

Standardizing the Pre-Licensure Supervision Process: A Commentary on Advocating for Direct Observation of Skills



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The present paper advocates for standardized regulations and laws for supervision of pre-licensed counselors in the United States, particularly for direct observation of clinical skills. A review of regulations by the American Counseling Association (ACA) Office of Professional Affairs (2012) reveals that only two states (Arizona and North Carolina) specify requiring supervision interventions that include the use of reviewing audio or videotapes, or live supervision modalities, to help evaluate pre-licensed counselors' competence. Literature on the current state of regulations, extant research on supervision practices, and effects on satisfaction with supervision and self-efficacy are presented and framed in terms of standardized policy.

Keywords: pre-licensed counselors, regulations, laws, satisfaction with supervision, self-efficacy, direct observation

A review of regulations by the American Counseling Association (ACA) Office of Professional Affairs (2012) reveals that all 50 states require the practice of counseling under supervision for two or more years after the completion of the master's degree prior to licensure. However, there are no unified national standards that govern post-master's degree supervision (e.g., ACA, 2012; Borders & Cashwell, 1992). Supervised counseling experience range from 1000 to 4500 hours (ACA, 2012), with the amount of face-to-face clinical supervision occurring either in an individual or group setting varying greatly (ACA, 2007). Furthermore, only two states (Arizona and North Carolina) specify requiring supervision interventions that include the use of reviewing audio or videotapes, or live supervision modalities, to help evaluate pre-licensed counselor competence (ACA, 2012). Some studies have investigated supervision in this counselor pre-licensure stage, including factors related to counselor effectiveness such as self-efficacy and satisfaction (e.g., Bernard & Goodyear, 2004; Fall & Sutton, 2004; Magnuson, Norem, & Wilcoxon, 2002). The use of direct observation of skills in supervision is noted to lead to more positive effects in terms of counseling performance and outcomes. Standardization of required direct observation of clinical skills is especially necessary. The literature indicates that observation of skills is crucial to counselor professional development and practice (Herbert & Trusty, 2006). Moreover, standardization of required direct observation of clinical skills is a key factor in licensure policy. The following review calls for such standardization, with a summary of current regulations, extant research in counseling outcomes and supervision practice, and recommendations and advocacy for regulation.

Supervision Background and Standards

ACA, the Association for Counselor Education and Supervision (ACES), and the American Association of State Counseling Licensure Boards (AASCB) have all attempted to define best practices in counselor supervision. The ACA Code of Ethics standard F.1.a discusses a primary obligation of supervisors in the role of monitoring services of counselors-in-training. This consists of monitoring case notes, samples of clinical work or live observation of the trainee (Herlihy & Corey, 2006). In 1990, model legislation for licensed professional counselors was developed by the American Counseling Association to promote acceptable professional standards within the realm of counseling. This proposed licensure bill recommended state licensure boards consider "what is the nature of the supervision co-therapy, direct observation, audio and/or videotaping" (Bloom et al., p. 520). ACES also addressed this issue in two different documents. First, the Ethical

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Guidelines for Counseling Supervisors states that supervisors are responsible for “actual work samples via audio or videotape or live observation . . .” which “should be reviewed by the supervisor as a regular part of the ongoing supervisory process” (ACES, 1995, p. 272). Secondly, the document titled *Standards for Counseling Supervisors* outlines eleven core competencies necessary for successful supervision. This document recommends that effective supervisors are skilled in using appropriate methods and techniques to promote counselor development; included are the review of video and audio tapes and live supervision (ACA, 1990). Lastly, the AASCB’s Approved Supervision Model (2007) recommends “some type of actual counseling session reviewed on a regular basis (i.e., videotaped session at least once a month)” (p. 2).

