



Reading Ten

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CHAPTER 2

No Surprises

Practices for Conducting Supervisee Evaluations

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“I will be evaluating your work as a counselor” may not only be difficult words for a new supervisee to hear; they may be difficult words for a supervisor (novice or seasoned) to say. The impression supervisees have of “being under” their supervisor’s “microscope” is understandable, and their anxiety about what their supervisor will “find” is to be expected. Supervisors may also struggle with conducting evaluations (see Gould & Bradley, 2001) and experience what Nelson, Barnes, Evans, and Triggiano (2008) referred to as “supervisor gatekeeping anxiety.” One explanation for this is that as counselors, supervisors may be more accustomed to and more comfortable with providing encouragement to other people (e.g., clients) and less familiar or comfortable with what they may construe as the authoritarian and dictatorial role of evaluator. Both supervisees and supervisors may therefore enter the evaluation process with trepidation because of unclear role expectations: the supervisee may not know the specific counselor behaviors that will be acceptable or regarded as favorable, and the supervisor may not know exactly how to deliver the constructive feedback supervisees need and often expect.

Watkins (1997b) described evaluation as “one of the key definitional features of clinical supervision” (p. 611), and Bernard and Goodyear (2004) further prioritized it by characterizing it as “the nucleus of clinical supervision” (p. 19). Indeed, they emphasized that “there is an evaluative message in all supervision ... [and] evaluation is a constant variable in

supervision Because we are always communicating, an evaluative message can always be inferred” (p. 20). They listed “evaluative” as the first of three characteristics of the supervisory relationship, and Holloway (1995) listed “monitoring/evaluating” as the first of five functions of the supervisor. Evaluation can therefore be regarded as a default feature of supervision and a function of the counselor supervisor that cannot be avoided. This is expressed best by Watkins (1997a):

If supervisees are to receive feedback about their performance; are to be told about their therapeutic strengths and weaknesses; are to be informed about their skills or areas of functioning that need to be developed, further enhanced, or improved; and if patient care is to be monitored and protected, then supervision must be evaluative. (p. 4)

Despite its centrality to counselor supervision, evaluation remains “the conundrum of supervision” (Gould & Bradley, 2001, p. 271). Questions persist about how the process of evaluation should be conducted and what criteria should be used in evaluating supervisees. Lehrman-Waterman and Ladany (2001) developed the 21-item *Evaluation Process within Supervision Inventory (EPSI)* to assess supervisees’ experiences with the process of evaluation, specifically with goal-setting and feedback. Fall and Sutton (2004) constructed their 102-item *Supervisee Performance Assessment Instrument* according to five dimensions of evaluation: intervention skills, conceptualization skills, personalization skills, professional behavior, and supervision skills for the supervisee. These and other measures provide some guidance about the process and content of evaluation. Definitive evaluation practices, however, remain elusive, and supervisors must rely on their best judgment, which is hopefully informed by their direct observation of supervisee skills, interactions with the supervisee, supervisory training, ethical inclination, and consultation with other professionals.

Our intention in this chapter is to provide further guidance to counselor supervisors about the nature and process of evaluation. We do not enumerate decisive prescriptions. Rather, we offer a guiding principle that has assisted us in our own practice of supervisee evaluation: *no surprises*. By this we mean that the supervisee should not be surprised by either the content of his or her evaluation or how the evaluation was conducted on the occasion of formal evaluation (which may be at the close of a supervision working relationship). As Kaiser (1997) indicated, “supervisees should know all along what is expected of them and whether they are meeting those expectations” (p. 93). Supervisor–supervisee collaboration, mutual understanding about the purpose and practice of supervision, and supervisor consistency are therefore paramount. We describe six specific practices to help prevent supervisee surprise with his or her evaluation and also

enhance supervisee professional development. We provide examples from our own supervisory practice.

The Formative–Summative Link

There are two primary types of evaluation conducted in supervision: formative and summative. *Formative evaluation* is considered the ongoing provision of direct feedback during the course of the supervision process. It is typically provided in oral form (i.e., not formally recorded) during each supervision session and represents a here-and-now assessment, thus constituting clear and timely feedback. In medical training, the purpose of formative feedback is to improve the learning process so as “to help students develop under conditions that are non-judgmental and non-threatening” (Rolfe & McPherson, 1995, p. 837; see also Chur-Hansen & McLean, 2006; Benson & Holloway, 2005). Because formative evaluation is a continuous process, it “represents the bulk of the supervisor’s work with the supervisee” (Bernard & Goodyear, 2009, p. 21). According to participants in Benson and Holloway’s (2005) study, formative evaluation provides supervisors with the opportunity to deliver ongoing feedback that may include “teaching a new skill,” “providing a trainee support and encouragement,” and “clarifying expectations.” It can serve as a form of remedial guidance (see Rolfe & McPherson, 1995) and is an opportunity for supervisees to engage in self-evaluation.

Summative evaluation is conducted at specific intervals (e.g., mid-semester, end of training experience or probationary period), is more comprehensive than formative evaluation, and represents a summation of the supervisee’s clinical work for a specified period of time. Summative evaluation is therefore a culminating activity that may represent the final process of evaluation in which the supervisor reviews the supervisee’s areas of strength, as well as areas requiring continued or greater attention. As a formal type of evaluation, summative evaluation is typically provided in written form and the “results” placed in the supervisee’s file (academic, personnel, and/or licensure file). Chur-Hansen and McLean (2006) described summative evaluation as “passing judgment” on whether the supervisee will “pass or fail” (p. 67). Their definition of summative evaluation is thus a prime example of what is referred to as “gatekeeping”: determining whether the supervisee should pass a practicum or internship course, graduate from a counselor preparation program, or even be licensed or certified as a counselor.

Feedback is often used to refer to formative evaluation, and evaluation is often used to refer to summative evaluation. However, we believe that the terms are interchangeable: feedback *is* evaluation, and evaluation *is* feedback. We also believe that they are inextricably linked, and

that supervisors should not practice either one independent of the other. That is, formative evaluation is conducted for the purpose of constructing and rendering a formal and final evaluation. Put in another way, formative evaluation leads to summative evaluation, and summative evaluation builds on, and is the product of, a series of formative evaluations. Both constitute “the supervisor’s response to the supervisee’s counseling performance” (Gould & Bradley, 2001, p. 281). Chur-Hansen and McLean (2006) concurred, stating that both formative and summative evaluations should be based on behaviors that the supervisor has directly observed as opposed to simply relying on supervisee self-report. In this way, supervisors are able to conduct accurate and comprehensive evaluations, provide supervisees with specific examples to substantiate their evaluative comments, and offer specific and concrete recommendations.

