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Helping Beginning Supervisors Reduce Barriers to Licensure: Ethical Roadblocks in Supervision

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Helping Beginning Supervisors Reduce Barriers to Licensure: Ethical Roadblocks in Supervision

Abstract

Ethical and competent supervision are critical to successful entry into the profession for counselors in training and newly licensed counselors. New supervisors should be mindful of the mistakes even well-intentioned supervisors can make that jeopardize the licensure process, or worse, the well-being of clients. Lack of attention to substantial supervision paperwork requirements can cost supervisees long delays in licensure, and call into question a supervisor's reputation as a competent and ethical professional. The purpose of this article is to help inform beginning supervisors on how to use ethical guidelines to avoid some of the most common supervision pitfalls, including multiple relationships, the use of technology in supervision, documentation requirements, and gatekeeping responsibilities.

Keywords

supervision, ethics, licensure

Successfully forging the future of professional counseling depends on ethical and competent supervision. Supervisors face many challenges, and even well intentioned supervisors can make mistakes that potentially jeopardize the well-being of their supervisees and/or the public. Mistakes can also cause damage to the supervisor's reputation as a competent and ethical professional. For example, dual roles as both administrative and clinical supervisor can lead to lack of supervisee disclosure, without intentional effort on the part of the supervisor. Supervision conducted utilizing technology is fraught with privacy perils and mandates specific considerations. Supervisor lack of attention to substantial documentation requirements can cost supervisees long delays when pursuing licensure. Failing to implement remediation practices can further complicate supervisors' gatekeeping responsibilities.

The purpose of this article is to inform beginning supervisors on how to use ethical guidelines to avoid some of the most common supervision pitfalls. The authors address supervision in both university and clinical settings. We focus on four of the most common supervisor mistakes, each of which can potentially jeopardize the supervisee's road to licensure. These mistakes include: 1) mishandling of multiple relationships, 2) use of electronic media, 3) documentation, 4) gatekeeping and remediation. Several best practices and ethical and professional standards address these concerns, such as the American Counseling Association (ACA) Code of Ethics (2014), the American Mental Health Counselors Association (AMHCA) Code of Ethics (2020), the American School Counselor Association (ASCA) Ethical Standards for School Counselors (2016), the National Board of Certified Counselors (NBCC) Code of Ethics (2016), and the Association for Counselor Educators and Supervisors (ACES) Best Practices in Clinical

Supervision (2011). Many of these documents form the basis for ongoing supervision recommendations for new supervisors.

Multiple Relationships

Multiple relationships are potential ethical roadblocks in supervision that can affect the supervisee's ability to gain licensure. These pitfalls can arise in both clinical and educational settings, with both non-sexualized and sexualized relationships. Best practices discourage supervisors from compromising the supervisory relationship by entering into inappropriate relationships with supervisees or supervisees' family and friends. For example, supervisory ethics and guidelines prohibit supervisors from entering into supervisory relationships with family or friends, supervisee's significant others, or anyone with whom they are unable to have an objective relationship (ACA, 2014; ACES, 1995; ACES, 2011; AMHCA, 2020; ASCA, 2016; NBCC, 2016). Such objectivity is necessary in order for the supervisor to commit to their "primary obligation" (ACA, 2014, p.12) of ensuring the welfare of the supervisee's clients. Supervisors must be able to objectively evaluate their supervisees' clinical competence and constructively confront and remediate weaknesses, and do so with a fair use of power.

Non-Sexualized Relationships

In recent years, the guidelines regarding non-sexualized multiple relationships have become less rigid, requiring more judgment on the part of the supervisor, particularly in rural or small communities where multiple relationships may be unavoidable (Welfel, 2016). Although supervisors must be careful multiple relationships do not result in a misuse of power, supervisors are not universally banned from having non-sexualized multiple relationships with supervisees. Rather, they are responsible for minimizing potential conflicts of interest (ACES, 1995; ACA, 2014). Supervisors may extend the conventional relationship if the relationship extension has a

high probability of being beneficial to the supervisee and a low probability of being harmful (Welfel, 2016). Supervisors should exercise caution and take a risk-preventative stance (ACES, 1995) as well as take steps to ensure their judgement is not impaired and no harm occurs (ACA, 2014). When the risk of harm is high, a multiple relationship is inadvisable (Welfel, 2016).

Two terms exist to differentiate between acceptable and nonacceptable multiple relationships. A boundary crossing refers to an acceptable boundary extension, while a boundary violation refers to an unethical boundary extension. An example of a boundary crossing would be a supervisor inviting a supervisee to co-present at a conference. The experience of presenting at the conference has the potential to benefit the supervisee and poses a relatively low risk of harm. On the other hand, offering to counsel a supervisee's child would be a boundary violation because it may exacerbate the power differential and decrease the supervisor's objectivity. The more difference and incompatibility between social roles, the more risk involved in a multiple relationships (Kitchener, 1988). Supervisors should realize that having additional connections with a supervisee can impair their objectivity, which is necessary to deliver competent services. Furthermore, as different relationships require different rules of interaction, supervisors need to clarify these different rules of interaction for new supervisees. A supervisee may fear that disclosing something unfavorable to the supervisor could negatively impact the supervisee's other relationship with the supervisor. Lack of disclosure can impair the supervisor's ability to provide appropriate supervision, affecting the future competence of the supervisee (Welfel, 2016). Due to the power differential, the supervisee may acquiesce to the supervisor's wishes, even when at odds with their own. Another risk is that the supervisor or supervisee may inadvertently break confidentiality when in non-supervisory contact (Welfel, 2016).

