of practice.
- Maintain documentation of supervision.
- Monitor supervisee’s professional work activities.
- Identify actions that might pose a danger to the health and/or welfare of the supervisee’s clients and take prompt and appropriate remedial measures.
- Identify and address any condition that may impair a supervisee’s ability to practice social work with reasonable skill, judgment, and safety.

Counseling supervision orientation

A common theme that arises in the best and worst supervision experiences is related to the style of interaction between the supervisee and the supervisee. Problems that arise in supervision can sometimes be attributed to the tension between the model of supervision preferred by the supervisor and the one preferred by the supervisee. There are two overlapping concepts regarding supervision models:

1. The hierarchical vs. the collaborative supervision approach.
2. The contrast of the internal and external models of supervision.

Hierarchical vs. Collaborative Approaches to Supervision

The oldest, most traditional form of supervision is the hierarchical one, in which the supervisor trains the supervisee, who acts as a sort of apprentice to the supervisor. The supervisor is seen as the expert who guides the inexperienced supervisee until the supervisee is ready to be on his/her own with minimal guidance.

More recent supervision models emphasize collaboration, with the supervisor deemphasizing the expert role and asking questions to elicit solutions from the therapist, whose experiences and instinctive feelings about a case are respected as just as valid as formal therapeutic experience and technical skills (Carlson & Erickson, 2003).

External vs. Internal Models

External approaches emphasize learning therapeutic techniques (Haley, 1976; Minuchin, 1974) and do not generally explore the growth of the therapist as a person, but rather as gaining skills as a clinician. It can further be divided into several schools of training, including structural (Minuchin, 1974); strategic (Haley, 1976) and solution-focused (deShazer, 1988). Generally, in these approaches the supervisee is taught skills by a supervisor with superior knowledge and abilities (Storm & Todd, 1997).

In the internally focused approaches to supervision, based upon the work of Bowen and Satir, the growth of the therapist is seen as paramount to success as a therapist. The internal process of supervision is not focused on the teaching of skills, but rather in helping the therapist to understand his/her own family relationships and internal processes. It is believed that by helping the new therapist achieve awareness of his/her own issues, the therapist will then be able to do the same for families and move the families towards deeper insight and change (Roberto, 1997).

Both approaches have critics. Haley (1976), for example, saw insight as useless for therapists, and made a point that families often lack the time to wait to gain insight. He believed therapists should develop their skills and intervene where the family needs help and to do so as quickly as possible. He believed that therapists should figure out creative interventions to get clients acting on their problems, rather than trying to figure those problems out. Not surprisingly, Haley’s approach to supervision was isomorphic with supervision, meaning that his way of doing therapy mirrored his beliefs about therapist training. He did not believe in insight for clients or therapists as necessary, and so, did not pursue it with his clients or teach his supervisees to do so with their clients.

Others have suggested that the approach of such supervision neglects the person of the therapist and teaches only gimmicks while allowing therapists with unresolved family issues to miss important interactions in the family, in part due to the therapists’ own blind spots that have not been appropriately processed.

Typically, most supervisors reach a balance between these seemingly opposite approaches. Most supervisors are hierarchical when the need calls for it, but collaborative during much of the supervision process. In the midst of a client crisis, such as suicidal thoughts or the need to call in an abuse report, a supervisor might become very directive as to how the therapist should handle the case. Often, the new supervisee will feel anxious and request this help. However, with the most skilled supervisor, the approach could be somewhat collaborative, asking the supervisee what they think they should do and either encouraging that direction, or helping the supervisee realize the potential errors in such an approach through further questioning if time allows, depending on the urgency of the situation (Charles, Ticheli-Kallikas, Tyner, K., Barber-Stephens, B., 2005; Selicoff, 2006).

Other researchers note that it is really impossible to escape a certain hierarchy in the relationship as one person (the supervisor) is responsible for “facilitating the development of competence in the other, the supervisor enjoys a professional experience that the latter (the supervisee) lacks and wishes to obtain” (Selicoff, 2006).

Many supervisors encourage self-growth and exploration in their supervisees while giving them supervision in the development of clinical skills. Supervisors are seldom dogmatic in their approach to supervision or to therapy, and most tend to be eclectic in their approaches, utilizing various skills from various models, as needed.

Within these definitions and standards of what counseling supervision is and what the responsibilities of the supervisor are, there are many ways in which supervision may actually be conducted. Support, nurture, learning, training, and education, are all terms that can mean different things to different supervisors and supervisees.

Counseling supervision models vary per organization

Just as counseling supervision standards contrast in different counseling disciplines so do counseling supervision models. In reviewing counseling supervision models, it quickly becomes apparent that different mental health service organizations have identified their own particular models that, once again, reflect their orientations and missions. Examples follow:
The Substance Abuse and Mental Health Administration (SAMSHA)

SAMSHA outlines four (4) supervisory orientations that seem particularly relevant. They include:

1. **Competency-based models** (e.g., micro-training, the Discrimination Model [Bernard & Goodyear, 2004], and the Task-Oriented Model [Mead, 1990]), focus primarily on the skills and learning needs of the supervisee and on setting goals that are specific, measurable, attainable, realistic, and timely (SMART). They construct and implement strategies to accomplish these goals. The key strategies of competency-based models include applying social learning principles (e.g., modeling role reversal, role playing, and practice), using demonstrations, and using various supervisory functions (teaching, consulting, and counseling).

2. **Treatment-based supervision models** train to a particular theoretical approach to counseling, incorporating EBPs into supervision and seeking fidelity and adaptation to the theoretical model. Motivational interviewing, cognitive–behavioral therapy, and psychodynamic psychotherapy are three examples. These models emphasize the counselor’s strengths, seek the supervisee’s understanding of the theory and model taught, and incorporate the approaches and techniques of the model. The majority of these models begin with articulating their treatment approach and describing their supervision model, based upon that approach.

3. **Developmental models**, such as Stoltenberg and Delworth (1987), understand that each counselor goes through different stages of development and recognize that movement through these stages is not always linear and can be affected by changes in assignment, setting, and population served. (The developmental stages of counselors and supervisors are described in detail below).

4. **Integrated models**, including the Blended Model, begin with the style of leadership and articulate a model of treatment, incorporate descriptive dimensions of supervision (see below), and address contextual and developmental dimensions into supervision. They address both skill and competency development and affective issues, based on the unique needs of the supervisee and supervisor. Finally, integrated models seek to incorporate EBPs into counseling and supervision.