Rolfe and McPherson (1995) described formative evaluation as the supervisor’s response to the supervisee’s question, “How am I doing?” and summative evaluation as the supervisor’s response to the supervisee’s question, “How did I do?” Formative evaluation is therefore an ongoing supervisory activity, assessing the supervisee’s current performance and providing feedback that describes the supervisee’s work as being in progress. With this in mind, Chur-Hansen and McLean (2006) recommended that supervisees not view formative evaluation as having pass–fail consequences. We agree. Such consequences would be contrary to and, in effect, undercut the very purpose of formative evaluation, that being to facilitate supervisee remediation and promote his or her continuous learning and development. We do not agree, however, with Chur-Hansen and McLean’s reasoning that because formative evaluation does not pass judgment on whether a supervisee passes or fails, it “is quite separate from any summative assessment” (p. 70). As stated earlier, we view both types of evaluation as interchangeable and conducted in the service of the other; neither should be practiced independently. Imagine continuous feedback that has no point, a series of “whereas” statements without an eventual “therefore” statement, or a graduate counseling course in which the weekly assignments reviewed by the instructor and returned to students do not result in a final grade (whether a letter grade or pass/fail grade). Formative evaluation and summative evaluation are therefore inextricably linked and cannot be practiced separately. Formative evaluation *informs* summative evaluation, and summative evaluation *summarizes* the supervisory conversations up until the formal and possibly final evaluation.

The challenge for supervisors is to skillfully connect formative evaluation (or feedback) and summative evaluation so that (a) the latter is informed and shaped by the former, (b) supervisees receive ongoing feedback about their performance, (c) supervisors are practicing the skill of clinical assessment and providing constant evaluation in preparation for

summative evaluation, (d) supervisors are not overwhelmed or intimidated by the task of summative evaluation, and (e) supervisees are not surprised by the outcome of the summative evaluation. Connecting these two types of evaluation seems to be mutually beneficial for supervisors and supervisees. Bernard and Goodyear (2004) described the investment of time and care in the formative evaluation process as the “chief antidote to summative disdain” (p. 21). Supervisors may thus ease their discomfort with summative evaluation by consistently providing their supervisees with oral feedback in every supervision session and documenting in writing the feedback supplied. This practice also seems to be what supervisees prefer.

From her pilot study of supervisee preferences for supervision, Heckman-Stone (2003) reported that one of the primary concerns about supervision that supervisees described had to do with the context of feedback (i.e., immediacy and frequency). Specifically, the 40 participants (graduate students in three different training programs at one university) were not satisfied with receiving feedback only at the end of the academic term and receiving written feedback without being able to discuss it orally with their supervisor. From their experiences in supervision, however, and their responses to one item on the questionnaire (“There were inconsistencies between my supervisor’s feedback to me in session and written evaluations”), participants indicated a high consistency between the content of the oral feedback they received in session and the content of the written, formal, and summative feedback they received at the end of the semester. These supervisee comments suggest to us that supervisees view formative and summative feedback as intertwined and that satisfaction with supervision is based in part on whether the oral feedback agrees with the written evaluation. Practicing the principle of no surprises is therefore beneficial to supervisors and preferred by supervisees. Ensuring that weekly supervision conversations are summarized in the summative evaluation is, however, the supervisor’s responsibility.

Supervisor and Supervisee Impressions of Evaluation

Although supervisors tend to agree that evaluation is an important function of supervision, they may not identify their role as being primarily that of “evaluator.” Freeman and McHenry (1996) reported that 78% of the 329 faculty supervisors they surveyed from counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) ranked “evaluation of student” as one of five very important functions of supervision. Only 2.8% ($n = 8$), however, described their supervisory style/approach as “screening/evaluator” (“director/teacher” was the most frequently listed, by 18%). Providing feedback and

conducting evaluations, therefore, may not necessarily equate with being an evaluator, or at least identifying primarily as an evaluator. And one role may not sufficiently capture the many functions of a supervisor.

The experience of “supervisor gatekeeping anxiety” (Nelson et al., 2008) might suggest a disconnection between function and role or between expectations and actual practice. Supervisors may understand that they need to evaluate, but may not know how. This is suggested in Ladany, Ellis, and Friedlander’s (1999) survey of 151 psychologists in training in various practice settings. The most frequent ethical violation reported by these supervisees (by 33.1% of respondents) of their supervisors was that of “performance evaluation and monitoring of supervisee activities.” Specific supervisor evaluation practices regarded as unethical included “gives me little feedback” and “never listened to my audio tapes.” One supervisee in Ladany et al.’s study reported, “At the end of the semester I was very surprised to find that she was unsatisfied with my work ... I had never been evaluated or critiqued.”

Failure to provide supervisees with regular feedback may be associated with supervisor anxiety about conducting evaluations, and this in turn may describe a supervisor who has not been able to fully appreciate the connection between formative evaluation and summative evaluation. Participants in Nelson et al.’s (2008) qualitative study reported learning from past conflicts with supervisees the importance of clarifying expectations from the beginning and providing more feedback early on. Intentionally and consistently practicing formative evaluation, beginning even in the first supervision session, and summarizing this feedback in the summative evaluation may therefore reduce supervisee surprise as well as supervisor gatekeeping anxiety. Such practice is also consistent with a strong supervisory working alliance. Lehrman-Waterman and Ladany (2001) found that clinical and counseling psychology student supervisees whose supervisors conducted effective evaluation (based on supervisee *EPSI* scores) were satisfied with supervision, reported a strong supervisory working alliance, and tended to view their supervisor as influencing their (i.e., the supervisees’) self-efficacy.

Recommended Practices for Conducting Evaluation in Counseling Supervision

Freeman (1985) identified nine characteristics of effective evaluation or supervisee feedback (whether formative or summative): timely, frequent, objective (based on behaviorally defined criteria), consistent, clear, specific, credible (based on direct observation, supervisor credentials), balanced (positive and negative), and reciprocal. These criteria are incorporated into the six practices for conducting supervisee evaluations described in this section.

Use of a Written Supervision Contract

Due to the hierarchical nature of the supervisory relationship, the supervisor has the responsibility to ensure that the supervisee is clearly informed about the evaluative structure, expectations and goals, and limits to confidentiality in supervision (Nelson & Friedlander, 2001). One way to ensure supervisee clarity on these matters is to construct with the supervisee a written supervision agreement or contract. Contracting in supervision has been described as possibly “the most important task engaged in by supervisor and supervisee” (Hewson, 1999, p. 81), and Storm (1997) referred to the contract as the “blueprint” for the supervision relationship.

