

SECOND EDITION

# Clinical Supervision in the Helping Professions

## A Practical Guide

Gerald Corey  
Robert Haynes  
Patrice Moulton  
Michelle Muratori



AMERICAN COUNSELING  
ASSOCIATION

WILEY



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## A Practical Guide



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## DEDICATION



*To our supervisees and students,  
who have taught us many lessons about how to supervise*



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## PREFACE



The field of supervision is a rapidly emerging specialty area in the helping professions. In the past, supervisors often learned how to supervise based on their own, and often limited, experiences when they were supervisees. Until recently few professional standards specifically addressed supervision practices, and separate courses in supervision were rare. Today, the trend is toward including a course in supervision in graduate programs in the helping professions, especially in doctoral programs. If there is not a separate course, topics of supervision are frequently incorporated into one or more courses. In addition, state licensing and certification boards are increasingly requiring formal training in the area of supervision as a part of the licensing and certification process. The result of these trends is that in order to practice as a supervisor it is mandatory to complete course work or take continuing education workshops in supervision and to show evidence of competence not only in skills and techniques but in supervisory processes and procedures.

This book provides a practical guide to becoming a supervisor. We aimed to make it reader-friendly, informative, interesting, practical, personal, and challenging. We address topics essential to becoming an effective supervisor, with emphasis on helping new supervisors acquire the knowledge and skills necessary to supervise others in a variety of settings. We believe one of the best ways to learn how to supervise is for new supervisors to reflect on what they have learned from their own supervision. Readers are encouraged to conceptualize and personalize the dynamics of supervision.

The information provided and our suggestions for becoming a supervisor are based on both the supervision literature and our collective professional experience in supervision. Throughout this book we discuss the ethics and professional codes and the relevant literature, but we also state our own position on these topics and offer commentary on how we might approach various cases. We try to balance theory with personal beliefs, attitudes, and relevant experiences regarding supervision. A unique feature of this book, *Voices From the Field*, provides a glimpse of what other practicing supervisors have to say about key issues in the practice of supervision.

We do not present a single best approach to supervisory practice. Instead, we encourage reflective practice and ask supervisors and supervisees to integrate their own thoughts and experiences with the material they are reading. Most of all, we recommend that readers continually reflect on what supervision has been like for them at various stages of their professional development. It is important to have both a solid foundation of the theories

and methods of supervision and an understanding of what has been learned from their own experiences as a supervisee and as a supervisor.

This book has a practical emphasis, which can be seen throughout the text in tips for practical application, case examples, sample forms, interactive questions, and activities that can be done in small groups. It is designed as a practical guide for new and practicing supervisors but can also be utilized as a primary or supplementary text in a variety of doctoral-level and master's-level courses.

*Clinical Supervision in the Helping Professions: A Practical Guide* (Second Edition) is appropriate for use in disciplines including counseling psychology, counselor education, clinical psychology, marriage and family therapy, human services, social work, school counseling, mental health counseling, rehabilitation counseling, psychiatric nursing, and other mental health specializations. It is an ideal resource for practicum, fieldwork, and internship seminars in these disciplines and for advanced undergraduate courses in human services and social work programs. In addition, this book can be used as a resource for both prelicensed professionals and practicing supervisors.

## How to Get the Most From This Book

This book is different from traditional textbooks in supervision. As much as possible our expectation is that this book will provide an interactive tool that will assist you in formulating your perspective on supervisory practice. The many questions and exercises interspersed throughout the text are intended to stimulate you to become an active learner. If you take the time to think about the chapter focus questions and do the suggested activities at the end of each chapter, your learning will be more meaningful and personal. Supervision is not a topic that can be mastered solely by reading about theory and research. Supervision is best learned by integrating the theoretical material with your own supervision experiences.