In all models of supervision, it is helpful to identify culturally or contextually centered models or approaches, and find ways of tailoring the models to specific cultural and diversity factors. Issues to consider are:

- Explicitly addressing diversity of supervisees (e.g., race, ethnicity, gender, age, sexual orientation) and the specific factors associated with these types of diversity.
- Explicitly involving supervisees’ concerns related to particular client diversity (e.g., those whose culture, gender, sexual orientation, and other attributes differ from those of the supervisee) and addressing specific factors associated with these types of diversity.
- Explicitly addressing supervisees’ issues related to effectively navigating services in intercultural communities and effectively networking with agencies and institutions.

It is important to identify one’s model of counseling, beliefs about change, and to articulate a workable approach to supervision which fits the model of counseling you use. Theories are conceptual frameworks that enable someone to make sense of and organize counseling and supervision, and to focus on the most salient aspects of a counselor’s practice. One may find some of the questions below to be relevant to both supervision and counseling.

- What are your beliefs about how people change in both treatment and clinical supervision?
- What factors are important in treatment and clinical supervision?
- What universal principles apply in supervision and counseling and which are unique to clinical supervision?

- What conceptual frameworks of counseling do you use (for instance, cognitive–behavioral therapy, 12-Step facilitation, psychodynamic, behavioral)?
- What are the key variables that affect outcomes? (Campbell, 2000)

According to Bernard and Goodyear (2004) and Powell and Brodsky (2004), the qualities of a good model of clinical supervision are:

- Rooted in the individual, beginning with the supervisor’s self, style, and approach to leadership.
- Precise, clear, and consistent.
- Comprehensive, using current scientific and evidence-based practices.
- Operational and practical, providing specific concepts and practices in clear, useful, and measurable terms.
- Outcome-oriented to improve counselor competence; make work manageable; create a sense of mastery and growth for the counselor; and address the needs of the organization, the supervisor, the supervisee, and the client.

Finally, it is imperative to recognize that, whatever model one adopts, it needs to be rooted in the learning and developmental needs of the supervisee, the specific needs of the clients they serve, the goals of the agency in which you work, and in the ethical and legal boundaries of practice. These four variables define the context in which effective supervision can take place.

NASW

The National Association of Social Workers states that the activities of supervision are captured by three primary domains that may overlap: administrative, educational, and supportive.

1. **Administrative supervision** - Administrative supervision is the most commonly used supervision model in the workplace; administrative supervision encompasses reviews and assessments of a supervisee’s work performance. Administrative supervision follows a logical format as it strives to pursue an orderly route to get the job accomplished. The goal is quality control. The roles of supervisor and supervisee are clear, where the power clearly lies with the supervisor. Disciplinary action follows the failure to follow clearly communicated directives. Transfer of information is the major change agent, and supervision proceeds by teaching, training and setting standards. In certain therapeutic settings administrative supervision carries some ambiguity.

For example, relevance in infant mental health settings, while the relationship between supervisor and supervisee is not considered the central agent of change, administration supervision serves a primary purpose of keeping infant mental health program goals on course and maintaining orderliness with regard to timelines, record keeping and paperwork flow.

Administrative supervision addresses the immediate issues relevant to financially supporting the work. Administrative supervision is synonymous with management. It is the implementation of administrative methods that enable social workers to provide effective services to clients. Administrative supervision is oriented toward agency policy or organizational demands and focuses on a supervisee’s level of functioning on the job and work assignment.

2. **Educational supervision** - Educational supervision focuses on professional concerns and relates to specific cases. It helps supervisees better understand social work philosophy, become more self-aware, and refine their knowledge and skills. Educational supervision focuses on staff development and the training needs of a social worker to a particular caseload. It includes activities in which the supervisee is guided to learn about assessment, treatment and intervention, identification and resolution of ethical issues, and evaluation and termination of services.

3. **Supportive supervision** - Supportive supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that complement success and encourage self-efficacy.
Other counseling supervision models

Traditional mental health supervision
Behavioral health supervision and psychodynamic supervision are two primary forms of traditional supervision; they differ within the behavioral health methodology in that there is less importance given to the role of internal personal conflict and external conflict with clients, supervisees and supervisors. Both forms of supervision assume that a task is too complicated to be scripted in advance and that the purpose of supervision is the development of a sophisticated set of skills and sensitivities in the supervisee. The change agent is a two-way exchange of experience and meaning.

Behavioral health supervision
Behavioral health supervision is generally a strength-based model that focuses on solution-focused communication between the supervisor and supervisee. It emphasizes conflict and pathology less, and the natural inclination toward health and healing more.

During a behavioral health supervision session, strategies for creating solutions and offering better coping skills are discussed, as well as finding specific support and services, and building teamwork. The supervisor role models coaching and mentoring so that the supervisee will do the same with clients.

Psychodynamic supervision
Psychodynamic supervision has its roots in psychoanalytic practice and assumes that supervisors cannot teach people how to do their work by describing prescriptive steps to follow; the task is too complex to be prescribed. The supervisor helps the supervisee reach a deeper understanding after a supervisee has described what has occurred in treatment. Both discuss possibilities and possible courses of action. Follow-up is scheduled to discuss the results. In addition, psychodynamic supervision assumes that there is continued ongoing conflict within the supervisee, with a constant mix of willingness and resistance within both clients and providers. Consequently, psychodynamic supervision is especially mindful of personal boundaries.

Traditional supervision requires the supervisor to listen intently to the supervisee and build on two-way, meaningful communication. The subsequent trust and intimacy that grows from these exchanges, with clearly defined boundaries, often contributes to a more psychologically safe work environment, encouraging role modeling these attributes with clients.

Relationship-based supervision
Relationship-based supervision (reflective supervision) emerged in the late 20th century, growing from infant mental health work. Other related terms include “reflective supervision” and “reflective practice.” Including relationship-based supervision, they all create a context and an interpersonal environment that permits self-reflection and professional use of self. (Eggbeer, Mann, Seibel, 2007) All three focus on the relationship between the clinician and client(s) and the relationship between the supervisor and supervisee. It assumes that all learning takes place within the context of a relationship. Therefore, the principal change agent is “reflection” as opposed to the tradition supervision change agents of “interpretation” or “reframing.”

Reflective supervision assumes that a parallel process (Bertacchi and Coplon, 1992) occurs between the relationship of the supervisor and supervisee and the supervisee and the client family. It is assumed that change along either of these paths produces a similar change in the other. The distinction between authority and power in reflective supervision and traditional supervision is that in reflective supervision, the supervisor is still viewed as more experienced in the dyadic relationship but is not the expert who knows what to do. The supervisor places a larger burden on him/herself to be the knowing expert when practicing traditional supervision.