We recommend that a written supervision contract be introduced in the first supervision session to alert the supervisee to the function of supervision and to how evaluation will be conducted. Osborn and Davis (1996; see also Osborn, 2005) described the purpose of a written supervision contract as (a) clarifying the methods, goals, and expectations of supervision; (b) encouraging professional collaboration between the supervisor and supervisee; (c) ensuring that ethical principles are upheld; (d) documenting services to be provided; and (e) aligning supervision with counseling and consultation, two services that utilize a written contract with clients. Nelson and Friedlander (2001) reported that most conflict occurs due to opposing expectations between supervisor and supervisee about what should occur in the supervision relationship (e.g., confusion over who was in charge, who would be evaluating). Because of this, we agree with Thomas (2007) that the use of a written supervision contract can serve to prevent misunderstandings or at least lessen the extent or intensity of conflict between the supervisor and supervisee.

Although several examples of written supervision agreements exist (e.g., Haynes, Corey, & Mouton, 2003; Sutter, McPherson, & Geeseman, 2002), the contracts we have devised when we work with individual supervisees have followed the structure recommended by Osborn and Davis (1996). There are six content areas or sections (see Appendix A at the end of this chapter for a sample of a written supervision contract). First, the purpose, goals, and objectives of supervision are listed, including the need to fulfill academic and licensure requirements. Second, the context of supervision services is described. This refers in part to when and how often supervision will take place, and the method the supervisor will use to monitor the supervisee’s performance (e.g., live supervision). The third section of the written supervision contract clarifies how the supervisee will be evaluated and refers to both formative and summative evaluations. We recommend that when the supervisor reviews the initial contract with supervisees in the first supervision session, each supervisee receive a copy of the actual evaluation form that the supervisor will use when conducting summative

evaluations. This allows the supervisee to become familiar with the criteria on which he or she will be formally evaluated, which should also correspond to the type of oral feedback the supervisee will get in each supervision session. The remaining three sections of the written supervision contract are separate listings of the supervisor's and supervisee's duties and responsibilities (including three or four supervisee learning objectives), procedural considerations (e.g., emergency procedures and contact, record keeping, process for addressing supervisor-supervisee disagreement), and the supervisor's competencies or scope of practice.

Reviewing with a new supervisee the draft of a written supervision contract in the first supervision session establishes the structure of supervision (including roles, responsibilities, and expectations; see Appendix B for guidelines for constructing a written supervision contract and introducing it to supervisees in the first supervision session). It thus serves as a role induction exercise, which Bahrck, Russell, and Salmi (1991) found contributed to supervisee clarity about the nature of supervision and also helped supervisees to recognize and express their needs to their supervisor. Reviewing the contract with a new supervisee also establishes a collaborative working relationship in supervision, which we believe facilitates the supervisor's practice of formative evaluation. Indeed, Johnson (2007) proposed that "when a supervisor establishes a strong and collegial relationship of trust with a trainee, he or she will be in a stronger position to competently fulfill an evaluative role" (p. 265).

Not only has the written supervision contract allowed us to set the tone for a collaborative supervisory working relationship, it has also served as a "check" or an assessment of our work with supervisees once supervision is under way. In the academic setting where we practice, the midsemester summative evaluation is an occasion to revisit the written supervision contract with supervisees. "How are we doing?" is the question we ask our supervisees. Additional questions include: "Is our work together so far addressing your learning objectives?" and "What revisions do we need to make in our contract for the remainder of the semester to be beneficial for you?" Even if midsemester corrections are not needed, questions such as these promote joint reflection and signal to the supervisee the supervisor's concern for clarity, consistency, and collaboration.

Delivering Oral Feedback in Session

The evaluation section of the written supervision contracts we construct with our supervisees mentions that feedback will be provided in every supervision session. This might even begin in the very first supervision session, alluding to in-session supervisee behavior. For a brand-new counselor trainee (e.g., practicum student), an example of supervisory feedback in the first session might be: "You have a ready and natural smile. I think

we'll have conversations here in supervision about how you can minimize how often you smile when you're in session with clients." A supervisor comment such as this can have the effect of encouraging early supervisee self-assessment or self-monitoring; alert the supervisee to the evaluative nature of supervision; and prepare the supervisee for routine, specific, and relevant feedback. This type of specific and timely feedback appears to be what many supervisees prefer. Anderson, Schlossberg, and Rigazio-DiGilio (2000) reported that 90.5% of the 158 marriage and family therapy students surveyed endorsed the statement "Supervisor's feedback was direct and straightforward" as a characteristic of their best supervision. Other highly endorsed statements characterizing their best supervision were "Mistakes were welcome as learning experiences," "Time was set aside exclusively for supervision," and "Supervisor provided useful conceptual frameworks for understanding clients."

For supervisees not to be surprised by the nature and content of the final or summative evaluation and for the summative evaluation to represent a summary of supervisory conversations, we recommend that supervisors be generous with and explicit about their provision of feedback in every supervision session. Feedback should become routine, an integral part of each session, and offered as part of the standard supervision conversation. In other words, supervisors should become accustomed to offering direct and specific feedback about their supervisees' performance in every session; and supervisees should become accustomed to receiving such feedback from their supervisors. This includes feedback about supervisees' in-session behavior or presentation in supervision. Indeed, Dohrenbusch and Lipka (2006) found that the 12 supervisors in their study evaluated their supervisees primarily on their behavior in supervision rather than their behavior in sessions with clients. Although we recommend that oral feedback be based on both counseling session behavior and supervision session behavior, the latter may be more difficult for some supervisors to provide. That is, supervisors may be less comfortable assessing and commenting on issues of immediacy, or how their supervisees conduct themselves in-the-moment of supervision. These issues, however, may parallel supervisee behaviors in counseling. An illustration may be helpful.

A beginning counselor trainee one of us worked with lamented in supervision the number of clients who elected not to return for counseling following their initial session with him. This supervisee naturally nods his head repeatedly when listening to other people (e.g., classmates, clients, supervisor), a behavior the supervisor had observed in practicum class, in his video-recorded initial counseling sessions, and in individual supervision. The supervisor's theory had been that this supervisee's frequent (although slight) head nodding inadvertently conveyed to the speaker (e.g., client) premature understanding and agreement; this was the supervisor's experience when

talking to the supervisee in individual sessions (i.e., “He’s nodding his head, but I’m not sure he really knows or understands what I mean”). The supervisee’s lament about clients not returning was used as an occasion to provide the supervisee with this feedback: “You know, I’ve noticed that you often nod your head when you’re listening to someone, like you’re doing right now as I talk. This seems like a very natural thing for you to do, and something I’ve observed you doing when you meet with clients. I wonder, though, if your head nodding might be communicating agreement, say with a client, when you really don’t have enough information yet to form a judgment or an opinion. I’ve thought this myself in supervision, whether what I say is actually as clear to you as your head nodding suggests to me. I don’t know, but I wonder how clients have interpreted your head nodding.” This supervisor’s observation led to an extended conversation about nonverbal communication and how the supervisee could be more attentive to his body language. Nonverbal communication was a topic in subsequent supervision sessions and was addressed in the midsemester summative evaluation in terms of supervisee progress (less frequent head nodding in counseling sessions, more frequent empathic reflections offered to his clients).