Several terms are used throughout the book to describe supervisors, supervisees, counselors, and the counseling process. For example, *supervisees*, *trainees*, and *prelicensed counselors* are all types of supervisees; *counseling*, *therapy*, and *psychotherapy* are various forms of the therapeutic process. Different disciplines in the helping professions use slightly different terms to describe the various roles and processes. Typically we use *client* to refer to those individuals receiving services provided by the supervisee. We use many of these terms interchangeably because we are writing to several disciplines such as counseling, psychology, social work, counselor education, and school counseling. Keep in mind that you will see these terms used interchangeably throughout the book.

## Overview of the Book

Each chapter focuses on a specific aspect or dimension of supervision that we believe is vital to understand. Here is what you can expect in each chapter:

- Chapter 1 lays the groundwork for the book by defining supervision and discussing the goals and objectives of supervision. In line with the personal focus of the book, each author offers her or his unique perspective on supervision and highlights some of the experiences that have shaped the author's views about the subject.
- Describing the multiplicity of roles that supervisors may need to adopt, ranging from teacher and coach to administrator and empowerer, Chapter 2 focuses on the supervisor's roles and responsibilities. A portion of the chapter is devoted to exploring how supervisees can get the most from their supervision and fieldwork experiences.

- The quality of the supervisory relationship is of paramount importance, and Chapter 3 focuses exclusively on factors and issues that are likely to affect this relationship and on the supervisor's and supervisee's characteristics that facilitate and hinder the supervision process. Conflict in the relationship and other challenging situations are addressed as well.
- Chapter 4 provides a description of the current models of supervision. These include models based on therapeutic approaches such as the person-centered and family therapy perspectives as well as models that were developed specifically for clinical supervision such as developmental and integrative approaches.
- Chapter 5 focuses on the practical methods used in supervision and explains how various methods can be implemented in an integrated supervision model.
- Chapter 6 addresses the importance of developing multicultural competence as a supervisor as well as preparing trainees to be competent in serving diverse client populations. Supervisors have a responsibility to model social advocacy for their trainees and to encourage trainees to carry out this important function in their work with clients.
- Ethical issues and multiple relationships are the focus of Chapter 7. This discussion addresses what every supervisor needs to know about ethical supervisory practice and teaching supervisees to practice ethically. It also ventures into topics such as dealing with impairment and incompetence and recognizing ethical violations.
- Chapter 8 is devoted to legal and risk management issues. Given today's litigious climate, supervisors need to have a basic understanding of the the legal issues they might encounter; thus, a legal primer is presented. An extensive list of risk management strategies is also included in the chapter.
- Most trainees feel ill equipped to handle crisis incidents. Chapter 9 provides supervisors with information to help them manage crisis situations effectively and to prepare their supervisees to competently navigate through client crises and deal with the aftermath of crises.
- Chapter 10 explores evaluation, a topic that tends to cause supervisors a great deal of anxiety. Evaluation is a critical component of ethical supervision and is the element that sets supervision apart from counseling and psychotherapy. In this chapter, the process and methods of evaluation are described so that supervisors can approach this task with a clearly defined plan and, consequently, with less anxiety.
- The final chapter examines what is required to become an effective supervisor. We hope that Chapter 11 inspires you to find your own style and empowers you to find your own voice as a supervisor.

As noted, we have made a concerted effort to make the material come to life by sharing our personal perspectives and the viewpoints of practicing supervisors. In *Voices From the Field*, supervisors from different professional backgrounds and with varying levels of experience candidly describe some of the challenges they have faced as well as the joys of supervising.

The *Suggested Activities* section at the end of each chapter is designed to augment your professional development. These activities will aid you in thinking about and reflecting on what you have just read. For students and supervisees, this can be a way to bring more thought to your supervision sessions. For supervisors, this may give you some ideas for topics to discuss with supervisees. These activities can be adapted for individual work or group discussion.



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We want to express our thanks to Carolyn Baker, at ACA, for her dedication and support for this project. We very much appreciate the talents of our manuscript editor, Kay Mikel, who made sure this book was reader-friendly. It has been a delightful process working with both Carolyn and Kay on the second edition of this book.