Differentiating between a boundary crossing or violation can be challenging for new supervisors and requires decision-making skills. Supervisors maximize the possibility of using good judgment when they analyze the risk, review ethics codes, consult with colleagues, document thoroughly, and utilize informed consent that clarifies roles and expectations (Welfel, 2016). The ACES Best Practices in Clinical Supervision (2011) can serve as ethical protection for supervisors, supervisees, and clients, as well as augment supervisors' judgment as they seek to meet the needs of their supervisees and ensure the welfare of their supervisees' clients. Documentation of following ACES Best Practices (2011) could also serve as legal protection in the case of a lawsuit.

Supervisors must establish clear boundaries to protect the welfare of supervisees and their clients and avoid possible misuse of power. If the extension of a traditional supervisory relationship leads to supervisor's loss of objectivity, a supervisee may not feel safe enough to disclose issues, whether they are personal or professional. Supervisors do not provide counseling services to supervisees (ACA, 2014), but supervisors do discuss supervisees' personal issues as they affect the supervisee's client, the supervisory relationship, and the supervisee's professional behavior. Supervisors can help supervisees understand the importance of addressing personal issues in supervision without switching into the role of a counselor by refraining from interpretation or comments leading to a more in-depth exploration of such issues (ACES, 2011), thus maintaining appropriate boundaries. Beyond this, a supervisor should make a referral for counseling if the supervisor deems personal counseling necessary to the supervisee's success (ACA, 2014).

Common Non-Sexualized Multiple Relationships. One specific and extremely common multiple relationship is that of one supervisor serving as both clinical and administrative supervisor. In the role of clinical supervisor, one would provide professional development,

gatekeeping, intervention, and assistance with treatment delivery to the supervisee, while maintaining the welfare of the client as the primary responsibility. In the role of administrative supervisor, the supervisor's primary responsibility is to the overall promotion and coordination of the agency. As such, the administrative supervisor may be responsible for issues such as productivity, schedules, employee evaluation, and pay raises. On the one hand, the ACES (1993) *Ethical Guidelines for Clinical Supervision* advise avoiding the situation where one person serves in both roles, as well as the use of risk-preventative guidelines that clearly define roles and responsibilities when a multiple relationship is unavoidable. On the other hand, this multiple relationship is the reality for a significant percentage (36-51%) of all practicing counselors, often due to financial reasons (Kreider, 2014; Tromski-Klinghorn, 2007).

The multiple role of clinical and administrative supervisor has both potential risks and benefits. A conflict of interest can exist due to the incompatibility of the primary obligations of each role. Additionally, there is the possibility of supervisor exploitation and misuse of power. Relatedly, a supervisee may be reluctant to disclose clinical or personal concerns to the clinical supervisor, for fear of repercussions on the job. Finally, supervisor incompetence is a potential issue, as the supervisor must be competent in both roles (Tromski, 2000; Tromski-Kleinhorn, 2008). On the other hand, serving as an administrative supervisor and clinical supervisor simultaneously can be convenient and time-effective. Supervisors can provide additional knowledge regarding the supervisee's clinical skills, an in-depth perspective of the supervisee's needs, knowledge of the supervisee's clients, and consistency in supervision. Time and proximity could provide the supervisor and supervisee with a closer relationship than would otherwise be possible (Tromski, 2000; Tromski-Kleinhorn, 2008). Potentially, the supervisor may possess necessary competence the supervisee would not find from supervisors not working in the same

setting. A conference attendee related to the authors that she was both an administrative supervisor and a clinical supervisor in a prison setting. Since the prison system is unique, she was able to provide clinical support to supervisees that supervisors unfamiliar with the prison setting could not provide.

Many different approaches can be taken to minimize the risks involved in this multiple role. The agency itself could take action at the hiring stage by hiring two full-time supervisors, one clinical and one administrative. A less expensive option would be to hire a full-time administrative supervisor and a contract clinical supervisor or to divide the duties among several supervisors. Yet another way to minimize expenses would be to offer group supervision (Tromski-Kleinhorn, 2008). According to Tromski-Kleinhorn (2008), when only one supervisor is possible, several safeguards are advisable. The supervisor can make a commitment to maintain a clinical role, no matter what, as that role is the more likely to be neglected. As a measure of best practice, supervisors should provide supervisees with a contract specifically defining roles and obligations. Additionally, supervisors can seek training to identify and minimize risk. It is incumbent upon supervisors in the position of both clinical and administrative supervisor to avoid a misuse of power in their administrative role affecting their clinical role.

Another common multiple relationship is that of supervisor and counselor educator. As is true in the situation of an administrative supervisor, a counselor educator is in a position of power over the supervisee or counselor-in-training. In addition to ethical use of power, competence and concern for supervisee/student welfare are the major concerns (Welfel, 2016). Obviously, sexual relationships, harassment, or exploitation is expressly prohibited. While it is appropriate for counselor educators to serve as supervisors, mentors, teachers, and researchers, counselor educators must exercise judgment to distinguish between dual relationships that are problematic.

