Topics in Clinical Supervision:  
The Supervisory Relationship, Gender Issues, and Legal and Ethical Considerations

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Course Introduction

The general purpose of this course is to learn about the basic processes of clinical supervision. As a result, the learner can become a better consumer of supervision, a more effective supervisor, and better able to evaluate involvement in the supervisory role. The information in this course is accumulated from several sources and years of clinical experience. CCE acknowledges the work of Bernard and Goodyear (1998) and the various ERIC contributions included in this course.

Learning Objectives

Upon completion of this course, you will:

- Describe the process and importance of supervisory relationship issues
- Understand parallel process in clinical supervision
- Understand basic implications of clinical supervision and standards of client care
- Understand basic gender issues in clinical supervision
- Understand basic legal issues in clinical supervision
- Understand fundamental ethical issues in clinical supervision

The Supervisory Relationship

The supervisory relationship is a three-person relationship comprised of the client, counselor, and supervisor and often includes various factors such as relationship triangles, parallel processes, and recursive replication. Relationship triangles are used to redistribute power, are essentially unavoidable, and should be given consideration in the supervisory relationship. Parallel process, although likely unconscious or even mystical, can occur between any of the members of the supervisory relationship and needs to be kept in perspective. Isomorphism, or recursive replication, is where the supervision process reflects the therapy (Bernard & Goodyear, 1998).

Other factors that affect the supervisory relationship include the setting (e.g., inpatient, outpatient), format (i.e.,
individual, group, online), and method (live observation, case notes, audio/video tape) (Bernard & Goodyear, 1998). The supervisory relationship is not the supervision, but it is a critical component (Holloway, 1987). A positive and productive relationship between the supervisor and supervisee is important. Supervisees have different learning styles; it is important to realize that this does not mean differential learning ability and it is assumed that different learning styles are not hierarchical in nature (Bernard & Goodyear, 1998). “Because personal and interpersonal styles are relatively stable and enduring, it is essential that supervisors be inquisitive regarding the empirical findings that relate to those who have theorized regarding this important aspect of supervision. Like all individual differences, whether cognitive, interpersonal, or cultural, the point is to be aware of one’s own frame of reference and the other’s so that areas of existing strength can be maximized and areas of weakness can receive supportive attention. Furthermore, supervisors may need to operate from other than their preferred style of thinking and acting if they intend to be of service to a variety of supervisees” (Bernard & Goodyear, 1998, p. 37). Likewise, belief systems about oneself and human nature, clinical theoretical orientation, and identified spiritual issues are important to the supervision process.

The supervisor’s level of experience is an important aspect of supervisee education and training. It has been said that expertise is more critical than experience (Hill, Charles, & Reed, 1981); however, some expertise only comes from experience. Supervisee development is multifaceted and the ability to address any particular developmental level, in the supervisee as well as in the supervisor, is difficult indeed (Bernard & Goodyear, 1998).

Developmental models are often used in counselor supervision and lend themselves well to relationship matters in clinical supervision. Developmental models of supervision are largely too simplistic to predict supervisee behavior in a comprehensive and consistent manner. It is important for a supervisor to reflect on developmental principles, but resist being driven my them, since developmental supervision specifically, and supervision in general, is only one event that shapes the training and education of counselors, and most likely not the most important one (see Bernard & Goodyear, 1998; Holloway, 1987; Russell, Crimmings, & Lent, 1984).

Watkins (1995) and Bowlby (1978) have reflected on the degree of the alliance or bond between the counselor and client, and the counselor and supervisor. Being aware of behavioral styles such as compulsiveness, degree of self-reliance, anxious attachment, and level of compulsive caregiving is a method for conceptualizing problematic relationships between the supervisor and supervisee.

In all relationships, conflict will inevitably occur (Mueller & Kell, 1972) and the individual’s ability to resolve the conflict will dictate whether the relationship stagnates or grows. Such conflict cannot be completely avoided. This weakening and repair is what constitutes the clinical supervision process. In situations where the conflict cannot be resolved, the supervisor should protect the interests of the supervisee or consider transferring the supervisee to another supervisor (Bernard & Goodyear, 1998).

Supervisee role ambiguity can be minimized by having a clear contract with the supervisee that specifically states the nature and expectations of supervision. During the supervision process, the roles and behaviors expected of the supervisee should be clearly stated by the supervisor. Role conflicts include dual relationships, antagonistic or competing relationships, and the actual process of supervisee evaluation (Bernard & Goodyear, 1998).

“Supervisory relationships are characterized by a power inequity” (Bernard & Goodyear, 1998, p. 72), reflected in some cases by a constant struggle during the supervisory process. It can be minimized by seeking mutual
respect (Robiner, 1982) and achieving social bonding between the supervisor and supervisee (Holloway, 1995). Mutual trust is based on the level of vulnerability where the supervisee is vulnerable to a selected career path and the supervisor is vulnerable to the welfare of the client. Furthermore, an atmosphere of safety is important to the supervisory relationship (Bernard & Goodyear, 1998).

Virtually all supervisory relationships are colored by two intertwined variables, namely, the supervisee’s need to appear competent and the supervisee’s experience of anxiety (Bernard & Goodyear, 1998). Additionally, beginning-level supervisees often are caught in a dependency-autonomy conflict (Stoltenberg, 1981).

