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"ISSUES IN COUNSELING SUPERVISION"

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ISSUES IN COUNSELING SUPERVISION

3 CEU Credit Hours

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Course Description:

This course provides answers to common questions and practice protocols concerning providing and receiving professional supervision.

Course Objectives:

At the conclusion of this course the professional will be able to:

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; and
3. Establish policies, procedures, and standards for implementing programs.

Purpose of this course:

The purpose of this CEU course is to provide a current understanding of issues relevant to the mental health counselor - social worker, psychologist, marriage and family therapist, behavioral health specialist - concerning both providing and receiving professional supervision.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

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3 Clock Hours / CE Credits

If you ever have any questions concerning this course, please do not hesitate to contact **PeachTree at (800) 390-9536**.



Your instructor is **Richard K. Nongard**,
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INTRODUCTION

This course has been developed for the professional counselor, social worker, family therapist and professional addictions counselor who provides supervision and education services to other counselors and counselor interns.

Many states are now requiring that licensed professionals, who serve their profession by providing supervision services to interns and other counselors, must take required continuing education courses which specifically address issues relating to supervision.

Counselor education and supervision is a complex subject, about which there is both a great deal of research and a great deal of opinion. This course is not designed to teach all of the skills necessary to effectively supervise counselors and interns, for that would exhaust the scope of a three-hour continuing education workshop. Rather, this course will provide a foundation for those seeking to enhance their profession by beginning to offer supervision services, and for those already providing supervision, it will offer a framework for continuing to impart exceptional services.

It is the goal of this course to overview eight major areas regarding the supervision of counselors and interns.

These areas are:

- 1.) Ethical issues in supervision (page 5)
- 2.) Multicultural issues in supervision (page 13)
- 3.) Models of clinical supervision (page 17)
- 4.) Ethics and legal dimensions of supervision (page 22)
- 5.) Gender issues in supervision (page 27)
- 6.) Supervision of marriage and family counselors (page 32)
- 7.) Strategies and methods of effective supervision (page 36)
- 8.) Fostering counselors' development in group supervision (page 40)
- 9.) Developing peer consultation as supervision (page 44)

The course is comprised of a number of research articles developed by many different authors addressing each subject with notes regarding each section from your instructor. The instructor of this course is Richard K. Nongard, LMFT/CCH.

This course does not exhaust all of the many subjects and areas of concern or interest to the clinician providing clinical supervision, and readers who provide such services are encouraged to consult the many resources this course refers to, and to develop continued skills and knowledge in the area of clinical supervision.

From your Instructor:

When I think back to my counselor internships in graduate school and my clinical supervision as a new counselor, and the opportunities as a licensed counselor to receive clinical supervision, I realize I have always enjoyed these experiences. I feel lucky that I was blessed by caring and gifted clinical supervisors, who not only provided a foundation for effective counseling but also took personal interest in my life.

Through my opportunities as a counselor in supervision, I have made lifelong professional relationships and developed deep personal friendships. On a regular basis I still consult those who provided services to me for both professional and personal advice, and am indebted to them for the gift of effective supervision they gave to me.

As a professional, I have also had the opportunity to provide supervision to interns in graduate school and to new counselors seeking licensure or those still early in their careers. It is my hope that the skills passed along to me by my supervisors are skills that I can pass along to those I supervise.

In developing this course, I wanted to spend my time focusing on the key difficulties or questions concerning the process of supervision. It comes down to a basic foundation of modern theory and problem resolution. I hope you benefit from this course, and increase your skills as a result of this material.

-- Richard K. Nongard, LMFT, CCH

Section 1: Ethical Guidelines for Supervision

Most all professions acknowledge that Counselor Supervision involves issues both that go beyond the scope of basic counseling practice and Ethics.

Please read through the ethical guidelines for counseling supervisors developed by the association for counselor education and supervision (ACES). Unique to the clinical supervisor are ethical issues others in the counseling professions do not face. Almost all of the professional associations (APA, NBCC, NAADAC, NASW, AAMFT, etc) address supervision in their various codes of ethics, some to a greater extent than others, but all counseling disciplines recognize the need to address these specific ethical concerns. The ACES (a division of the American Counseling Association) guidelines are particularly well developed and comprehensive, and for this reason they have been highlighted.

ETHICAL GUIDELINES FOR COUNSELING SUPERVISORS
ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION
Adopted by ACES Executive Counsel and Delegate Assembly, March, 1993

Preamble:

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 for (ACA) and as such adheres to [ACA's current ethical standards](http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx) <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx> and to 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 educative 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.

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.

The Ethical Guidelines for Counseling Supervisors are intended to assist 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; and
3. Establish policies, procedures, and standards for implementing programs.

The specification of ethical guidelines enables ACES 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 needs of ACES members for guidance.

The Ethical Guidelines for Counselor Educators and Counseling Supervisors are meant to help ACES members in conducting supervision. ACES is not currently in a position to hear complaints about alleged non-compliance with these guidelines. 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.

DEFINITIONS OF TERMS:

Applied Counseling Settings - Public or private organizations of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings.

Supervisees - 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 - Counselors 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.

Counseling supervisors are responsible for making every effort to monitor both the professional actions, and failures to take action, of their supervisees.

1. Client Welfare and Rights

1.01 The Primary obligation of supervisors is to train counselors so that they respect the integrity and promote the welfare of their clients. Supervisors should have supervisees inform clients that they are being supervised and that observation and/or recordings of the session may be reviewed by the supervisor.

1.02 Supervisors who are licensed counselors and are conducting supervision to aid a supervisee to become licensed should instruct the supervisee not to communicate or in any way convey to the supervisee's clients or to other parties that the supervisee is himself/herself licensed.

1.03 Supervisors should make supervisees aware of clients' rights, including protecting clients' right to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients also should be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship.

1.04 Records of the counseling relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio and videotape recordings, are considered to be confidential professional information. Supervisors should see that these materials are used in counseling, research, and training and supervision of counselors with the full knowledge of the clients and that permission to use these materials is granted by the applied counseling setting offering service to the client. This professional information is to be used for full protection of the client. Written consent from the client (or legal guardian, if a minor) should be secured prior to the use of such information for instructional, supervisory, and/or research purposes. Policies of the applied counseling setting regarding client records also should be followed.

1.05 Supervisors shall adhere to current professional and legal guidelines when conducting research with human participants such as Section D-1 of the ACA Ethical Standards.

1.06 Counseling supervisors are responsible for making every effort to monitor both the professional actions, and failures to take action, of their supervisees.

2. Supervisory Role

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

- a. Monitoring client welfare;
 - b. encouraging compliance with relevant legal, ethical, and professional standards for clinical practice;
 - c. monitoring clinical performance and professional development of supervisees;
- and

d. evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes.

The role of the Supervisor is multifaceted.

Sometimes you are a teacher, a counselor, a clinical supervisor, or an administrative supervisor.

All of these roles are important, and all have specific expectations and responsibilities that must be upheld.

2.01 Supervisors should have had training in supervision prior to initiating their role as supervisors.

2.02 Supervisors should pursue professional and personal continuing education activities such as advanced courses, seminars, and professional conferences on a regular and ongoing basis. These activities should include both counseling and supervision topics and skills.

2.03 Supervisors should make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession.

2.04 Supervisors of post-degree counselors who are seeking state licensure should encourage these counselors to adhere to the standards for practice established by the state licensure board of the state in which they practice.

2.05 Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.

2.06 Actual work samples via audio and/or video tape or live observation in addition to case notes should be reviewed by the supervisor as a regular part of the ongoing supervisory process.

2.07 Supervisors of counselors should meet regularly in face-to-face sessions with their supervisees.

2.08 Supervisors should provide supervisees with ongoing feedback on their performance. This feedback should take a variety of forms, both formal and informal, and should include verbal and written evaluations. It should be formative during the supervisory experience and summative at the conclusion of the experience.

2.09 Supervisors who have multiple roles (e.g., teacher, clinical supervisor, administrative supervisor, etc.) with supervisees should minimize potential conflicts. Where possible, the roles should be divided among several supervisors. Where this is not possible, careful explanation should be conveyed to the supervisee as to the expectations and responsibilities associated with each supervisory role.

2.10 Supervisors should not participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction which would compromise the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor's objectivity and

Just as with a client, Supervisors should employ the principles of informed consent and clarity of requirements, expectations, roles and rules to their supervisee.

To ensure the highest quality of training and supervision, supervisors should be active participants in peer review and peer supervision procedures.

professional judgment should be avoided and/or the supervisory relationship terminated.

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

2.12 Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance. Supervisors have the responsibility of recommending remedial assistance to the supervisee and of screening from the training program, applied counseling setting, or state licensure those supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisees who are so evaluated.

2.13 Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued employment if the supervisor believes the supervisee is impaired in any way that would interfere with the performance of counseling duties. The presence of any such impairment should begin a process of feedback and remediation wherever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.

2.14 Supervisors should incorporate the principles of informed consent and participation; clarity of requirements, expectations, roles and rules; and due process and appeal into the establishment of policies and procedures of their institutions, program, courses, and individual supervisory relationships. Mechanisms for due process appeal of individual supervisory actions should be established and made available to all supervisees.

3. Program Administration Role

3.01 Supervisors should ensure that the programs conducted and experiences provided are in keeping with current guidelines and standards of ACA and its divisions.