While mentorship is typically advantageous to a student supervisee, confiding in or socializing extensively with them would lead to a lack of objectivity or possible exploitation. Some potential abuses of power relate to the extensive teaching, service, and research demands experienced by professors. For example, counselor educators serving as supervisors may neglect supervision responsibilities in order to attend to other responsibilities (Welfel, 2016) like completing a research project or professional service responsibilities. Supervisors are required to meet regularly with their supervisees, in order to monitor their services to clients (ACA, 2014). Another possible abuse of power would be exploitation of a supervisee or student's labor to accomplish the research agenda of the counselor educator without appropriate benefit or credit for the supervisee or student. Because of the counselor educator's evaluation of the supervisee or the access to clinical or research experience needed, the supervisee may not feel free to choose whether to participate in activities initiated by the counselor educator, or to complain or disagree. Relatedly, supervisors in counselor education settings need to be aware that mentoring relationships have the potential to impair the supervisor's objectivity (Welfel, 2016).

An especially important consideration is that doctoral students often serve as supervisors to master's counseling students. This situation can lead to putting doctoral students in the position of managing multiple relationships. For example, doctoral students having recently graduated from their master's program may have previously been in peer relationships with supervisees. Additionally, a doctoral student might take a course with a master's student supervisee, creating a situation where the doctoral student is in both a position of authority and a peer to the master's level student, leading to role confusion or the possible misuse of power (Minor et al., 2013). An additional complicating factor includes the possibility that the doctoral student has little training and experience in supervision (Minor et al., 2013). Counselor educators are responsible for

ensuring doctoral students have received appropriate training in supervision methods and techniques before providing supervision to students (ACA, 2014). Additionally, doctoral students may benefit from peer support to combat the stress and hazards of conducting supervision (Minor et al., 2013). Doctoral students have the same responsibilities to their supervisees as do counselor educators, and counselor educators are responsible for monitoring the services given by the doctoral students under their supervision to ensure such services are competent and ethical (Welfel, 2016). Counselor educators are responsible for priming their students for supervision in their post-graduate experience. Incompetent supervision in graduate school could affect supervisee competence and pursuit of post-graduate licensure or certification. A master's level supervisee who is impaired at the time of graduation risks a lack of endorsement by a post-graduate supervisor, prohibiting licensure or certification. They may also be at higher risk of facing a lawsuit or licensure complaint, resulting in disciplinary actions, up to licensure revocation.

Sexualized Relationships

Although some non-sexualized multiple relationships are acceptable, all sexual and/or romantic relationships between supervisors and supervisees are expressly prohibited (ACA, 2014, ACES 1993; Welfel, 2016). Supervisors may not enter into sexual or romantic relationships with current supervisees, whether in-person or electronically, and are prohibited from sexual harassment of supervisees or condoning such harassment (ACA, 2014). Nor may supervisors engage in sexual or romantic relationships with former supervisees for two years from the last date of supervision (NBCC, 2016). Unethical sexual relationships between supervisors and supervisees actually occur more often than they do between counselors and clients (Welfel, 2016). The best predictors of whether or not a supervisor is vulnerable to a sexual dual relationship are prior boundary violations such as inappropriate self-disclosure, frequent physical contact, and social

contact (Welfel, 2016). Additional factors indicating risk of committing a sexual boundary violation include naiveté about one's ability to control one's sexual feelings without consultation, lack of training, a character issue such as lack of concern for another's welfare, or a competence issue such as burnout or a distressing personal issue. Consequences to supervisors can include loss of license, criminal charges, a malpractice claim, public censure, loss of reputation, and damage to the reputation of the profession (Welfel, 2016). Emotional consequences can include "guilt, remorse, and shame," as well as loss of familial, friend, and professional relationships (Sonne, 2012, p.303). Additional consequences resulting from an official complaint include depression, anxiety, embarrassment, obsessive worrying, self-doubt, self-recrimination, insomnia, and substance abuse (Pope & Vasquez, 2011). Consequences to supervisees can also be serious and can include feeling coerced, experiencing damage to the working relationship, and viewing the contact as unethical (Sonne, 2012) as well as experiencing jealousy, uneasiness, shame, and fear of appearing nonprofessional or deficient (Cleary, 2017). Adding to these consequences are professional problems brought about by inadequate and biased supervision.

Supervisors are role models for supervisees. If supervisees have role models that model inappropriate behavior, they are more likely to use inappropriate behavior with their clients (Goodyear & Rodolfa, 2012), making them vulnerable to loss of licensure. Even after the required two years has passed, a sexual relationship between previous supervisor/supervisee would be unethical if there were potential for harm, transference or counter transference, or if the relationship were anticipated at the time of termination of supervision. Ethics demand any supervisor considering a sexual relationship with a former supervisee seek competent supervision (Welfel, 2016).

It is important for supervisees to understand the difference between attraction as a natural human response, and the acting upon the attraction that is unethical. Similarly, it is crucial that supervisors not ignore feelings of attraction, as ignoring them may lead to the supervisee not getting needed support and supervision, and may cause the supervisor to be vulnerable to acting on his/her attraction. If attraction continues for a lengthy period or leads to fantasies, supervision is necessary, and referral may be necessary. Most scholars believe it is harmful to disclose the attraction to the supervisee (Welfel, 2016).