It is important to remember that when a beginning supervisee is developing skills, competence, and autonomy, scrutiny by the supervisor might make performance vulnerable to deterioration. So, one of the tasks of the supervisor is to help the beginning counselor feel adequate. To help with this, supervisors can take the risk to share with the supervisee embarrassing moments from their own clinical work (Bernard & Goodyear, 1998).

Inability to manage client anxiety can affect the supervisee as well as the supervisor. It has been found that as the supervisee’s anxiety goes up, performance goes down (Friedlander, Keller, Peca-Baker, & Olk, 1986). However, experiencing some level of anxiety helps new counselors to learn their craft. Just as it is important not to rescue clients from all of their anxiety so that they may change, it is important for supervisors not to immediately try to allay all the supervisee’s anxieties. So, there is an optimal level of experienced anxiety that facilitates the entire training process.

Zajonc’s (1980) social facilitation theory and Yerkes and Dodson’s (1908) inverted-U hypothesis are easily translated to the supervision process. Zajonc’s theory suggests that the arousal caused by the presence of others enhances the performance of easy tasks and minimizes the performance of more difficult tasks. Therefore, a supervisee attempting an easy task under direct supervision may perform better than when attempting a more difficult task under the same scrutiny. According to Yerkes and Dodson, low to moderate rates of anxiety will enhance counselor performance, but high amounts of anxiety diminish counselor performance.

Rosenblatt and Mayer (1975) have presented three types of objectionable supervisor styles that increase anxiety. The amorphous supervisor offers too little structure and clarity, and too much ambiguity. The unsupportive supervisor is aloof, avoids responsibility, and may even be hostile. The “therapeutic” supervisor is a deficiency detective who attributes supervisee weaknesses to personal incompetence and results in more anxiety than the other two supervisor styles. While this type of supervisor style could be present in any setting, it is likely that it would be more often found in academic settings where power and hierarchy might be unchecked.

Supervisees and supervisors may use avoidant-reducing strategies. One is the management of impression. Both might have a need to be perceived in a particular light in order to reduce anxiety. For example, a supervisee may try to present particular behaviors due to feelings of incompetence (i.e., not turning in a tape of a session), and a supervisor, especially those in university settings, might try to give the impression of great experience and expertise where little actually exists. Games also can be played, whereby the supervisor and supervisee collude on some below-the-surface level in order to minimize anxiety (Bernard & Goodyear, 1998).

Previous life experiences and history, including level of attachment, stages of separation-individuation, and methods of dealing with relationships, all influence the supervisor-supervisee relationship. Sullivan’s (1953) concept of parataxic distortion suggests that due to our histories, we might meet someone whom we immediately like or dislike on the basis of a similarity with someone we have known previously. Unlike
Bernard and Goodyear’s (1998) review of this concept, the distortion also can happen with the supervisor. For example, a supervisor who lived in a household with a moralizing, dominating father may find an outspoken male supervisee less than favorable.

“In their work with supervisees, supervisors are prone to have the same types of blind spots and lapses of objectivity that therapists experience in their work with clients” (Bernard & Goodyear, 1998, p. 84). Classic Freudian countertransference should be considered in the supervisor-supervisee experience that is more difficult for supervisors than for counselors. Supervisors’ countertransference can be categorized into four areas. First, general personality characteristics; secondly, inner conflicts reactivated by the supervision context; next, countertransference reactions to the particular supervisee; lastly, countertransference to the supervisee’s transference to the supervisor (Lower, 1972). Supervisees also may have a need to idealize the supervisor, but the supervisor certainly needs to be careful with such adulation (Allphin, 1987).

As an example of the first area Gizynski (1978) has offered, “Students become a narcissistic extension of the supervisor; loyalty issues tend to override expectations of clinical performance and the supervisor loses his objectivity in evaluation and freedom in teaching” (p. 206). Likewise, the supervisor’s narcissistic need to be admired may inhibit the supervisor from adequately doing the job of supervision.

When terminating a supervisory relationship, it is important to recognize if goals have been met and to discuss accomplishments. Although the intensity of the supervisory relationship will vary, termination means that the supervisory relationship is over, but some type of relationship may go on for years. In fact, some turn into lifelong friendships. The following discussion is an excellent overview of the supervisory relationship.

The Supervisory Relationship
by Allan Dye

Overview
All conversation about supervision contains messages, implicit if not explicit, about the supervisory relationship. Those who perform supervision are necessarily in contact with those whom they supervise; some sort of relationship exists. In its broadest sense the term “relationship” refers merely to the manner in which the supervisor and counselor are connected as they work together to meet their goals, some of which are common and some of which are idiosyncratic. Within the context of particular supervisory orientations, however, the nature and function of the relationship must be defined in specific terms.

This Digest reviews perspectives on the supervisory relationship which have been described in the recent supervision literature. For purposes of organizational clarity, three dimensions will be addressed: the relative importance of the relationship within the total supervision process; variables which influence the relationship; and how the relationship differs when working with experienced versus inexperienced counselors. Members of the Association for Counselor Education and Supervision (ACES) rated supervisor personal traits and qualities and facilitating skills as more important than conceptual skills, intervention skills, management skills, and knowledge of program management and supervision. Respondents rejected the notion that these traits and qualities cannot be taught, that they are the products of life-long socialization (Dye, 1987). These results suggest that the ability to form and sustain relationships is more important than certain knowledge and skill factors, and that effective supervisory behaviors can be learned.
Current descriptions of counseling supervision invariably include discussion of the supervisor-counselor relationship, and the means by which the individuals communicate, manage the process of reciprocal influence, affiliate, make decisions, and accomplish their respective tasks. However, the relative importance of the relationship and the role it plays varies according to supervisory orientation. For some the relationship is the sine qua non of supervision (cf. Rice, 1980; Freeman, 1992) while for others it is a necessary but less-than-defining variable (cf. Linehan, Ch. 13, and Wessler & Ellis, Ch. 14, both in Hess, 1980). Thus, while the nature and function of the relationship differ according to several variables, which are discussed below, recent supervision literature usually includes explicit attention to this vital process.

The supervisory relationship is subject to influence by personal characteristics of the participants and by a great many demographic variables. Several major sources of influence, some static and others dynamic in nature, have been identified and discussed in reviews of the supervision literature. Among static factors receiving prominent attention are gender and sex role attitudes, supervisor’s style, age, race and ethnicity, and personality characteristics (Borders & Leddick, 1987; Leddick & Dye, 1987). Dynamic sources are those which may exist at only certain stages of the relationship or which are always present but in varying degrees or forms, such as process variables (stages: beginning vs. advanced; long term vs. time limited); and relationship dynamics (resistance, power, intimacy, parallel process, and the like) (Borders et al., 1991). Conflict, the nature and magnitude of which is likely to change across time, can have a significant influence upon the relationship. Bernard and Goodyear (1992) pointed out that conflict occurs in all relationships, and in the supervisory relationship, specifically, some common origins are the power differential between the parties, differences relative to the appropriateness of technique, the amount of direction and praise, and willingness to resolve differences. These influences can be moderated to some extent by mutual respect. Because of the greater power inherent in the role, the supervisor should take the lead in modeling this attitude if it is to be attained by both parties (Bernard & Goodyear, 1992).

Citing their own and others’ research, Ronnestad and Skovholt (1993) presented an extensive description of effective supervision of the beginning and advanced graduate students. They concluded that “There is reasonable validity to the perspective that what is good supervision depends on the developmental level of the candidate” (1993, p. 396). Supervisors of beginning students should provide high levels of encouragement, support, feedback, and structure. They explained carefully that the relationship with advanced students is typically more complex because students at this stage tend to vacillate between feeling professionally insecure and professionally competent. The supervisor should take responsibility for creating, maintaining, and monitoring the relationship which serves to provide structure and a mediating role while students are in turmoil (Ronnestad & Skovholt, 1993). Thus, supervisors of inexperienced counselors serve in a well defined role as patient teachers; there is an emphasis upon structure and instruction. As students acquire experience the need for instruction diminishes, and it is the supervisory relationship which provides a supportive context as advanced students assess and reassess their professional competencies and personal qualifications.

Two additional sources of dynamic influence on the supervisory relationship have been identified by Olk and Friedlander as role ambiguity and role conflict (1993). Role ambiguity is defined as uncertainty about supervisory expectations and methods of evaluation, while role conflict refers to expectations associated with the role of student in contrast with the role of counselor and colleague. Olk and Friedlander found that role ambiguity was more prevalent across training levels than role conflict, but that the effects diminished as the student gained counseling experience. Role conflict, however, seems to be more prevalent among those with more experience. They suggested that supervisors remain alert for signs of such conflict, and that teaching explicitly about roles and expectations may minimize threats to the supervisory relationship (Olk & Friedlander,
1993). These results relative to implications for the relationship as a consequence of learning stage are consistent with those of Ronnestad and Skovholt (1993), described above.

Final Notes
1. The body of literature on the subject of counseling supervision, including the supervisory relationship, has grown rapidly during recent years.
2. Instructional materials for teaching supervision methods and processes are available.
3. Knowledge of the supervisory relationship and competencies in establishing and maintaining effective relationships can be acquired through a combination of didactic, laboratory, and practical experience.
4. The supervisory relationship is an integral component in virtually all supervision orientations, though important differences exist in quality and function.
5. The definition of an appropriate and effective supervisory relationship varies according to several identifiable fixed (static) and changeable (dynamic) variables. The relationship should be structured accordingly with the knowledge and consent of both supervisor and counselor.

A significant aspect of the supervisory relationship is parallel process. The following discussion focuses on this phenomenon including its various types and how supervisors should respond to it.

Parallel Process in Supervision
by Marie B. Sumerel, Ph.D.

Introduction
The concept of parallel process has its origin in the psychoanalytic concepts of transference and countertransference. The transference occurs when the counselor recreates the presenting problem and emotions of the therapeutic relationship within the supervisory relationship. Countertransference occurs when the supervisor responds to the counselor in the same manner that the counselor responds to the client. Thus, the supervisory interaction replays, or is parallel with, the counseling interaction.

Transference and countertransference are covert behaviors. Identifying their occurrence requires an acute and on-going awareness of one’s own issues and the events that trigger the issues. But awareness of oneself is only the first step. Using the awareness as an intervention in facilitating growth in the counselor, and thus helping the client, is the ultimate goal.

Types of Parallel Process
Originally, parallel process was perceived to begin only as transference, when the counselor acted out the client’s issues in supervision. Searles (1955) made the first reference to parallel process, labeling it a reflection process. He suggested that “processes at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor” (p. 135). Searles believed that the emotion or reflection experienced by the supervisor was the same emotion felt by the counselor in the therapeutic relationship. Although Searles recognized that the supervisor’s reactions also might be colored by his/her past, this was not the focus of the reflection process.

Several hypotheses exist for why the counselor may exhibit the reflection process. First, the counselor may look inward for similarities between himself/herself and his/her client as a means to develop a therapeutic strategy that is appropriate, thus tapping into the same issue as that of the client. Secondly, counselors may overidentify
with their clients and be uncertain of how to proceed with therapy (Russell, Crimmings, & Lent, 1984). Wanting the supervisor to feel the same feelings they had experienced with the client, the counselor unconsciously recreates the problem experienced in the therapeutic relationship in an effort to get the supervisor to model appropriate responses or make suggestions for resolution of the problem (Mueller & Kell, 1972).

Doehrman (1976) believed that Searles’ (1955) reflective process was too limited in scope. In a classic study, she found that parallel process could be bidirectional. In fact, all four therapists in her study identified with their supervisor to the point of playing (or paralleling) their supervisor with their clients. In psychoanalytic terms, this form of parallel process is countertransference. Several scenarios can be drawn to relate how this may occur. First, the supervisor may believe a discussion of the supervisor’s or counselor’s emotions are not appropriate for supervision but should be addressed in the counselor’s personal therapy sessions. The supervisor, however, responds unconsciously to the counselor’s emotions and the counselor responds in the same way with the client, thereby creating the parallel process. Secondly, the supervisor may impose his/her values on the counselor who then imposes the values on the client. Third, supervisors who are inexperienced and have not accepted their role as teacher/supervisor may act out their discomfort with the counselor in the supervisory relationship. The counselor, then, exhibits discomfort in the therapeutic relationship with the client. Finally, the supervisor may become impatient with the counselor in the supervisory relationship. The parallel occurs when the counselor exhibits the impatience he/she felt with the supervisor in the therapeutic relationship with the client. How should supervisors respond to parallel process?

Several authors (e.g., Doehrman, 1976; Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987) believe that it is important to the quality of supervision to respond to the parallel process when it is observed. They have asserted that examination of parallel processes encourage counselor growth. In fact, Doehrman (1976) found that only when the parallel process was resolved did the clients improve.

Supervision need not be only a teaching process that emphasizes theories and techniques (Ekstein & Wallerstein, 1972). Supervision can provide an experience for counselors to learn how to use themselves in the counselor/client relationship. By discussing the parallel process in supervision, the counselor will become aware of how oneself is involved in the therapeutic and supervisory relationships.

When should supervisors respond to parallel process?

Authors of developmental models (Loganbill et al., 1982; Stoltenberg & Delworth, 1987) suggest that the timing for discussing parallel process issues is important. They indicate that beginning counselors do not possess the self-awareness and insight needed to deal with transference and countertransference issues. Unaware of how they may impact the therapeutic relationship, they are more concerned with learning techniques and skills. When transference issues are discussed, beginning counselors may become defensive and experience an increase in anxiety. Doehrman (1976), for instance, reported that the only entry-level counselor in her study was not able to gain insight into the transference and countertransference issues in supervision and, therefore, terminated training.

McNeill and Worthen (1989), however, indicated that discussion of parallel process issues could occur with entry level counselors. They suggested that the interventions should be simple and concrete, and focus primarily on self-awareness issues. Giving specific examples that are obvious in the supervisory and therapeutic relationships help the counselor understand the dynamics that are occurring. The specificity reduces the counselor’s anxiety and provides a framework in which learning and self-awareness can occur.
More advanced and experienced counselors, on the other hand, have developed a capacity to understand and absorb self knowledge gained through transference and countertransference reactions in their therapeutic relationships (Loganbill et al., 1982; McNeill & Worthen, 1989; Stoltenberg & Delworth, 1987). Advanced counselors are less defensive with regard to their issues and identity becoming the focus in supervision and, therefore, are more inclined to discuss how these issues are affecting the therapeutic relationship. They have developed therapeutic skills and techniques and have the capacity to address more advanced and conceptual issues such as parallel process.

Even though advanced counselors are more interested in discussing the transference and countertransference issues, however, supervisors can overemphasize the parallel process to a point that is exhausting for the counselor (McNeill & Worthen, 1989). Therefore, how and when the parallel process interventions are used is important to their success in facilitating growth and self-awareness in the counselor. Supervisors must exhibit caution, as there is a proclivity to cross the line from a supervisory relationship to a therapeutic relationship when parallel process issues are discussed.

**Conclusion**

Doehrman (1976) found a form of parallel process in each of the supervisory relationships she studied, therefore implying that it is a universal phenomenon. She posited that the supervisor should always be aware of how the therapeutic relationship and client issues are presented by the counselor in the supervisory session. If the parallel process is not worked through in supervision, both the supervisory and therapeutic relationships will suffer.

**Gender Issues in Clinical Supervision**

It has been said that all counseling is multicultural because it encompasses multiple influences such as race, ethnicity, gender, sexual orientation, and political persuasion (Pederson, 1991). Therefore, it is important to consider the supervision process through a multicultural lens. This necessarily includes multicultural training prior to the onset of supervision. It is important for supervisors to be sensitive to individual differences and have the responsibility of making sure that all individual differences are addressed in supervision. Furthermore, supervisor and supervisee expectation during cross-cultural encounters are an important supervision issue (Bernard & Goodyear, 1998).

More specifically, there can be many complications regarding gender during the supervisory process including the different voices of the male and female, power distribution, sexism, and gender matching. Each voice, both female and male, should be appreciated by supervisors since each voice offers a conceptual framework for understanding the supervisory relationship (Bernard & Goodyear, 1998). Furthermore, it is important for the supervisor and supervisee to investigate their gender identity and how gender issues might affect supervision and clinical work with clients (Stevens-Smith, 1995).

The combination of social or interpersonal power and power endemic in gender relations makes the topic of power a complex, but critical variable within the supervision relationship (Bernard & Goodyear, 1998; Turner, 1993; Watson, 1993). The following discussion presents gender issues in clinical supervision including a societal framework and gender interactions.
Gender Issues in Supervision
by Pamela O. Paisley

Introduction
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
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. This power differential, while generally true for all women, is even more pronounced for women of color. 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.

Supervisors are challenged to ask:

1. How does gender affect the counseling relationship and process that I am observing and supervising?
2. How does gender affect the supervisory relationship and process in which I am engaged?

Two remaining factors are worth mentioning. Perhaps the greatest errors which we can make in this domain are opposite ends of the same continuum: minimizing or exaggerating the importance of the differences. The first discounts the importance of meaningful within-group experience and the second, 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 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). Feminists have noted therapists’ tendency to label the woman as the problem while ignoring external forces and societal context. 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 importance of using supervision as a training and consciousness-raising opportunity related to gender is not limited to examination of the counseling process. The supervisory relationship, itself, is taking place within the same societal context. 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). Specifically, these gender interactions indicate the following:

1. Supervisees view the initiation of structure more positively when dealing with same gender supervisors and more negatively when imposed by an opposite sex individual.
2. Both supervisors and supervisees perceive females as more likely to use a personal-influence style in dealing with conflicts within supervision.
3. Female supervisees tend to behave more stereotypically than do female supervisors.
4. Same-sex pairings of supervisors and supervisees tend to produce more positive results in relation to supervisee satisfaction.
5. Female supervisees may over identify with the affective domain in case conceptualization while males may focus more exclusively on cognitive factors.
6. Female supervisors and trainees may have more difficulty with closure while males may define termination too quickly, ignoring affective issues.
7. Female supervisors may take supervisee feedback more personally.
8. Male and female supervisors may rely on a particular source of power to compensate for gender associated tendencies to attach or separate (e.g., men may use referent or relationship-based sources of power while females may compensate by choosing either expert or legitimate power bases, less dependent on interpersonal factors).
9. Male and female supervisors do not reinforce their female supervisees’ in the use of more powerful, assertive messages.
10. Female supervisees are more likely to defer to an authority figure in supervision.

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

Examples of the types of questions supervisors need to ask of themselves include:

- Are my expectations from supervisees dictated by gender?
- Are my responses to supervisees gender-biased?
- Am I encouraging independence more in males?
- Am I fostering dependence more in females?
- Do I expect females to be nurturing?
- Do I assume males will be assertive?
- Do I tend to offer opportunities to individuals of a particular gender more frequently?
- Do I handle conflict differently based on gender?
- Does the supervisee handle conflict differently?
- Are the supervisees’ expectations of me based on my gender?
- Am I able to confront bias or discrimination in myself, the supervisee, or the client when I am aware of it?
- Am I using the supervisory relationship and process to teach about gender issues?

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). What a supervisor might believe to be sexual involvement by mutual consent later might be identified by the supervisee as sexual harassment.

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 (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.

Legal and Ethical Issues in Clinical Supervision
For all practical purposes, it is best when thinking about ethical and legal issues to be proactive rather than reactive. Good ethical training always preempts crisis training. When making ethical decisions, it is important to advocate for autonomy (responsibility), beneficence (contributing to well-being), justice (fairness), and fidelity (honesty and fulfilling commitments) (Kitchener, 1984). Ultimately, as gatekeepers to the profession, supervisors are very involved with ethical clinical practice (Bernard & Goodyear, 1998).

It is important for supervisors and supervisees to keep up to date on legal matters that affect mental health settings and the profession. This includes monitoring supervisee competence. By definition, the supervisee is not competent to practice independently. So, one of the greatest challenges in supervision is attending to the best interests of the supervisee and the client at the same time. Monitoring supervisee competence begins with the assumption that the supervisor is a seasoned, veteran clinician. Unfortunately, this is sometimes not the case in academic settings. For example, a professor responsible for an entire clinical program has been known to have little clinical experience, but was in a position to make judgments about clinical competence of supervisees. Such a supervisor might be criticized for being too involved in theory development to the detriment of practical clinical application. When possible, it is best to avoid such situations. Fortunately, this situation is encountered much less in the “real world” but has legal and ethical implications nonetheless.

Malpractice is defined as “harm to another individual due to negligence consisting of the breach of a professional duty or standard of care. If, for example, a mental health professional fails to follow acceptable standards of practice and harm to clients results, the professional is liable for the harm caused” (Disney & Stephens, 1994, p. 7). Unfortunately, clinicians have difficulty judging each other’s competence and are reluctant to report ethical violations of peers (see Bernard & Goodyear, 1998).
According to Corey, Corey, and Callanan (1993) there are four components that must be proved for a plaintiff to succeed in a malpractice claim: 1) a professional relationship must have been established; 2) the clinician’s or supervisor’s behavior must have been negligent and fall below the appropriate level of care; 3) the client or supervisee must have suffered harm or injury; and 4) a causal relationship must be determined between the negligent behavior and the injury. It is likely that a supervisor would be held liable for the actions of a supervisee rather than for behaviors related directly to the supervisee.

In regards to duty to warn, it is important for supervisors to instruct supervisees as to when it would be appropriate to implement this warning since the original case included the supervisor. In any questionable case, it is best to seek consultation with other professionals as well as document the consultation. In many cases, it is best in the eyes of the law that reasonable and prudent evaluation be made rather than an accurate prediction of behavior (Bernard & Goodyear, 1998). Impairment of professional function focuses on professional development, knowledge and skill, and the personal suitability for the mental health role.

In terms of informed consent, supervisors have three basic levels of responsibility: 1) the supervisor must determine that clients have been informed by the supervisee concerning the parameters of therapy, 2) the supervisor must also be sure that clients are aware of the parameters of supervision, and 3) the supervisor must provide the supervisee with the opportunity for informed consent as well. Supervisees should enter supervision and training knowing the conditions that dictate their advancement or success (Bernard & Goodyear, 1998). Supervisors also should have informed consent regarding to what extent they are responsible, accountable, and culpable (Stout, 1987). It is never acceptable for the supervisor to put personal needs and wants above those of the supervisee, and to the detriment of the professional development of the supervisee (Peterson, 1993).

Although sexual attraction between supervisor and supervisee is not uncommon, it is the supervisor’s responsibility to be sure that supervisees understand the definition of dual relationship and sexual harassment, and avoid such relationships with clients (Bernard & Goodyear, 1998). Supervisees with personal issues that impede their ability to be effective clinicians should be encouraged to resolve their issues.

In group supervision, it is important to make sure supervisees understand confidentiality of client information and only use first names when presenting cases. Tapes of sessions with clients, audio and video, should be handled as confidential documents and their privacy guaranteed to the client. It also is important to make sure that supervisees understand that all privileged communications are confidential, but that all confidential communications may not be privileged (Disney & Stephens, 1994).

It is important to remain aware that supervisors can be held responsible for any harm done by the supervisee. The following discussion concerns basic ethical and legal dimensions of supervision including competence, dual relationships, informed consent, due process, confidentiality, and liability.

**Ethical and Legal Dimensions of Supervision**
by Janine M. Bernard

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).

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 supervision.

**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). 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
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
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).

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).

The Center for Credentialing and Education maintains the Advanced Clinical Supervisor (ACS) credential. Information regarding this certification can be found at www.cce-global.org. Below are the ACS Code of Ethics, as well as the Ethical Guidelines for Counseling Supervisors established by the Association for Counselor Education and Supervision.

The ACS Code of Ethics

In addition to following your profession’s Code of Ethics, clinical supervisors shall:

1. Ensure that supervisees inform clients of their professional status (e.g., intern) and of all conditions of supervision. Supervisors need to ensure that supervisees inform their clients of any status other than being fully qualified for independent practice or licensed. For example, supervisees need to inform their clients if they are a student, intern, trainee or, if licensed with restrictions, the nature of those restrictions (e.g., associate or conditional). In addition, clients must be informed of the requirements of supervision (e.g., the audio taping of all counseling sessions for purposes of supervision).
2. Ensure that clients have been informed of their rights to confidentiality and privileged communication when applicable. Clients also should be informed of the limits of confidentiality and privileged communication. The general limits of confidentiality are when harm to self or others is threatened; when the abuse of children, elders or disabled persons is suspected and in cases when the court compels the counselor to testify and break confidentiality. These are generally accepted limits to confidentiality and privileged communication, but they may be modified by state or federal statute.
3. Inform supervisees about the process of supervision, including supervision goals, case management procedures, and the supervisor’s preferred supervision model(s).
4. Keep and secure supervision records and consider all information gained in supervision as confidential.
5. Avoid all dual relationships with supervisees that may interfere with the supervisor’s professional judgment or exploit the supervisee. Although all dual relationships are not in of themselves inappropriate, any sexual relationship is considered to be a violation. Sexual relationship means sexual contact, sexual harassment, or sexual bias toward a supervisee by a supervisor.
6. Establish procedures with their supervisees for handling crisis situations.
7. Provide supervisees with adequate and timely feedback as part of an established evaluation plan.
8. Render assistance to any supervisee who is unable to provide competent counseling services to clients.
9. Intervene in any situation where the supervisee is impaired and the client is at risk.
10. Refrain from endorsing an impaired supervisee when such impairment deems it unlikely that the supervisee can provide adequate counseling services.
11. Refrain from offering supervision outside of their area(s) of competence.
12. Ensure that supervisees are aware of the current ethical standards related to their professional practice, as well as legal standards that regulate the practice of counseling. Current ethical standards
would mean standards published by the National Board for Certified Counselors (NBCC) and other appropriate entities such as the American Counseling Association (ACA). In addition, it is the supervisor’s responsibility to ensure that the supervisee is aware that state and federal laws might regulate the practice of counseling and to inform the supervisee of key laws that affect counseling in the supervisee’s jurisdiction.

13. Engage supervisees in an examination of cultural issues that might affect supervision and/or counseling.

14. Ensure that both supervisees and clients are aware of their rights and of due process procedures.

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 (ACA) and as such adheres to ACA’s current ethical standards 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.

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.

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.

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 meeting 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 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.

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 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.

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 much 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.
Evaluation of Supervisee Competence and the Supervision Process

Supervisors are charged to evaluate supervisees based on some external set of criteria that meet institutional standards as well as national standards of practice. More rigorous evaluations also are needed these days due to an increased focus on legal accountability and the escalating sophistication of therapeutic modalities (Glenn & Serovich, 1994).

The first step in a plan for supervisee evaluation is to be clear about the differences in formative and summative evaluation. Formative evaluation facilitates skill acquisition and professional growth through direct feedback and represents the bulk of the supervisor’s work with the supervisee. Therefore, this often does not feel like evaluation, since it stresses process and progress and not outcome (Bernard & Goodyear, 1998). Summative evaluation, however, is what most people think of when the term evaluation is mentioned. This should be done only when the supervisor and the supervisee both understand what type of yardstick is being used.

It is important to avoid vague assessments, biased views, and descriptions based on interpersonal variables when evaluating a supervisee. Evaluations should include factual knowledge, generic clinical skills, specific technical skills, clinical judgment, interpersonal attributes and functioning, perceptual and conceptual skills, executive-intervention skills, multicultural competence, ability to be open, flexibility, positive attitude and cooperation, willingness to accept and use feedback, awareness of impact on others, ability to deal with conflict, expression of feelings in an effective and appropriate manner, acceptance of personal responsibility, ability to extend and expand basic assessment and intervention techniques to meet the needs of different groups, settings, problems and populations, ability to apply ethical and legal principles to practice, development of a professional identity, and awareness of personal strengths, weaknesses, and psychological health (Bernard & Goodyear, 1998).

Good conditions for evaluation include supervisors remembering that supervision is an unequal relationship, especially in the beginning. Clarity adds to positive outcomes; thus, supervisors should be clear about their administrative and clinical roles. Supervisee defensiveness should be addressed openly. Individual differences also should be addressed openly. All evaluation procedures should be spelled out clearly in advance. Furthermore, processes for evaluation should be decided upon and shared with the supervisee (Bernard & Goodyear, 1998).

It often is best for evaluation to be continuous and mutual. Supervisors must know that their evaluations are going to stick administratively, but premature evaluations should be avoided. Supervisors should be able to observe the professional development of their supervisors, and supervisors should invite feedback as well as use it. Supervisors need to keep a keen eye to the supervision relationship (Bernard & Goodyear, 1998). Furthermore, anyone who does not like the process of being a supervisor, including the evaluative component, should consider refraining from being a supervisor. The following discussion concerns supervisee evaluation and feedback.

Supervisory Evaluation and Feedback
by Morag B. Colvin Harris

Introduction
Counselor educators and field supervisors often feel uncomfortable about assessing trainee skills and struggle
to find an appropriate vehicle for delivering essential constructive feedback regarding performance. Most have received little or no training in evaluation or assessment practices. However, current and proposed accreditation, certification, and licensure regulations place an increasing emphasis on the evaluation and assessment of counselor performance. Clearly, evaluation practices will need to be augmented by theoretical and conceptual knowledge, as well as programmatic research.

The purpose of this digest is to suggest that there exist some fairly basic premises from educational psychology (Gage & Berliner, 1984), educational evaluation (Isaacs & Michaels, 1981), and counselor supervision literature (Bernard & Goodyear, 1992) that can improve supervision evaluation practices, and thus reduce the ambiguity and uncertainty about evaluation in supervision. Although this digest does not specifically address program evaluation, it should be clear that this is also an important component of any comprehensive evaluation endeavor.

**Evaluation Defined**

Professional competence evaluation is made in a series of formal and informal measurements that result in a judgement that an “individual is fit to practice a profession autonomously” (McGaghie, 1991). Summative evaluation describes “how effective or ineffective, how adequate or inadequate, how good or bad, how valuable or invaluable, and how appropriate or inappropriate” the trainee is “in terms of the perceptions of the individual who makes use of the information provided by the evaluator” (Isaac & Mitchell, 1981, p. 2). Counselor supervisors are responsible for summative evaluations and assessments of supervisee competence to university departments, state licensing boards, and agency administrators. Summative evaluation is described by Bernard and Goodyear (1992) as “the moment of truth when the supervisor steps back, takes stock, and decides how the trainee measures up” (p. 105). Effective summative evaluation requires clearly delineated performance objectives that can be assessed in both quantitative and qualitative terms and that have been made explicit to the trainee during initial supervision contacts.

The heart of counselor evaluation, however, is an on-going formative process which uses feedback and leads to trainee skills improvement and positive client outcome. In this case the trainee is the person using the information. Bernard and Goodyear (1992) refer to this kind of evaluation as “a constant variable in supervision.” As a result, every supervision session will contain either an overt or covert formative evaluation component.

**Evaluation Practices and Procedures**

When supervisors measure behavioral therapeutic skills they find several difficult areas. First, they find that measurement and subsequent evaluation of therapeutic skill is a complex process in a field where many skills inventories and behavioral checklists abound, and research findings suggest that these may lack adequate reliability and validity. Second, university supervisors recognize the tension between providing a supportive facilitative environment within which counselors-in-training can feel free to stretch and learn counseling skills and the anxiety that results from academic grades. Third, lacking a theory of supervision, supervisors are unable to articulate desired outcomes for their supervisees and may revert to the evaluation of administrative detail and case management. As a result of these difficulties, numerous areas of competency may be neglected, anxiety may persist, and supervisors may resort to summative evaluation practices in global and poorly measured terms. There are resources which outline requisite skills and knowledge for effective evaluation practices. The Curriculum Guide for Training Counselor Supervisors (Borders et al., 1991) provides specific learning objectives for supervisors-in-training. Other current publications (Bernard & Goodyear, 1992; Borders & Leddick, 1987; McGaghie, 1991; Stoltenberg & Delworth, 1987) further develop the Guide’s “three curriculum
threads” (p.60) of self awareness, theoretical and conceptual knowledge, and skills and techniques. The guidelines and suggestions from these resources are summarized in the following list of effective evaluation practices:

1. Clearly communicate evaluation criteria to supervisees and develop a mutually agreed upon written contract reflecting these criteria.

2. Identify and communicate supervisee strengths and weaknesses. The Ethical Guidelines for Counselor Supervisors (ACES, 1993) recommend that supervisors “provide supervisees with ongoing feedback on their performance.” This performance feedback establishes for supervisees a clear sense of what they do well and which skills need to be developed. Supervisee strengths and weaknesses can be evaluated in terms of process, conceptual, personal, and professional skills (Bernard & Goodyear, 1992, p. 42).

3. Use constructive feedback techniques during evaluations. Supervisees are more likely to “hear” corrective feedback messages when these are preceded by positive feedback, focused on observable behaviors, and are delayed until a positive relationship has been established.

4. Utilize specific, behavioral, observable feedback dealing with counseling skills and techniques; avoid terms such as “understanding,” “knowing and appreciating,” and “being aware of.” Successful evaluation practices should include behaviorally-based learning objectives (Gage & Berliner, 1984).

5. Use Interpersonal Process Recall (IPR) to raise supervisees’ awareness about their personal developmental issues. The unobtrusive and non-threatening nature of IPR is particularly helpful as supervisees retrospectively explore their thoughts, feelings, and a variety of client stimuli during counseling sessions. This process can assist supervisees in contributing to, and benefiting from, formative evaluation.

6. Employ multiple measures of supervisee counseling skills. These can include a variety of standardized rating scales including measures completed by both supervisor and supervisee, client ratings, and behavioral scales (Stoltenberg & Delworth, 1987). Additional measures such as work samples from audio/videos, critiques of counseling sessions, and conceptual case studies (both brief and detailed) can provide a comprehensive picture of a supervisee’s competency, expectations, needs and professional development, as well as an understanding of the context within which both the counseling and the supervision take place.

7. Maintain a series of work samples in a portfolio for summative evaluation. Since the evaluation of only one session provides an inadequate assessment of supervisee competency, and the selective nature of work samples may prove to be an overly negative reflection of current competency level, the portfolio provides both the supervisor and the supervisee with a more comprehensive and useful basis for a summative evaluation.

8. Use a developmental approach which emphasizes both progressive growth toward desired goals and the learning readiness of the trainee (Nance, 1990). The Nance model emphasizes a learning readiness based on the supervisee’s ability, confidence, and willingness -- the assessment of which directs the roles and practices of the supervisor. As a result, supervisors can “match” their supervisee’s level and “move” them toward independent functioning one step at a time. Although Nance does not specify evaluation practices, he clearly describes effective supervisory styles, interventions, role, contracts, and agendas for each developmental stage. These variables can guide the evaluation process indirectly by enabling the supervisor to understand the characteristics and appropriate expectations for supervisees at each developmental level.
Summary
A structured approach to supervisee assessment and evaluation produces several beneficial outcomes. First, supervisors can reduce their own, as well as their supervisee’s, anxiety about the process. The meanings associated with assessment can be altered to suggest a positive experience from which both partners can grow and learn. Second, supervisors who articulate their adopted supervision theory to their supervisees will also clarify their evaluation criteria as well as their supervision practices. Third, when evaluation is viewed as a process of formative and summative assessment of the skills, techniques, and developmental stage of the supervisee, both supervisees and their clients benefit. Fourth, as supervisors deal successfully with the process of supervisee evaluation, they also bring similar skills to the evaluation of their training programs, an area in search of an appropriate evaluation paradigm. Finally, just as training is most successful when multiple methods (didactic, modeling, and experiential) of skills acquisition are employed, so too the use of multiple methods for evaluation contributes to the supervisee’s sense of self-worth and success.

A Selected Supervision Bibliography


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