Soliciting Supervisee Feedback in Session

Not only is it important in each supervision session for supervisors to provide supervisees with oral feedback, it is equally important for supervisees to offer their supervisors feedback. We believe it is essential in each supervision session for the supervisor to invite supervisees to assess their counseling knowledge and skills, and also assess supervisory procedures and dynamics. This practice is likened to formative evaluation, although in this instance it is the supervisee who provides feedback to the supervisor about the process of supervision. Psychotherapy research suggests that clients whose therapists actively solicit client perspectives about therapy (e.g., preferences, opinions) are more likely to assess the therapeutic relationship as collaborative (Bachelor, 1995; Lilliengren & Werbart, 2005) and feel empowered and satisfied with therapy (Timulak & Elliott, 2003). Supervisees might respond in a similar fashion when routinely asked by their supervisors for their perspectives and ideas about the process of supervision and their progress as counselor trainees. Indeed, Fernando and Hulse-Killacky (2005) recommended that supervisors should formally and informally evaluate how aspects of their style are helping or hampering supervisee development, which we believe engages our supervisees in self-assessment and professional collaboration. This practice also models for supervisees a style of genuine inquisitiveness and collaboration to use in session with their clients and may also influence their practice as future supervisors.

The open-ended and constructive questions we ask our supervisees in order to garner their impressions of their counseling performance and their

supervision involvement are consistent with a solution-focused approach to supervision (see Juhnke, 1996). “How do you think you did in this fourth session with this client?” and “What did you have planned for this particular counseling session?” encourage supervisee self-assessment and also allow the supervisor to gauge supervisee skills. Questions about the supervisory process include “What do you think about my recommendation?” and “What is one thing that you and I have discussed in today’s session that (a) stood out for you, (b) was helpful, or (c) you will take with you today and apply to your next session with this client?” This latter question is one we typically ask at the conclusion of each supervision session and because of its focus and specificity (i.e., “one thing”), can be asked even when only one or two minutes remain in the session and as we and our supervisees gather our materials before one of us exits the room. Supervisee responses are included in our supervision notes to assist with constructing the summative evaluation.

Maintaining Supervision Notes

Falvey (2002) and her colleagues (Falvey, Caldwell, & Cohen, 2002; Falvey & Cohen, 2003) have reinforced the importance of documentation in supervision. Their primary motive for maintaining clear, specific, and timely written supervision notes is to prevent supervisor legal or ethical misconduct. The forms they have developed to encourage supervisor documentation are referred to as *The Focused Risk Management Supervision System (FoRMSS; Falvey et al., 2002)*. The forms include a log of all client cases assigned to the supervisee and reviewed in supervision; an overview of each client case (including a list of all services provided to each client, client treatment plan); and a list of services provided in each supervision session (including supervisor’s treatment recommendations). The prominent theme throughout the *FoRMSS* appears to be that clients, supervisees, and supervisors are all at risk: clients are at risk of receiving too few counseling sessions due to managed care restrictions; supervisees are at risk of not being fully prepared for assessing and treating complex and severe client issues; and supervisors may be at risk for inadequate client oversight by not reviewing specific aspects of each client case with the supervisee.

We appreciate Falvey et al.’s (2002) provision of a detailed and thorough format to track supervisee activities (interventions and concerns) and supervisor activities (treatment and training recommendations) in the interest of ethical and legal standards. However, our emphasis or theme in maintaining supervision notes is not risk prevention; it is enhancement. That is, our focus is on supervisee skill development, and we document our observations of the supervisee’s intervention, conceptualization, and personalization skills (according to Bernard’s 1997, supervisor focus areas), skills performed adequately and exceptionally, as well as skills that have yet to be demonstrated adequately. Although we record important client

information in our supervision notes (e.g., demographics, presenting and current concerns, dates of services) and track the supervisee's work with each of his or her clients (e.g., written observations from tape review) as Falvey et al. recommend, our emphasis in documentation is on the supervisee's growth or enhancement as a professional counselor.

We write notes when we review supervisee video recordings of counseling sessions outside of scheduled supervision times, during each supervision session, and immediately following each supervision session. We do not use a specific form for this (we go through a lot of legal pads!), but our format generally follows documenting client information, supervisee skills, and supervisor recommendations. Often we make a copy of the notes we took while reviewing a video-recorded counseling session outside of supervision, and we provide this copy to our supervisee after reviewing it with him or her. We also take notes during supervision to capture information exchanged in the session and model for the supervisee conscientious and disciplined practice. We encourage our supervisees to maintain their own notes during supervision, a practice that Dohrenbusch and Lipka (2006) found contributed to favorable supervisee evaluations. Notes we take immediately following a supervision session are for the purpose of highlighting specific supervisee skills observed and lacking, specific feedback we offered to the supervisee in session, and further actions we should take as supervisors prior to the next scheduled supervision session.

Each supervision note represents a summary of our observations, formative feedback, and recommendations. Our intent is to capture in writing the highlights of our conversations with our supervisees, and this includes notes taken as we watch the video recordings of our supervisees meeting with their clients (because we provide supervisees with a copy of these notes, these notes can be considered notes *to* our supervisees). As much as possible, we try to document specifics: specific skills observed, specific feedback offered, and specific recommendations provided. In this way, we have a running list of examples to help us construct the eventual formal or summative evaluation. It also means that the summative evaluation is indeed a summary of the conversations we have had with our supervisees: conversations about their growth and enhancement. During the review of the formal evaluation, this allows us to make references to earlier conversations, such as "As we talked about after your second session with client Cassandra ..." and "This is something that I emphasized when you started meeting with client Jamie and we talked about the difficulty you had knowing how to handle her disclosure." Referring to earlier supervisory conversations (made possible by maintaining detailed notes of each supervision session) suggests that the supervisee has been kept apprised of his or her performance throughout supervision and should therefore not be surprised with the content of his or her formal or summative evaluation.