The responsibility of the supervisor is to prepare supervisees on how to avoid sexual relationships. A useful activity includes role-playing how to avoid sexual relationships. A tricky issue for some supervisees is how to respond to a sexual advance or romantic invitation from a client without hurting the therapeutic alliance. Hartl et al. (2007) provide useful examples that can be role-played by supervisors with supervisees or counselors-in-training, followed by students and supervisees role-playing with each other. This activity helps supervisees consider a response in advance, as the supervisee is likely to be anxious at the time of such an encounter.

Ultimately, as issues with multiple relationships are ubiquitous, we advise supervisors to teach supervisees how to prepare for these issues before they arise. Supervisors need to provide supervisees with complicated case studies to discuss and work through using ethical decision-making models (Welfel, 2016).

Electronic Media

Electronic media issues are another potential ethical roadblock in supervision that can affect supervisees' ability to gain licensure. Certain risks include the impact of lack of face-to-face interaction on the supervisory relationship, threats to confidentiality, and the necessity of technological competence on the part of both supervisor and supervisee (Chapman et al., 2011;

Glosoff et al., 2016; Watson, 2003). Although electronic supervision involves additional risk, there are benefits as well. For example, although the ACES best practices taskforce (2011) recommends direct viewing of supervisees' work with clients, viewing live sessions is not always possible. In such situations, viewing recorded counseling sessions is an effective method of evaluating supervisee competence (Glosoff et al., 2016). Other advantages of online supervision include convenience, flexibility, reduced travel costs, efficient use of time, and access to a larger supervisor pool (Rousmaniere et al., 2014; Watson, 2003). Supervisees may experience difficulty accessing supervisors when they live in rural areas or small cities, or when they are seeking supervisors with specific expertise. For example, one author is a former school counselor who is also an approved clinical supervisor and play therapy supervisor who gets requests from supervisees seeking school counseling supervision while earning their clinical and play therapy supervised hours. In some cases, supervision was conducted via electronic media for supervisees living in another city who could not find another supervisor with all three types of expertise. Sandifer et al. (2019) assert that school counseling supervision is often infrequent or non-existent, indicating a lack of availability. The authors found only 44.15% of their sample of 188 school counselors received any clinical supervision at all, and such supervision was infrequent, happening one time per month or less.

Electronic supervision is described as synchronous when being conducted via web chat or video conferencing (Rousmaniere et al., 2014). Supervision may also be conducted in an asynchronous manner, such as when a supervisee sends an email request for consultation to the supervisor (Chapman et al., 2011). Depending on the licensing rules in each particular state, supervisors may be able to conduct supervisory sessions entirely via electronic media, or they can supplement face-to-face interactions with electronic interactions. Research on the effectiveness of cyber supervision is mixed (Chapman et al., 2011).

One of the most commonly cited electronic media issues is the possibility of a negative impact on the working relationship and establishment of appropriate boundaries in the supervisory relationship (Glosoff et al., 2016). Although Bender and Dykeman (2016) found no significant difference in student supervisees' perceptions of the effectiveness of synchronous cyber supervision as compared to face-to-face supervision, overall, research on the impact of video conferencing on the working relationship in supervision has been inconclusive (Rousmaniere et al., 2014). Supervisors' two major goals are to ensure the welfare of the client and to attend to the professional development of the supervisee (Bernard & Goodyear, 2014). Both of these goals require a meaningful relationship with the supervisee. An egalitarian, collaborative, respectful relationship serves to reduce supervisee anxiety and to allow the supervisee to feel safe enough to disclose (Glosoff et al., 2016). Supervisee disclosure affects the supervisor's ability to discern areas of concern affecting client welfare or supervisee development. Communication involves nonverbal cues, and some concern exists this could be hampered by the audiovisual constraints of technology (Kanz, 2001; Rousmaniere et al., 2014). These cues are particularly important when cultural differences exist between supervisor and supervisee (Glosoff et al., 2016). The ACES best practices taskforce (2011) recommends supervisors using technology-assisted supervision (TAS) be in synchronous face-to-face contact, so participants can attend to nonverbal as well as verbal communication, and that TAS be used only in ways that enhance the supervision process. The taskforce also recommends informed consent specific to the use of technology (ACES, 2011), as written and verbal informed consent that contains information regarding technological expectations can help prevent miscommunication (Glosoff et al., 2016).

Related to paying attention to supervisees' nonverbal communication, supervisors need to develop a relationship with supervisees in order to assess their development. Although all

supervisors need to be aware of supervisee development, supervisors using electronic media need to be especially aware. For instance, when using tagged video, a supervisee needs to be emotionally and developmentally ready to receive this type of feedback in the absence of the supervisor, otherwise feedback could cause harm to the supervisee and the supervisory relationship (Glosoff et al., 2016).

One of the biggest issues with electronic media involves threats to confidentiality and security (Glosoff et al., 2016; Rousmaniere et al., 2014). Rousmaniere et al., 2014 suggest that supervisors seeking a list of HIPAA compliant teleconferencing software can access www.telementalhealthcomparisons.com. Schultz and Finger (2003) suggest using a virtual private network (VPN) that is heavily encrypted to transfer and host all electronic supervision materials. At the very least, when using email, supervisees should not include any identifying client information (Lund & Schultz, 2015). Confidentiality applies to any information about the supervisee or client exchanged during the supervision session or recorded in electronic supervision records. Both supervisee and client informed consent needs to contain procedures for collecting and storing both supervision and client electronic records, in order to safeguard confidentiality. Supervisors are tasked with taking every precaution to ensure confidentiality of client and supervisee information transmitted or stored electronically. However, inherent in the very nature of electronic recordkeeping is the possibility that confidential data could be breached. Therefore, counselors and supervisors need to inform clients of the use of technology in supervision and the fact that they cannot completely guarantee confidentiality, as it is not within their power to do so. Even when most supervision takes place face-to-face, a complete informed consent would inform the client of the possibility of the supervisee contacting the supervisor electronically to consult (Glosoff et al., 2016). Supervisory discussion and informed consent need to include the physical