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Along with his wife, Marianne Schneider Corey, Jerry often presents workshops in group counseling. In the past 30 years the Coreys have conducted group counseling training workshops for mental health professionals at many universities in the United States as well as in Canada, Mexico, China, Hong Kong, Korea, Germany, Belgium, Scotland, England, and Ireland. In his leisure time, Jerry likes to travel, hike and bicycle in the mountains, and drive his 1931 Model A Ford. The Coreys have been married for 45 years; they have two adult daughters and three grandchildren.

Jerry Corey is coauthor (with Barbara Herlihy) of *Boundary Issues in Counseling: Multiple Roles and Responsibilities*, second edition (2006) and *ACA Ethical Standards Casebook*, sixth edition (2006), and is author of *Creating Your Professional Path: Lessons From My Journey* (2010); all three books are published by the American Counseling Association. Other books that Jerry has authored or coauthored, all with Brooks/Cole, Cengage Learning, include:

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- *I Never Knew I Had a Choice*, ninth edition (2010), with Marianne Schneider Corey
- *Theory and Practice of Counseling and Psychotherapy*, eighth edition (and Manual) (2009)
- *Case Approach to Counseling and Psychotherapy*, seventh edition (2009)
- *The Art of Integrative Counseling*, second edition (2009)
- *Theory and Practice of Group Counseling*, seventh edition (and Manual) (2008)
- *Group Techniques*, third edition (2004), with Marianne Schneider Corey, Patrick Callanan, and J. Michael Russell

Jerry is coauthor, with his daughters Cindy Corey and Heidi Jo Corey, of an orientation-to-college book entitled *Living and Learning* (1997), published by Wadsworth, Cengage Learning. He also has made several educational video programs on various aspects of counseling practice: *Theory in Practice: The Case of Stan—DVD and Online Program* (2009); *Groups in Action: Evolution and Challenges—DVD and Workbook* (2006, with Marianne Schneider Corey and Robert Haynes); *CD-ROM for Integrative Counseling* (2005, with Robert Haynes); and *Ethics in Action: CD-ROM* (2003, with Marianne Schneider Corey and Robert Haynes).

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- *Student Workbook and Facilitator's Resource Manual for the Evolution of a Group* (2000, with Gerald Corey and Marianne Schneider Corey)
- *Student Workbook and Facilitator's Resource Manual for Ethics in Action* (1998, with Gerald Corey and Marianne Schneider Corey)

- *Facilitator's Resource Manual for Living and Learning* (1997, with Gerald Corey)
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- Managing multiple relationships in a forensic setting. In B. Herlihy and G. Corey, *Boundary issues in counseling: Multiple roles and responsibilities* (2006, pp. 170–173). Alexandria, VA: American Counseling Association.

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- Moulton, P., Barnett, S., Cecchini, V., & Deka, T. (2001). *Plotnik's instructor's resource guide* (6th ed.). Belmont, CA: Wadsworth, Cengage Learning.
- Moulton, P., & Harper L. (1999). *Outside looking in: Someone you love is in therapy*. Brandon VT: Safer Society Foundation.

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- Brody, L. E., Muratori, M. C., & Stanley, J. C. (2004). Early entrance to college: Academic, social, and emotional considerations. In N. Colangelo, S. Assouline, & M.U.M. Gross (Eds.), *A nation deceived: How schools hold back America's brightest students, Volume II: The Templeton National Report on Acceleration*. Iowa City, IA: The Connie Belin & Jacqueline N. Blank International Center for Gifted Education and Talent Development.
- Muratori, M., Colangelo, N., & Assouline, S. (2003). Early entrance students: Impressions of their first semester of college. *Gifted Child Quarterly*, 47(3), 219–238.
- Muratori, M. C. (2001). Examining supervisor impairment from the counselor trainee's perspective. *Counselor Education and Supervision*, 41(1), 41–56.