Supervisors should assess supervisees' skills and experience in order to establish standards for competent professional behavior.

Supervisors should restrict supervisees' activities to those that are commensurate with their current level of skills and experiences

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

3.03 To achieve the highest quality of training and supervision, supervisors should be active participants in peer review and peer supervision procedures.

3.04 Supervisors should provide experiences that integrate theoretical knowledge and practical application. Supervisors also should provide opportunities in which supervisees are able to apply the knowledge they have learned and understand the rationale for the skills they have acquired. The knowledge and skills conveyed should reflect current practice, research findings, and available resources.

3.05 Professional competencies, specific courses, and/or required experiences expected of supervisees should be communicated to them in writing prior to admission to the training program or placement/employment by the applied counseling setting, and, in case of continued employment, in a timely manner.

3.06 Supervisors should accept only those persons as supervisees who meet identified entry level requirements for admission to a program of counselor training or for placement in an applied counseling setting. In the case of private supervision in search of state licensure, supervisees should have completed all necessary prerequisites as determined by the state licensure board.

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

3.08 Supervisees should be encouraged and assisted to define their own theoretical orientation toward counseling, to establish supervision goals for themselves, and to monitor and evaluate their progress toward meeting these goals.

3.09 Supervisors should assess supervisees' skills and experience in order to establish standards for competent professional behavior. Supervisors should restrict supervisees' activities to those that are commensurate with their current level of skills and experiences.

3.10 Supervisors should obtain practicum and fieldwork sites that meet minimum standards for

When a training program conducts a personal growth or counseling experience involving relatively intimate self disclosure, care should be taken to eliminate or minimize potential role conflicts for faculty and/or agency supervisors who may conduct these experiences and who also serve as teachers, group leaders, and clinical directors.

preparing student to become effective counselors. No practicum or fieldwork setting should be approved unless it truly replicates a counseling work setting.

3.11 Practicum and fieldwork classes would be limited in size according to established professional standards to ensure that each student has ample opportunity for individual supervision and feedback. Supervisors in applied counseling settings should have a limited number of supervisees.

3.12 Supervisors in university settings should establish and communicate specific policies and procedures regarding field placement of students. The respective roles of the student counselor, the university supervisor, and the field supervisor should be clearly differentiated in areas such as evaluation, requirements, and confidentiality.

3.13 Supervisors in training programs should communicate regularly with supervisors in agencies used as practicum and/or fieldwork sites regarding current professional practices, expectations of students, and preferred models and modalities of supervision.

3.14 Supervisors at the university should establish clear lines of communication among themselves, the field supervisors, and the students/supervisees.

3.15 Supervisors should establish and communicate to supervisees and to field supervisors specific procedures regarding consultation, performance review, and evaluation of supervisees.

3.16 Evaluations of supervisee performance in universities and in applied counseling settings should be available to supervisees in ways consistent with the Family Rights and Privacy Act and the Buckley Amendment.

3.17 Forms of training that focus primarily on self understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary. Those who conduct these forms of training should not serve simultaneously as supervisors of the supervisees involved in the training.

3.18 A supervisor may recommend participation in activities such as personal growth groups or personal counseling when it has been determined that a supervisee has deficits in the areas of self understanding and problem resolution which impede his/her professional functioning. The supervisors should not be the direct provider of these activities for the supervisee.

Just like being a counselor, being a counselor supervisor assumes a great deal of responsibility and even liability.

However, it can also bring with it substantial personal and professional rewards.

Don't let the potential risks keep you from being a Supervisor—just do a good, ethical job.

3.19 When a training program conducts a personal growth or counseling experience involving relatively intimate self disclosure, care should be taken to eliminate or minimize potential role conflicts for faculty and/or agency supervisors who may conduct these experiences and who also serve as teachers, group leaders, and clinical directors.

3.20 Supervisors should use the following prioritized sequence in resolving conflicts among the needs of the client, the needs of the supervisee, and the needs of the program or agency. Insofar as the client must be protected, it should be understood that client welfare is usually subsumed in federal and state laws such that these statutes should be the first point of reference. Where laws and ethical standards are not present or are unclear, the good judgment of the supervisor should be guided by the following list.

- a. Relevant legal and ethical standards (e.g., duty to warn, state child abuse laws, etc.);
- b. Client welfare;
- c. Supervisee welfare;
- d. Supervisor welfare; and
- e. Program and/or agency service and administrative needs.

*** Of interest to me as the author of this course is the specific statement in the ACES code of ethics that *supervision should never be a substitute for individual psychotherapy.*

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

I have heard it said by many supervisors that, “good supervision is really just good psychotherapy.” Clearly this way of thinking is not only wrong, but a violation of the ethical codes. The goal of supervision is not counselor recovery, but rather training new counselors to help people to recover.

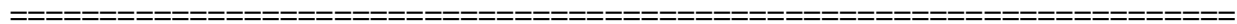
Though the 1995 code offered guidance on the topic of dual relationships, the 2005 ACA Code of Ethics provides more explicit guidelines about which dual relationships are ethically acceptable and which are strictly prohibited.

The 2005 ACA Code of Ethics also provides guidelines for supervisory relationships, stating that “Sexual or romantic interactions or relationships with current supervisees are prohibited” (Standard F.3.b.). Furthermore, the ethics code clearly states that “Counseling supervisors do not condone or subject supervisees to sexual harassment” (Standard F.3.c.). It should be noted that not only is sexual harassment unethical, it is also illegal.

Counseling supervisors are expected to “clearly define and maintain ethical professional, personal and social relationships with their supervisees” (Standard F.3.a., “Relationship Boundaries With Supervisees”). The standard goes on to say that “If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role.” The 2005 ACA Code of Ethics also cautions counseling supervisors to remain aware of “the power differential in their relationships with supervisees” (Standard F.3.e.). The code further clarifies that “Counseling supervisors avoid accepting close relatives, romantic partners or friends as supervisees” (Standard F.3.d.).

Standard F.3.a. also advises counseling supervisors not to engage in “any form of nonprofessional interaction that may compromise the supervisory relationship.” If a counseling supervisor believes a nonprofessional relationship with a supervisee has the potential to benefit the supervisee, Standard F.3.e. provides that supervisors take precautions similar to those taken by counselors who engage in potentially beneficial dual relationships with clients. It goes on to say that “Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee.”

The 2005 ethics code addresses other dual relationships as well, including relationships between counselor educators and students and relationships between researchers and research participants. Standard F.10. sets guidelines for counselor educators and students that are similar to the ethical guidelines for supervisors and supervisees. Standard G.3. virtually mirrors these rules for researchers and their research participants.



The following quotes come from the NAADAC code of ethics. They demonstrate the type of issues common to all professional associations as they are typically addressed in the various codes of ethics.

“The NAADAC member who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.”

“The NAADAC member shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.”

SECTION 2: MULTICULTURAL ISSUES IN SUPERVISION

INTRODUCTION

Multi-cultural issues in counseling supervision are as important to recognize and address as they are in a counseling situation with a client.

Perhaps two of the most important changes within counseling and counselor education in the past twenty years have been (a) recognition of the need for a multicultural perspective in all aspects of counseling and education and (b) the evolution of supervision models and practices. Recently, these changes culminated in two sets of competency and standards statements that will most certainly guide counselor preparation and evaluation of counselor practice.

The Association for Multicultural Counseling and Development (AMCD) approved a document outlining multicultural counseling competencies and standards (Sue, Arredondo, & McDavis, 1992) and the Association for Counselor Education and Supervision (ACES, 1990) adopted comprehensive standards for eleven aspects of counseling supervision. Now counselors are recognizing the need to consider multicultural issues in supervision and methods of multicultural supervision.

In 1996, the Association for Multicultural Counseling and Development, a division of ACA, approved the 31 competencies suggested for specialists in the field. The ACA Governing Council endorsed the multicultural counseling competencies in 2002.

The multicultural perspective will become essential as we move into the twenty-first century. It is projected that by the year 2010, twelve of our most populous states, containing about half of the nation's young people, will have significant minority populations (Hodgkinson, 1992). Thus, the supervision triad of client, counselor, and supervisor will most likely contain persons of differing racial-ethnic backgrounds who are confronting problems and concerns in a diverse social environment.

Controversy surrounds the inclusiveness or exclusiveness of the term multicultural so, for clarity, multicultural in this paper will be defined as in the AMCD Standards (Sue et al., 1992), referring to visible racial-ethnic groups, African-Americans, American Indians, Asian Americans, Hispanics and Latinos, and Whites. Currently, very little descriptive and even less research literature on multicultural supervision is available (Leong & Wagner, in press). This paper will summarize two different aspects of multicultural supervision: the inclusion of multicultural issues during supervision and the multicultural supervisory relationship.

MULTICULTURAL ISSUES IN SUPERVISION

Bernard and Goodyear (1992) advocated that the supervisor is responsible for assuring that multicultural issues receive attention in supervision. Generally, whenever the client is a minority group member, and sometimes when either the supervisee or supervisor is a minority person, supervisors will recognize the relevance of addressing cultural concerns. However, all counseling and supervision contacts have cultural, racial-ethnic aspects which shape core assumptions, attitudes, and values of the persons involved and which may enhance or impede counselor effectiveness. Majority cultural patterns and the culture of counseling and psychotherapy are often accepted by the supervisor and counselor without thought, what Bernard and Goodyear (1992) label the "myth of sameness" (p. 195). Recent work on white racial identity (Rowe, Bennett, & Atkinson, 1994) has underscored the need for majority counselors to develop an awareness of being White and what that implies in relation to those who do not share White group membership. Thus, regardless of apparent "sameness", at some point in all supervision, and preferably early in the process, multicultural issues must be explored.