location of supervisors and supervisees during electronic supervision. For instance, supervisees cannot appropriately receive electronic supervision in a public coffee shop where other customers could overhear. Another consideration specific to location is that when electronic communication crosses state lines, supervisors need to be aware of the laws and standards from each state involved (ACES, 2011; Glosoff et al., 2016).

For supervision occurring within counselor education programs, Carlisle et al. (2016) recommend universities adopt policies for cyber supervision that are HIPAA and FERPA compliant. Additionally, as only 9% of their respondents reported receiving training on all software used for supervision, Carlisle et al. (2016) recommend universities provide training for faculty and students on all technologies utilized for supervision to ensure software is used with ethical and legal compliance. ACA (2014) and ACES (2011) require that supervisors and supervisees be technologically competent, as well as clinically competent.

This leads to another common issue with electronic media, the possible lack of technological competence of either the supervisor or supervisee (Glosoff et al., 2016). Effective electronic supervision requires both supervisory and technological competence on the part of the supervisor, as well as for the supervisee (ACA, 2014; ACES, 2011). Therefore, technological expectations and technology requirements should be included in the informed consent. A supervisor not familiar and comfortable with certain technology might create technological difficulties that cause the supervisee added anxiety. Additionally, supervisors need to be sensitive to the financial situation of supervisees who may or may not be able to afford the necessary technology (Glosoff et al., 2016; Watson, 2003).

A critical issue with electronic media involves the availability of the supervisor and the impact of this availability on client safety and wellbeing (Glosoff et al., 2016). Ethical standards

dictate supervisors have procedures to handle emergencies and absences (ACES, 2011). For example, if a client is suicidal, the supervisee will need to immediate supervisor consultation. This can be difficult when supervisor and supervisee do not work in the same location. It is the supervisor's responsibility to help a supervisee create a plan to consult with "on site" supervisors and other experienced counselors should the licensed supervisor or university supervisor be unavailable during an emergency. Supervisees should be instructed to contact the main supervisor after resolution has been achieved with these back up sources of supervision.

In the wake of the COVID-19 pandemic, social distancing requirements have contributed to a rapid ascendance in the use of electronic media in clinical practice and supervision. The professional literature is just beginning to process the nature and effects of this rapid change, but it is clear that the pandemic will necessitate many new considerations for conducting supervision via electronic media. For example, Hames et al. (2020) illuminated the necessity of supervisors becoming familiar with the unique needs and opportunities of clients from varied demographics, such as older adults, children, adolescents, and refugees, who may have differing relationships with technology, in order to provide appropriate guidance to their supervisees. Fortunately, two recent articles found supervisees receiving telesupervision reported effective supervisory experiences (Bernhard & Camins, 2020; Tarlow et al., 2020). The authors concluded telesupervision was a promising option meriting continued exploration not only during the current pandemic, but going forward (Bernhard & Camins, 2020; Tarlow et al., 2020). In light of further exploration needed regarding relative benefits and drawbacks of telesupervision when compared to in-person supervision, Inchausti et al. (2020) suggest professionals currently considering telesupervision use their own judgment to "balance the directive to do no harm (nonmaleficence)

with the goals of promoting health (beneficence) and providing equitable access to care for all (justice)” (p.400).

Ultimately, the use of electronic media has its risks and benefits, its proponents, and its detractors. Lund & Schultz (2015) noted that little evidence exists whether electronic supervision is as effective as face-to-face supervision. The profession can expect that researchers will continue to investigate the effectiveness and security of cyber supervision, as its use appears to be inevitable.

Documentation Requirements

Utilizing best practices in the area of documentation helps to set the stage for accurate recording of supervisees’ experiences and provides accountability for supervisors when evaluating supervisees. University and agency policies, supervision best practices, professional codes of ethics, and regulatory body licensing rules from which the supervisee is seeking licensure all play a part in the ethical and legal practice of supervision. Unequivocally, all of these sources include specific requirements for documentation of supervision. Documentation at the university and post-graduate level may require different content due to the goals of the supervisee (i.e., completion of the master’s degree versus pursuit of independent licensure), but they also share common requirements that may help a new supervisor develop a positive supervisory relationship, while protecting client welfare.

ACA Code of Ethics (ACA, 2014) F.4.a. reminds us of supervisors’ responsibilities to incorporate informed consent procedures in supervision. University supervision begins with a signed internship agreement between the student, internship site, and training program. While this document should include institutional policies, program and accreditation standards, learning outcomes, and a description of how dismissal from internship placements will be handled, the document may be general in nature when discussing the specific responsibilities of the university

supervisor. Thus, creating a separate supervision contract or informed consent similar to those used in post-graduate supervision can be beneficial for new university supervisors. Informed consent documents provide the supervisor with an opportunity to outline the important aspects of supervision, in addition to simultaneously focusing on how they will oversee the professional development of the supervisee and protect the clients of supervisees.