Methods of Supervision

Utilizing direct observation of counseling skills in supervision is recommended by various counseling associations. Numerous studies have shown the most common method of supervision during graduate-level training and the pre-licensure stage is self-report (e.g., Amerikaner & Rose, 2012; Bernard & Goodyear, 2014; Borders, Cashwell, & Rotter, 1995; Borders & Cashwell, 1992; Borders & Usher, 1992; Coll, 1995; Culbreth, Woodford, Levitt, & May 2004; Fall & Sutton, 2004; Herbert & Trusty, 2006). The information about the content of counseling sessions is based exclusively on the pre-licensed counselor’s subjective beliefs (Noelle, 2003). A limitation of this method may involve a supervisor’s lack of observable information about the pre-licensed counselor’s session, preventing accurate evaluation of the counselor’s effectiveness (Bernard & Goodyear, 2004). Rogers and McDonald (1995) found that when social work instructors in the field practicum experience used student self-evaluation as the primary content focus of supervision, they more often rated students as prepared for professional practice. However, when instructors employed direct observation of skills as the primary focus of their teaching and discussion surrounding the supervision session, they were less likely to assess the students as being prepared for clinical work. Similarly, Amerikaner and Rose (2012) state that direct knowledge of pre-licensed individuals’ work allows more precise evaluation of clinical skill demonstration. Furthermore, Herbert and Trusty (2006) state that without direct observation “the supervisor can neither affirm nor refute counselor impressions concerning the client-counselor relationship” (p. 76).

Extant literature also suggests supervision beyond self-report may enhance the supervision experience. Anderson, Schlossberg, and Rigazio-DiGilio (2000), in a study of family therapy trainees’ experiences in supervision, found that live supervision and videotape review were related to an enhanced supervision experience. Ellis (2010) states that thorough feedback helps supervisees develop new skills and hone existing skills needed to be successful. Although highly recommended, possible reasons the direct observation of clinical skills in supervision is not more commonly utilized could be due to a lack of time clinical supervisors have to provide adequate supervision due to other job-related duties (e.g., administrative), limited contact between the supervisor and the pre-licensed counselor (Borders & Usher, 1992; Magnuson, Norem, & Wilcoxon, 2000; Rogers & McDonald, 1995), difficulty in obtaining informed consent permission to tape or view counseling sessions (Herbert & Trusty, 2006), or the unavailability of apparatus necessary to directly observe skills such as video-recording technology and one-way mirrors (Amerikaner & Rose, 2012).

Counselor effectiveness also has been linked to self-efficacy and satisfaction, which are important components of therapeutic skill. Some work has investigated these variables in the context of the pre-licensed counselors’ supervisory experience, particularly related to the method of supervision (Gray, Erickson, & Kahsheena, 2009).

Satisfaction with Supervision

Ramos-Sanchez et al. (2002) found that the supervisory relationship was a critical factor in supervisee development. Patton and Kivlighan (1997) found that the bond between supervisee and supervisor affected the quality of the rapport in the supervisees’ relationship with clients. Larson (1998) stated that supervisor support and encouragement (in addition to structured learning situations such as direct observation of skills) would affect supervisee self-efficacy. Learning occurs through both skill practice and within a supportive, satisfactory relationship (Frymier & Houser, 2000). Thus, if the supervisee and supervisor have a satisfactory supervisory relationship, the supervisee is more likely to gain competency in clinical skills, and further, the production of self-efficacy through direct observation of skills within that relationship is likely to lead to a greater satisfaction with supervision.

Self-Efficacy

Assisting the pre-licensed counselor in producing efficacious actions with clients is a primary goal of the supervisor (Larson & Daniels, 1998). Cormier and Bernard (1982) state that the most important goal of supervision is the protection of clients' welfare and that directly observing the pre-licensed counselor's skills is useful in meeting this goal. Abbott and Lyter (1999) posit that supervisor observation of the supervisee during field supervision, whether by direct observation or via audio or videotaped recordings, is an essential for professional growth. Lent et al. (2006) state that one function of effective supervisors is that of building efficacy, through support, encouragement and observation of skills. Direct observation of skills is related to confidence in skills, or self-efficacy.