The supervisor's role is to promote supervisee growth by challenging cultural assumptions, encouraging emotional expression, and validating conflict of attitudes and values.

Logical extensions of this view of multicultural supervision are models that advocate supervision as a method to assist multicultural counselor development. As reviewed by Leong and Wagner (in press), these models propose that supervisees move in stages from minimal racial-ethnic awareness, to awareness of discrepancies between cultures and within self, and then to development of a multicultural identity. The supervisor's role is to promote supervisee growth by challenging cultural assumptions, encouraging emotional expression, and validating conflict of attitudes and values. These multicultural models lack empirical support, but seem to integrate well with developmental models of supervision (Bernard & Goodyear, 1992) and direct the supervisor to assess the multicultural awareness level of each supervisee.

A number of supervision techniques have been proposed to insure that the cultural dimension is addressed, though none have research support (Bernard & Goodyear, 1992; Leong & Wagner, in press). Planned discussion of culture and the culture of counseling; exploration of supervisee and supervisor cultural backgrounds; required use of videotape (which provides visual recording of nonverbal cultural components); modeling by the supervisor; inclusion of cultural considerations on all intake, case management, and other written supervision reports; and experiential exercises are methods that can be used in individual and group supervision.

MULTICULTURAL SUPERVISORY RELATIONSHIP

While the above section dealt with the multicultural "content" of supervision, the multicultural supervisory relationship is the "process" of supervision. ACES counseling supervision standard 4 (1990) addresses the knowledge and skills related to the supervisory relationship. Only one substandard of nine (Standard 4.1) directly addresses multicultural issues, noting the "supervisor demonstrates knowledge of individual differences with respect to gender, race, ethnicity, culture, and age and understands the importance of these characteristics in supervisory relationships" (p. 30). The second half of Standard 4.1 is the difficult piece, as there is a paucity of empirical knowledge about the dynamics and experiences of the multicultural supervisory relationship. Leong and Wagner (in press), critiqued the four studies published to date and concluded: (1) race can have a profound influence on the supervisory process, particularly in terms of trainee's expectations for supervisor empathy, respect, and congruence, (2) race can influence a trainee's perception of supervisor liking, and (3) there are some circumstances under which race does not seem to influence supervision. (p. 20)

Early discussion of supervisor and supervisee racial-ethnic backgrounds and expectations about supervision may help establish a base for the development of trust and empathy.

These conclusions point to the critical importance of the initial sessions in the multicultural supervisory relationship. Cultural differences in worldview and communication styles may particularly affect supervisee perceptions of the supervisor as supportive and empathic. Such perceptions have been associated with satisfaction in multicultural supervision (Leong & Wagner, in press). Early discussion of supervisor and supervisee racial-ethnic backgrounds and expectations about supervision may help establish a base for the development of trust and empathy.

Another critical dimension of the multicultural supervisory relationship is the management of power. The supervisor is viewed as having expertise and has the responsibility of evaluating the supervisee, both contributing to an unavoidable power differential in the relationship. In situations of a minority supervisee and a White supervisor or a White supervisee and a minority supervisor, both participants may attribute power to majority group membership. This additional perceived power differential and past experiences with power abuses by Whites may make trust formation difficult and result in cautious, guarded communication. This, in turn, may result in the opposite of the personal self-disclosure and openness to feedback required in supervision.

Early and recurring discussion of supervisor and supervisee expectations of performance, orientation as to how to best use supervision, and clear statements of evaluation criteria are methods

A consistent theme in the literature is the critical role of the supervisor: in promoting cultural awareness; in identifying cultural influences on client behavior, on counselor-client interactions, and on the supervisory relationship; and in providing culture-sensitive support and challenge to the supervisee.

to promote fairness and share the evaluative power. Such discussions should be coupled with exploration of how expectations of performance and perceptions of fairness in evaluation may be altered by each person's cultural background. The supervisor will need to continue to consider the influence of minority experiences of oppression and prejudice on perceptions of power throughout the supervision process.

CONCLUSIONS

While there is some convergence of opinion, the identified issues and suggestions for interventions in multicultural supervision are currently based on personal experiences rather than empirical study. A consistent theme in the literature is the critical role of the supervisor: in promoting cultural awareness; in identifying cultural influences on client behavior, on counselor-client interactions, and on the supervisory relationship; and in providing culture-sensitive support and challenge to the supervisee. This is a daunting responsibility! As all supervision is some form of multicultural supervision, supervisors will need to be proficient in the multicultural competencies identified by Sue et al. (1992). All supervisors-in-training should work with supervisees from racial-ethnic groups other than their own and receive supervision of multicultural supervision. Likewise, experienced supervisors will need to seek continuing education, consultation, and focused supervision of supervision with a multicultural emphasis to meet gaps in experience and education.

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Section 3: Models of Clinical Supervision

OVERVIEW

Clinical supervision is the construction of individualized learning plans for supervisees working with clients. The systematic manner in which supervision is applied is called a "model." Both the Standards for Supervision (1990) and the Curriculum Guide for Counseling Supervision (Borders et al., 1991) identify knowledge of models as fundamental to ethical practice.

In the Developmental Model of Clinical Supervision, the Supervisor's relationship with the Supervisee changes and adapts in structure, as the Supervisee gains knowledge and skill.

Supervision routines, beliefs, and practices began emerging as soon as therapists wished to train others (Leddick & Bernard, 1980). The focus of early training, however, was on the efficacy of the particular theory (e.g. behavioral, psychodynamic, or client-centered therapy). Supervision norms were typically conveyed indirectly during the rituals of an apprenticeship. As supervision became more purposeful, three types of models emerged. These were: (1) developmental models, (2) integrated models, and (3) orientation-specific models.

DEVELOPMENTAL MODELS

Underlying developmental models of supervision is the notion that we each are continuously growing, in fits and starts, in growth spurts and patterns. In combining our experience and hereditary predispositions we develop strengths and growth areas. The object is to maximize and identify growth needed for the future. Thus, it is typical to be continuously identifying new areas of growth in a life-long learning process. Worthington (1987) reviewed developmental supervision models and noted patterns. Studies revealed the behavior of supervisors changed as supervisees gained experience, and the supervisory relationship also changed. There appeared to be a scientific basis for developmental trends and patterns in supervision.

Stoltenberg and Delworth (1987) described a developmental model with three levels of supervisees: beginning, intermediate, and advanced. Within each level the authors noted a trend to begin in a rigid, shallow, imitative way and move toward more competence, self-assurance, and self-reliance for each level.

Particular attention is paid to (1) **self-and-other awareness**, (2) **motivation**, and (3) **autonomy**. For example, typical development in beginning supervisees would find them relatively dependent on the supervisor to diagnose clients and establish plans for therapy. Intermediate supervisees would depend on supervisors for an understanding of difficult clients, but would chafe at suggestions about others. Resistance, avoidance, or conflict is typical of this stage, because supervisee self-concept is easily threatened. Advanced supervisees function independently, seek consultation when appropriate, and feel responsible for their correct and incorrect decisions.

Helping supervisees identify their own strengths and growth areas enables them to be responsible for their life-long development as both therapists and supervisors.

Once you understand that these levels each include three processes (awareness, motivation, autonomy), Stoltenberg and Delworth (1987) then highlight content of eight growth areas for each supervisee. **The eight areas are: intervention, skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics.** Helping supervisees identify their own strengths and growth areas enables them to be responsible for their life-long development as both therapists and supervisors.

INTEGRATED MODELS

Because many therapists view themselves as "eclectic," integrating several theories into a consistent practice, some models of supervision were designed to be employed with multiple therapeutic orientations. Bernard's (Bernard & Goodyear, 1992) Discrimination Model purports to be "a-theoretical." It combines an attention to three supervisory roles with three areas of focus. Supervisors might take on a role of "**teacher**" when they directly lecture, instruct, and inform the supervisee. Supervisors may act as "**counselors**" when they assist supervisees in noticing their own "blind spots" or the manner in which they are unconsciously "hooked" by a client's issue. When supervisors relate as colleagues during co-therapy they might act in a "**consultant**" role. Each of the three roles is task-specific for the purpose of identifying issues in supervision. Supervisors must be sensitive toward an unethical reliance on dual relationships. For example, the purpose of adopting a "counselor" role in supervision is the identification of unresolved issues clouding a therapeutic relationship. If these issues require ongoing counseling, supervisees should pursue that work with their own therapists.

Counselors who adopt a particular brand of therapy (e.g. Adlerian, solution-focused, behavioral, etc.) oftentimes believe that the best "supervision" is analysis of practice for true adherence to the therapy.

The Discrimination Model also highlights three areas of focus for skill building: **process, conceptualization, and personalization.** "Process" issues examine how communication is conveyed. For example, is the supervisee reflecting the client's emotion, did the supervisee reframe the situation, could the use of paradox help the client be less resistant? Conceptualization issues include how well supervisees can explain their application of a specific theory to a particular case--how well they see the big picture--as well as what reasons supervisees may have for what to do next. Personalization issues pertain to counselors' use of their persons in therapy, in order that all involved are non-defensively present in the relationship. For example, my usual body language might be intimidating to some clients, or you might not notice your client is physically attracted to you.