Reflective supervision requires that both the supervisor and supervisee enter into a mutual relationship that requires them to be open and willing to risk self-disclosure.

Moreover, self-disclosure from a supervisee is not immediately assumed to be an expression of personal pathology but reflective of entering into a relationship with a suffering client. Reflective supervision strives to create a developmental space, in which growth and the unlocking of human potential can occur in the client family and the service provider (Schafer, 2008).

Reflective supervision acknowledges that the interaction between the supervisee and his/her client family is unique. Therefore, the supervisor’s role is to help but not instruct the supervisee to reach deeper recognition of the emotional issues of the client family and to move them beyond their inhibiting patterns of interaction. “The change agent (also) becomes the development of the relationships themselves, and the result is the expectation that all participants, including the client family, supervisor and supervisee, will experience both the joy and the terror of growth during the process.” (Schafer, 2007)

In contrast to administrative supervision, reflective supervision requires interventionists and their supervisors to assume a receptive posture that utilizes physical senses including voice, touch, sight, mind and body. Reflective supervision is not passive but is instead a centered approach to listening, observing, providing feedback and discussion. It also engages the supervisee and supervisor to be fully involved but does not ask the supervisor to be instructional or directive.

Reflective supervision is a relationship-based supervision methodology that addresses the “inter-subjective domain of self with others.” (Schafer, 2007) Reflective supervision creates a non-judgmental space where the dialogue moves on several different levels and challenges both the supervisor and supervisee to mutually grow through the supervision process. When mental health supervisors are careful about the quality of their relationships with supervisees, it ultimately affects parents and other adults to expand their capacity to nurture their young children.

A sensitive supervisor will reflect on the supervisee’s concerns, as well as her own. For example, starting a supervisor-supervisee relationship can be scary for both participants. When a supervisor, after listening to her supervisee’s trepidation, shares their mutual concerns aloud, a door or portal is opened for further exploration. The supervisor, then, is not pressured to provide the “right” answer, but rather to ask the supervisee how she thinks they should proceed. Through mutual discussion, they can agree on a process that works for both of them.

Mindfulness practice
Based on Eastern psychology techniques, mindfulness practice has, as its core, the practice of maintaining presence even in the face of discomfort and pain, of tolerating states of not knowing, and of bringing compassion to all aspects of self and others. Presence – the experience of being internally still without resistance or judgment – is the ultimate healing source. Mindfulness practice, therefore, requires that one surrender the natural impulse to do and instead to maintain a stance of compassionate awareness for what “is.” The form of communication is less and less verbal.

Mindfulness practice requires courage on the part of the supervisor because it confronts the supervisor with his/her own powerlessness and admission that he/she is not the expert. This form of supervision appears to be more relevant to situations that involve certain death, irretrievable loss and chronic pain, than to situations that are more easily changed or “fixed,” and where supervisee and client family relationships do exist.

The practice of “presence” offers advantages to supervisees who have a difficult time relating to client families, and clients who are challenged to maintain a meaningful relationship, and situations when
mental health practitioners feel powerless to make a difference. These times can include working with families living on the margins of life, who suffer from chronic mental illness and substance abuse, and who are impacted by homelessness, social apathy or domestic violence.

Stages of counselor and supervisor development

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes developmental stages for both counselor and supervisor.

Developmental Stages of Counselors

Counselors are at different stages of professional development. Thus, regardless of the model of supervision chosen, one must take into account the supervisee’s level of training, experience, and proficiency. And, different supervisory approaches are appropriate for counselors at different stages of development. An understanding of the supervisee’s (and supervisor’s) developmental needs is an essential ingredient for any model of supervision.

It is important to keep in mind several general precautions and principles about counselor development, including:

- There is a beginning but not an end point for learning clinical skills; be careful of counselors who think they “know it all.”
- Fit the supervisory approach to the developmental stage of each counselor taking into account the individual learning styles and personalities of your supervisees. There is a logical sequence to development, although it is not always predictable or rigid; some counselors may have been in the field for years but remain at an early stage of professional development, whereas others may progress quickly through the stages.
- Counselors at an advanced professional level have different learning needs and require different supervisory approaches from those at Level 1.
- The developmental level can be applied for different aspects of a counselor’s overall competence (e.g., Level 2 mastery for individual counseling and Level 1 for couples counseling).

Just as counselors go through stages of development, so do supervisors. The developmental model provides a framework to explain why supervisors act as they do, depending on their developmental stage. It would be expected that someone new to supervision would be at a Level 1 as a supervisor. However, supervisors should be at least at the second or third stage of counselor development. If a newly appointed supervisor is still at Level 1 as a counselor, he or she will have little to offer to more seasoned supervisees. (SAMSHA, 2013)

COUNSELING SUPERVISION CONSIDERATIONS

Counseling supervision incorporates several considerations for the counseling supervisor that ultimately reflects quality and ethics, according the supervisor and supervisee professional orientation. They include the following:

Social diversity in supervision

While the licensed professions are concerned with multicultural competency and diversity, a survey of programs in psychology examined the differences in cultural competency of supervisees and supervisors. By both, the report of the students, and the supervisors themselves, white supervisors tended to discuss fewer issues about racial, ethnic and sexual orientation differences with white supervisees than with supervisees of color. In addition, the ethnic minority supervisors brought up multicultural issues more frequently overall, and spent more time on these issues (Hird, Tao & Gloria, 2005). This study indicates there is a need for supervisors to address issues of cultural competency on a regular basis and to address these issues with all supervisees. Cross-racial and cross-cultural issues are being addressed more in therapy, but there is only a small amount of literature available on these issues in the supervision process.

If the therapist and supervisor choose to ignore the cultural context, and the interventions are not acceptable in a client’s cultural context, then the interventions are likely to fail without the “buy-in” of the client.

Based upon the writings reviewed earlier, the understanding of the cultural context does require some self-exploration on the part of the therapists and supervisors. However, most supervisors and their supervisees are eclectic in the approach to supervision and therapy. Many supervisors would help a supervisee develop skills in strategic therapy. However, instead of refusing to examine the therapist’s inner processes related to diversity and identity, which a strict strategic therapist finds unnecessary, they must help the supervisee remain mindful of the client’s cultural context. The supervisor should still be able to encourage the supervisee to follow suggestions in this section to develop greater understanding of race, ethnicity, gender and sexual orientation of themselves and their clients.

The NASW has written into the Code of Ethics the following approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, immigration status, and mental or physical disability.