Constructing Narrative Reviews

Consistent with our philosophy that the summative evaluation reflects a summary of supervisory conversations is our practice of appending a narrative review to each standard numerical rating form often used by counselor preparation programs, community agencies and schools, and credentialing bodies (e.g., state licensure boards) to evaluate a supervisee's work. We write a one- to two-paragraph narrative for the purpose of expounding on the numerical ratings. The narrative can be written in the third person or addressed directly to the supervisee as a letter. We often structure our narrative reviews according to "What you did well" and "What you need to continue to work on." Because it accompanies the standard numerical rating form, the narrative should be consistent with and explain the supervisee's quantitative evaluation.

Examples of narrative reviews we have constructed (pseudonyms are used) are as follows:

- "Tony is current about the status of his clients and prepared to discuss their issues and goals as needed to conceptualize their cases. He intentionally infuses directives and suggestions into client sessions, and he has offered thoughtful commentary on the utilization of feedback in conversations with his supervisor."
- "Alexia is encouraged to continue building upon her skills and abilities in looking for meaning behind the content that is presented in client sessions (e.g., decrease emphasis placed on verbalized words) . . . Alexia is advised to continue working to decrease her perceived sense of responsibility for clients (e.g., increasing comfort with client termination and recognition of client's work that is needed to achieve goals)."
- "Mark, you have been able to demonstrate a more direct style, replete with observations and reflective statements. In one session, you were able to inquire about the client's alcohol use in an inquisitive and nonthreatening manner, posing specific questions that elicited detailed information. The client later remarked that your expression of concern was what stood out for him in this session, indicating that your feedback was interpreted as helpful and nonjudgmental."
- "Specific improvements I have witnessed in Jennifer this semester include her provision of more reflective statements/empathic reflections, particularly statements that are 'truncated' or concise (e.g., 'Almost painful' and 'Got some order back'). I would encourage Jennifer to consider how she can reflect *more* than client verbalizations (i.e., not just client *content* or *what* the client has actually said) and reflect client *nonverbals* and what client is *not* saying (i.e., what client is not yet able to verbalize but feels or is experiencing)."

The narrative review is intended to explain the numerical ratings, provide specific examples to support the supervisee's quantitative assessment, and personalize or customize the evaluation to each supervisee. Supervisees have commented that the narrative reviews help them understand their ratings and clarify for them what they need to continue to work on in ongoing counseling and supervision.

Evaluative Exchange

There is evidence to suggest that supervisees and supervisors seem to agree on important topics discussed in supervision (Henry, Hart, & Nance, 2004), specifically (a) skills and techniques and (b) personal issues. There is further evidence to suggest that supervisees and supervisors agree on characteristics of supervisees who use supervision well (Vespia, Heckman-Stone, & Delworth, 2002). These characteristics include the following: (a) demonstrates respect and appreciation for individual differences, (b) actively participates in supervision sessions, (c) gives supervisor feedback regarding needs and wants, (d) takes responsibility for consequences of own behavior, and (e) implements supervisor's directives when client welfare is of concern to supervisor. Supervisees are therefore able to be actively engaged in the evaluation process and we encourage supervisors to solicit their participation.

Gould and Bradley (2001) described evaluation as "a two-way street" (p. 276) and Freeman (1985) referred to reciprocal feedback wherein the supervisee is able to clarify feedback, provide alternative perspectives, and offer feedback to the supervisor. We direct our supervisees to complete a supervisor evaluation at midsemester and at the end of the semester, and we provide them with the supervisor evaluation form in the very first supervision session. We then dedicate a significant portion of a supervision session to what we refer to as the exchange of evaluations: the supervisor first reviews his or her evaluation of the supervisee with the supervisee, and the supervisee then reviews his or her evaluation of the supervisor with the supervisor. We model straightforward communication by reviewing each numerically rated item with the supervisee and then reading aloud the narrative review to the supervisee. Our intent is to reinforce that evaluation has been a constant focus and activity throughout supervision and that conversation during the formal or summative evaluation session is consistent with and a summary of prior supervisory conversations.

Evaluation as Mentoring and Preparing Future Colleagues

Evaluation is a necessary and integral part of supervision. It "goes with the territory" of being a professional. Indeed, continuous review or evaluation of trainees and colleagues is an important characteristic of scholarship

(Shulman, 1998). Not only does supervisory evaluation serve preventive and remedial functions (e.g., hindering the advancement of trainees or colleagues who demonstrate inadequate skills or who are impaired; see Rapisarda & Britton, 2007, for a discussion of *sanctioned supervision*), it is also intended to promote or enhance professional development. In order to accomplish this purpose and reflect a collaborative process, we recommend that evaluation be the product of open and straightforward communication between the supervisee and supervisor. The intent of such dialogue is that the supervisee not be surprised by the nature or content of his or her final evaluation because the summative evaluation is indeed a summary of supervisory conversations that have occurred throughout the supervision period. This has been a guiding principle of our own supervisory practice.

Research suggests that supervisees want to be kept apprised of their performance (see Heckman-Stone, 2003; Ladany et al., 1999; Lehrman-Waterman & Ladany, 2001). This reinforces for us the importance of formative evaluation or continuous feedback. Supervisors can be intentional about this by constructing with their supervisees a written supervision contract that includes the understanding that feedback will be provided (perhaps even in writing) in every supervision session. Supervisors can then be sure that formative feedback (*in*)forms and leads to summative evaluation by maintaining supervision notes with specific examples of supervisee performance to include in the formal evaluation. Throughout the process, supervisee feedback is also solicited and processed in every supervision session, something that can be accomplished with only a few minutes remaining in the session.

Le Maistre, Boudreau, and Paré (2006) referred to “situated evaluation” or the manner in which veteran helping professionals “track a newcomer’s growing ability to take part in professional practice—and to see this as a complex relationship between old-timer and neophyte” (pp. 345–346). The manner in which evaluation—and supervision in general—is conducted is a model for supervisees: a model for conducting assessments and other forms of evaluation with clients; and a model for conducting evaluations with their own supervisees when they assume the role of counselor supervisor. The supervisor is therefore very much of a mentor, as Johnson (2007) suggested, and one who has the potential to significantly impact the supervisee’s development and practice as a counselor. The *no surprises* principle of supervisee evaluation implies that the supervisor understands his or her role as a role model, mentor, and future colleague to the supervisee and thus maintains open lines of communication, fosters collaboration, and links and intertwines formative and summative evaluation.

Appendix A Counseling Supervision Contract*

(Based on Osborn & Davis, 1996)

This contract serves as verification and a description of the counseling supervision provided by Brandy Kelly, Ph.D., LPCC-S (“University Supervisor”), to Alexia Jones, (“Supervisee”), Counselor Trainee enrolled in Practicum I in the Community Counseling Program at Pursuit of Excellence University (PEU) for the fall 2008 semester.