Michelle has also written content for a number of textbook instructor's manuals and online programs for Brooks/Cole, Cengage Learning over the past few years.

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*Voices From the Field*



We are especially indebted to the students and practicing supervisors who gave generously of their time to share their thoughts and experiences with supervision. You will find their thoughts in their own words in the *Voices From the Field* feature throughout the book.

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# Introduction to Supervision

## FOCUS QUESTIONS

1. If you have been a supervisee or supervisor, what have you learned from that experience?
2. How can you best learn to become a competent supervisor?
3. What obstacles do you foresee in becoming a competent supervisor, and how will you overcome them?
4. What purpose does clinical supervision serve?
5. To what degree is protection of the welfare of the client the supervisor's responsibility?
6. To what extent is the role of the supervisor to teach or to facilitate the supervisee's self-learning and self-development?
7. What role, if any, should the supervisor play in serving as a gatekeeper for the profession?
8. What steps can supervisors take that will lead to empowerment of supervisees?
9. What qualities and competencies does a supervisor (or supervisee) need to be an effective, competent, and ethical supervisor (or supervisee)?

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## Introduction

Supervision has been part of the helping professions from the beginning, but it is only in recent years that supervision has come to be seen as a separate and distinct field with its own set of skills and tools. Supervision is used in virtually all of the helping professions to assist counselors-in-training to develop clinical and professional skills. All students will be supervised over the course of their training, and the majority of students will themselves become supervisors at some point in their careers. Most new supervisors are anxious about performing the tasks and responsibilities of supervision, and most supervisees are anxious about being supervised and evaluated. Our goal for this book is to provide you with the

knowledge and skills that will assist you in becoming a competent, ethical, and effective supervisor, thereby reducing your anxiety about assuming the role of supervisor.

In this chapter we define supervision, discuss the evolution and current status of clinical supervision, and outline the goals of supervision and the objectives for the supervisee. We share our personal experiences and struggles in becoming supervisors to give you insight into the personal aspects of becoming a supervisor. If you have not yet read the Preface, we strongly encourage you to take time now to read it and reflect on how you can achieve your personal goals for reading this book.

### **Supervision Defined**

Consider the following situation, which is based on a real incident. After an unusually intense day at her practicum site, Barbara was eager to meet with her supervision group on campus. Upon meeting with them, Barbara explained that one of her clients, a psychotic young man, who uncannily resembled Jack Nicholson in the horror movie *The Shining*, asked her to read two stories he wrote for her. Both contained deeply disturbing and graphic content of a pornographic and aggressive nature. Aside from feeling violated by a person whom she was supposed to help, she felt guilty and incompetent for not sensing the depth of her client's pathology prior to reading his stories. She also wondered if she was somehow responsible for leading the client to think of her in a perverted manner. Filled with emotion, Barbara began to cry as she told the group her story. All of the group members were very supportive and comforting. A highly self-aware and introspective trainee, Barbara claimed that all she needed from the group was for them to listen. The university-based group supervisor, who had no experience working with chronically mentally ill clients, was clearly uncomfortable with the situation Barbara described as well as with her emotional reaction to the situation. He became noticeably nervous and bombarded Barbara with questions about how to help her. The group supervisor feared that Barbara might take legal action against the training program and contacted Barbara's site supervisor to demand that he address her "acute stress reaction." Barbara felt mortified by her group supervisor's manner of handling the situation and felt misunderstood and pathologized by him. Oddly enough, despite the group supervisor's concern about being sued by Barbara (who never had any intention of turning this into a legal matter), he used a timer and abruptly moved on to the next supervisee when Barbara's allotted time was up, without checking with her before moving to the next person.