In addition, the NBCC Code of Ethics (2012) states:

NCCs shall demonstrate multicultural competence and shall not use techniques that discriminate against or show hostility towards individuals or groups based on gender, ethnicity, race, national origin, sexual orientation, disability, religion or any other legally prohibited basis. Techniques shall be based on established theory. NCCs shall discuss appropriate considerations and obtain written consent from the client(s) prior to the use of any experimental approach. (Directive #26, page 3)

The approaches to incorporating issues of gender, sexual orientation, spirituality, and racial and ethnic diversity focus on the therapist and supervisor’s own examinations of their own identities in each of these areas. Consequently, the self of the therapist is very important to understand when one is aware of these issues in society and in the therapy setting. Externally-based supervision models would be more difficult to engage in at this level of examination. It is important, however, that therapists who practice from a structural, strategic or behavioral orientation and are focused on the growth of the client, still understand the cultural context in which they are practicing.
For example, with feminist family therapy supervision, it addresses the same issues as the feminist family therapy approaches. The specialty of family therapy acknowledges that historically, therapists tended to blame mothers for problems in children and expect women to be responsible for family relationships (Caplan & Hall-McCorquodale, 1985). The American Psychological Association (APA) developed a task force on sex bias and sex-role stereotyping in psychotherapeutic practice in 1975 and acknowledged among psychologists, several biases existed towards women. Myers-Avis (1996) notes that there are five broad categories that emerged from this study on bias:

- Women are assumed to do better when they remain in a marriage.
- Women’s careers are not acknowledged to be as important as a man’s career.
- Faulty beliefs remain that child rearing, as well as children’s problems, are mostly the mother’s responsibility.
- Double standards remain in reacting to extramarital affairs of a man and of a woman.
- Men’s needs remain more important than women’s needs.

Myers-Avis notes these biases are still a part of the culture of society and of therapy. Feminist family therapy attempts to correct these biases by seeking to have therapists acknowledge these issues in therapy, and to express that these ideas are faulty. She defines this process as “deconstruction.” She describes this process as “examining and challenging the assumptions about women and their roles embedded in dominant cultural beliefs, ‘knowledge,’ and practices.” She states that through this process of deconstruction, people are able to make their own choices without gender bias.

It is critical for supervisors to learn how this process of gender deconstruction operates, so they can make supervisees aware of it, too. Myers-Avis goes on to outline skills that can allow for this “deconstruction of gender,” in therapy:

### Ethnic and racial diversity

It has been acknowledged that the ethnic and racial diversity of therapists does not mirror the racial and ethnic diversity of society. A disproportionate number of therapists are Caucasians of European descent. While the mental health professional is attracting more diverse persons, a survey of marriage and family therapists revealed that over 90 percent were Caucasian, which is not reflective of the racial and ethnic makeup of the United States (Family Therapy Magazine, 2000).

In addition to trying to bring more therapists of different racial and ethnic backgrounds into the fields of counseling, social work and family therapy, the various professions must incorporate multicultural training into education and training to help increase awareness (McDowell, Fang, Gomez, Khanna, Brook and Brownlee, 2003).

Chang, Hays and Shoffner (2003) suggest that white supervisors, who supervise persons of color, need to make themselves culturally aware and knowledgeable. Beyond just learning about different cultures, supervisors should engage in exploration of their own racial identity and encourage supervisees to do the same. Both the supervisor and supervisee need to assess their own level of racial identity and how these identities will interact. Supervisors need to facilitate conversations about the supervisee’s own racial identity and help the supervisee understand how this can influence their perceptions and work with clients. It is important that the supervisor provide an atmosphere of safety and support to allow the supervisee to discuss these issues with the supervisor. The supervisor can also self-disclose feelings about what it means to be white, and in particular, to be a white supervisor of a person of color.

The authors feel that exploring these issues together creates a stronger supervision relationship, and to avoid discussing the supervisee and supervisor’s ethnic and racial backgrounds ignores a major dimension of the supervision relationship. This frank discussion can lead to a parallel process in which the more comfortable the supervisee feels in discussing racial and ethnic differences with the supervisor, the more comfortable the supervisee will feel to discuss these issues with their clients.

The authors also note that some white supervisors fall into the trap of believing they should ignore racial differences, as they believe they should be “color blind,” and treat everyone exactly the same. However, it is important for the supervisor to encourage the supervisee to explore how the supervisee’s racial and ethnic background might influence his/her belief about a family, and how this may benefit or slow down the therapeutic relationship.

Cook (1994) adds that the racial identity of the supervisee be integrated into the clinician’s identity as therapist. Otherwise, it becomes an ignored issue that still has had an impact on the therapist, but the therapist may be unaware of it. Supervisors might ask their supervisees questions, such as the following:

- ‘At what point did you notice the client’s race?’
- ‘What did you think about it?’
- ‘How did you feel about it?’
- ‘What did you do in response to the client’s race?’
- ‘How did you feel as a (supervisee’s race) person, in relation to the client?’

The aforementioned questions represent verbalizations of the thoughts and feelings a supervisee may have when he or she reads the identifying data on a client’s intake form, or when he or she sees the client for the first time.

Asking these questions can help supervisors engage in the dialogue necessary to get the conversations started, but also help make supervisees more self-aware and integrate their own racial identity into their identity as a therapist.

#### Conceptual skills

- **Understanding women’s issues in context.** Women have less economic power and are paid less and tend to work in low-paying jobs more often than do men. Skills in this area include learning about such issues as domestic violence and sexual violence.
- **Holding positive and empowering beliefs about women.** She categorizes this as the result of the therapist examining his/her own biases about women, and to have the therapist develop an appreciation of women’s strengths.
- **Holding a positive, non-blameful attitude towards men.** Myers-Avis explains this skill means that one has the ability to understand that men are also constrained by gender attitudes in society, but this never excuses violence against women.
- **Recognizing gender-based power inequities as a major factor in couple and family difficulties.** Therapists need to understand power imbalances, between men and women, do have an impact on the family. Therapists may need to advocate for the woman at times, rather than maintaining strict neutrality.
- **Recognizing power as power issues.** One example she gives is a situation in which a therapist may label a woman as having poor communication skills because she cannot tell her husband what she wants. The therapist would be failing if unable to recognize this as a power issue. The wife cannot tell her husband what she wants because of a power imbalance that gives him the control to tell her what she can do.

Myers-Avis asserts that supervisors should educate supervisees about these issues, have them read about gender issues, and bring up these issues, in working with families on a consistent basis. She also suggests having supervisors require supervisees to include explorations of power and gender.
Sexual orientation

Supervision of those persons who self-identify as lesbian, gay, bisexual or transgendered is fairly common for supervisors. Long (1997) noted that supervisors fell into four categories in their responses to students who identified themselves as lesbian, gay or bisexual. Supervisors could respond with four different attitudes:

- Disgust or the belief that the supervisee could change orientation.
- Pseudoacceptance, in which the supervisor chooses to ignore sexual orientation and act as if nothing about the student is different.
- Supportive but uniformed of lesbian, gay and bisexual issues.
- Committed to being an advocate and ally of lesbian, gay and bisexual persons.