Self-efficacy is a component of social cognitive theory, which partially is a theory of learning through observation. In terms of counseling, the theory posits that to successfully conduct therapy, counselors must believe they are capable of providing successful treatment and be able to master techniques and interventions (Bandura, 1986; Larson, 1998). Mastery is one of four factors that contribute to the development of self-efficacy (Carruth & Woodside, 2010). If pre-licensed counselors have experienced previous success with an intervention, they are more likely to engage in that behavior again. It appears as if direct observation of skills better determines the effectiveness of interventions than case conceptualization does (Bandura, 1986; Bandura, 1997; Larson, 1998).

Direct observation of skills helps more with gaining self-efficacy than more widely-used methods of training in medical settings, such as through paper and pencil testing (du Pre, 2010). For instance, in a study of supervisory observation of medical trainees' clinical skills by Kogan, Holmboe, and Hauer (2009), the authors found that direct observation of skills is related to quicker attainment of clinical skills and more effective client care. Most importantly, confidence and the ability to apply clinical skills in practice directly influences quality of services provided (Bradley & Fiorini, 1999). Gray et al. (2009) found that pre-licensed counselors' self-efficacy is affected by more frequent direct observation of clinical skills. Self-efficacy is thus an important component of clinical skill-building in counseling. Given the evidence for this and other elements of supervisory practice and positive outcomes in supervisees, standards for effectiveness in practice are warranted.

Discussion

Currently there are no unified national standards that govern the post-master's degree supervision experience (e.g., ACA Office of Professional Affairs, 2012; Borders & Cashwell, 1992). Additionally, only a small minority of states require direct observation of pre-licensed counselors' skills during the supervisory process (ACA Office of Professional Affairs, 2012). Direct observation and practice of skills are linked to self-efficacy (Bandura, 1986). Gray, et al. (2009) found higher levels of counselor self-efficacy in those receiving greater amounts of direct supervision. Thus, it is likely that increased levels of direct observation during supervision are related to both counselors' self-efficacy and satisfaction with the supervisory experience.

Counselor performance also has been found to be related to self-efficacy and the supervisory environment (Larson & Daniels 1998); counselors who feel confident in their skills and have had adequate supervision have been shown to perform better clinically. Further, Kanno, and Koeske (2010) found social work interns who rated the supervisory experience as positive (i.e., helpful, receiving positive feedback) felt more empowered and reported higher levels of self-efficacy, linking positive supervisory experiences to self-efficacy and confidence. This work should directly translate to changes in supervision standards. Standards requiring practices that lead to such outcomes across states are necessary to provide a vehicle for optimal performance in counselor practice (Herbert & Trusty, 2006). Supervisees and educators should consider direct observation of counseling practices to optimize the experience of supervision and counselor performance.

Implications for Supervisors

Observation of skills is clearly relevant to many aspects of supervisor-supervisee interaction. While numerous studies indicate that the most common form of conducting supervision is by self-report (e.g., Amerikaner & Rose, 2012; Bernard & Goodyear, 2014; Borders et al., 1995; Borders & Cashwell, 1992; Borders & Usher, 1992; Coll, 1995; Culbreth et al., 2004; Fall & Sutton, 2004; Herbert & Trusty, 2006), research indicates that observing counselors through the use of audio

or video tapes or live supervision is beneficial to supervisee growth. Research further suggests that even minimal amounts of observation of skills has a significantly greater effect on the pre-licensed counselor's skill development than no observation at all, and that observing the pre-licensed counselor's skills at least half of the time in supervision is related to greater supervisee self-efficacy than less amounts of clinical skill observation (Gray et al., 2009). Self-efficacy is associated with counselor effectiveness and thus, if direct observation of skills contributes to greater self-efficacy, such observation may be linked to more effective counselor performance. Supervisee observation of supervisors performing counseling, or co-counseling between supervisor and supervisee, is another possible pathway to skill building and self-efficacy (Baird, 2011). It is recommended that supervisees take the initiative in requesting to directly observe supervisors counsel, as it has been found there can be resistance of supervisors to tape sessions for teaching purposes (Levenson & Evans, 2000).