An informed consent for supervision provides the supervisee with information regarding the supervisor's training, credentials, clinical experience, theoretical orientation, and supervisory style. The consent should include detailed logistics of supervision: explaining the frequency of supervision, where sessions will take place, how long sessions will last, cost for individual and group sessions, emergency contact to reschedule supervision or for supervision emergencies, and boundaries of the supervision relationship. Tromski-Kleinhorn (2008) also recommends including objectives in the supervision contract, as well as describing the evaluation method used, responsibilities of the supervisor, responsibilities of the supervisee, procedural information, termination, the scope of the supervisor's competence, and the possible use of a third party when a disagreement cannot be settled between the supervisor and supervisee.

Creating an informed consent document like the one described helps a new supervisor think through the supervisory process in advance and facilitates a structured supervision process documented in supervision notes. Clarifying expectations, logistics, emergency procedures, and roles and responsibilities of both the supervisor and supervisee can also help to mitigate the anxiety of new supervisees and supervisors. Documentation of the model of supervision used to address client issues should be as specific as clarifying frequency of supervision, method to identify client concerns, conceptualization of a treatment plan, and discussion of outcomes as well as risks and benefits of treatment for clients. Additionally, description of the methods of feedback and

evaluation utilized in supervision should be clear so the supervisee can begin to visualize what presentation of cases will entail, how they will know whether they are progressing, and at what points they will receive formative and summative evaluations. Both formative and summative evaluations become important pieces of documentation used to support remediation plans and their implementation.

Given that supervisors are liable for the work of supervisees, overseeing all aspects of the supervisee's practice becomes critical to ensure supervisees are practicing according to ethical standards and expectations. For example, supervisors are responsible for knowing how supervisees or interns are marketing themselves to consumers and to the public. After processing numerous complaints against licensed interns who were not accurately identifying their intern status under supervision, one state implemented a rule to make sure that supervisees disclosed their status as interns prior to providing services:

LPC Interns holding a temporary license shall indicate intern status on all advertisements, billing, and announcements of counseling treatment by the use of the term "LPC Intern." On all advertisements, billings and announcements of counseling treatment by an LPC Intern, the intern's name shall be followed by the name of the supervisor, along with the address and phone number in the same type size and font. (TSBEPC, 2019, §681.49.h.)

This type of clear designation of the intern has also helped to clarify additional rules that interns are not practicing within their own private independent practice, interns cannot receive payment directly from a client, and ownership of counseling records produced by interns belongs to the agency or supervisor for whom the intern works. A supervisor should create a way of documenting intern compliance with these regulations, and ongoing monitoring of additional licensing rules.

The information a state requires be documented in a supervision file should form the basis for any kind of documentation of accountability created by a new supervisor.

Some regulatory bodies have instituted specific rules detailing the establishment of supervisory relationships, the behavior of supervisees and supervisors, and the maintenance of required documentation throughout the supervisory relationship. For example, one state specifies board-approved supervisors must keep written record of each supervisory session that includes:

fees and record of payment, the date and length of each supervisory session, topics discussed during each supervisory session, identification of supervisory session as individual or group conducted face-to-face or by live internet webcam, a record of any concerns the supervisor discussed with the intern; and current board-approved site(s) for each intern. (TSBEPC, 2019, §681.93)

To some new counselors and supervisors, maintaining weekly signed logs of indirect hours, direct hours, and supervision hours accrued by an intern may sound like extreme accountability measures. Consider that Henriksen et al. (2019) found that across 53 licensing jurisdictions, hours of required supervised experience, frequency of supervision, and total hours of required supervision could vary widely. For example, frequency of supervision varied from one hour per week in one state, to 4 hours per month in another state, to one supervision hour for every 20 to 30 hours of experience in two other states (p.166). A supervisor who is not keeping up with intern hours may have difficulty calculating and documenting required supervision hours accurately. Similarly, supervisors who do not renew their licenses but continue to supervise are jeopardizing the hours interns are earning “under supervision.” Some supervisors have faced consequences such as having to reimburse interns any fees paid for supervision during the lapsed period of time (TSBEPC, 2019, §681.93.g.2.), and administrative fines per each lapsed month.

Feedback and Evaluation

In an attempt to validate counselor supervision competencies, Colburn et al. (2016) investigated what supervisory knowledge, attitudes, and skills were necessary for new supervisors. Using expert panel members, they yielded five supervision competencies for new supervisors: ethical/legal, facilitating supervisee development, cultural responsiveness, supervisory understanding and skills, and evaluation. Documentation, provision of feedback, and evaluation show up numerous times within supervision competencies and best practices (ACES, 2011), furthering the importance placed on new supervisors to address these critical components. Supervision can be considered a multilayered form of evaluation and accountability, where “new counselors are supervised by individuals who themselves are accountable to their own organizational and/or clinical supervisors, consultation partners, and regulatory agencies such as state licensure boards” (O’Brien & Hauser, 2016, p.10). Depending on the practice setting, an agency or practice may already have documentation forms or evaluation measures in place to evaluate supervisees. When these measures exist, new supervisors should review them carefully to ensure they understand how to best use them, and that they meet state board licensure requirements. In some instances, supervisors have created their own measures of accountability and evaluation in consultation with other supervisors to meet the needs of specific supervisees. For example, seeing a gap in available evaluation resources for those providing supervision for substance abuse counselors, Schmidt et al. (2013) created a measure of supervisee professional and ethical competency, informed by national substance abuse standards and competencies, and modeled after a professional counseling program evaluation measure.