The last response is the most effective response. Messinger (2007) studied a group of lesbian, gay and bisexual students of social work, as well as their supervisors, and assessed their perceptions of how the supervisee’s sexual orientation influenced supervisor’s attitudes towards them. Several factors influenced communication between the supervisors and supervisees.

Student’s perception of the agency climate of acceptance. Some students felt outright hostility, while others felt curiosity but not acceptance, while others felt very accepted. Those students, who felt the agency was not friendly and accepting, felt less inclined to discuss their concerns with their supervisors about their sexual orientation and how others perceived them.

- Student’s perceptions of supervisory style. Supervisors who acknowledged sexual orientation and were more apt to ask personal questions were perceived as being more accepting; therefore, the supervisees were more likely to talk these issues over with them.
- Quality of the supervision relationship. Those relationships that were low in levels of disagreement functioned better and the students felt more comfortable working with the supervisor in general.
- Supervisor’s knowledge of lesbian, gay and bisexual issues. Those who were perceived as more knowledgeable were not, surprisingly, identified as more understanding, and were able to help the student deal with possible issues that faced them, as a person who is lesbian, gay or bisexual.
- Supervisee’s stage of sexual identity development. Those who were more comfortable with their sexual orientation, and had disclosed this to the supervisor, had a much easier time working with the supervisor. Those not yet “out” had more problems in working with the supervisor, as they had not disclosed sexual orientation to the supervisor, and could not process issues that faced them as a lesbian, gay or bisexual person.

Some of the issues that faced these supervisees were disclosure of their sexual orientation to clients, experiencing homophobic attitudes or even outright hostility from others in the agency, and exploration of how, and even if, sexual orientation affected their clinical work. These are important issues for any supervisor to be aware of in working with persons who are lesbian, gay, bisexual or transgendered. Some supervisors reported frustration with the supervisees as they suspected the supervisee was not heterosexual, but were unsure of how to approach this if the supervisee did not disclose it. Obviously, it requires that supervisors be aware of these issues and develop their skills in addressing these factors.

Messinger (2007) recommends that heterosexual supervisors must educate themselves about these issues facing their supervisees. She also suggests that supervisors take the responsibility to discuss sexual orientation with all supervisees, without directly asking a supervisee about their sexual orientation. It is concluded that opening up the dialogue will allow for an atmosphere to develop where the supervisee feels safe in discussing these issues. In addition, she feels that supervisors have the responsibility to advocate within their agencies for lesbian, gay, bisexual and transgendered employees. She quotes Schloemer (2000) who believed these issues must be discussed and that supervisors who are afraid to talk about such personal issues with supervisees, out of respect for privacy, are actually collaborating in the repression of the supervisee. This repression of the part of the therapist blocks opportunities for growth and can isolate the supervisee from persons of heterosexual orientation.

However, at some agencies that emphasize strong boundaries between employees and their supervisors, it may be an expectation that a supervisor will not ask anything about employees’ personal lives, and await for them to volunteer information about themselves that is not directly related to their clinical work, or their employment and education. The supervisor can set the stage for an atmosphere of trust, but needs to be careful to not be intrusive. Supervisors also need to be careful not to overstep their boundaries with supervisees, whether that supervisee works for them or just contracts with them for supervision. Out right asking a supervisee about their sexual orientation can be perceived as intrusive.

Spirituality

Religion and spirituality have been given less attention than other issues of diversity in both therapy and supervision. Most people in the United States believe in God, (Gallup Poll, 2007), so it is very likely that most clients, therapists and supervisors hold some form of spiritual belief. However, Schulte, Skinner & Claiborne (2002) noted that more than 80 percent of counseling programs did not offer a class on spirituality issues as important to counseling and advocate for the inclusion of these issues into the curriculum. It requires that supervisors be aware of these issues and develop their skills in addressing these factors.

Berkel, Constantine and Olsen (2007) that few supervisors have the training to guide their supervisees through these issues because of the lack of education in this area. Their review of the literature indicates that most supervisors need to gain competence using their suggested guidelines:

- Gain self-understanding about their own personal beliefs about religion and spirituality and their values and biases related to their roles as a therapist and supervisor.
- Seek out continuing education opportunities to learn more about this area, in particular, becoming familiar with the beliefs of a variety of religions.
- Address differences. Supervisors need to acknowledge religion and spirituality issues as important to counseling and advocate for classes being added to training programs for counselors.
- Use community resources. Supervisors should talk to local religious leaders and invite them to training opportunities to explain belief systems to counselors, and should consult with them when they are unsure about their level of understanding regarding a client’s belief system.
Ethics in counseling supervision

No discussion of supervision would be complete without a discussion of the ethical and legal requirements for supervision. The Code of Ethics for Counselors (1991) states that counselors “must be aware of their ethical responsibilities to clients, supervisees, and the general public, as well as to other counselors.” This section is not meant to be an exhaustive examination of all ethical issues, but it does provide guidance on the ethical guidelines regarding supervision. Supervision certainly involves ethical dimensions that therapy alone does not, as the supervisor has responsibility for himself, as well as supervisees. Ethical codes vary from one professional organization to another, but what is shared in all is that they are designed to protect the clients from harm.

The 2001 Code of Ethics of AAMFT states that “Marriage and family therapists do not exploit the trust and dependency of students and supervisees.” Marriage and family therapists are also expected to avoid dual roles, such as providing therapy to current or former supervisees. Supervisors are also admonished to avoid supervisory relationships with family members, close friends, or former clients. They are also expected to avoid sexual relationships with supervisees, as well. Marriage and family therapy supervisors are also told they should ensure that supervisees do not engage in practices for which they do not have the proper training, experience, or competence.

The National Board for Certified Counselors and Affiliates, (NBCC) also has an extensive section on supervision in its Code of Ethics (2012), which can be viewed at www.nbcc.org. There are several aspects of supervision also addressed in the NASW code. The supervisors are expected to provide supervision, only after having the appropriate training to do so, and to inform their supervisees of what their experience, theoretical models, and credentials are. They are also charged with ensuring that supervisees understand ethics. They are expected to ensure that the supervisees let their clients know they are still in training and are receiving supervision. The supervisee, like marriage and family therapy supervisors, are expected to avoid dual relationships. The NBCC also requires that supervisors explain the purpose and goals of supervision, and have an agreed-upon plan to give the supervisee feedback. NBCC supervisors are also expected to intervene when a supervisee is unable to provide treatment due to impairment.