- I. Purpose, Goals, and Objectives:
 - a. Monitor and ensure welfare of clients seen by supervisee.
 - b. Promote development of supervisee’s professional counselor identity and competence.
 - c. Fulfill academic requirement for supervisee’s practicum.
 - d. Fulfill requirements in preparation for supervisee’s pursuit of counselor licensure.
- II. Context of Services:
 - a. One (1) clock hour of individual supervision weekly.
 - b. Individual supervision will be conducted in the supervisor’s office (100 Education Hall), Pursuit of Excellence University, on Tuesdays, from 1:00 p.m. to 2:00 p.m., where monitor/VCR is available to review videotapes.
 - c. Cognitive-behavioral methods, interpersonal process recall, and role plays will be used in supervision.
 - d. Regular review of counseling videotapes in weekly individual supervision.
- III Method of Evaluation:
 - a. Feedback will be provided by the supervisor during each session, and a formal evaluation, using the PEU Counseling Program standard evaluation of student clinical skills, will be conducted at midsemester and at the conclusion of the fall semester. A narrative evaluation will also be provided at midsemester and at the conclusion of the semester as an addendum to the objective evaluations completed.
 - b. Specific feedback provided by supervisor will focus on supervisee’s demonstrated counseling skills and clinical documentation, which will be based on supervisor’s regular observation of supervisee’s counseling sessions (via videotape and live), as well as review of clinical documentation.
 - c. Supervisee will evaluate supervisor at midsemester and at the close of Fall semester, using the PEU Counseling Program standard evaluation form for evaluating supervisors. A

narrative evaluation will also accompany the objective evaluations.

- d. Supervision notes will be shared with supervisee at supervisor's discretion and at the request of the supervisee.

IV. Duties and Responsibilities of Supervisor and Supervisee:

a. Supervisor:

- a. Examine client presenting complaints and treatment plans.
- b. Review on a regular basis supervisee's videotaped counseling sessions.
- c. Sign off on all client documentation.
- d. Challenge supervisee to justify approach and techniques used.
- e. Monitor supervisee's basic attending skills.
- f. Present and model appropriate directives.
- g. Intervene when client welfare is at risk.
- h. Ensure American Counseling Association (ACA; 2005) *Code of Ethics* is upheld.
- i. Maintain professional liability insurance coverage.
- j. Maintain weekly supervision notes
- k. Assist supervisee in reviewing various counseling theories, with the goal of gaining an appreciation for an integrative practice approach.
- l. Assist supervisee in gaining greater self-awareness during counseling and supervision sessions.

b. Supervisee:

- a. Uphold ACA (2005) *Code of Ethics*.
- b. Maintain professional liability insurance coverage.
- c. View counseling session videotapes in preparation for weekly supervision.
- d. Complete "Counselor Trainee Self-Critique and Reflection Form" as a result of having viewed counseling session videotapes and have these ready to discuss in supervision.
- e. Be prepared to discuss all client cases: have client files, current and completed client case notes, and counseling session videotapes ready to review in weekly supervision sessions.
- f. Justify client case conceptualizations made and approach and techniques used.
- g. Complete client case notes and supervision notes in a timely fashion and place in appropriate client files.
- h. Consult with counseling center staff and supervisor in cases of emergency.
- i. Implement supervisory directives in subsequent sessions.

- j. Practice working from a variety of and appropriate counseling theories.
- c. Supervisee's Expressed Learning Objectives for Practicum I:
 - a. Refine personal counseling approach/style. This includes the implementation and integration of the following theories of personal interest to me: existential, cognitive-behavioral, and person-centered.
 - b. To increase my ability to build trust and rapport with clients, especially with resistant and involuntary clients. This includes the effective implementation of relationship building and attending skills and basic micro-skills (e.g., paraphrasing, asking open-ended questions).
 - c. Becoming more comfortable counseling diverse populations (e.g., age, gender, race, socioeconomic status). This includes gaining exposure to diverse populations, becoming aware of my personal biases, adhering to nonjudgmentalism, and establishing appropriate boundaries.
 - d. To increase my ability to conduct lethality assessments. This also includes recognizing the limits of my competence and seeking immediate consultation/supervision when necessary.
- V. Procedural Considerations:
 - a. Supervisee's written case notes, treatment plans, and videotapes will be reviewed and evaluated in each session.
 - b. Issues related to supervisee's professional development will be discussed in each supervision session.
 - c. Sessions will be used to discuss issues of conflict and failure of either party to abide by directives outlined here in contract. If concerns of either party are not resolved in supervision, Dr. John Smith, PEU Community Counseling program coordinator, will be consulted.
 - d. In event of emergency, supervisee is to contact supervisor at the office, (999) 999-9999, or at home, (222) 222-2222, or on her cell phone, (555) 555-5555.
- VI. Supervisor's Scope of Competence:

Dr. Kelly successfully earned her Ph.D. in counselor education and supervision from Kent State University in 2008. She is licensed as a Professional Clinical Counselor, with supervisory endorsement (PCC-S; #E8072) by the state of Ohio, and is a Nationally Certified Counselor (NCC). She is currently a Professional Clinical Counselor at Turning Point Counseling Services and an adjunct faculty member at Pursuit of Excellence University. She has received formal academic training in clinical supervision and

has supervised master's degree students at two local universities. She has received training and has practiced as a PCC-S in the areas of individual, group, family, and couples counseling with children, adolescents, and adults in multiple settings (i.e., outpatient, inpatient, residential, and crisis) and utilizes primarily a cognitive-behavioral counseling approach.

VII. Terms of the Contract:

This contract is subject to revision at any time, upon the request of either the supervisor or supervisee. A formal review of the contract will be made at the midterm of fall semester 2008, and revisions will be made only with the consent of the supervisee and the approval of the supervisor.

We agree, to the best of our ability, to uphold the directives specified in this supervision contract and to conduct our professional behavior according to the ethical principles of our professional association.

_____	_____
Supervisor	Date
_____	_____
Supervisee	Date

Pursuit of Excellence University
 100 Education Hall
 City, State 44444
 (777) 777-7777

This contract is effective from _____ to _____.
 Date of contract revision or termination _____.

*Names of the supervisee, university, and program coordinator are fictitious.

Appendix B

Guidelines for Constructing a Written Supervision Contract

Introducing the Supervision Contract

1. Discuss with supervisee the twofold purpose of supervision: (a) to protect welfare of clients seen by supervisee, and (b) to assist in the professional development of the supervisee.
2. Introduce concept of contract with supervisee in first supervision session.
3. Explain and discuss the rationale and purpose of the contract.
4. Provide supervisee with copy of draft contract.