It is paramount during discussions of expectations, roles and responsibilities in the supervisory relationship that supervisors emphasize to counselors that their skills will be observed during the pre-licensure stage (Remley & Herlihy, 2010). If not mandated by supervisors, it is doubtful that pre-licensed counselor's will solicit direct observation of their skills. Borders and Usher (1992), in a study conducted to determine preferred supervision modalities of pre-licensed counselors, found that they preferred self-report over observation of skills. The authors state "respondents may have considered other methods (e.g., live observation, videotaping) to be too inconvenient, intrusive or threatening" (Borders & Usher, 1992, p. 598). Furthermore, at the conclusion of the pre-licensure experience, supervisors will be required to formally report to state licensure boards a judgment of the supervisees' competence to practice independently as a counselor (Cobia & Boes, 2000). Observing skills on a regular basis throughout the relationship can aid in this decision. Lastly, it is recommended that if supervisors are not trained in using these methods of direct observation, they should consider completing continuing education training, workshops or graduate courses (Borders et al., 1995; Culbreth et al., 2004).

Implications for Counselor Educators

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires supervisors in master's and doctoral practicum experiences to include during the experience "the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients" (CACREP, 2009, p. 17). It also is common that evaluation for course success utilizes audio/videotapes or live observation of clinical sessions in practicum and internship. However, at the post-master's degree level this is usually not a requirement, but a recommendation. As previously noted, research studies point out that the observation of clinical work is a rarity and that self-report of clinical sessions is the norm (Amerikaner & Rose, 2012; Bernard & Goodyear, 2014; Borders et al., 1995; Borders & Cashwell, 1992; Borders & Usher, 1992; Coll, 1995; Culbreth et al., 2004; Fall & Sutton, 2004; Herbert & Trusty, 2006). Extant work has found that during the pre-licensure phase of supervision, counseling skills are usually never or rarely observed, but that viewing supervisees' skills significantly affects their beliefs positively concerning their levels of self-efficacy (Gray et al. 2009).

It is recommended that counselor educators in master's and doctoral degree programs discuss the post-master's degree process with students during their graduate school experience, specifically recommending that when selecting a supervisor, pre-licensed counselors broach the issue of how their counseling skills will be evaluated. It also is necessary that counselor educators encourage future counselors to choose supervisors committed to using direct observation as a method to enhance counselee growth, following CACREP requirements that mandate direct observation of skills in graduate practicum and internship experiences. Research such as that cited here can demonstrate to future pre-licensure counselors that despite the possible feelings of anxiety associated with having their clinical skills examined, requesting this observation will benefit their growth as counselors greatly (Borders & Usher, 1992; Overholser, 2004).

Since counselor educators have experience and skill in using these methods of direct observation, it also is recommended that they provide supervision trainings or continuing education opportunities for supervisors in their communities to enhance their competence in supervision (Coll, 1995). Furthermore, as more states call for supervisors to become board certified, counselor educators should advocate for state licensure boards to require supervisory training in methods of clinical skill observation. In addition, it is also recommended that counselor educators support licensure boards mandating a certain percentage of time that counselors' skills are directly observed. Herbert and Trusty (2006) state that "given the clearly

expressed preference for counselors to provide verbal reports of counseling sessions, it is unlikely that other, more direct methods, such as those available through audiotape, videotape, one-way mirror, will evolve without policy changes” (p. 76).