1991 Ethical Guidelines for Counseling Supervisors (ACES, 1991, 2005) were incorporated into the American Counseling Association Code of Ethics ([ACA], 2005) which communicates the degree of importance ACA and ACES believe the profession of counseling and counseling supervision should place on supervision training. The Ethical Guidelines for Counseling Supervisors are intended to assist supervisory professionals by helping them:

1. Observe ethical and legal protection of clients’ and supervisee’ rights.
2. Meet the training and professional development needs of supervisees in ways consistent with clients’ welfare and programmatic requirements.
3. Establish policies, procedures, and standards for implementing programs.

The specification of ethical guidelines enables members to focus on and to clarify the ethical nature of responsibilities held in common. Such guidelines should be reviewed formally every five years, or more often if needed, to meet the need for guidance.

Any complaints about the ethical behavior of any ACA member should be measured against the ACA Ethical Standards and a complaint lodged with ACA in accordance with its procedures for doing so.

One overriding assumption underlying this document is that supervision should be ongoing throughout a counselor’s career and not stop when a particular level of education, certification, or membership in a professional organization is attained.

All of these ethical codes expect that supervisors will not provide services that they are not qualified to provide. Furthermore, all of the codes expect supervisors to avoid dual relationships with supervisees.

Dual role

The dual role of administrative supervisor and clinical supervisor is sometimes unavoidable, but the supervisor needs to be proactive and work with the supervisee to understand how these two roles can work together. The AAMFT, for example, is clear in letting all members know they need to have thorough knowledge of professional ethics. On its website, it is noted in the preamble to the Code of Ethics: “Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.” Many therapists and their supervisors are not as familiar with the appropriate codes of ethics for their professions as they should be. A research study, of advanced doctoral students in counseling psychology, quizzed them by phone about the ethical dimensions of supervision. However, the students had several shortcomings in their ethical knowledge (Cikanek, Veatch & Braun, 2004). The doctoral students:

- Lacked knowledge of the specific content of the portion of the ethical code for the American Psychological Association that are related to supervision.
- Identified few risks to the supervisor, as well as relatively few responsibilities, in the supervision relationship.
- Were unfamiliar with steps to take to protect themselves as a clinical supervisor.
Were unsure how to proceed when they felt a supervisee was incompetent to practice.

Few of them understood the process of informed consent for supervision.

Minimized how responsible they were to the supervisees’ clients.

Had difficulty explaining the differences between laws and ethics.

This study examined only those in the practice of psychology. However, maybe it is likely that this study is representative of other licensed professions as well.

A survey of 45 state licensing boards determined that, while relatively few counselors had complaints filed against them, nearly 25 percent of the complaints were related to dual relationships, 7 percent were for having a sexual relationship with a client, in addition to just a dual relationship that was nonsexual in nature, and 17 percent were for incompetence. Other areas were related to breaches of confidentiality, failing to report abuse, inappropriate fees and misrepresentation of credentials. Of all of these complaints, 10 percent were actually determined to warrant investigation, and as a result, 36 percent had their credentials revoked, 19 percent were suspended and the remainder received various degrees of disciplinary action, such as letters of reprimand, requirements for more supervision, fines and other corrective actions. The authors believe that many incidents of ethical violations occurred, but the clients did not know where to report them or were afraid to report them. Consequently, the real numbers may be even higher (Neukrug, Milliken & Walden, 2001).

Supervisors should be aware of these most common forms of ethical complaints, and pay extra attention to helping their supervisees understand the dangers of dual relationships, sexual relationships with clients, and engaging in incompetent practice.

The AAMFT Approved Supervisor Handbook, (2007) describes legal and ethical knowledge as a requirement of becoming an approved supervisor. The NBCC demands that supervisors ensure that supervisees have proper knowledge of ethics. Therefore, it is vitally important that supervisors know their code of ethics inside and out, and take the time and effort to ensure that supervisees understand it. Outside consultation is often necessary when dilemmas are particularly difficult to handle, and supervisors should not hesitate to ask qualified persons for legal and ethical advice.

The NASW Code of Ethics (2014) serves as a guide to assist supervisors in working with ethical issues that arise in supervisory relationships. The following precepts from the NASW Code of Ethics are incorporated throughout these standards. These may be viewed in their entirety on the NASW website at www.socialworkers.org/pubs/code/code.asp.

- 3.01(a) “Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.”
- 3.01(b) “Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.”
- 3.01(c) “Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.
- 3.01(d) “Social workers who provide supervision should evaluate supervisees’ performance in a manner that is fair and respectful” (p. 19).

Supervisors have the responsibility to address any confusion that supervisees may encounter as a result of ethical demands. A supervisor should be aware of the differences between professional ethics, core values, and personal moral beliefs, and help the supervisee to distinguish these elements when making practice decisions.

Supervisors can use the supervisory relationship as a training ground for ethical discretion, analysis, and decision-making.

### Technical supervision

The rapid growth and advances in technology present many opportunities and challenges in a supervisory relationship. When using or providing supervision by technological means, supervisors and supervisees should follow standards applied to a face-to-face supervisory relationship. Supervisors should demonstrate competency in the use of technology for supervision purposes and keep abreast of emerging technologies. Supervisors should be aware of the risks and benefits of using technology in social work practice and implement them in the learning process for supervisees.

All applicable federal, provincial, and state laws should be adhered to, including privacy and security rules that may address patient rights, confidentiality, allowable disclosure, and documentation and include requirements regarding data protection, encryption, firewalls, and password protection. The use of technology for supervision purposes is gradually increasing.

Video-conferencing is a growing technological tool used to provide supervision, especially in remote areas. Some jurisdictions allow electronic means for supervision; others may limit the amount of supervision that can be provided from a distance.

When using technology to provide distance supervision, one must be aware of standards of best practice for providing this tool and be knowledgeable of the statutes and regulations governing the provision of such services.

### Regulations

Most professional associations would probably agree with the NASW standards which express that the statutes and regulations for the qualifications of supervisors and licensing requirements for supervisees may vary by jurisdiction. An increasing number of jurisdictions are requesting supervision contracts and plans prior to the commencement of supervision. It is the responsibility of supervisors and supervisees to familiarize themselves with the specific requirements in their jurisdictions for the qualifications for supervision, licensure, supervision contracts and plans, and other requirements. Many social work regulations require all supervision, for purposes of licensure, to be provided by a licensed clinical social worker.