According to Wade and Jones (2015), “feedback and evaluation are often used interchangeably...Feedback presents information and is based on observations...Evaluation...is

summative. It comes after the fact and presents a judgment...about how well or poorly a supervisee has met a given goal” (p.105). Documentation of both throughout the supervisory experience provides critical pieces of evidence pointing toward a supervisee’s growth and development, or conversely, a lack of growth and development, necessitating remediation. Exploring struggles and successes of new supervisors with corrective feedback, Borders et al. (2017) focused on the critical developmental tasks for new supervisors and stressed the importance of learning and practicing corrective feedback skills in constructive feedback and confrontation. The researchers provide insight into new supervisors’ perspectives before, during, and after the delivery of corrective feedback, which can assist new supervisors to understand what may be holding them back from providing necessary feedback to supervisees. For additional examples of what supervisees consider helpful regarding feedback and evaluation, see the Ladany et al. (2013) investigation of effective and ineffective behaviors found in the best and worst supervisors.

New supervisees should start supervision with definitive evaluation measures so supervisees know the criteria by which they will be measured. Transparency regarding the evaluation process provides all supervisees with an opportunity to increase self-assessment around the skills being evaluated. Consistency in completing evaluation forms for all supervisees will be helpful to increase new supervisor competence in evaluation, no matter the level of difficulty or success experienced by the supervisee. Kemer et al. (2017) researched the priorities of expert supervisors when working with easy and challenging supervisees, and found that “the assessment and conceptualization of the supervisees and their work as well as administrative considerations appeared to be fundamental priorities of experts’ supervision work not only with their challenging supervisees but also with their easy ones” (p.60).

Gatekeeping and Remediation

Gatekeeping is defined as “the initial and ongoing academic, skill, and dispositional assessment of students’ competency for professional practice, including remediation and termination as appropriate” (ACA, 2014, p.20). Despite the fact that gatekeeping was a new term included in the ACA 2014 Code of Ethics, it has long been a mandate and critical responsibility of supervisors and counselor educators across the counseling profession. Foster and McAdams (2009) provided a broader definition of gatekeeping that includes every professional associated with the profession: “the responsibility of all counselors, including student counselors, to intervene with professional colleagues and supervisors who engage in behavior that could threaten the welfare of those receiving their services” (p.271). This broad definition suggests gatekeeping is a process that should be discussed beginning at the point of entry to the profession, and up to and including retirement from the profession.

Gatekeeping is one of the greatest responsibilities for counselor education faculty and supervisors as they have the ability to help regulate the profession and protect client welfare. As supervisors, we are accountable to the clients served by supervisees, other students in counselor education programs, as well as other interns under supervision. Ultimate entry into the profession is dependent upon one’s endorsement by a supervisor, who is mindful of the ethical stipulation that they “endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement” (ACA, 2014, F.6.d.).

With such a large responsibility looming over new supervisors, Gazzola et al. (2013) examined the challenges and difficulties of new supervisors who completed their first supervision training field experience supervising master’s level students and found that a majority admitted to having difficulty with the gatekeeping role. “Three subcategories relative to their gatekeeping

experience emerged: (1) discomfort with the role of power and authority, (2) questioning their ability to judge a supervisee's counseling competencies, and (3) being uncertain when giving supervisees negative feedback" (p.23). What made the experience more difficult was not having explained to the supervisee the level of evaluation that would be involved in the supervision process, not having clear evaluation measures of competence against which to measure the supervisees, and finding difficulty in delivering negative feedback in a group format. Schuermann, et al. (2018) noted there are "specific venues where communication about gatekeeping should be emphasized, including admissions interviews, program orientations, individual meetings, and when establishing classroom expectations" (p.61).

Clearly, the responsibility of gatekeeping can be a little easier when there are policies and standards already in place for new supervisors to follow, and examples of implementation of the process within the program or agency. Consulting with more experienced supervisors and faculty could also assist in this transition for new supervisors. Schuermann et al. (2018) compared faculty perspectives of gatekeeping and found that "years of professional experience appeared to contribute to greater confidence in the efficacy of built-in programmatic safeguards to regulate gatekeeping" (p.63). For agency supervisors who find themselves without an experienced colleague within the agency, the opportunity may present itself to advocate for their supervisory role by proposing gatekeeping policies and procedures based on codes of ethics, licensure rules, and supervision best practices.

Russell et.al. (2007) explored gatekeeping and remediation challenges in supervision, and acknowledged the difficulty for supervisors to balance the needs of multiple stakeholders. Recommendations to mitigate challenges in supervision included using performance-based contracts, participating in continuing education related to gatekeeping, and clarifying the

gatekeeping role with supervisees from the beginning of the relationship. One additional recommendation the researchers included creates a more personal stake in the process for supervisors and adds important reflection on the role of gatekeeping and remediation for the supervisor. The recommendation is “asking ‘bottom line’ questions: (1) Would I be comfortable hiring this person? (2) Would I be willing to supervise this person as my employee? (3) Would I refer a family member to this therapist?” (p.239). Personalization of the answers may help supervisors clearly see the needs of the necessary stakeholders: clients, supervisees, and themselves as the supervisor, thereby supporting supervisors’ gatekeeping decisions.