The Discrimination Model is primarily a training model. It assumes each of us now have habits of attending to some roles and issues mentioned above. When you identify your customary practice, you can then remind yourself of the other two categories. In this way, you choose interventions geared to the needs of the supervisee instead of your own preferences and learning style.

ORIENTATION-SPECIFIC MODELS

Counselors who adopt a particular brand of therapy (e.g. Adlerian, solution-focused, behavioral, etc.) oftentimes believe that the best "supervision" is analysis of practice for true adherence to the therapy. The situation is analogous to the sports enthusiast who believes the best future coach would be a person who excelled in the same sport at the high school, college, and professional levels. Ekstein and Wallerstein (cited in Leddick & Bernard, 1980) described psychoanalytic supervision as occurring in stages. During the opening stages the supervisee and supervisor eye each other for signs of expertise and weakness. This leads to each person attributing a degree of influence or authority to the other. The mid-stage is characterized by conflict, defensiveness, avoiding, or attacking. Resolution leads to a "working" stage for supervision. The last stage is characterized by a more silent supervisor encouraging supervisees in their tendency toward independence.

Behavioral supervision views client problems as learning problems; therefore it requires two skills: 1) identification of the problem, and (2) selection of the appropriate learning technique (Leddick & Bernard, 1980). Supervisees can participate as co-therapists to maximize modeling and increase the proximity of

reinforcement. Supervisees also can engage in behavioral rehearsal prior to working with clients.

Carl Rogers (cited in Leddick & Bernard, 1980) outlined a program of graduated experiences for supervision in client-centered therapy. Group therapy and a practicum were the core of these experiences. The most important aspect of supervision was modeling of the necessary and sufficient conditions of empathy, genuineness, and unconditional positive regard.

Carl Rogers believed that the most important aspect of supervision was modeling of the necessary and sufficient conditions of empathy, genuineness, and unconditional positive regard.

Systemic therapists (McDaniel, Weber, & McKeever, 1983) argue that supervision should be therapy-based and theoretically consistent. Therefore, if counseling is structural, supervision should provide clear boundaries between supervisor and therapist. Strategic supervisors could first manipulate supervisees to change their behavior, then once behavior is altered, initiate discussions aimed at supervisee insight.

Bernard and Goodyear (1992) summarized advantages and disadvantages of psychotherapy-based supervision models. When the supervisee and supervisor share the same orientation, modeling is maximized as the supervisor teaches--and theory is more integrated into training. When orientations clash, conflict or parallel process issues may predominate.

SUMMARY

Are the major models of supervision mutually exclusive, or do they share common ground? Models attend systematically to: a safe supervisory relationship, task-directed structure, methods addressing a variety of learning styles, multiple supervisory roles, and communication skills enhancing listening, analyzing, and elaboration. As with any model, your own personal model of supervision will continue to grow, change, and transform as you gain experience and insight.

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It is important for the supervisor to remember, however, that ethics call the supervisor to a standard of practice sanctioned by the profession - while legal statutes define a point beyond which a supervisor may be liable.

Whenever a close call must be made, supervisors must remember that their obligation is to the client, the public, the profession, and the supervisee -- in that order.

Section 4: Ethical and Legal Dimensions of Supervision

In recent years, it has become generally accepted that supervision draws upon knowledge and skills that are different than, and go beyond, those of psychotherapy. Similarly, the ethics and legal imperatives regarding supervision both encompass psychotherapy issues and go beyond them. Furthermore, because supervision is a triadic rather than a dyadic relationship, the supervisor must always attend to the need for balance between the counseling needs of clients and the training needs of the counselor.

With the increase of litigation in American society over the past generation, ethics and law have become intermingled (Bernard & Goodyear, 1992). It is important for the supervisor to remember, however, that ethics call the supervisor to a standard of practice sanctioned by the profession while legal statutes define a point beyond which a supervisor may be liable. For our purposes here, the functional interconnectedness between ethics and the law will be accepted.

COMPETENCE

Competence is an increasingly complex issue as mental health and supervision have become more sophisticated enterprises. Implications of both counselor competence and supervisor competence will be described here briefly.

COUNSELOR COMPETENCE

By definition, a supervisee is a person who is not yet ready to practice independently. It is for this reason that supervisors are held responsible for what happens with clients being seen by the supervisee (Harrar, VandeCreek, & Knapp, 1990). At the same time, counselors must be challenged in order to become more expert. This, then, is the supervisor's tightrope: providing experiences that will stretch the counselor's ability without putting the client in danger or offering substandard care.

Whenever a close call must be made, supervisors must remember that their obligation is to the client, the public, the profession, and the supervisee -- in that order (Sherry, 1991). Therefore, the

supervisor continually decides if the supervisee is good enough on a consistent basis to work with any particular client (ACES, 1993).

It is generally accepted that the supervisor receive training in performance of supervision as well as supervision of supervisees.

SUPERVISOR COMPETENCE

First, the supervisor needs to know everything, and more, than is expected of the supervisee. Secondly, the supervisor must be expert in the process of supervision. It is not enough that clients are protected as a result of supervision; the contract between supervisor and supervisee dictates that supervision must ultimately result in better counseling skills for the supervisee. In order to accomplish this, it is generally accepted that the supervisor receive training in performance of supervision as well as supervision of supervisees.

DUAL RELATIONSHIPS

For both counselors and supervisors, any dual relationship is problematic if it increases the potential for exploitation or impairs professional objectivity (Kitchener, 1988). There has been greater divergence of opinion about what constitutes an inappropriate dual relationship between supervisor and counselor than between counselor and client. Ryder and Hepworth (1991), for example, stated that dual relationships between supervisors and supervisees are endemic to many educational and work contexts. Most supervisors will, in fact, have more than one relationship with their supervisees (e.g., graduate assistant, co-author, co-facilitator).

Supervisors must be diligent about avoiding any situation which puts a supervisee at risk for exploitation or increases the possibility that the supervisor will be less objective.

The key concepts remain "exploitation" and "objectivity." Supervisors must be diligent about avoiding any situation which puts a supervisee at risk for exploitation or increases the possibility that the supervisor will be less objective. It is crucial, however, that supervisors not be intimidated into hiding dual relationships because of rigid interpretations of ethical standards. The most dangerous of scenarios is the hidden relationship. Usually, a situation can be adjusted to protect all concerned parties if consultation is sought and there is an openness to making adjustments in supervisory relationships to benefit supervisee, supervisor and, most importantly, clients.

THERAPEUTIC RELATIONSHIPS

As part of the mandate of competence, the supervisor must determine not only if the supervisee has the knowledge and skill to be a good counselor, but if he or she is personally ready to take on clinical responsibility (Kurpius, Gibson, Lewis, & Corbet, 1991). The issue of personal readiness can lead the supervisor to blur the roles of supervisor and therapist in an attempt to keep the supervisee functional as a counselor. This is problematic for two reasons: (1) it compromises the objectivity of the supervisor, especially in terms of evaluation; (2) it may allow an impaired counselor to continue to practice at the risk of present and future clients.

Informed consent is key to protecting the counselor and/or supervisor from a malpractice lawsuit.

While informed consent focuses on the entry into counseling supervision, due process revolves around the idea that one's rights must be protected from start to finish.

INFORMED CONSENT

Informed consent is key to protecting the counselor and/or supervisor from a malpractice lawsuit (Woody, 1984). Simply, informed consent requires that the recipient of any service or intervention is sufficiently educated about what is to transpire, the potential risks, and alternative services or interventions, so that he or she can make an intelligent decision about his or her participation. Supervisors must be diligent regarding three levels of informed consent (Bernard & Goodyear, 1992): (1) the supervisor must be confident that the counselor has informed the client regarding the parameters of counseling; (2) the supervisor must be sure that the client is aware of the parameters of supervision (e.g., that audiotapes will be heard by a supervision group); and (3) the supervisor must inform the supervisee about the process of supervision, evaluation criteria, and other expectations of supervision (e.g., that supervisees will be required to conduct all intake interviews for a counseling center in order to increase interview and writing skills).

DUE PROCESS

Due process is a legal term that insures one's rights and liberties. While informed consent focuses on the entry into counseling supervision, due process revolves around the idea that one's rights must be protected from start to finish. Again, supervisors must protect the rights of both clients and supervisees. An abrupt termination of a client could be a due process violation. Similarly, a negative final evaluation of a supervisee, without warning and with no opportunity to improve one's functioning, is a violation of the supervisee's due process rights.

CONFIDENTIALITY

Supervisees should be apprised that at some future time, their supervisors may be asked to share relevant information to State licensure boards regarding their readiness for independent practice.

Confidentiality is an often-discussed concept in supervision because of some important limits of confidentiality both within the therapeutic situation and within supervision. It is imperative that the supervisee understands both the mandate of honoring information as confidential (including records kept on the client) as well as understanding when confidentiality must be broken (including the duty to warn potential victims of violence) and how this should be done. Equally important is a frank discussion about confidentiality within supervision and its limits. The supervisee should be able to trust the supervisor with personal information, yet at the same time, be informed about exceptions to the assumption of privacy. For example, supervisees should be apprised that at some future time, their supervisors may be asked to share relevant information to State licensure boards regarding their readiness for independent practice; or supervisors may include supervision information during annual reviews of students in a graduate program.