Conclusion

The post-master’s degree supervision experience is critically important in the development of competent counselors, and some research has been conducted to determine which factors in supervision produce more satisfied or capable counselors. However, individual state licensure boards in the United States lack specific requirements concerning methods of supervision (e.g., verbal exchange, direct observation). While the case consultation method is the most directly utilized method of supervision, it should not be the only approach utilized in the supervisory environment. Direct observation of skills by supervisors is a necessary component in the pre-licensed counselors’ professional development. Furthermore, direct observation of skill development will enhance counselor performance, possibly leading to more successful clinical outcomes (Herbert & Trusty, 2006). Given extant work in supervision outcomes, observational learning, and instructive relationships, standard policy regarding supervision of direct skills must be mandated across state licensure boards.

References

- Abbott, A. A., & Lyter, S. C. (1999). The use of constructive criticism in field supervision. *The Clinical Supervisor, 17*(2), 43–57
doi:10.1300/J001v17n02_02
- American Association of State Counseling Boards (2007). *Approved supervisor model*. Alexandria VA: Author.
- American Counseling Association Office of Public Policy Legislation (2007). *Mental health professional supervised experience requirements for state licensure*. Alexandria, VA: Author.
- American Counseling Association Office of Professional Affairs. (2012). *Licensure requirements for professional counselors: A state-by-state report*. Alexandria, VA: Author.
- American Counseling Association (1990). Standards for counseling supervisors. *Journal of Counseling and Development, 69*, 30–32.
- Amerikaner, M., & Rose, T. (2012). Direct observation of psychology supervisees’ clinical work: A snapshot of current practice. *The Clinical Supervisor, 31*(1), 61–80.
- 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.
- Association for Counselor Education and Supervision. (1995). Ethical guidelines for counseling supervisors. *Counselor Education and Supervision, 34*, 270–276
- Baird, B. N. (2011). *The internship, practicum, and field placement handbook* (6th ed.). Boston, MA: Allyn & Bacon.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W.H. Freeman.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, NJ: Prentice Hall.
- Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston, MA: Allyn and Bacon.
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Columbus, OH: Pearson.
- Bloom, J., Gerstein, L., Tarvydas, V., Conaster, J., Davis, E., Kater, D., Sherrard, P., & Esposito, R. (1990). Model legislation for licensed professional counselors. *Journal of Counseling and Development, 68*, 511–523.
- Borders, L. D., & Cashwell, C., S. (1992). Supervision regulations in counselor licensure legislation. *Counselor Education and Supervision, 31*, 209–218.
- Borders, L. D., Cashwell, C., S., & Rotter, J. C. (1995). Supervision of counselor licensure applicants: A comparative study. *Counselor Education and Supervision, 35*, 54–69.
- Borders, L. D., & Usher, C. H. (1992). Post degree supervision: Existing and preferred practices. *Journal of Counseling and Development, 70*, 594–599.
- Bradley, C., & Fiorini, J. (1999). Evaluation of counseling practicum: National study of programs accredited by CACREP. *Counselor Education and Supervision, 39*, 110–119.
- Carruth, E. K., & Woodside, M. (2010). The development of counseling self-efficacy: A case study. *North Carolina Perspectives, 3*, 4–17.
- Cobia, D. C., & Boes, S. R. (2000). Professional disclosure statements and formal plans for supervision: Two strategies for minimizing the risk of ethical conflicts in post-master’s supervision. *Journal of Counseling and Development, 78*, 293–296.
- Coll, K. M. (1995). Clinical supervision of community college counselors: Current and preferred practices. *Counselor Education and Supervision, 35*, 111–117.