Rationale for the Use of a Supervision Contract

1. Clarifies the methods, goals, and expectations of supervision:
 - Roles and responsibilities of both supervisor and supervisee are clarified right from the start, a means of minimizing any “surprises.”
 - Minimizes ambiguity and confusion for the supervisee, particularly at the beginning of supervision, when the process is new and questions abound.
 - Helps prevent communication gaps and misunderstanding on the part of both parties.
2. Encourages professional collaboration:
 - Allows both supervisor and supervisee to establish a collaborative working relationship.
 - Means of promoting supervisee’s contribution to the supervisory process.
 - Cultivates professional cooperation and a positive working alliance.
3. Upholds ethical principles:
 - Contract exemplifies some of the principles of ethical practice:
 - a. Autonomy
 - Supervisee given freedom to participate in the supervisory process.
 - b. Justice or Fairness
 - Having things spelled out in writing addresses supervisee’s right to know what to expect in supervision.
 - Contract also a means of ensuring that supervision process is fair.

- c. Fidelity
 - Contract encourages supervisor and supervisee to remain faithful to the supervision process.
 - “We’re going to do what we say we’re going to do.”
- Clarifies components of ethical practice, such as:
 - Helps to further explain the nature of and limits to confidentiality.
 - Ensures client has been informed that supervisee is receiving supervision on a regular basis.
 - Contract clearly describes nature of supervisory relationship and thus minimizes conflicts related to dual relationships.
- 4. Documents services to be provided:
 - Supervisor is ultimately legally responsible for welfare of clients seen by supervisee.
 - Contract verifies the intent, nature, and occurrence of supervision; clarifies names of supervisor and supervisee, and duration of supervision.
 - “What was not recorded didn’t happen.”
 - Clarifies expectations and duties of both parties:
 - Contract is a means of holding both parties accountable for their actions.
- 5. Aligns supervision with counseling and consultation, two services that currently utilize a written contract with clients:
 - Supervision contract similar to informed consent used in counseling.
 - Supervision contract similar to written contract used in mental health consultation.
 - Supervision contract similar to syllabus used in academic course work.
 - Supervision contract exemplifies professional courtesy and respect for supervisee.

Example of Introducing the Contract

“We’ve talked so far about the purpose of supervision and some of the specific responsibilities and tasks both you and I have in this working relationship. So that both of us are clear about what’s going to take place when you and I meet, and to ensure that both of us agree, or are on the same page, so to speak, about our obligations in supervision, I suggest that you and I put together a written supervision contract. My thinking is that having such things in writing, and having our signatures to attest to an agreement, will help us stay on track and remain clear and focused as we work

together. Think of the contract as a type of syllabus, but one that you get to contribute to at the outset!”

Reviewing the Six Elements of Supervision Contract

The sample contract provided uses each of these six elements as a section heading. Supervisors are encouraged, however, to tailor or customize the contract to their specific supervision context and to encompass distinctive aspects or needs represented in each supervisory relationship of which they are a part.

1. Purpose, Goals, and Objectives of Supervision:
 - Explanation of, rationale for clinical supervision.
 - Mention dual purpose of supervision (i.e., ensure client welfare and promote professional development of supervisee).
 - Also mention training or legal requirements (e.g., to fulfill accreditation standards and/or state licensure eligibility).
2. Context of Services:
 - Amount and length of supervision (specify regular meeting day and time).
 - Setting and format (e.g., group or individual, on- or off-site).
 - Educational and monitoring activities implemented (e.g., live supervision, viewing of audio- and/or videotaped counseling sessions outside of scheduled supervisory sessions, or the audio- and/or videotaping of supervision sessions).
 - Model of supervision used by the supervisor (e.g., developmental, cognitive-behavioral, experiential).
3. Method of Evaluation:
 - Supervisees should be told the amount, type (formal or informal, written or verbal), timing, and frequency of evaluation procedures to be used.
 - Explain how such information will be recorded by the supervisor (e.g., specific evaluation form, narrative, etc.).
 - Explain where evaluative information will be stored (e.g., placed in practicum/internship or personnel file).
 - Explain with whom evaluative information will be shared (e.g., faculty supervisor, clinical director).
4. Duties and Responsibilities of the Supervisor and Supervisee:
 - “Job descriptions” of supervisor and supervisee.
 - Clarifies what both supervisor and supervisee’s obligations are to clients being seen by the supervisee.
 - Allows each party to clearly understand not only his or her particular obligations, but the parameters of the supervisory relationship as well.

5. Procedural Considerations:

- Include type of information supervisee will be expected to discuss in supervisory sessions (e.g., therapeutic skills used, client diagnosis and treatment plan, countertransference issues).
- Clarify how that information is to be presented (i.e., case notes, audio or video recordings, assessment results).
- Mention types of record keeping supervisee will be required to conduct.
- Specify procedures to follow in instance of conflicts between supervisor and supervisee, as well as in the event of client and/or supervisee emergency (specifically, names and telephone numbers of contact persons should be listed on contract).

6. Supervisor's Scope of Competence:

- Include formal clinical and other professional (e.g., in clinical supervision) training, and areas of expertise.

Additional Items to Include in the Contract

- Contract should be identified as such.
- Names of both the supervisor and supervisee should be clearly marked and their signatures included.
- Places of employment, business addresses, and telephone numbers of both parties should be noted.
- Date on which contract was drafted and approved, day supervision was terminated, and dates of any revisions of contract are important to include.
- Insert statement such as "Subject to Revision" (allows contract to be regarded as a working document, as opposed to an intractable and "set in stone" document).

Reviewing Draft Contract with Supervisee

- Provide a copy of the draft contract to your supervisee in first supervision session.
- Review each of the six sections with the supervisee during your first supervision session.
- Solicit questions from supervisee as you review the contract together.
- Have supervisee take copy of draft contract home to review; encourage supervisee to write questions or comments he or she might have about the contract directly on the draft contract; have supervisee bring draft contract in for the next supervision session.

42 • State of the Art in Clinical Supervision

- Review any questions or comments supervisee has about draft contract in second supervision session.

Constructing Written Contract

- It will be the supervisor's responsibility to construct the final version of contract (typed out, ready for signatures) to present to supervisee in third supervision session.
- If there are no additions to contract or questions about it, both supervisee and supervisor sign contract in third supervision session; provide supervisee with copy of signed contract.
- Supervisor retain original contract and inform supervisee where this will be kept.
- Inform supervisee that contract will be reviewed together periodically (e.g., at midterm), as well as at the conclusion of your supervision work together.