An additional gatekeeping challenge occurs when there is lack of communication between counselor education programs and field sites. Concerningly, although field site supervisors are a critical part of the remediation and gatekeeping process, according to Freeman et al. (2016) only 35% of field supervisors report discussing counseling students with their faculty supervisors. Making the case for ongoing conversation and feedback for agency supervisors, Baldwin (2018) notes it can “differentiate the category of emerging problematic behavior so that educators and supervisors can provide the appropriate support” (p.104). Communication barriers include 1) lack of training in gatekeeping (Sowble, 2011), 2) tension between the role of empowerment and evaluation (Bogo et al., 2007), and 3) documentation issues (Freeman et al., 2016). New supervisors in either the academic or field supervisory positions need to be aware of the need for mutual communication and gatekeeping responsibility (Freeman et al., 2019).

Remediation plans and interventions

ACES (2011) best practices in supervision articulate evaluation responsibilities that include taking appropriate steps when remediation is necessary, including providing feedback, prompt notification, a written remediation plan, and avoiding dual relationships when personal

counseling is recommended for supervisees. ACA (2014) Code of Ethics F.9.b. also reinforces the need to document referrals for student assistance or dismissal, as well as assisting students in securing appropriate services while providing “students with due process according to institutional policies and procedures” (p.15). Regulatory boards may have similar requirements regarding remediation efforts, including developing a written plan for remediation signed by both the supervisor and supervisee, maintained in the supervision file. Should a supervisor decline to endorse a supervisee for licensure, the board would likely expect a copy of the remediation plan to be provided, as support for the lack of endorsement for licensure.

Henderson and Dufrene (2018) noted there was already existing research describing student problems in counselor education that led to remediation efforts, but there was a gap in the literature related to specific remediation interventions and the ways to implement them. Examining pre-existing data sources, four types of remedial interventions used in counselor education programs were identified: “(a) personal counseling; (b) courses (clinical courses, related to clinical courses, and didactic courses); (c) assignments (workshops, readings, and written assignments); and (d) remediation procedures (meetings with faculty and status in program)” (p.10). Supervisors seeking additional descriptions of remediation interventions can look to a study done by Russell et al. (2007) that explored the types of interventions marriage and family therapy programs across the nation were most likely to select when presented with brief vignettes. Russell et al. provided subjects with a list of 17 objective remediation interventions listed from “least punitive (i.e., Have a conversation with the student about the perceived problem) to most punitive (i.e., File a complaint with the AAMFT Ethics Committee)” (p.230). Extending Russell’s study to CACREP-accredited programs, Teixeira (2017) utilized a modified version of the instrument with the same seventeen remediation interventions, but found no difference between gatekeeping practices of

faculty in CACREP-accredited and non CACREP-accredited counseling programs. According to Freeman et al. (2018), field supervisors tend to utilize three remediation interventions frequently: 1) consultation with professional colleagues, 2) increasing face-to-face supervision time, and 3) engaging in direct discussion with the supervisee. Referencing supervision in agencies, O'Brien and Hauser (2016) highlight the need to monitor whether or not supervisees' values and beliefs lead to discrimination when in conflict with client values. Remediation can include examining personal values as well as requiring strategies to expand awareness, knowledge, and skills.

New supervisors are encouraged to explore remediation interventions and implementation prior to needing to create a remediation plan for an active supervisee. As with any new position, new supervisors are encouraged to seek out support by speaking to supervisors who have experience implementing remediation plans. Henderson and Dufrene (2018) note that:

consultation and collaboration with all stakeholders such as deans, university attorneys, and all counseling faculty in the university setting, as well as in the clinical setting such as site supervisors, would allow for best practices when choosing specific remediation interventions that address students' interpersonal, intrapersonal, and professional behaviors that need remediation. (p.19)

When determining the development of fair and accessible expectations and procedures for remediation, McAdams and Foster (2007) suggest they be clearly articulated, consistent with comparable or accepted practice, adaptable to special needs and situations, must be remedial rather than punitive in their intent, and accessible to all. Similarly, Kress and Protivnak (2009) outlined the importance of developing behaviorally focused remediation plans and contracts for use with supervisees. Kress and Protivnak (2009) suggested inclusion of the following recommendations when creating professional development plans: specificity of problematic behavior, remediation

activities, supports and resources, formative feedback, signatures of everyone involved, completion time lines, and information regarding rights to appeal. New supervisors are encouraged to include these recommendations when creating remediation plans to ensure proper documentation of problems in supervision and full understanding of the supervisor and supervisee regarding issues needing to be addressed and remediated.

Conclusion

In conclusion, the authors do not wish to discourage new supervisors and doctoral students with the discussion of the risks of supervision. Rather, our aim is to arm beginning supervisors with information and suggestions to help them achieve supervisory competence and prevent difficulties leading to roadblocks involving supervisee licensure. Competent supervision is necessary to the wellbeing of the counseling profession and can be a very gratifying part of a counselor's career. In order to achieve confidence and competence, some important considerations include accurate documentation (ACES, 2011; Glossoff et al., 2016), complete informed consent (ACES, 2011; Glossoff et al., 2016), care to not extend oneself beyond one's areas of competence, knowledge of ethical guidelines and laws, and continued training in supervision and ethics to keep oneself up to date. Additionally, supervisors utilizing ethical decision-making models and consultation will model effective practices for their supervisees.

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