LIABILITY

Supervisors should not shun opportunities to supervise because of fears of liability. Rather, the informed, conscientious supervisor is protected by knowledge of ethical standards and a process that allows standards to be met consistently.

There are three safeguards for the supervisor regarding liability: (1) continuing education, especially in terms of current professional opinion regarding ethical and legal dilemmas; (2) consultation with trusted and credentialed colleagues when questions arise; and (3) documentation of both counseling and supervision, remembering that courts often follow the principle "What has not been written has not been done" (Harrar, Vandecreek, & Knapp, 1990).

There are three safeguards for the supervisor regarding liability.

CONCLUSION

As gatekeepers of the profession, supervisors must be diligent about their own and their supervisees' ethics. Ethical practice includes both knowledge of codes and legal statutes, and practice that is both respectful and competent. "In this case, perhaps more than in any other, supervisors' primary responsibility is to model what they hope to teach" (Bernard & Goodyear, 1992, p. 150).

Every Supervisor should know what they are.

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Section 5: Gender Issues in Supervision

INTRODUCTION

Even within psychology, the model of the healthy adult has traditionally been described through masculine characteristics.

Gender as a concept encompasses "culturally-determined cognitions, attitudes, and belief systems about females and males; [it] varies across cultures, changes through historical time, and differs in terms of who makes the observations and judgments" (Worell & Remer, 1992, p.9).

Using this definition, discussion of the effects of gender on supervision must be built upon an examination of the present status regarding gender within this culture.

A SOCIETAL FRAMEWORK

This societal framework indicates the existence of a power differential and suggests the potential for bias in expectations and/or actions.

Currently, there appear to be three basic perspectives concerning gender differences. These perspectives are focused in areas of unequal distribution of power, socialization, and inherent differences. Combining information from these bodies of literature, we can construct an explanation of what it means to be male or female in our society.

First, men as a group within American society have more economic, political, social, and physical power than most women. Males and females also, however, are socialized to become different beings as well. Messages received from family, school, and media continue to be heavily laden with sex-role messages representing very different sets of acceptable behaviors for boys and girls. These social rules and expectations create remarkably disparate psychological environments for development based on gender. Finally, in terms of inherent differences, those characteristics stereotypically identified with women historically have been dismissed as of little value. Even within psychology, the model of the healthy adult has traditionally been described through masculine characteristics. Only in rather recent history have we begun, at any level, to hear and value "the other voice" (Gilligan, 1982).

This societal framework indicates the existence of a power differential and suggests the potential for bias in expectations and/or actions. With gender as such a significant social variable, it is unlikely that the effects also would not be apparent in counseling

and supervision. These parallel processes must continually be examined within the larger context of society.

Two remaining factors are worth mentioning. Minimizing the importance of the differences between the genders discounts the importance of meaningful within-group experience while exaggerating this importance reduces the potential for individual difference. Additionally, it is important to remember that while much that we have come to understand about gender differences has been motivated by the women's movement, the potential for bias and discrimination affects both men and women.

Counseling supervisors have a responsibility to help the supervisee evaluate gender as a factor of concern in case conceptualization, self-evaluation of assumptions and biases, and in selection of approaches.

COUNSELING ISSUES

As supervision involves the oversight of counseling, several gender issues related to therapy are worth restatement. Using the societal context as a framework, Bernard and Goodyear (1992) suggested three areas be considered and evaluated for gender impact and/or bias: (1) the issues which the client brings to counseling, (2) the perspective of the counselor, and (3) the choice of interventions. Complaints by female clients concerning therapy have tended to focus on counselor encouragement of traditional sex roles, bias in expectations, devaluation of female characteristics, use of sexist theoretical concepts, and continuation of the view of women as sex objects (APA, 1975). Counseling supervisors have a responsibility to help the supervisee evaluate gender as a factor of concern in case conceptualization, self-evaluation of assumptions and biases, and in selection of approaches.

SUPERVISION ISSUES

The supervisory relationship, itself, is taking place within the same societal context as other gender issues. Bernard and Goodyear (1992) noted gender interactions in supervision related to response to initiation of structure, style used in handling conflict, personalization of supervisee feedback, satisfaction with supervision, comfort with closure and initiation, and sources of power used by supervisors. An additional significant research study found gender-related differences associated with the amount of reinforcement given to trainees' powerful, more assertive messages (Nelson & Holloway, 1990).

While, as in the counseling profession generally, much more research is needed to understand the effects of gender on

Incidents of sexual involvement continue and in some cases seem to be increasing.

Mutuality does not excuse abuse of power, and there is an inherent power differential in supervision--a factor which always provides a degree of question concerning true consent.

supervision, these sample findings clearly indicate the potential importance of this variable on the supervisory relationship and process. Supervisors, in addition to assisting trainees with the associated counseling issues, must be aware--in fact, vigilant--in identifying any ways in which bias in expectations or actions might be occurring within supervision.

RELATED ISSUES

Implicit in both counseling and supervision are two areas of legal and ethical concern related to the overarching issue of sexuality. These are sexual harassment and sexual involvement. These issues are gender-related, though they may manifest themselves in same or cross gender interactions.

Sexual harassment refers to unwanted sexual advances and/or contacts, while sexual involvement between supervisors and supervisees may seemingly occur by mutual consent (Bartell & Rubin, 1990). Although subtle forms are more difficult to recognize and eliminate, most personally and professionally aware supervisors avoid the most blatant types of behaviors associated with sexual harassment. Through efforts at many institutions and agencies, individuals are being educated concerning the defining characteristics of harassment and the legal and ethical implications.

Unfortunately, incidents of sexual involvement continue and in some cases seem to be increasing. While the degree of coercion or consent may seem to separate these two issues, they have two factors in common. Both sets of behaviors are clearly unethical and both work to the detriment of supervision. Mutuality does not excuse abuse of power, and there is an inherent power differential in supervision--a factor which always provides a degree of question concerning true consent (Bartell & Rubin, 1990). Even the most egalitarian of supervisors must acknowledge a greater responsibility and accountability in this area. Additionally, as a word of self-protective warning to supervisors beyond the need to behave ethically, research indicates that supervisees' perceptions of the amount of coercion tend to increase with the passage of time (Glaser & Thorpe, 1986).

An additional disturbing finding in this area of sexual contact (beyond damage done to individual supervisees and supervisory relationships) is that the behaviors perpetuate themselves. Students or trainees who become involved with supervisors are more likely to accept this as a norm and repeat the pattern themselves

Because gender is one of our most powerful and descriptive characteristics, it tends to be one of the most sensitive areas of personal exploration.

Professionals can, perhaps, have the greatest effect in this area by promoting equity in institutions and systems, gender-fair practices in socialization processes, and a genuine appreciation for and celebration of both masculine and feminine characteristics.

(Pope, Levenson, & Schover, 1979). The power of modeling in all areas related to gender should never be minimized. Even when contact is initiated by a supervisee, the moment can be a teachable one where ethical standards can be explained not as efforts to monitor thoughts and feelings but to regulate behaviors in order to protect certain types of significant relationships.

CONCLUSION

The supervisory relationship is an incredibly important one in the personal and professional development of counselors. In relation to gender, it is crucial that supervisors use the relationship as an opportunity to educate, confront, and model. This requires a special level of awareness of self and society. Challenging our own biases, prejudices, and issues is one of the most critical parts of the process. Because gender is one of our most powerful and descriptive characteristics, it tends to be one of the most sensitive areas of personal exploration. The sensitive nature of the topic as well as the potential for crossing lines associated with sexual discrimination, harassment, and involvement make it imperative that supervision take place within the clearest ethical parameters. Such parameters provide a safe and established environment for growth and development while modeling appropriate professional behavior for the next generation.

Within the larger social context, supervisors and counselors are also in a position to work effectively as advocates to address injustices implied in the previously mentioned perspectives on gender differences.

Professionals can, perhaps, have the greatest effect in this area by promoting equity in institutions and systems, gender-fair practices in socialization processes, and a genuine appreciation for and celebration of both masculine and feminine characteristics.

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Section 6: Supervision of Marriage and Family Counselors

OVERVIEW: DISTINCTIVENESS AND COMPLEXITY

The adage "training shapes practice" describes the work of most marriage and family supervisors. Taking this metaphor one step backward, most marriage and family supervisors also believe that "theory shapes training." In terms of theory, the defining hallmark of marriage and family supervision during its brief history has been a systemic orientation (Smith, 1993). Other distinguishing features include a reliance on live forms of supervision, and the viewing of ethical issues within larger familial, cultural, and societal contexts (Smith, 1993).

Accepted practice among marriage and family supervisors is to provide competency-based supervision that is "clearly distinguishable from personal psychotherapy"

THE COMPLEX FAMILY SYSTEM AND ITS INFLUENCE ON SUPERVISION

A family system is often described as constantly evolving and self-regulating. During counseling, systemic change occurs via interactions among family members and via interactions with other systems (e.g., the supervisor, the counseling team, social service agencies, legal systems, and others) (Pirrota & Cecchin, 1988). Furthermore, each client family can be understood as a special group of people sharing a unique history, and featuring unique operating rules and social behaviors.