### Evaluation

The goals of an evaluation process are to improve the delivery of services to clients, maintain ethical and competent social work practice, and protect the public. Structuring an evaluation process focused on the supervisory learning experience and the identification of future learning needs is an important part of the supervisory process. Supervisors have the responsibility of researching and selecting the best evaluative tool for supervision.

NASW standards also state that evaluation of the supervisee, as well as the evaluation of the impact and outcome of supervision, is a significant responsibility of the supervisor. An evaluation serves many purposes, which vary depending on the setting and context.
An evaluation can be used to determine whether a supervisee is able to practice social work with increasing independence in a competent and ethical manner. An evaluation can also be used for licensure or credentialing reasons, annual job performance, probation, promotion, or merit salary increases. Social work supervisors have the responsibility of evaluating the performance of supervisees in a fair manner with clearly stated criteria.

Most evaluations have several items in common beginning with a formal agreement, between the supervisor and the supervisee, regarding expectations for the outcome of the evaluative process. At the beginning of each supervisory relationship, the supervisor, in collaboration with the supervisee, should prepare written, measurable goals and specific guidelines to evaluate the supervisee’s performance. In addition, the evaluation should include a time frame for goal attainment and a systematic procedure for disengaging from supervision, once the goal has been reached.

Tools used to measure supervision goals can be a combination of various pre-determined criteria including: case studies, progress notes, conversations, the successful implementation of treatment plans, and client outcomes. To enhance learning and increase the effectiveness of supervision, a systematic procedure for ongoing supervisory feedback is necessary.

Feedback during the supervisory process is planned, continuous, in written and verbal form. Planned supervisory feedback allows both the supervisor and the supervisee to make modifications, if needed, to improve professional practice and skill development. Continuous feedback also helps to determine the impact and effectiveness of the received supervision. When using an evaluation as a learning process, clinical and administrative errors can be expected and do occur but should not be used in a punitive manner.

The final stage of an evaluative process should include a discussion of future challenges the supervisee may encounter and the resources that the supervisee can use to resolve those challenges.

For purposes of licensing and credentialing, a supervisory evaluation is an aid to public protection. The supervisor is the last gate to competent, independent clinical practice and one of the best resources regarding a supervisee’s fitness to practice social work. The supervisor has the responsibility of identifying incompetent or unethical practice and taking appropriate steps to properly address the errors of the supervisee (NASW Supervision Standards, 2013).

Terminating Supervision

According to NASW and other professional organizations ending the supervisory relationship is just as important as beginning it, and a supervisor should devote attention to it. Termination occurs when the supervisor or supervisee leaves the organization or is promoted or when the supervisee obtains licensure. It may also occur when the goals are achieved in the agreement between the supervisor and supervisee.

It is important for supervisors to identify at the beginning of their relationship the dynamics of termination as they emerge and assist supervisees in learning specific skills to deal with termination. Helping supervisees to address their concerns about termination can help make termination a richer experience. All documentation by the supervisor should be completed by the time of termination. It is unprofessional and possibly unethical to withhold status or final reports, particularly where such reports are required for licensing documentation (NASW Supervision Standards, 2013).

Counseling supervision training guide (examples)

In recent years, a number of counseling supervision training curriculums have been developed through various national professional associations, academic settings, non-profit agencies, and even for-profit mental health businesses.

One example was written by the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled, A Guide for Clinical Supervision. Clinical supervision has become the cornerstone of quality improvement in the substance abuse treatment field. The Center for Substance Abuse Treatment (CSAT) new Treatment Improvement Protocol 52 (TIP 52), Clinical Supervision and Professional Development of the Substance Abuse Counselor, offers best-practice guidelines and basic information for clinical supervisors and program administrators. Providing a bridge between the classroom and the clinic, clinical supervision improves client care and develops the professionalism of clinical personnel. Clinical supervision also helps maintain ethical standards in the field and ensures those standards are widely shared.

“TIP 52 focuses on teaching, coaching, consulting, and mentoring functions,” said the protocol’s Consensus Panel Chair, David J. Powell, Ph.D., president of the International Center for Health Concerns, Inc., East Granby, CT.

About the Manual

Topics include cultural competence, ethical and legal issues, dual relationships and boundary issues, informed consent, confidentiality, and supervisor ethics. Divided into three major sections, TIP 52 includes the following:

- **Part 1**: Designed for supervisors, this section presents the basics of clinical supervision, including representative vignettes of specific scenarios, master supervisor notes and comments to show the thinking behind the supervisor’s approach in each vignette, and how-to descriptions of effective techniques.
- **Part 2**: A hands-on guide, this section helps program administrators understand the benefits and rationale behind providing clinical supervision for their program’s substance abuse counselors. Tools are described to ease tasks associated with implementing a clinical supervision system.
- **Part 3**: A literature review is included online only for clinical supervisors, interested counselors, and administrators.

Another example is illustrated here, through curriculum developed by the Association for Counselor Education and Supervision. (ACES) The Association for Counselor Education and Supervision Interest Network was formed in June 1989. During an intensive 2-day meeting funded by ACES, a working group outlined the first draft of a curriculum for training counseling supervisors. The working group included educators, practitioners, and researchers in the field of supervision, who had supervision experience in several work settings (e.g., counselor education programs, school settings, college counseling centers, mental health settings, private practice).

The Curriculum Guide for Training Counseling Supervisors builds on previous work to advance the status of this professional specialty. The guide provides the mechanism for implementing the “Standards for Counseling Supervisors” (Dye & Borders, 1990) via training programs, professional guidelines (e.g., preparation standards and credentialing), and research on the supervision process.

Three curriculum emphases emerged. These three included, (a) self-awareness, (b) theoretical and conceptual knowledge, and (c) skills and techniques, and became an organizational framework for developing the curriculum guide (i.e., organizing learning objectives).

Additional examination of the standards revealed seven core curriculum areas: Models of Supervision; Counselor Development;
Supervision Methods and Techniques; Supervisory Relationship; Ethical, Legal, and Professional Regulatory Issues; Evaluation; and Executive (Administrative) Skills.

Next, major topics within each core area were identified (e.g., “individual differences” and “process variables” under Supervisory Relationship). Finally, for each core area, specific learning objectives in the three curriculum threads, noted previously, were written (e.g., “recognizes potential conflict areas and responds appropriately” is a skill for the core area Supervisory Relationship).

Prerequisites for supervisor training include knowledge of human development and learning theories, knowledge and demonstration of a counseling theory or style, facilitative as well as challenging skills, case conceptualization skills, assessment and goal setting, evaluation and report writing, and familiarity with the American Association for Counseling and Development Ethical Standards.