- Cormier, L. S., & Bernard, J. M. (1982). Ethical and legal responsibilities of clinical supervisors. *The Personnel and Guidance Journal*, 60, 486–491.
- Council for Accreditation of Counseling and Related Educational Programs. (2009). *2009 CACREP accreditation manual* Alexandria, VA: Author.
- Culbreth, J. R., Woodford, M. S., Levitt, D. H., & May, K. M. (2004). Current and preferred clinical supervision experiences of home based treatment providers. *The Clinical Supervisor*, 23(1), 83–99. doi:10.1300/J001v23n0106
- du Pré, A. (2010). *Communicating about health: Current issues and perspectives* (3rd ed.). New York, NY: Oxford.
- Ellis, M. V. (2010). Bridging the science and practice of clinical supervision: Some discoveries, some misconceptions. *The Clinical Supervisor*, 29(1), 95–116.
- Fall, M., & Sutton, J. M. (2004). Supervision of entry level licensed counselors. *The Clinical Supervisor*, 22(2), 139–151. doi: 10.1300/J001v22n02_09
- Frymier, A. B., & Houser, M. L. (2000). The teacher-student relationship as an interpersonal relationship. *Communication Education*, 49, 207–219. doi: 10.1080/03634520009379209
- Gray, N. D., Erickson, P., & Kahsheena, Z. (2009, March). *The optimal supervision experience: A post-masters' supervisee perspective*. Presentation conducted at the Annual Convention and Exposition of the American Counseling Association, Charlotte, NC.
- Herbert, J.T., & Trusty, J. (2006). Clinical supervision practices and satisfaction within the public vocational rehabilitation program. *Rehabilitation Counseling Bulletin*, 49(2), 66–80.
- Herlihy, B., & Corey, G. (2006). *ACA ethical standards casebook* (6th ed.). Alexandria, VA: Author.
- Kanno, H., & Koeske, G. F. (2010). MSW students' satisfaction with their field placements: The role of preparedness and supervision quality. *Journal of Social Work Education*, 46, 23–38.
- Kogan, J. R., Holmboe, E. S., & Hauer, K. E. (2009). Tools for direct observation and assessment of clinical skills of medical trainees: A systematic review. *Journal of the American Medical Association*, 302(12), 1316–1326. doi: 10.1001/jama.2009.1365
- Larson, L. M. (1998). The social cognitive model of counselor training. *The Counseling Psychologist*, 26, 219–273.
- Larson, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist* 26(2), 179–218.
- Lent, R. W., Hoffman, M. A., Hill, C. E., Treistman, D., Mount, M., & Singley, D. (2006). Client-specific counselor self-efficacy in novice counselors: Relation to perceptions of session quality. *Journal of Counseling Psychology* 53, 453–463.
- Levenson, H., & Evans, S. (2000). The current state of brief therapy training in American Psychological Association-accredited graduate and internship programs. *Professional Psychology: Research and Practice*, 31, 446–452.
- Magnuson, S., Norem, K., & Wilcoxon, S. A. (2000). Clinical supervision of prelicensed counselors: Recommendations for consideration and practice. *Journal of Mental Health Counseling*, 22, 176–190.
- Magnuson, S., Norem, K., & Wilcoxon, S. A. (2002). Clinical supervision for licensure: A consumer's guide. *Journal of Humanistic Counseling, Education and Development*, 41, 52–60.
- Noelle, M. (2003). Self-report in supervision. *The Clinical Supervisor*, 21(1), 125–134. doi: 10.1300/J001v21n01_10
- Overholser, J. C. (2004). The four pillars of psychotherapy supervision. *The Clinical Supervisor*, 23(1), 1–13. doi: 10.1300/J001v23n01_01
- Patton, M. J., & Kivlighan, D. M. (1997). Relevance of the supervisory alliance to the counseling alliance and to treatment adherence in counselor training. *Journal of Counseling Psychology*, 44, 108–115.
- Ramos-Sanchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L. O., Wright, L. K., Ratanasiripong, P., & Rodolfa, E. (2002). Negative supervisory events: Effects on supervision satisfaction and supervisory alliance. *Professional Psychology, Research and Practice*, 33, 197–203.
- Remley, T. P., & Herlihy, B. (2010). *Ethical, legal, and professional issues in counseling* (3rd ed.). Upper Saddle River, NJ: Merrill.
- Rogers, G., & McDonald, P. L. (1995). Expedience over education: Teaching methods used by field instructors. *The Clinical Supervisor*, 13(2), 41–61. doi: 10.1300/J001v13n02_04