For these reasons, marriage and family supervisees face a particularly complex and powerfully dynamic counseling situation in which they may experience a high level of anxiety (Pirrota & Cecchin, 1988). Commonly used supervisory approaches, described below, may be thought of as avenues to effectively manage both the complexity and power of the family system, and any resulting supervisee anxiety (Pirrota & Cecchin, 1988).

Anxiety also may occur when supervisees face counseling situations that parallel their own family backgrounds. Typically, rather than helping supervisees resolve family of origin concerns, marriage and family supervisors focus on helping supervisees develop clinical skills (AAMFT, 1993). Accepted practice among marriage and family supervisors is to provide competency-based supervision that is "clearly distinguishable from personal

psychotherapy" (AAMFT, 1993, p. 17). This practice speaks to the general belief that with a solid repertoire of clinical goals and skills, supervisees can manage both their own emotions and issues and those of the families they counsel.

Because marriage and family supervisors view families within the larger social context, the field of marriage and family supervision may be more immediately influenced by changes in the social fabric than other related disciplines.

MARRIAGE AND FAMILY SUPERVISORY MODALITIES AND THEIR BENEFITS

Marriage and family supervisors regard live supervision as particularly effective, because the supervisor can assist both the supervisee and the family by altering the course of counseling as it occurs. Modalities include telephone interventions, consultation breaks with trainees, and supervisor-as-co-counselor. Other conventional supervisory methods include delayed video or audiotape review, and verbal reports.

One goal of videotape review is to help trainees improve what Tomm and Wright (1979) described as perceptual and conceptual skills. After watching part of a videotaped session, supervisees might be asked, for example, to describe family members' common themes or behavioral interactions, to reflect on interventions that might work in similar future situations with client families, or to describe what they have learned about marriage and family counseling from the session. Using the supervisee's verbal reports also encourages clinical growth. Verbal reporting allows a mutual questioning process between supervisor and supervisee that helps the supervisee organize information about client families into useful frameworks for consideration (West, Bubenzer, Pinsoneault, & Holeman, 1993).

CONTEMPORARY FORCES SHAPING MARRIAGE AND FAMILY SUPERVISION

As societal perspectives change, so do marriage and family counseling and supervision. Because marriage and family supervisors view families within the larger social context, the field of marriage and family supervision may be more immediately influenced by changes in the social fabric than other related disciplines. Emerging forces affecting marriage and family counseling and supervision include the evolution of social constructionist ideas, the challenge of the feminist critique, a growing awareness and recognition of cultural diversity, and the assimilation of current research into training (Smith, 1993).

SOCIAL CONSTRUCTIONISM: IMPACT ON MARRIAGE AND FAMILY SUPERVISION

Many ideas changing marriage and family supervision arose from a social constructionist perspective. This is the perspective that "realities are created and formed by our views of the world" (West et al., 1993, p. 136). Imbedded in this view is the assumption that there is no one "correct" reality; that there may exist a multiplicity of useful opinions concerning how to live life, and how to view the world. Counseling interventions informed by social constructionism often involve questioning sequences that illuminate new perspectives on life and new possibilities for living. Still, despite these more collaborative supervisory approaches, it continues to be true that supervisors oversee the work of supervisees, and "should recognize their legal responsibilities for cases seen by their supervisees" (AAMFT, 1993, p. 12).

Counseling interventions informed by social constructionism often involve questioning sequences that illuminate new perspectives on life and new possibilities for living.

REFLECTING TEAM SUPERVISION

One constructionist supervision method uses a reflecting team of peers. The process often begins with an interview in which one person questions a supervisee about a counseling-related case or dilemma while the team silently observes. Afterwards, team members share a variety of observations and thoughts they believe may help the supervisee in working with families. Some purposes of reflecting teams include a) having supervisees actively engage in co-constructing realities through the isomorphic form-follows-function reflecting process, b) creating a collaborative and supportive training atmosphere, and c) encouraging the sharing of alternative perspectives that may help supervisees solve counseling impasses or dilemmas (Davidson & Lussardi, 1991). Team members' thoughts are shared with the supervisee in a speculative manner, and are often posed using question stems such as, "I wonder what would happen if..." "Could it be that..." or "How would things be different if..."

NARRATIVE-INFORMED SUPERVISION

Another constructionist perspective increasingly used in marriage and family supervision emphasizes the self-defining nature of narratives. This perspective has been most fully developed by White (1992), who believes that the narratives we construct reflect and shape our reality and the way we live our lives. During supervision, White highlights supervisees' useful narratives about their "life as a therapist" (White, 1992, p. 86). The supervisor (or a reflecting team) helps the trainee in identifying and expanding "unique outcomes" (White, 1992) in counseling sessions, those breakthrough times when the trainee did something pivotal that helped the client family. The supervisor helps the supervisee weave these unique outcomes into an evolving narrative about the trainee's

"preferred way of being a counselor." Examples of possible questions are, "What does this [unique outcome] say about you as a counselor?" "What do you think the family members might tell me about how you helped them?" "What does this suggest about the future direction of your work?" (White, 1992).

SUMMARY

Throughout its history, the field of marriage and family supervision has been shaped by the systemic orientation of its practitioners. Some prominent features of this orientation are a reliance on live forms of supervision, a contextual view of client families, and an educational supervisory role that emphasizes supervisee skill-building. Promising additions to the field of marriage and family supervision involve questioning and collaborative team approaches that aid trainees in exploring and living out their ideal ways of being counselors.

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Section 7: Strategies and Methods of Effective Supervision

A variety of strategies and methods are available to supervisors for use with counselors whom they supervise. This summary is designed to acquaint supervisors with techniques for enhancing the counseling behavior of their supervisees while also considering individual learning characteristics as depicted by the supervisee's developmental level.

Although (for review and evaluation) the traditional method of counselor self-report is often used, this form of data-gathering is notoriously inaccurate.

To improve a supervisee's skills in working with clients, some form of assessment must be done while counseling is taking place (rather than with clients who have terminated). Using strategies that examine a supervisee's counseling behavior with current clients allows a supervisor to correct any error in assessment, diagnosis, or treatment of the client, and thus increases the probability of a successful outcome.

METHODS OF IMPROVING CLINICAL (COUNSELING) COMPETENCE

Whether the supervisor's purpose is to improve a supervisee's skills or to ensure accuracy, actual counselor-client interaction must be examined (Hart, 1982). Although the traditional method of counselor self-report is often used, this form of data-gathering is notoriously inaccurate. The more reliable forms of data-gathering are review of a client's case history; review of results of current psychodiagnostic testing, including a structured interview (such as a mental status exam); and, particularly, examination of the counselor-client sessions via methods such as audiotape, videotape, and observation through a one-way mirror or sitting in the sessions (Borders & Leddick, 1987).

Of the methods for reviewing counselor-client sessions, the use of live supervision (observation via television or one-way mirror) provides an opportunity to give a supervisee immediate corrective feedback about a particular counseling technique and to see how well the counselor can carry out a suggested strategy. Live supervision is effective for learning new techniques, learning new modalities (e.g., family counseling), and gaining skills with types of clients with whom the counselor is unfamiliar (West, Bubbenzer, Pinsoneault, & Holeman, 1993). A live supervision strategy can be supplemented by review of a session immediately following the session or delayed a day or more.

When using individual supervision, a supervisor must consider most carefully the developmental level of the supervisee.

Supervision conducted immediately following a counseling session or delayed a day or two could use an audiotape or videotape of the counseling session or use non-recorded observation through a one-way mirror or television system. Supervisors are advised to review audio or videotapes of a supervisee's counseling session prior to the supervision session in order to plan a strategy of intervention. The supervisee also should review the tape to prepare questions and discussion topics.

In immediate and delayed supervision sessions, the supervisor should focus on what the supervisee wanted to do with the client, what he/she said or did, and what he/she would like to do in future counseling sessions. Regardless of when the review of the counseling session is conducted (live, immediate, or delayed), the supervisor will have examined an actual work sample of the supervisee and no longer must rely solely on self-report. This examination is likely to aid in the supervisor's credibility in reporting on a supervisee's competence to school or agency administrators regarding retention or promotion, to state licensing officials, or to courts, should that be necessary.

DEVELOPMENTAL CONSIDERATIONS

With novice supervisees, a high degree of support and a low amount of challenge or confrontation is advisable

Although group and peer supervision are powerful approaches (Hart, 1982), individual supervision is likely to be the main form of reviewing supervisee performance (Bernard & Goodyear, 1992). When using individual supervision, a supervisor must consider most carefully the developmental level of the supervisee (Stoltenberg & Delworth, 1987).

Specifically, how skilled is the supervisee in general and specifically with the type of client in question, how anxious is the supervisee when reviewing his/her work, and what is the supervisee's learning style. Although these factors may vary somewhat independently, it is likely that less skilled counselors will be somewhat anxious. Additionally, developmental level has been conceptualized as cognitive or conceptual level and has been associated with challenging a supervisee to grasp increasingly more sophisticated concepts.