Perhaps, like Barbara, you have found yourself assigned to a "lousy supervisor" and couldn't wait to end that supervisory relationship. Or perhaps in the role of supervisor, you have worked with a trainee who you believed was putting clients at risk or was possibly impaired, and you weren't sure how to proceed. Whether you are an experienced clinician, a beginning student in the helping professions, or at some stage in between, you will find yourself involved in the process of supervision as a supervisee and very likely as a supervisor.

Supervision has become a specialty field with unique competencies (knowledge and skills), theories, methods, evaluations, and legal and ethical duties and obligations. Many are poorly prepared for the supervision experience, and the challenge of supervising competently, as well as ethically and legally, can be daunting. As Barbara's group supervisor demonstrated, in an effort to be mindful of legal guidelines and ethics codes, some supervisors may compromise their effectiveness even though they have good intentions. We hope that by the time you complete this book, you will have a sound grasp of the knowledge and skills necessary to understand the nature and requirements of the supervisory process. Our goal is to provide a practical and complete guide to becoming a competent supervisor along with the skills needed to handle challenging supervisory situations.

Supervision is a unique professional relationship between a supervisor, a supervisee, and the clients he or she serves. Bernard and Goodyear (2009, p. 149) referred to the

broadest view of this relationship as a “triadic system.” This relationship changes over time and with experience. As supervisees become increasingly competent in practicing the skills of their profession, they require less direction from the supervisor. Competent supervision requires a fine balance on the supervisor’s part between providing professional development opportunities for supervisees and protecting clients’ welfare. While assisting supervisees to learn the art and craft of therapeutic practice, supervisors also are expected to monitor the quality of care clients are receiving as well as serving as a gatekeeper for the profession. A primary aim of supervision is to create a context in which the supervisee can acquire the experience needed to become an independent professional. In most cases, the supervisor–supervisee relationship is not equal; rather, it is hierarchical, having an evaluation component as its cornerstone. It seems somewhat contradictory to place the terms *relationship* and *evaluation* in the same sentence when defining supervision, but both are important components. Even though the supervisor has a monitoring and evaluating function, this does not rule out establishing a productive and caring supervisory relationship.

*What is clinical supervision?* Some call supervision an art, and successful supervision certainly is artful, but it is also an emerging formal arrangement with specific expectations, roles, responsibilities, and skills. The literal definition of *supervise* is “to oversee,” and the term dates back to the 1640s. *Supervision* is further defined as “a critical watching and directing (as of activities or a course of action)” (*Merriam-Webster Online Dictionary*, 2008). Clinical supervision in the broadest sense involves teaching, consultation, and evaluation, and the supervisory relationship extends over time (Bernard & Goodyear, 2009). Some other supervisory functions are counseling, advising, coaching, and mentoring. There are two general categories of supervision: clinical and administrative.

*Clinical supervision* focuses on the work of the supervisee in providing services to clients. In our view, clinical supervision is best defined as a process whereby consistent observation and evaluation of the counseling process is provided by a trained and experienced professional who recognizes and is competent in the unique body of knowledge and skill required for professional development. Supervision also is defined by many external forces, including governing bodies, licensing agencies, and the settings in which we work. For example, supervisors have very different roles and responsibilities when supervising students in a training program versus supervising prelicensed professionals in a mental health agency. Supervisory practice, roles, and responsibilities vary depending on the setting and other requirements.

*Administrative supervision* focuses on the issues surrounding the supervisee’s role and responsibilities in the organization as an employee: personnel matters, timekeeping, documentation, and so forth (Bradley & Kottler, 2001). The line between these kinds of supervision is not distinct; thus, not surprisingly, there continues to be “extensive misunderstanding” of the activities that constitute clinical supervision (Schultz, Ososkie, Fried, Nelson, & Bardos, 2002, p. 219). All too often clinical supervision is confused with staff meetings and administrative oversight because those who are designated primary supervisors have not received adequate supervisory training (Borders, 2005).