Training, whether conducted as academic courses, in-service training, or professional development workshops, involves a sequence of didactic and experiential instruction. Training includes exposure to the existing conceptual and empirical literature for each core area of the curriculum guide. Trainers might use assigned readings, lectures, or other instructional approaches to introduce supervisors-in-training to this literature.

The Curriculum Guide for Training Counseling Supervisors specifies content and learning objectives for the doctoral level supervision training that is currently required in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) approved programs. In general, the guide serves as a framework for planning a range of training programs for supervisors at various levels of knowledge and experience. The emphasis of each training depends on the target population, such as counselor education students, faculty, on-site internship supervisors, and supervision practitioners in various counseling work settings. A variety of delivery systems are possible, including workshops, institutes, ongoing training groups, and academic courses.

The guide can also be a resource for assessing supervisor competency. The learning objectives can be used as a first step in developing a checklist for evaluating supervisors, followed by studies to refine items and establish psychometric properties of the measure.

Summary

Counseling supervision encompasses two major intentions of supervision within the mental health profession. First, counseling supervision is necessary when becoming a licensed mental health professional, and like any other human relationship, it is complex and embedded in a larger system that influences the process. Secondly, supervision is necessary as an ongoing piece of professional development, after professionals have acquired their mental health licenses.

Though clinical supervision and counseling have much in common, the two tasks also utilize separate and distinct skills. A “master” clinician may not always be a “master” supervisor without the addition of training and competency in supervisory knowledge and skills. And, the concept of “master-apprentice” supervision prompts the assumption of a hierarchy of power that favors the master as the “authority,” a dynamic that is not supported in today’s literature on supervision. It is also documented that clinical knowledge and skills are not as easily transferrable as the master-apprentice model implies (Falender & Shafranske, 2008).

Counseling supervision at its most basic form in any of the mental health professions is the process of guiding a mental health professional in how to do mental health treatment. Selicoff (2006) notes, “The goal of good supervision is to help the therapist do quality therapy.” At its best, supervision enhances clinical skills, and also promotes the personal growth of the therapist (Liddle, 1988).

Supervision is distinct from teaching, training or therapy, though, at times, some boundaries in some situations may feel blurred for the supervisor and the supervisee.

National organizations of the mental health professions also have their own definitions of supervision. And counseling supervision has emerged as a “distinct field of preparation and practice” with a unique body of knowledge and skills. As competencies of effective supervisors have been identified in the literature, the necessity of specialized training in counseling supervision has become increasingly clear.

A common theme that arises in the best and worst supervision experiences is related to the style of interaction between the supervisor and the supervisee. Problems that arise in supervision can sometimes be attributed to the tension between the model of supervision preferred by the supervisor, and the one preferred by the supervisee.

Supervisors and their supervisees need to remember that supervision is never a relationship that takes place in isolation. Supervisors should be aware of the influence of theoretical models and different work settings on the supervision relationship. Supervisors have a responsibility to make themselves aware of the factors that supervisees name as influences on positive and negative outcomes of supervision. Supervisors should also remain mindful of the influence of the diversity of race, ethnicity, gender, spirituality and sexual orientation in the supervision relationship.

In reviewing counseling supervision models, it quickly becomes apparent that different mental health service organizations identify and espouse particular models that best reflect their orientations and missions.

In addition, counseling supervision incorporates several considerations for the counseling supervisor such as social diversity, ethics, evaluation, and others that ultimately reflect quality and ethics according the supervisor and supervisee professional orientation.

All supervisors should remain mindful they have an obligation to their supervisees, and to the mental health counseling professions to be knowledgeable of the theories and techniques of counseling and supervision and the ethics of their professions. A supervisor can never be seen, by either themselves or their supervisees, as the ultimate expert or final authority. A supervisor may help guide a supervisee towards increased knowledge and techniques, but a supervisor should always remain open to guidance from others in the field that have different perspectives.

Resources

- ACES Executive Counsel and Delegate Assembly March, 1993, Preamble.
- American Counseling Association (ACA), The American Counseling Association (ACA) Standards, 2014 retrieved from web site at http://www.counseling.org/ knowledge-center/ethics
- American Counseling Association, (2013), Alexandria, VA.
1. Two major topics that are covered in supervision include:
   a. Identifying one’s feelings and verbalizing one’s feelings.
   b. Self-reflection and career development.
   c. Marketing and self-renewal.
   d. Personal Issues and Skills and Techniques.

2. ____________ is when supervisors tend to use the same methods in supervision as they do in therapy.
   a. “Isolation”.
   b. “Theory exclusion”.
   c. “All-inclusion.”
   d. “Isomorphism”.

3. To maintain objectivity in supervision, it is important to:
   a. Establish a method for resolving communication and other problems in the supervision sessions so that they can be addressed.
   b. Walk away before communication escalation occurs between the supervisor and the supervisee.
   c. Journal feelings and create specific meetings to discuss any supervisor-supervisee conflicts.
   d. Ask the supervisee to repeat questions and comments stated by the supervisor.

4. The internal process of supervision is not focused on the teaching of skills, but rather in helping the therapist to understand his/her own ____________ and internal processes.
   a. Family relationships.
   b. Attitudes.
   c. Outside stressors.
   d. Adult relationships.

5. Behavioral health supervision is generally a strength-based model that focuses on ____________ between the supervisor and supervisee.
   a. The evaluation process.
   b. Conflict resolution.
   c. The relationship.
   d. Solution-focused communication.

6. Reflective supervision requires that both the supervisor and supervisee enter into a mutual relationship that requires them to be open and willing to:
   a. Risk their relationship for the sake of the outcome.
   b. Risk self-disclosure.
   c. Spend more time with client concerns.
   d. Mirror the clients’ thoughts and feelings.

7. Reflective supervision is a relationship-based supervision methodology that addresses the ____________ domain of self with others.
   a. “Isomorphism”.
   b. “Outer-subjective”.
   c. “Internal”.
   d. “Inter-subjective”.

8. Ethnic and racial diversity of therapists ____________ the racial and ethnic diversity of society.
   a. Does not mirror.
   b. Rarely identifies.
   c. Mimics.
   d. Reflects.

9. When using or providing supervision by technological means, supervisors and supervisees should follow standards applied to a ____________ supervisory relationship.
   a. Face-to-face.
   b. Long distance.
   c. Conflict resolution.
   d. Reflective.

10. It is important for supervisors to identify at the beginning of their relationship the dynamics ____________ as they emerge and assist supervisees in learning specific skills to deal with termination.
    a. Of termination.
    b. Inherent in supervision.
    c. Of the theoretical model.
    d. Of reflection and self-report.