With novice supervisees, a high degree of support and a low amount of challenge or confrontation is advisable (Howard, Nance, & Myers, 1986). When learning style is considered, a micro-training approach focusing on specific skills might be used, demonstrated by the supervisor, and then practiced in the supervision session by the supervisee in a role-play. However, some novice or anxious

Developmentally, a supervisor should expect that supervisees progress to more independent functioning whereby supervisees pick the clients and client issues which they wish to review as well as the personal issues or client dynamics they wish to examine.

supervisees learn best by a macro approach; that is, having a clear overview of the goals of the session, expected role of the counselor, client typology, and specific client characteristics such as race, gender, culture, socioeconomic status, family background, and personality characteristics. For these supervisees, use of written case study materials or an IPR (Interpersonal Process Recall) approach (Kagan 1980) might be better than a micro-training approach.

With more competent supervisees, the focus may be placed on more advanced skills or on more complex client issues. Either a micro or macro approach may be used. Using videotape is suggested for these supervisees, as they are more likely to be able to assimilate the larger amount of data provided by videotape compared to that provided by audiotapes, which are suggested for use with less competent supervisees.

With more skilled and more confident supervisees, exploration of issues usually found to be threatening also may be examined. Such issues include relationship of theoretical orientation to technique employed, personal style, counselor feelings about the client, and learning new and innovative techniques or modalities (individual, group, or family counseling).

Developmentally, a supervisor should expect that supervisees progress to more independent functioning whereby supervisees pick the clients and client issues which they wish to review as well as the personal issues or client dynamics they wish to examine. Audio or videotape segments can be selected for review rather than listening to entire tapes. At this more advanced stage of supervision, the supervisor may feel more like a colleague or a consultant than a teacher, which allows the supervisor to share more examples of his/her own counseling experience conveyed either through self report or via audiotapes (Hart, 1982). With more skilled and confident supervisees, collaboration such as co-leading a group or co-counseling with a family can be conducted. Although such collaboration strategies have been advocated for novice counselors, maximum benefit more likely may be achieved by supervisees who are more confident in their skills and who have developed basic skills sufficiently to be able to perceive and learn the complex skills that a supervisor is likely to use when working with a group or family.

SUMMARY

Supervision for the clinical/counseling functions of counselors in schools and agencies should focus on actual work samples. Using a micro-training versus a more macro approach should depend on what works best for a particular supervisee, along with the supervisee's level of skill and confidence.

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Section 8: Fostering Counselors' Development in Group Supervision.

MERITS OF GROUP SUPERVISION

Counselors do not function in isolation, so the group becomes a natural format to accomplish professional socialization and to increase learning in a setting that allows an experience to touch many.

A counselor's learning and continued development typically is fostered through concurrent use of individual and group supervision. Group supervision is unique in that growth is aided by the interactions occurring among group members. Counselors do not function in isolation, so the group becomes a natural format to accomplish professional socialization and to increase learning in a setting that allows an experience to touch many. Supervision in groups provides an opportunity for counselors to experience mutual support, share common experiences, solve complex tasks, learn new behaviors, participate in skills training, increase interpersonal competencies, and increase insight (MacKenzie, 1990). The core of group supervision is the interaction of the supervisees.

Collaborative learning is a pivotal benefit, with the supervisees having opportunities to be exposed to a variety of cases, interventions, and approaches to problem solving in the group (Hillerband, 1989). By viewing and being viewed, actively giving and receiving feedback, the supervisee's opportunities for experimental learning are expanded; this characterizes group supervision as a social modeling experience. From a relationship perspective, group supervision provides an atmosphere in which the supervisee learns to interact with peers in a way that encourages self-responsibility and increases mutuality between supervisor and supervisee.

Groups allow members to be exposed to the cognitive process of other counselors at various levels of development (Hillerband, 1989). This exposure is important for the supervisee who learns by observing as well as speaking. Finally, hearing the success and the frustrations of other counselors gives the supervisee a more realistic model by which they can critique themselves and build confidence.

MODELS OF GROUP SUPERVISION

Bernard and Goodyear (1992) summarized the typical foci of group supervision: didactic presentations, case conceptualization, individual development, group development, organization issues, and supervisor/supervisee issues. Models for conducting group

Groups may be used to increase feedback among peers through a structured format and assignment of roles (e.g., client, counselor, and other significant persons in client's life) while reviewing tapes of counseling sessions.

supervision detail experiential affective approaches designed to increase the supervisees' self-concept and ability to relate to others, and/or cognitively focused activities, such as presenting cases which broaden the counselor's ability to conceptualize and problem-solve. While the literature provides information on how to conduct these activities, less obvious are the reasons why certain activities are selected and when the activities are most appropriate to use.

Borders (1991) offered a model that details reasons with the suggested activities. Groups may be used to increase feedback among peers through a structured format and assignment of roles (e.g., client, counselor, and other significant persons in client's life) while reviewing tapes of counseling sessions. "Role-taking" encourages supervisees to assume more responsibility in the group as feedback is offered from several viewpoints.

Models provide almost no attention to how the supervisor is to make judgments about the use of "group process." The supervisor has little guidance about how to use the collective nature of the group to foster counselor development.

Similarly, the development of the group has not been the focus of researchers--only a few empirical studies have been conducted to examine group supervision. Holloway and Johnston (1985), in a review of group supervision literature from 1967 to 1983, suggested that peer review, peer feedback, and personal insight are all possible to achieve while doing supervision in groups. Focus on the development of the group is not apparent in these studies, yet the term "group supervision" is defined with an emphasis on the use of group process to enhance learning.

GROUP SUPERVISION PROCESS

As above indicates, the group supervision format requires that supervisors be prepared to use their knowledge of group process, although how this is to be done is very unclear. A recent naturalistic study of four groups across one semester provided some initial insights. Werstlein (1994) found that guidance and self-understanding were cited by supervisor and supervisees as the most important "therapeutic factors" (Yalom, 1985) present in their group. In addition, the initial stages of group development were apparent. Less noticeable were the later stages of group development, which are characterized by higher risk behaviors that increase learning (Werstlein, 1994). Clearly, additional work is needed to clarify the process variables of group supervision and the role of the group leader (supervisor).

SUPERVISOR AS GROUP LEADER

Based on existing group supervision literature and small group literature, the following guidelines are offered to supervisors who wish to address process in group supervision:

Competition is a natural part of the group experience.

Acknowledge its existence and frame the energy in a positive manner that fosters creativity and spontaneity.

Take risks and reveal your responses and thoughts.

- 1. Five to eight supervisees meeting weekly for at least one and one half hours over a designated period of time (i.e., semester) provides an opportunity for the group to develop.
- 2. Composition of the supervision group needs to be an intentional decision made to include some commonalities and diversities among the supervisees (i.e., supervisee developmental level, experience level, or interpersonal compatibility).
- 3. A pre-planned structure is needed to detail a procedure for how time will be used and provide an intentional focus on content and process issues. This structure can be modified later in accordance with group's climate.
- 4. A pre-group session with supervisees can be used to "spell-out" expectations and detail the degree of structure. This session sets the stage for forming a group norm of self-responsibility and does not interfere with group development.
- 5. Supervisors may use "perceptual checks" to summarize and reflect what appear to be occurring in the here-and-now in the group. Validating observations with the supervisees is using process. Be active, monitor the number of issues, use acknowledgements, and involve all members.
- 6. Supervisees' significant experiences may be the result of peer interaction that involves feedback, support, and encouragement (Benshoff, 1992). Exploring struggles supports learning and problem-solving.
- 7. Bernard and Goodyear (1992) provided an excellent overview of the group supervision literature. Many ideas are available for structuring case presentations and the entire group sessions. Also, reviewing materials on group facilitation with a particular focus on dealing with process is essential.
- 8. Competition is a natural part of the group experience. Acknowledge its existence and frame the energy in a positive manner that fosters creativity and spontaneity.

In preparation for group supervision, communicate the following to the supervisees about how to use group process:

- 1. Learning increases as your listening and verbal involvement increases. Take risks and reveal your responses and thoughts.

- 2. Decrease your personalization of frustration by sharing with your peers. You will be surprised how often other supervisees are experiencing the same thoughts and feelings.
- 3. Intentionally look for similarities as you contemplate the relationships you have with your peers in the group with the relationships you are having with clients. Discuss similarities and differences.
- 4. Progress from client dynamics to counselor dynamics as you present your case. Know ahead of time what you want as a focus for feedback and ask directly.

SUMMARY AND CONCLUSIONS

Integration of knowledge and experience is greatly enhanced by group supervision. Existing literature emphasizes the importance of a structure that outlines procedures for case presentation and supervisee participation; less obvious are approaches to address group development. It is essential that we fill in these gaps in the literature by systematically gathering data that establishes the unique aspects of using groups for supervision.

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Section 9: Peer Consultation as a Form of Supervision

The basic premise underlying peer consultation is that individuals who have been trained in basic helping skills can use these same skills to help each other function more effectively in their professional (or para-professional) roles.

The importance of extensive, high-quality counseling supervision has become increasingly recognized as critical to learning, maintaining, and improving professional counseling skills (Bernard & Goodyear, 1992). Yet, for many professional counselors, the availability of regular counseling supervision by a qualified supervisor is very limited or frequently nonexistent. Even counselors who receive ongoing supervision of their counseling practice may not have the type, frequency, or quality of supervision they desire. Peer supervision/consultation (Benshoff, 1992; Remley, Benshoff, & Mowbray, 1987) has been proposed as a potentially effective approach to increasing the frequency and/or quality of supervision available to a counselor.