References

- Anderson, S. A., Schlossberg, M., & Rigazio-DiGilio, S. (2000). Family therapy trainees' evaluations of their best and worst supervision experiences. *Journal of Marital and Family Therapy, 26*, 79–91.
- Bachelor, A. (1995). Clients' perception of the therapeutic alliance: A qualitative analysis. *Journal of Counseling Psychology, 42*, 323–337.
- Bahrlick, A. S., Russell, R. K., & Salmi, S. W. (1991). The effects of role induction on trainees' perceptions of supervision. *Journal of Counseling & Development, 69*, 434–438.
- Benson, K. P., & Holloway, E. L. (2005). Achieving influence: A grounded theory of how clinical supervisors evaluate trainees. *Qualitative Research in Psychology, 2*, 117–140.
- Bernard, J. M. (1997). The Discrimination Model. In C. E. Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 310–327). New York: Wiley.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Boston: Allyn and Bacon.
- Chur-Hansen, A., & McLean, S. (2006). On being a supervisor: The importance of feedback and how to give it. *Australasian Psychiatry, 14*, 67–71.
- Dohrenbusch, R., & Lipka, S. (2006). Assessing and predicting supervisors' evaluations of psychotherapists—An empirical study. *Counselling Psychology Quarterly, 19*, 395–414.
- Fall, M., & Sutton, Jr., J. M. (2004). *Clinical supervision: A handbook for practitioners*. Boston: Pearson Education.
- Falvey, J. E. (2002). *Managing clinical supervision: Ethical practice and legal risk management*. Pacific Grove, CA: Brooks/Cole.
- Falvey, J. E., Caldwell, C. F., & Cohen, C. R. (2002). *Documentation in supervision: The Focused Risk Management supervision System*. Pacific Grove, CA: Brooks/Cole.

- Falvey, J. E., & Cohen, C. R. (2003). The buck stops here: Documenting clinical supervision. *The Clinical Supervisor*, 22(2), 63–80.
- Fernando, D. M., & Hulse-Killacky, D. (2005). The relationship of supervisory styles to satisfaction with supervision and the perceived self-efficacy of master's-level counseling students. *Counselor Education and Supervision*, 44, 293–305.
- Freeman, E. M. (1985). The importance of feedback in clinical supervision: Implications for direct practice. *The Clinical Supervisor*, 3 (1), 5–26.
- Freeman, B., & McHenry, S. (1996). Clinical supervision of counselors-in-training: A nationwide survey of ideal delivery, goals, and theoretical influences. *Counselor Education and Supervision*, 36, 144–158.
- Gould, L. J., & Bradley, L. J. (2001). Evaluation in supervision. In L. J. Bradley & N. Ladany (Eds.), *Counselor supervision: Principles, process, and practice* (3rd ed.; pp. 271–303). Philadelphia, PA: Brunner-Routledge.
- Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide*. Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Heckman-Stone, C. (2003). Trainee preferences for feedback and evaluation in clinical supervision. *The Clinical Supervisor*, 22(1), 21–33.
- Henry, P. J., Hart, G. M., & Nance, D. W. (2004). Supervision topics as perceived by supervisors and supervisees. *The Clinical Supervisor*, 23(2), 139–152.
- Hewson, J. (1999). Training supervisors to contract in supervision. In E. Holloway & M. Carroll (Eds.), *Training counselling supervisors: Strategies, methods and techniques* (pp. 67–91). London: SAGE.
- Holloway, E. (1995). *Clinical supervision: A systems approach*. Thousand Oaks, CA: Sage.
- Johnson, W. B. (2007). Transformational supervision: When supervisors mentor. *Professional Psychology: Research and Practice*, 38, 259–267.
- Juhnke, G. A. (1996). Solution-focused supervision: Promoting supervisee skills and confidence through successful solutions. *Counselor Education and Supervision*, 36, 48–57.
- Kaiser, T. L. (1997). *Supervisory relationships: Exploring the human element*. Pacific Grove, CA: Brooks/Cole.
- Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction. *Journal of Counseling & Development*, 77, 447–455.
- Le Maistre, C., Boudreau, S., & Paré, A. (2006). Mentor or evaluator? Assisting and assessing newcomers to the professions. *Journal of Workplace Learning*, 18, 344–354.
- Lehrman-Waterman, D., & Ladany, N. (2001). Development and validation of the Evaluation Process Within Supervision Inventory. *Journal of Counseling Psychology*, 48, 168–177.
- Lilliengren, P., & Werbart, A. (2005). A model of therapeutic action grounded in the patients' view of curative and hindering factors in psychoanalytic psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 42, 324–339.
- Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology*, 55, 172–184.

- Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspectives. *Journal of Counseling Psychology, 48*, 384–395.
- Osborn, C. J. (Producer). (2005). *The written supervision contract: Documenting ethics in action*. DVD recording of TeleProductions Program at Kent State University. (Available from the American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304, www.counseling.org, or by calling 1-800-422-2648 x222.)
- Osborn, C. J., & Davis, T. E. (1996). The supervision contract: Making it perfectly clear. *The Clinical Supervisor, 14*(2), 121–134.
- Rapisarda, C. A., & Britton, P. J. (2007). Sanctioned supervision: Voices from the experts. *Journal of Mental Health Counseling, 29*, 81–92.
- Rolfe, I., & McPherson, J. (1995). Formative assessment: How am I doing? *Lancet, 345*, 837–839.
- Shulman, L. S. (1998). Course anatomy: The dissection and analysis of knowledge through teaching. In P. H. Hutchings (Ed.), *The course portfolio: How faculty can examine their teaching to advance practice and improve student learning* (pp. 5–12). Washington, DC: American Association for Higher Education.
- Storm, C. L. (1997). The blueprint for supervision relationships: Contracts. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 272–282). Boston: Allyn and Bacon.
- Sutter, E., McPherson, R. H., & Geeseman, R. (2002). Contracting for supervision. *Professional Psychology: Research and Practice, 33*, 495–498.
- Thomas, J. T. (2007). Informed consent through contracting for supervision: Minimizing risks, enhancing benefits. *Professional Psychology: Research and Practice, 38*, 221–231.
- Timulak, L., & Elliott, R. (2003). Empowerment events in process-experiential psychotherapy of depression: An exploratory qualitative analysis. *Psychotherapy Research, 13*, 443–460.
- Vespia, K. M., Heckman-Stone, C., & Delworth, U. (2002). Describing and facilitating effective supervision behavior in counseling trainees. *Psychotherapy Theory/Research/Practice/Training, 39*, 56–65.
- Watkins, C. E. (1997a). Defining psychotherapy supervision and understanding supervisor functioning. In C. E. Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 3–10). New York: John Wiley.
- Watkins, C. E. (1997b). Some concluding thoughts about psychotherapy supervision. In C. E. Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 603–616). New York: John Wiley.