We hope this book will afford you greater clarity about the distinction between these two categories of supervision. Many of the principles and methods discussed throughout this book apply to both types of supervision. It is not unusual for counselors to be supervised by someone who is required to function in both clinical and administrative roles, a situation that can lead to some common challenges.

## The Evolution of Supervision

Clinical supervision, as a distinct specialty area within the helping professions, has seen vast changes in the past 20 years. Because clinical supervision derived from the practice of psychotherapy, a commonly held belief for many years was that if you had some clinical

experience and good counseling skills you were qualified to supervise. Many believed that using “good” counseling skills would be sufficient to assist trainees in becoming productive therapists. In addition, many supervisory relationships were relatively informal. The guidelines were minimal, and they focused primarily on the number of supervision hours required.

The role of the supervisor today bears little resemblance to the informal mentoring/therapeutic relationship of the recent past. We are not implying that effective supervision did not occur prior to the formalization of supervisor training. Based on conversations with many of our colleagues in the mental health professions, we conclude that many of them had excellent supervisors. However, little attention was given to formal documentation procedures, and most supervisors did not have the benefit of formal training in supervision (Association of State and Provincial Psychology Boards [ASPPB], 1998). Only in recent years has supervision, as an area of specialized training, become a focus in academic training, postgraduate training, and professional development workshops. This emphasis has evolved from the growing need for supervisors to conduct supervision in a professional and accountable manner, and to adhere to the regulations of various governing bodies.

Within the past three decades, many governing bodies of helping disciplines have developed specific criteria for the practice of supervision. The American Association of Marriage and Family Therapy (AAMFT) was one of the first to develop standards for supervisor training and established a designation of Approved Supervisor in 1983. The American Counseling Association (ACA) adopted the Association for Counselor Education and Supervision (ACES, 1990) *Standards for Counseling Supervisors* in 1989. The National Association of Social Workers (NASW) followed by publishing *Guidelines for Clinical Social Work Supervision* in 1994, and the National Board for Certified Counselors (NBCC) published *Standards for the Ethical Practice of Supervision* in 1999. Surprisingly, although the American Psychological Association (APA, 2002) has specific and detailed standards regarding training programs, it has not consistently addressed the qualifications and competencies of supervisors.

Today, clinical supervisors typically carry the responsibility for maintaining a professional supervisory relationship with each supervisee and each client that the supervisee counsels. One caveat is that there are certain circumstances in which a supervisor might be exempt from responsibility for *every* client that a supervisee counsels, such as when a supervisor is sought out privately to consult on a particular case. In such an instance, agreement would be reached in advance that the supervisor could be held responsible only for clients and cases on which there had been supervision (M. K. Reese, personal communication, July 6, 2009).

Accountability requires a more formal arrangement, consisting of professional disclosure statements and contracts that outline the model to be used in supervision, the goals and objectives of supervision, and assessment and evaluation methods. Presently, there is much controversy regarding the roles and responsibilities of professional conduct between supervisors and supervisees. These controversies include boundaries in the relationship, multicultural issues, and multiple relationships. State-of-the-art supervision today requires supervisors to have a multitude of skills and procedural knowledge including the following:

- Formalized training in supervision
- Knowledge of formal contracts and agreements
- The ability to initiate and maintain a positive supervisory relationship
- The ability to assess both supervisees and all clients they will serve
- Multiple modes of direct observation of the supervisee’s work
- Policies and procedures for practice
- Knowledge of proper documentation methods

- Specific feedback and evaluation plans
- Effective risk management practices
- Knowledge of relevant ethics and legal topics and issues
- Knowledge of diversity topics and issues
- Thorough knowledge of relevant state licensure requirements and processes

The body of knowledge needed to practice supervision now includes, but certainly is not limited to, roles and responsibilities, relationship dynamics, counseling skills, instructional skills, legal and ethical decision-making skills, multicultural competencies, and evaluative skills.