PEER CONSULTATION DEFINED

Arrangements in which peers work together for mutual benefit are referred to as peer supervision or peer consultation. Peer consultation, however, may be the more appropriate term to describe a process in which critical and supportive feedback is emphasized while evaluation is deemphasized. Consultation, in contrast to supervision, is characterized by the counselor's "right to accept or reject the suggestions [of others]" (Bernard & Goodyear, 1992, p. 103). Yet, the terms "peer supervision" and "peer consultation" both can be used to describe similar nonhierarchical relationships in which participants have neither the power nor the purpose to evaluate one another's performance.

The basic premise underlying peer consultation is that individuals who have been trained in basic helping skills can use these same skills to help each other function more effectively in their professional (or paraprofessional) roles. Peer consultation experiences can offer a number of benefits to counselors (see Benshoff & Paisley, 1993), including:

- 1. Decreased dependency on "expert" supervisors and greater interdependence of colleagues;
- 2. Increased responsibility of counselors for assessing their own

skills and those of their peers, and for structuring their own professional growth;

- 3. Increased self-confidence, self-direction, and independence;
- 4. Development of consultation and supervision skills;
- 5. Use of peers as models;
- 6. Ability to choose the peer consultant; and,
- 7. Lack of evaluation.

In contrast to traditional models of counseling supervision, the emphasis in peer consultation is on helping each other to reach self-determined goals rather than on evaluating each other's counseling performance.

PEER SUPERVISION / CONSULTATION MODELS

Although several peer supervision/consultation models have been proposed, some are more closely related to traditional supervision experiences, incorporating expert leaders or supervisors in the process (e.g., Wagner & Smith, 1979). Spice and Spice (1976) proposed a triadic model of "true" peer supervision in which counselors work together in triads, rotating the roles of commentator, supervisee, and facilitator through successive peer supervision sessions. This model relies on the counselors themselves to assume tasks and responsibilities normally performed by counseling supervisors.

In the SPCMs, peers work together in dyads to provide regular consultation for one another (usually on a weekly or biweekly basis). SPCMs include many traditional supervision activities such as goal-setting, tape review, and case consultation. Other activities include discussion of counseling theoretical orientations, examination of individual approaches to working with clients, and exploration of relevant counseling issues.

The SPCMs provide a clear and detailed structure for each session that is designed to keep peer consultants focused on specific consultation tasks, yet also allow for modifications to fit individual needs and styles. For example, a detailed, step-by-step process is described for critiquing counseling tapes. Counselors are encouraged to use these instructions as a starting point for developing their own approaches to reviewing tapes and providing relevant and meaningful feedback to their partner.

In contrast to traditional models of counseling supervision, the emphasis in peer consultation is on helping each other to reach self-determined goals rather than on evaluating each other's counseling performance. This lack of evaluation and the egalitarian, nonhierarchical relationship that is created between peer consultants offers opportunities for different types of experiences

To be successful, the peer consultation process requires counselors to be motivated, to commit to meeting with each other on a regular basis, and to be open to giving and receiving critical feedback (as well as support) on counseling skills.

than may be had with designated counseling supervisors. Peer consultants must assume greater responsibility for providing critical feedback, challenge, and support to a chosen colleague. In so doing, however, they also must assume greater responsibility for examining and evaluating their own counseling performance. Feedback from those who have participated in peer consultation consistently reflects a sense of empowerment that comes from setting one's own goals, making the process of peer consultation work, and finding structure and direction for themselves within the framework of the model (cf., Benshoff & Paisley, 1993).

In choosing a peer consultant, counselors can consider several factors. Probably the most important consideration, however, is the compatibility of schedules and the commitment to meet on a regular basis. Counselors may wish to choose a peer consultant who works in a similar work setting or may wish to get a different perspective from a counselor in another type of counseling setting. Similarly, counselors may wish to choose a peer consultant who shares a similar theoretical approach to counseling or someone with a different theoretical approach who can help to broaden their perspectives on client issues. To be successful, the peer consultation process requires counselors to be motivated, to commit to meeting with each other on a regular basis, and to be open to giving and receiving critical feedback (as well as support) on counseling skills.

RESEARCH ON PEER CONSULTATION

A growing body of empirical evidence supports potential contributions of peer consultation. Seligman (1978) found that peer supervision helped to increase counselor trainees' levels of empathy, respect, genuineness, and concreteness. Wagner and Smith (1979) reported that counselor trainee participation in peer supervision resulted in greater self-confidence, increased self-direction, improved goal-setting and direction in counseling sessions, greater use of modeling as a teaching and learning technique, and increased mutual, cooperative participation in supervision sessions.

Several studies have been conducted using SPCMs (see Benshoff, 1992). In one, participants overwhelmingly (86%) rated peer supervision as being very helpful to them in developing their counseling skills and techniques and deepening their understanding of counseling concepts. Two aspects of peer supervision were cited as being especially valuable: (1) feedback from peers about counseling approach or techniques, and (2) peer support and encouragement.

Another study using an SPCM with counselor trainees suggested that, while the model may be useful for counselor trainees regardless of level of counseling experience, participation in peer consultation may have a greater impact on factors such as self-confidence and comfort level (which were not assessed) than on actual counseling effectiveness.

A third study, in which types of verbalizations used by peer consultants (beginning counselors) were examined, confirmed that peer consultants were, in fact, able to use basic helping skills to provide consultation to their colleagues. School counselors who used an SPCM (Benshoff & Paisley, 1993) were overwhelmingly positive and enthusiastic about the value of structured peer consultation, citing the structure that the model provides as being particularly important. Paraprofessionals (college resident assistants) expressed similar enthusiasm for their peer experience, and felt that they received valuable support, new ideas, and assistance with problem-solving from their peer consultants (Benshoff, 1993).

CONCLUSION

Research provides accumulating support for the value of peer consultation/supervision experiences for professional counselors. Although counselors have been enthusiastic about their experiences, it has been difficult to identify appropriate outcome measures for peer consultation. Future researchers should continue to attempt to identify and quantify the unique contributions of this type of experience for counselor development. In addition, peer consultation models should be compared to traditional counseling supervision experiences to determine the relative contributions of each to the continuing development of professional counselors.

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COURSE CONCLUSION

This collection of articles hopefully can provide the counselor who is planning to provide clinical supervision services with a foundation for understanding the many issues associated with providing competent supervision.

It is also hoped that this course meets the needs of those currently providing clinical supervision, by highlighting new skills and areas of particular concern in providing quality services.

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Mail: PeachTree Professional Education, Inc.
15560 N. Frank L. Wright Blvd, #B4-118
Scottsdale, AZ 85260

Phone: (800) 390-9536
Fax: (888) 877-6020

EVALUATION OF LEARNING QUIZ - PAGE 2 of 3

Course Title: "Issues in Counseling Supervision"

3 Hours of Approved Continuing Education Credit

The purpose of the following Evaluation of Learning questions is to:

- A.) Verify that you have read the required course materials
- B.) Demonstrate an understanding of the practical application of the course materials
- C.) Officially document your participation and completion of this course

➔ PLEASE ANSWER THE FOLLOWING EVALUATION OF LEARNING QUESTIONS.

- T F** 1.) I have read all of the required reading for this course.
- T F** 2.) ACES has developed a comprehensive set of ethical guidelines for the clinical supervisor
- T F** 3.) Good supervision is simply good psychotherapy for the counselor intern
- T F** 4.) A multicultural perspective on counseling is essential
- T F** 5.) The supervisor is responsible for making certain multicultural issues receive attention in supervision
- T F** 6.) The Multicultural Supervisory Relationship is the "content" of supervision
- T F** 7.) All supervisors-in-training should work with supervisees from racial-ethnic groups other than their own
- T F** 8.) The systemic manner in which supervision is applied is called a "model"
- T F** 9.) Developmental models of supervision hold that we each are continuously growing
- T F** 10.) Integrated models of supervision focus on one specific approach to conducting psychotherapy
- T F** 11.) Carl Rogers advocated a supervision process with practicum and group therapy at the core
- T F** 12.) Ethics and law are always separate issues
- T F** 13.) Supervisors are held responsible for supervisees actions
- T F** 14.) As part of the supervision process the supervisor must determine if a supervisee is personally ready to take on clinical responsibility
- T F** 15.) Mutual agreement in sexual relationships between supervisor and supervisee does not excuse the abuse of power
- T F** 16.) Marriage and family supervision has not been shaped by the systemic orientation of its practitioners
- T F** 17.) Self-report is highly accurate
- T F** 18.) Video is an appropriate method of learning
- T F** 19.) Concurrent use of group and individual supervision is acceptable
- T F** 20.) Peer consultation is an effective model of supervision

GRADE THIS ONLINE COURSE! – Page 3

*It is helpful to us if you return this form via snail mail or fax,
along with your Quiz and Payment. Thank-you!*

Participant Assessment of Home Study CEU Course

ISSUES IN COUNSELING SUPERVISION

3 Credit Hours

**Please Rate the Following Statements from 1-5
(1 being the Lowest, 5 being the Highest.)**

- _____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
- _____ 2. I found the PeachTree Online Home Study Course materials to be of professional quality, and easy to read.
- _____ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
- _____ 4. I completed the 3 Hour PeachTree Online Home Study Course in approximately 3 hours.
- _____ 5. I would take another PeachTree Online Home Study Course, and/or recommend them to a co-worker.

ADDITIONAL COMMENTS: