Best Practices in Clinical Supervision: Evolution of a Counseling Specialty

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Abstract:

A number of developments have marked the evolution of clinical supervision as a separate specialty since publication of the *Standards for Counseling Supervisors* in 1990, including accreditation and counselor licensure standards, supervisor credentials, and research on supervision practice and supervisor training, nationally and internationally. Such developments culminated in the development of a statement of *Supervision Best Practices Guidelines*. The *Guidelines* are described, followed by suggestions for their implementation and further evolution through research.

Article:

Introduction

Publication of the *Standards for Counseling Supervisors* (Association for Counselor Education and Supervision [ACES],1990) marked the counseling profession's recognition of clinical supervision as a separate specialty, requiring specialized training and credentialing and warranting focused attention from counselor educators, administrators, accreditation bodies, and licensure boards. The *Standards* outlined core areas of knowledge, competencies, and personal traits of effective supervisors as well as recommendations for sequential training experiences and professional development activities. Several other documents, including a training curriculum guide (Borders et al.,1991) and ethical guidelines (ACES, 1993; now subsumed in the American

Counseling Association [ACA], 2005 *Code of Ethics*) provided additional details for implementing the *Standards*.

The specialty of clinical supervision has continued to evolve, and a number of notable developments within the counseling profession have been achieved since the *Standards* were published. The National Board for Certified Counselors (NBCC, 1997) created the Approved Clinical Supervisor (ACS) credential, the American Association of State Counseling Boards (AASCB) endorsed an Approved Supervisor Model (AASCB, 2007), and the Commission on Rehabilitation Counselor Certification (CRCC) revised guidelines for supervision in its 2010 ethical code. In addition, by 2010, 26 states in the United States had established regulations regarding training for supervisors of licensure applicants (ACA, 2010), or had created an additional certification (e.g., North Carolina Board of Licensed Professional Counselors, 2010; Virginia Board of Counseling, 2011). As a result, a number of supervision training materials have been published, including textbooks, DVDs, online modules, and home study courses for master's-level practitioners, designed to complement instruction in supervision in doctoral programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), required since 1988 (Dye & Borders, 1990).

Similar developments have occurred in other professions with increasing awareness of the pivotal role that clinical supervision has in promoting counselor development across the professional life span, positive client outcomes, and effective agency functioning. For example, competency statements have been created for supervisors of clinical social workers (American Board of Examiners in Clinical Social Work, 2004), clinical psychologists (Falender et al., 2004), and substance abuse clinicians (U.S. Department of Health and Human Services, 2007). An international interdisciplinary conference has been held annually for eight years (http://socialwork.adelphi.edu/clinicalsupervision). Supervision also has received increasing attention in other countries. The Psychology Board of Australia recently proposed approved supervisor training and mandatory peer consultation-supervision for practitioners to maintain their registration, and The British Psychological Society introduced a voluntary register of accredited clinical psychology supervisors in 2009 (Gonsalvez & Milne, 2010). In addition, efforts to create evidence-based guidelines for conducting supervision (e.g., Milne & Dunkerley, 2010) and training supervisors (Borders, 2010; Tebes et al., 2011) also have been reported.

Such developments have been possible due to the explosion of supervision research conducted in the United States and internationally within numerous mental health and health sciences professions, including counseling. Although the increased knowledge about effective supervision practice and supervision training is laudable, it also can be overwhelming for the supervision practitioner. Not surprisingly, counselors increasingly have requested help understanding implications of research for their supervision practice. Similarly, respondents to a 2002 ACES survey asked for more specific guidance for their everyday supervision practices (ACES Taskforce on Best Practices in Clinical Supervision, 2011).

In response to this need, ACES appointed a taskforce to compile a statement of best practices that would provide more specific guidelines for supervisors. Members of the taskforce, who represented a range of counseling specialties and settings, followed a systematic procedure in writing the guidelines, a "best available evidence" approach (Petticrew & Roberts, 2006), in constructing the statements of best practices. They began by conducting a comprehensive review of qualitative and quantitative research findings from across the helping professions regarding the conduct of supervision and supervision training. As relevant, they also drew from established tenets of learning theory and pedagogy, including their application within counselor education (e.g., goal setting, formative and summative evaluation). Taskforce members also reviewed relevant legal precedents (e.g., due process) and documents endorsed by a range of professional organizations (e.g., ethical codes, accreditation standards), as well as "best judgments" commonly espoused in the literature. They presented a draft document for feedback during open meetings at national and regional ACES conferences and solicited comments from supervisors in various settings, including schools and community agencies. The resulting document, *Best Practices in Clinical Supervision*, thus reflects an extensive review of interdisciplinary research, expert consensus in professional literature, legal precedents, input from a range of supervision practitioners, and consensus of taskforce members. Each section reflects some combination of these approaches, as even when there was fairly decisive empirical support (e.g., the central importance of the supervisory relationship), some translation of the results into best practice terminology was needed. The *Supervision Best Practices Guidelines* are provided in the Appendix; the full taskforce report can be accessed at (http://www.acesonline.net/wp-content/uploads/2011/10/ACES-Best-Practices-in-clinical-supervision-document-FINAL.pdf).

Content of the *Supervision Best Practices Guidelines*

Best practices in clinical supervision for 12 areas were identified, including various stages of the supervision contract (e.g., initiating supervision, goal setting, conducting supervision sessions, providing feedback, choosing a supervision format, conducting evaluations); dynamics of the supervisory relationship, particularly resistance, conflict, boundaries, and power; diversity and advocacy considerations for the full range of cultural factors; ethical considerations and documentation. In the final two sections, characteristics, attitudes, and behaviors of the competent supervisor are outlined and components of effective supervisor preparation, including didactic instruction and supervised practice, are described.

Implementation of the *Supervision Best Practices Guidelines*

Importantly, the guidelines are *best practices* rather than *minimally acceptable practices*. They are intended to support supervisors in their work and augment their judgment as they strive to protect client welfare while meeting the professional development needs of supervisees. Accordingly, they are not meant to replace supervisors' clinical judgment, and are designed to supplement, not supplant, the ACA *Code of Ethics* (2005). For example, counseling supervisors are instructed in standard F.4.a. of the *Code* to incorporate the principles of informed consent

into their supervision practices. Section 1 of the *Best Practices Guidelines* provides detailed information about what sound informed consent supervisory practices entail. The real benefit of the guidelines, however, is dependent on their implementation in counselor education programs and practice settings. Revising current supervisory practices to align with the *Best Practices Guidelines* need not be time- or resource-intensive. Following are some suggestions for beginning implementation.

Improving clinical supervision in counselor education programs may produce the biggest dividends, as this is a point of connection with all future counselors *and* counselor educators. First, counselor educators could review current program policies and procedures related to supervision to assess how well they match the *Best Practices Guidelines*. They also can share the document with site supervisors and provide training to help site supervisors adhere to the best practices. Such training should be a priority, as a large number of counseling professionals who provide clinical supervision are master's-level clinicians who have never received formal supervision training themselves (Glosoff, Durham, & Whittaker, 2011; Nelson, Johnson, & Thorngren, 2000; Studer, 2005). For areas that need development, in either preparation programs or affiliated field placement sites, counselor educators can use the best practices document to create a strategic plan for revisions and advocate with administrators for needed resources. Those involved in supervisor training can evaluate current training practices and revise course content and supervised practice based on the guidelines; relevant guidelines might be translated into a form to evaluate supervisors-in-training or to seek feedback from practica and internship students about their supervision experiences. Finally, counselor educators can conduct a self-assessment based on the guidelines in the "supervisor" section of the *Best Practices Guidelines*, and monitor their supervision work by referring to other sections periodically. Alternatively, self-assessments could become the basis for forming peer supervision of supervision and peer consultation arrangements to encourage further professional development.

Practicing counselors in all settings can use the document to advocate for the supervision they need to be effective with their clients. Most state counseling boards require applicants to accrue many more hours of post-master's supervision than they received during graduate training and often allow supervision hours to count toward some continuing education requirements (ACA, 2010), so investment in supervision in counseling practices is essential. Agency counselors can evaluate agency policies regarding the conduct of supervision, complete self-assessments, identify areas for continuing education or ongoing supervision (of supervision) for themselves or the counseling staff, and advocate for resources to help the agency apply best practices. Agency administrators may use the document as a resource when developing supervisor training programs and supervisor evaluation procedures.

School counselors, who often lack opportunities for clinical supervision, could use the guidelines as a blueprint to establish peer supervision groups as well as their work with school counselors-in-training. Counselor education program faculty could provide assistance to individual schools or school districts in creating such initiatives. Again, the document might be helpful in

advocating for resources to support these efforts or to create other opportunities for receiving quality clinical supervision.

At a more systemic level, the *Best Practices Guidelines* are relevant to revisions of accreditation standards for clinical supervision practice and supervisor training, and also for reviewing licensure regulations regarding supervision of licensure applicants. Professional counseling associations might be encouraged to include presentations and workshops on clinical supervision during their annual conferences.

Conclusion

Although our knowledge concerning best practices in clinical supervision has evolved substantially since 1990, further development and expanded implementation is needed. We hope the *Supervision Best Practices Guidelines* offer the foundation for such efforts, including expanded accreditation and credentialing efforts, designs for supervision training programs, and ongoing professional development activities for counselor educators, practitioners, and students. Although developed for the counseling profession, we also hope the *Best Practices Guidelines* are informative for similar efforts in other helping professions.

Importantly, further evolution of our knowledge of clinical supervision must be informed by research on supervision practice and supervisor training. The *Best Practices Guidelines* can be the basis for such research, as its tenets can be further tested in counselor education programs and through partnerships with practitioners in agencies, schools, colleges, and other practice sites. Continued research on counselor development, supervisor development, effective supervision practice, and client outcomes are critical for building our knowledge base of clinical supervision. Such efforts will help build the legacy of improved supervision, as supervisees receive best practices and then provide the same to their own supervisees.

Appendix: Supervision Best Practices Guidelines

1. **Initiating Supervision**

    The supervisor engages in sound informed consent practices in the initial supervision session.

        The supervisor verbally describes and provides the supervisee with a written contract (or syllabus) that outlines expectations of the supervisor and supervisee; criteria for evaluation; consequences of underperformance; tasks, functions, and goals of supervision; and ethical and legal considerations (e.g., confidentiality in counseling and

supervision sessions).

As appropriate, the specifics in the contract (or syllabus) are negotiated to meet the needs of the particular supervisee.

In academic settings, the supervisor employs written contracts specifying and differentiating the responsibilities of university and site supervisors.

The supervisor provides the supervisee with a professional disclosure statement regarding his/her academic background in counseling and supervision, experience as a counselor and supervisor, and supervision style. Limits of confidentiality also are explicitly delineated.

If the supervisor is a supervisor-in-training, that status is made clear in the professional disclosure document and the name and contact information of the supervisor-in-training's supervisor is included.

The supervisor emphasizes that these documents (e.g., contract/syllabus, professional disclosure statement) will be discussed throughout supervision as needed.

The supervisor clearly delineates his/her responsibility and authority to ensure client safety and effective treatment.

The supervisor explicitly states clear parameters for conducting supervision.

The supervisor and supervisee agree on time, place, and duration of supervision sessions.

The supervisor and supervisee discuss how the supervisee will prepare for each supervision session relevant to the supervision format (e.g., individual, triadic, group).

The supervisor clearly delineates supervisor and supervisee responsibilities regarding the preparation for and conduct of supervision.

The supervisor and supervisee agree on cancellation and rescheduling procedures for supervision sessions.

The supervisor and supervisee agree on payment for supervision (as appropriate and permitted by state law).

The supervisor provides the supervisee with his/her emergency contact information, parameters for contacting the supervisor in emergency situations, and specific instructions for emergency protocols.

The supervisor provides necessary forms and other documents to be completed by the supervisor, supervisees, and others as appropriate to the particular supervisee, setting, and/or credentialing body.

The supervisor facilitates a discussion about the supervision process to foster the supervisory working alliance.

The supervisor establishes the beginning of a supervisory working alliance that is collaborative and egalitarian to assist in lessening supervisee anxiety about the supervision process.

The supervisor describes his/her role as supervisor, including teacher, counselor, consultant, mentor, and evaluator.

The supervisor describes the structure, process, and content of all relevant formats of supervision sessions (e.g., individual, triadic, peer, group supervision).

The supervisor and supervisee discuss the supervisee's past experiences with supervision as well as preferred supervision styles and supervision

interventions.

The supervisor initiates a conversation about multicultural considerations and how they may affect both counseling and supervision relationships, indicating that such multicultural considerations will be an expected part of supervision conversations.

2. Goal Setting

To the extent possible, the supervisor co-develops specific goals for supervision with the supervisee.

The supervisor and supervisee renegotiate the supervisory contract and supervisee's goals as needed over the course of supervision.

The supervisor helps the supervisee develop goals that are realistic, measurable, and attainable within the context of the particular academic, field placement, or post-degree practice setting.

The supervisor emphasizes goals that directly benefit the therapeutic alliance between the supervisee and client and the effectiveness of services provided.

The supervisor helps the supervisee create goals that include the core areas of counselor competence (e.g., relationship building, cultural competencies, professionalism) and/or addresses the traditional foci of supervision (e.g., counseling performance skills, cognitive counseling skills and case conceptualization, diagnosis and treatment planning, self-awareness, and professional behaviors).

The supervisor helps the supervisee develop goals that are based on the supervisee's area(s) of need and learning priorities, feedback from previous supervisors, the supervisee's developmental level, and the academic, field placement, or post-degree practice setting.

The supervisor ensures that the supervisee chooses goals that fit within the supervisor's areas of competence.

The supervisor is intentional about addressing and evaluating goals in each supervision session.

The supervisor conducts his/her own initial and ongoing assessment of the supervisee's skills and, in conjunction with the supervisee's stated goals, creates a prioritized list of skills and issues to address in supervision.

The supervisor gives attention to one or more of the agreed upon goal(s) during each supervision session.

The supervisor identifies or creates opportunities for the supervisee to display progress on goals.

The supervisor and supervisee review progress toward the stated goals on a regular basis.

The agreed upon goals become one basis for evaluating the supervisee's progress and development.

3. Giving Feedback

The supervisor provides regular and ongoing feedback.

The supervisor provides a manageable amount of feedback in each session, typically addressing no more than three skills or issues.

The supervisor provides a balance of challenging and supportive feedback appropriate to the counselor's developmental level, experience, and client

needs.

The supervisor provides feedback as close to the counseling session being reviewed as possible.

The supervisor helps the supervisee process feedback.

The supervisor's feedback is based on direct observation of the client and the counseling session (e.g., live observation, audio or video recording) as well as the supervisee's self-report and analysis of the session.

The supervisor provides direct feedback as needed.

The supervisor focuses on supervisee behaviors that can be changed.

The supervisor provides constructive feedback that is specific, concrete, and descriptive.

As appropriate, the supervisor offers alternatives for supervisee's behaviors that need to be changed, or provides directives as needed to ensure client needs are met.

The supervisor pays attention to the multiple sources of feedback available to the supervisee.

The supervisor helps the supervisee gather performance feedback from multiple sources (e.g., clients, peers, supervisors) using both informal methods (e.g., observation of clients' nonverbal responses) and formal methods (e.g., standardized assessments completed by clients on a regular basis).

The supervisor is aware that he/she is constantly providing feedback through his/her in-session behavior, including verbal and nonverbal

behaviors, as well as by what he/she does and does not address.

4. Conducting Supervision

The supervisor adheres to appropriate professional standards (e.g., accreditation, certification, and licensure regulations) in establishing the frequency and modality of supervision sessions.

The supervisor meets with the supervisee on a regular basis as required by the appropriate standards (e.g., weekly individual, triadic, and/or group supervision sessions).

The supervisor conducts supervision sessions in a professional setting.

The supervisor meets face-to-face with the supervisee(s) for individual, triadic, and/or group supervision.

The supervisor uses technology that clearly approximates face-to-face synchronous contact, as permitted by relevant standards. *(See also point f. below.)*

The supervisor adheres to appropriate standards in ways that meet the needs of the supervisee.

The supervisor provides a safe, supportive, and structured supervision climate.

The supervisor plans for supervision so that sessions (individual, triadic, and group) are structured, purposeful, and goal-oriented.

The supervisor gives attention to both the personal and professional learning curves of the supervisee.

The supervisor modifies his/her style of and approach to supervision (both within a session and across sessions) based on his/her assessment of client welfare, supervisee characteristics, supervisee's immediate needs, supervisee's developmental level, supervisee's supervision goals, environmental demands, as well as the supervision context.

The supervisor uses a variety of supervisory interventions.

The supervisor uses methods of direct observation (e.g., recordings of counseling sessions, live observation, live supervision).

The supervisor uses interventions that address a range of supervision foci, including counseling performance skills, cognitive counseling skills, case conceptualization, self-awareness, and professional behaviors.

The supervisor selects interventions intentionally, based on an assessment of the supervisee's developmental level, confidence, self-efficacy, and learning style; the clinical and supervision contexts; and the needs of the client.

The supervisor chooses interventions that will help the supervisee work toward his/her learning goals.

The supervisor chooses a group supervision format for multiple reasons; time efficiency is not a primary rationale.

The supervisor is intentional about structure and goals, with particular attention to what is developmentally appropriate, when conducting group supervision.

The supervisor differentiates among group, individual, and triadic supervision, understands their complementary nature, and shares this

information with supervisees.

The supervisor assists group members in establishing ground rules for the conduct of the supervision group.

The supervisor uses group facilitations skills designed to enhance the working of the group.

The group supervisor fosters meaningful and productive feedback among the supervisees.

The group supervisor does not allow dominance by one or more members in the group.

The supervisor encourages and allows increasing autonomy, leadership, and responsibility among group members over time and in line with supervisees' developmental levels (i.e., helps the group move from supervision *in* a group to supervision *by* the group).

The supervisor assists supervisees in generalizing learning from the group supervision experience and applying (transferring) what they learned to their own work with clients.

The supervisor chooses a triadic supervision format for multiple reasons; time efficiency is not a primary rationale.

The supervisor is intentional about structure and goals, with particular attention to what is developmentally appropriate, when conducting triadic supervision.

The supervisor differentiates among triadic, individual, and group supervision, understands their complementary nature, and shares this information with supervisees.

The supervisor conducts triadic supervision so that the needs of both supervisees are addressed in each session.

The supervisor facilitates peer feedback effectively and maintains involvement of both supervisees during the session.

The supervisor guides peer feedback in ways that help the supervisees learn how to give balanced and constructive feedback.

The supervisor facilitates peer feedback in ways that help supervisees accept feedback they may perceive as challenging.

The supervisor conducts triadic supervision in ways that deal with supervisees' sensitive issues appropriately.

The supervisor seeks to make effective supervisee matches (e.g., skill level, personality) that enhance the work of both supervisees.

When triadic supervision involves one peer's review of the other peer's counseling session before the supervision session, the supervisor provides a structure or format for the review that facilitates balanced and constructive feedback (e.g., What did the peer do well? What could the peer have done differently? What did you learn from reviewing your peer's counseling session?).

The supervisor employs technology in ways that enhance the supervisory process and the development of the supervisee.

In using technology for distance supervision, the supervisor clearly approximates face-to-face synchronous contact (e.g., formats that allow supervisors and supervisees to attend to nonverbal as well as verbal behavior).

The supervisor ensures that client and supervisee confidentiality are protected when using technology in supervision (e.g., takes precautions such as password protection and encryption) that are compliant with Health Insurance Portability and Accountability Act (HIPAA) guidelines.

The supervisor ensures that any technology employed in supervision is in compliance with ethical guidelines and regulations promulgated by accreditation, certification, and licensure bodies.

The supervisor is competent in the use of the technology employed in supervision.

In both academic and post-degree supervision, the supervisor actively evaluates the course of supervision on an ongoing basis.

The supervisor regularly employs methods (appropriate to the supervision context) of gathering data on the effectiveness of supervision, in terms of both supervisee and client outcomes.

For academic settings, the university supervisor ensures that there is mutual agreement among the university supervisor, site supervisor, and supervisee about the expectations of each person involved in the supervision.

For field-based practicum and internship students, the supervisor provides a procedure by which the supervisee can provide feedback about the site that does not result in negative consequences for the supervisee.

5. The Supervisory Relationship

The supervisor operates with an awareness that the supervisory relationship is key to the effectiveness of supervision as well as the growth and development of the supervisee.

The supervisor operates within the supervisory relationship with emotional intelligence, maturity, flexibility, humility, and transparency.

Within appropriate professional boundaries, the supervisor is accessible to the supervisee.

The supervisor continually seeks to enhance his/her self-awareness around supervisor traits/characteristics/factors that influence the supervisory relationship (e.g., cultural sensitivity, attachment style), based on current literature.

The supervisor intentionally engages with the supervisee to facilitate development of a productive supervisory relationship and working alliance.

The supervisor gives deliberate attention to creating a safe environment that fosters mutual trust.

The supervisor views supervisee resistance as a normal response to challenge, growth, and change.

The supervisor deals with supervisee resistance in productive ways, using culturally appropriate strategies to guide, challenge, and encourage supervisees.

The supervisor seeks to lessen supervisee anxiety that is detrimental to supervision while recognizing that some anxiety is inevitable, normal, and positively related to supervisee growth. At the same time, the supervisor does not take responsibility for supervisee anxiety that is based in the supervisee's personality (e.g., perfectionism), but helps the supervisee take ownership of that anxiety and find ways to manage it productively in counseling and supervision sessions.

The supervisor encourages the supervisee to work outside her/his comfort

zone by taking clinically appropriate risks and expanding his/her counseling approaches.

The supervisor encourages the supervisee to be aware of her/his comfort level regarding working with clients from various populations, to challenge perceived limitations, and expand his/her comfort zone.

The supervisor recognizes that some level of conflict is inevitable in the supervisory relationship and helps the supervisee understand this as well; the supervisor deals with conflict in productive ways.

The supervisor attends to strains, gaps, and/or ruptures to the working alliance and/or conflicts in the supervisor relationship in ways that create an opportunity for learning and growth for both the supervisor and supervisee. Importantly, the supervisor takes responsibility for his/her own contribution to the rupture or conflict.

The supervisor elicits and is open to candid and ongoing feedback from the supervisee.

The supervisor addresses parallel process issues and transference and countertransference issues in ways that are developmentally appropriate and productive for supervisee learning and growth.

The supervisor attends to ethical and cultural concerns that impact the supervisory relationship. *(See also Diversity and Advocacy Considerations and Ethical Considerations sections.)*

The supervisor promotes contextual sensitivity around factors such as race, ethnicity, gender, sexual orientation, socioeconomic status, privilege, ability status, family characteristics and dynamics, country of origin, language, historical processes (e.g., history, migration), worldview, spirituality and religion, and values.

The supervisor is aware of the power differential inherent in the supervisory relationship and is transparent about this with the supervisee. The supervisor works to minimize the power differential while at the same time maintaining appropriate authority.

The supervisor clearly defines the boundaries of the supervisory relationship and avoids multiple roles or dual relationships with the supervisee that may negatively influence the supervisee or the supervisory relationship. When this is not possible, the supervisor actively manages the multiplicity of roles to prevent harm to the supervisee and maintain objectivity in working with and evaluating the supervisee.

The supervisor avoids imposing his/her own meanings, interpretations, values, and beliefs on the supervisee and/or the supervisee's work with clients.

The supervisor seeks to recognize and identify his/her own transference and countertransference issues in supervision, and seeks avenues to address these in ways that minimize their deleterious effects in supervision (e.g., consultation, peer supervision).

6. Diversity and Advocacy Considerations

The supervisor recognizes that all supervision is multicultural supervision and infuses multicultural considerations into his/her approach to supervision.

In an initial supervision session, the supervisor introduces issues of culture, diversity, power, and privilege within the supervisory and counseling relationships, indicating these are important issues to be aware of and discuss openly.

The supervisor includes cultural and advocacy competencies in the supervisory contract, and intentionally addresses these topics

throughout the supervisory process.

The supervisor attends to the full range of cultural factors, including race, ethnicity, gender, sexual orientation, socioeconomic status, privilege, ability status, family characteristics and dynamics, country of origin, language, historical processes (e.g., history, migration), worldview, spirituality and religion, and values.

The supervisor uses culturally sensitive interventions and aims to facilitate supervisee multicultural counseling competence and cultural identity development.

The supervisor is aware of issues of privilege and oppression and how they affect the supervision process with each supervisee, with particular attention to supervisees and clients with minority statuses.

The supervisor helps the supervisee broach difficult topics in supervision, such as issues pertaining to social justice, and is open to discussing these in supervision.

The supervisor engages in ongoing assessment of his/her own multicultural awareness, knowledge, and skills, in counseling and supervision.

The supervisor encourages supervisees to infuse diversity and advocacy considerations in their work with clients.

The supervisor requires the supervisee to include considerations of culture, power, and privilege in client case conceptualization and, where appropriate, diagnosis and treatment planning.

The supervisor encourages the supervisee to seek opportunities to work with a diverse client population.

The supervisor encourages the supervisee to be aware of and address issues of culture, power, and privilege that may serve as barriers to clients from diverse populations seeking or receiving services.

The supervisor works with supervisees to help them develop the knowledge and skills necessary for advocating with and, as appropriate, on behalf of their clients.

The supervisor provides the supervisee with reading and continuing education opportunities regarding multiculturalism and advocacy as needed.

7. Ethical Considerations

The supervisor conveys to the supervisee that both the supervisor and supervisee are expected to adhere to the ethical codes and guidelines endorsed by the American Counseling Association, the Association for Counselor Education and Supervision and other American Counseling Association (ACA) divisions, relevant credentialing bodies, and models of ethical behavior.

The supervisor provides the supervisee with a professional disclosure statement and written informed consent as needed or relevant.

The supervisor advises the supervisee of the parameters of confidentiality in supervision and acts accordingly. This includes how evaluations of the supervisee may be shared with concurrent and/or future supervisors.

The supervisor infuses ethical discussions throughout supervision sessions.

The supervisor requires the supervisee to address ethical considerations as part of treatment planning and to document this in case notes.

The supervisor guides the supervisee's critical thinking process about

various ethical issues that arise in clinical work.

The supervisor provides the supervisee with policies and procedures related to the supervisee's due process rights and acts accordingly.

The supervisor is knowledgeable of prevalent ethical violations and works toward minimizing them in supervision.

The supervisor and supervisee maintain liability/malpractice insurance that covers all facets of their supervisory/clinical work.

The supervisor avoids behaviors that might lead to direct liability (e.g., failure to meet with the supervisee as scheduled and/or as needed, neglecting important client information that the supervisee shares, assigning clients to supervisees who are inadequately trained to deal with those clients' concerns) and indirect (vicarious) liability.

The supervisor addresses ethical issues as needed and, when necessary, reports ethical breaches to relevant constituents (e.g., university, agency, certification and/or licensure board) in a timely manner.

The supervisor continually monitors his/her own level of competence in providing supervision and acts accordingly.

The supervisor provides supervision only for those supervisees and clients for whom the supervisor has adequate training and experience.

The supervisor limits the number of supervisees he/she supervises at any one time so that adequate and effective supervision can be provided. At a minimum, the supervisor adheres to limits set in accreditation standards and licensure regulations, but chooses to supervise fewer supervisees as-needed based on factors such as the needs of the supervisees and clients, as well as personal and contextual considerations.

The supervisor regularly seeks consultation and/or peer supervision of his/her supervision.

The supervisor is engaged in ongoing continuing education in supervision and other professional development activities, including reading current literature on the conduct of supervision.

The supervisor conducts supervision in a manner that prioritizes supervisees' and clients' needs and interests rather than the supervisor's needs.

The supervisor appropriately engages in and models self-care.

The supervisor understands that client welfare is his/her first and highest responsibility and acts accordingly.

The supervisor assigns the supervisee clients who are appropriate to the supervisee's experience, developmental level, etc., and/or adjusts supervision (e.g., frequency, closeness) as needed. If clients are assigned by others, the supervisor provides input regarding appropriate clients (e.g., number, severity of client issues).

The supervisor ensures that supervisees provide clients with professional disclosure statements and written informed consent documents that specify that the supervisee is under supervision and is not licensed or certified, if this is the case, and includes the name and contact information of the supervisor.

The supervisor does not compromise the supervisory relationship by engaging in relationships with supervisees that are considered inappropriate.

The supervisor does not engage in multiple relationships with supervisees nor with supervisees' significant others.

The supervisor attends to power issues with the supervisee to prevent harmful non-sexual and sexual relationships.

The supervisor explains to the supervisee the appropriate parameters of addressing the supervisee's personal issues in supervision (identifies the issue, helps the supervisee see the clinical implications, works to minimize the detrimental effects in the supervisee's clinical work, contributes to a plan for resolution that does not directly involve the supervisor) and acts accordingly.

If the supervisor is a doctoral student, the doctoral student's supervisor avoids pairings of supervisor-supervisee that would pose a conflict of interest.

If the supervisor is a doctoral student, the doctoral student's supervisor is sensitive to potential conflicts due to the supervisor's multiple roles with the doctoral student.

The supervisor provides ongoing performance assessment and evaluation of the supervisee, including the supervisee's strengths and limitations. *(See also Evaluation section.)*

Early in the relationship, the supervisor outlines how the supervisee will be evaluated, by what standards, and how and when this information will be given to the supervisee as well as to third parties.

The supervisor employs methods of direct observation of the supervisee's work with clients.

The supervisor provides the supervisee with fair and ongoing performance assessments and evaluations, including the supervisee's strengths and limitations.

The supervisor assesses the supervisee for impairment, blind spots, and

other limitations.

The supervisor does not include the supervisee's personal disclosures in written evaluations.

8. Documentation

The supervisor maintains documentation that provides a system of supervisor accountability.

The supervisor maintains documentation that, at a minimum, includes the supervision contract (signed by supervisor, supervisee, and, as appropriate, the site supervisor or others involved in the supervisory experience), supervision session case notes, and formative and summative evaluations of the supervisee.

The supervisor includes the following information in supervision session case notes: supervisee- and client-informed consent, content of what was discussed (e.g., counseling session reviewed, client updates provided, site issues), review method used (e.g., recorded session, live observation), goals developed for counseling sessions, and recommendations and/or directives regarding counseling session and/or client care. As needed, the supervisor also includes decision processes, problems, and remediation efforts.

The supervisor does not include unprofessional remarks about the supervisee or client, sensitive supervisee personal history information, or unsupported opinions in his/her case notes.

The supervisor documents supervision sessions so as to protect client welfare, record supervisee development, provide guidance for preparing for and managing future supervision sessions, and serve as a basis for accurate supervisee evaluations.

The supervisor maintains documents related to supervision sessions so that they protect the privacy and confidentiality of the supervisee (e.g., in a locked file cabinet or on a secure server) and are separate from any client files.

The supervisor maintains documentation according to the policies of his/her employing institution, ethical codes, and other relevant guidelines (e.g., licensure regulations). When providing supervision for certification or licensure, the supervisor maintains documentation until the supervisee submits such documentation for credentialing.