## **The Goals of Supervision**

Many authors have addressed the issue of supervision goals (e.g., Bernard & Goodyear, 2009; Bradley & Ladany, 2001; Campbell, 2000, 2006; Holloway, 1995, 1999; Kadushin, 1992; Kaiser, 1997), and there is considerable agreement regarding the goals of supervision although different authors described them in different ways. The various professional standards do not all address the goals of supervision directly, but the goals often can be inferred from the discussion of related topics. Some professional standards that address the purpose and goals of supervision are presented in Box 1.1.

## **Our Goals of Supervision**

In our view, the goals of supervision are fourfold: (a) to promote supervisee growth and development, (b) to protect the welfare of the client, (c) to monitor supervisee performance and act as gatekeeper for the profession, and (d) to empower the supervisee to self-supervise and carry out these goals as an independent professional. Let's examine each of these goals in more detail.

### *Promote Supervisee Growth and Development*

Many supervisors view teaching supervisees how to effectively counsel clients as the primary purpose of the supervision task. This is an essential component of the supervision function as supervisors must ensure the welfare of both current and future clients of the supervisee. It is not enough simply to teach about the specifics of each case, however. Supervisees must learn from supervision about issues that will translate well into independent practice in the future. The broader definition of this goal of supervision is promotion of supervisee growth and development as a competent clinician and professional, which may involve teaching or assuming any number of other supervisory roles (see Chapter 2). Promoting supervisee development is clearly a major goal of supervision, but it must be balanced with the focus on the welfare of the client.

### *Protect the Welfare of the Client*

Many authors (e.g., Bernard & Goodyear, 2009; Campbell, 2000, 2006; Kaiser, 1997) would agree that an essential function of supervision is to protect the welfare of the supervisee's clients. Yontef (1997) stated that supervision has the dual purposes of promoting personal and professional development and growth of the supervisee and protection of clients. State requirements for the supervision of unlicensed mental health professionals are designed to protect the consumers of those mental health services. A major function of the supervisor is to do everything necessary to ensure that both current and future clients receive competent and professional services from the supervisee and to intervene in whatever way is necessary when the client is not receiving such services.



## Box 1.1 PROFESSIONAL ASSOCIATIONS' GOALS OF SUPERVISION

### **Association for Counselor Education and Supervision (1993)**

#### *Ethical Guidelines for Counseling Supervisors*

The primary obligation of supervisors is to train counselors so that they respect the integrity and promote the welfare of their clients. (1.01.)

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

- a. monitoring client welfare;
- b. encouraging compliance with relevant legal, ethical, and professional standards for clinical practice;
- c. monitoring clinical performance and professional development of supervisees; and
- d. evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes. (2)

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

### **Association of State and Provincial Psychology Boards (1998)**

#### *Report of the ASPPB Task Force on Supervision Guidelines*

The supervisory process addresses legal, ethical, social, and cultural dimensions that impact not only the professional practice of psychology but also the supervisory relationship. Issues of confidentiality, professional practice, and protection of the public are central. (III.D.)

### **National Association of Social Workers (1994)**

#### *Guidelines for Clinical Social Work Supervision*

##### *Purpose and Intent of Supervision*

The primary purpose of supervision is to maintain and enhance the knowledge and skill of the clinical social worker to provide improved services to and clinical outcomes for the client population. Supervision includes the development of professionalism and the evaluation of function.

Supervision may occur for the purpose of aiding professional growth and development; fulfilling the requirements for licensing, credentialing, third-party reimbursement; and meeting internal administrative requirements, external regulatory or accreditation requirements and corrective or disciplinary functions.

#### *Monitor Supervisee Performance and Act as Gatekeeper for the Profession*

One function of the supervisor is to serve as gatekeeper for the profession (Falvey, 2002; Johnson et al., 2008; Lumadue & Duffey, 1999). Given the increased awareness of possible damage caused by mental health professionals who lack the personal qualities necessary for effective practice, it is reasonable that there is an ethical imperative for supervisors