9. Evaluation

The supervisor understands that evaluation is fundamental to supervision and accepts his/her evaluation responsibilities.

The supervisor provides both formative and summative evaluations on a regular basis. In general, formative evaluation occurs in every supervision session and informs the supervisee of his/her incremental progress or lack of progress. Summative evaluation occurs at regular, stated intervals (e.g., mid-term and end of semester; every three months), and includes a written statement of supervisee performance.

The supervisor highlights supervisee strengths and clearly indicates areas of growth in evaluations.

The supervisor provides the supervisee regular opportunities to offer verbal and written feedback about the supervisory process, including anonymous feedback when possible.

The supervisor regularly employs methods of direct observation of the supervisee's work with clients, including review of entire counseling sessions to ensure that all phases of a session are reviewed. When a supervisee is working with more than one supervisor (multiple supervisors,

layers of supervision), at least one supervisor regularly reviews entire sessions.

The supervisor bases evaluations on direct observation of counselor performance (e.g., recorded counseling sessions, live observation).

The supervisor uses information from a variety of sources in addition to the supervisor's own observations (e.g., clients, peers) to evaluate supervisee performance.

The supervisor reviews a representative sample of the range of the supervisee's work (e.g., individual counseling, group counseling, play therapy, family counseling), range of clients (e.g., adults, adolescents, children, families), and range of clinical issues (e.g., grief and loss, depression, self-injury, career development).

The supervisor attempts to mitigate supervisee anxiety about evaluation by establishing evaluation norms early and exploring supervisee reactions to evaluation.

The supervisor clearly communicates the evaluation plan to the supervisee.

The supervisor presents, in writing, the evaluation plan (including the document/rating form and the timeline for providing formal, written evaluations) to be used, criteria for success, and consequences of underperformance to the supervisee prior to beginning supervision. These also are discussed with the supervisee, who is provided the opportunity to ask questions.

The supervisor includes core components of counselor competence in the evaluation plan, including relationship building, multicultural and advocacy competencies, professionalism, and/or items that address the traditional range foci in supervision (e.g., counseling performance skills, cognitive counseling skills and case conceptualization, self-awareness, and professional behaviors).

The supervisor incorporates the supervisee's individualized learning goals for supervision in the evaluation plan.

The supervisor encourages ongoing supervisee self-evaluation.

The supervisor requires supervisees to complete self-evaluations, formative and summative, as part of the evaluation process.

The supervisor helps the supervisee develop self-reflection and self-evaluation skills, and fosters an expectation of regular, ongoing self-reflection over the supervisee's professional life span.

The supervisor takes appropriate steps when remediation is necessary.

The supervisor normalizes developmental challenges while also providing feedback in clear and constructive language about skills and behaviors that need to be remediated.

When remediation is necessary, the supervisor notifies the supervisee promptly. The supervisor recommends specific interventions relevant to the area of deficit. The supervisor prepares a written remediation plan that includes clear objectives, requirements, a timeline, and consequences of compliance and noncompliance.

If the remediation plan includes personal counseling, the supervisor avoids dual relationships and invasion of supervisee privacy.

10. Supervision Format

The supervisor employs various supervision formats (e.g., individual, triadic, peer/colleague review, group supervision) in ways that adhere to accreditation standards and regulations of credentialing bodies (e.g., frequency of individual and group supervision) *and* that meet the needs of the supervisee, is appropriate to the

site, and adequately addresses the needs of clients.

The supervisor does not choose a format based on what may be convenient for the supervisor (e.g., saves time).

> When more than one supervisee is involved, the supervisor chooses or creates a structure and process that maximizes supervisee involvement and constructive peer feedback.

> The supervisor addresses the parameters of confidentiality in supervision formats with multiple supervisees (i.e., triadic, peer, group), including information shared about clients and supervision group members.

> Whenever possible, the supervisor is intentional in pairing supervisees for peer, triadic, and group supervision.

> The supervisor ensures that, during triadic, peer, and group supervision, constructive feedback is provided and the process is not detrimental to the supervisees involved.

11. The Supervisor

The supervisor is competent in providing clinical supervision.

> The supervisor is a competent and experienced practitioner who has knowledge of a range of theoretical orientations and techniques and experience with diverse client populations, as relevant to their counseling setting.

> The supervisor is highly competent, morally sensitive, and ethical in the practices of counseling and supervision.

> The supervisor has formal training in clinical supervision.

The supervisor possesses a strong professional identity as a counselor and supervisor.

The supervisor is knowledgeable about required and recommended experiences that promote self-efficacy, development, and competence in supervisees (e.g., practicum and internship students as well as post-degree counselors).

The supervisor is competent in multicultural counseling and supervision.

The supervisor is competent in implementing advocacy competencies in counseling and supervision.

The supervisor abides by his/her state counselor and supervisor licensing requirements as well as national counselor and supervisor credentialing requirements.

The supervisor employs an appropriate ethical decision-making model in responding to ethical challenges and issues and in determining courses of action and behavior for self and supervisee.

The supervisor possesses a range of knowledge and skills in working with diverse supervisees.

The supervisor individualizes supervision based on the specific needs of the supervisee (e.g., learning goals, developmental level, learning style).

The supervisor incorporates elements of other supervisory styles if his/her preferred style of supervision does not enhance or challenge the supervisee's professional development and growth to the fullest.

The supervisor maintains regular and accurate supervision records.

The supervisor can clearly describe the purpose of clinical supervision and distinguish it from the counseling process as well as from administrative and program supervision.

The supervisor views supervision as an educational and developmental process.

The supervisor is intentional and proactive.

The supervisor is able to make the cognitive shift from thinking like a counselor to thinking like a supervisor.

The supervisor avoids acting as the supervisee's counselor.

The supervisor is aware of the power differential that exists between supervisor and supervisee, does not let it threaten supervisory trust, and makes power issues transparent.

The supervisor understands, accepts, and acts on her/his role as an evaluator and professional gatekeeper, continually monitoring and evaluating the supervisee's practice of counseling to protect and safeguard the well-being of clients.

The supervisor encourages supervisee autonomy as appropriate.

The supervisor can clearly articulate her/his role as supervisor, including teacher, counselor, consultant, mentor, and evaluator.

The supervisor practices and promotes professional boundaries in supervision, thereby acting as a role model to the supervisee.

The supervisor demonstrates professionalism in an effort to encourage the supervisee to exhibit similar behavior.

The supervisor has a collaborative relationship with additional supervisors with whom the supervisee may be working (e.g., clinical, administrative, and/or program supervisor at the university, practicum or internship site, and/or work setting).

The supervisor works to differentiate roles and responsibilities of each supervisor.

The supervisor establishes a communication method with other supervisors that enhances each supervisor's work with the supervisee.

The supervisor manages any conflict with other supervisors respectfully and responsibly.

The supervisor engages in self-reflection and other avenues of personal professional development.

The supervisor explores his/her own cultural identity, including issues of power and privilege, as well as how these affect his/her values and beliefs about counseling and supervision.

The supervisor integrates his/her own cultural self-awareness (see *11.d.i.*above) into the supervisor role.

The supervisor is actively interested in other cultures and values ecosystemic differences.

The supervisor continually seeks and accepts new perspectives from the supervisee and others.

The supervisor seeks active membership in relevant professional

organizations, pursues counseling and supervision credentials, and is involved in ongoing professional development activities regarding supervision.

The supervisor regularly reads research and other scholarly literature about supervision, and bases his/her supervision practice on current knowledge of best practices in supervision.

The supervisor solicits effectiveness feedback from the supervisee and responds to feedback by paying attention to what can/needs to be changed in the supervisory relationship or the supervisory context.

The supervisor is aware of, explores, and monitors his/her own strengths, limitations, abilities, and resources.

The supervisor is open to ambiguity and the absence of knowledge, and does not pretend to have all the answers.

The supervisor has the courage to be imperfect and not expect perfection from self, the supervisee, and others.

The supervisor challenges himself/herself to take appropriate risks in supervision practices and acts out of his/her comfort zone.

The supervisor views errors in supervision as learning opportunities.

The supervisor engages in critical self-reflection and self-care, and avoids professional stagnation and burnout.

The supervisor is self-evaluative and regularly seeks out supervision or peer consultation of supervision practices.

The supervisor manages supervisory relationship dynamics competently and

appropriately.

The supervisor bases assessments, evaluations, and developmental feedback on supervisee behavior rather than supervisee personality traits.

The supervisor understands supervisee resistance and manages it effectively.

The supervisor emphasizes the supervisee's intrinsic motivation rather than extrinsic motivation.

12. Supervisor Preparation: Supervision Training and Supervision of Supervision

The supervisor has received didactic instruction and experiential training in clinical supervision (concurrent and/or sequential).

The supervisor's training is based in a developmental perspective and approach.

The supervisor's didactic instruction includes all the topics identified in guidelines published by relevant professional organizations (e.g., Association for Counselor Education and Supervision [ACES]) and credentialing bodies (e.g., National Board for Certified Counselors [NBCC], Certified Rehabilitation Counselor [CRC]). At a minimum, this didactic instruction includes the following: models of supervision; models of counselor development; formats of supervision; supervisory relationship dynamics; supervision methods and techniques; multicultural considerations; counselor assessment, feedback, and evaluation; executive/administrative skills; ethical, legal, and professional regulatory issues; and research on these topics.

The supervisor's training emphasizes theoretical and conceptual knowledge, skills and techniques, and self-awareness.

The supervisor's training includes appropriate application of teaching, counseling, and consulting skills in supervision.

The supervisor's training emphasizes the role modeling that the supervisor provides in all his/her interactions with the supervisee.

The supervisor's training emphasizes the supervisory relationship as the primary vehicle for learning in supervision.

The supervisor's training includes an emphasis on managing the delicate balance of challenge and support of the supervisee.

The supervisor's training includes instruction in relevant learning theories, principles, and research.

The supervisor is trained to understand that his/her focus includes both the clinical and the professional development of the supervisee.

The supervisor's training includes recognition of the need for different approaches, formats, structures, and types of supervision for different supervision settings (e.g., universities, agencies, schools, privately contracted).

The supervisor articulates a personal philosophy of supervision as a result of training and supervised experience as a supervisor.

The supervisor's training includes supervision of supervision based in some form of direct observation of his/her work with supervisees.

> Supervision of supervision follows the guidelines of relevant accreditation standards and credentialing bodies.

> Supervision of supervision adheres to all relevant "best practices" identified in this document.

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