Getting the Most Out of Clinical Supervision: Strategies for Mental Health

Counseling Students
Quinn M. Pearson

Strategies are presented for helping mental health counseling (MHC) students navigate the process of receiving clinical supervision, from preparing for and initiating supervision to participating actively within and between sessions. Information from supervision practices and principles provides the foundation for guiding students in making the most of their first experiences in clinical supervision.

Within the field of counseling and psychotherapy, clinical supervision has only recently been recognized as a specialty in its own right (Bernard & Goodyear, 1998). No longer viewed as merely an extension of the therapeutic process, some licensing boards (e.g., Alabama and Louisiana) are requiring clinicians to receive specialized training in clinical supervision before credentialing them as approved supervisors. Actual training in supervision, however, still lags far behind available knowledge and research, resulting in wide variability of styles and quality. Moreover, even with extensive training and optimum conditions, supervision is a challenging and sometimes daunting enterprise. One way to mitigate the impact of the varying quality of supervision is through education of the consumer, the supervisee.

Although the literature is sparse, a few authors (N. Berger & Graff, 1995; S.S.Berger & Buchholz, 1993; Bernard, 1994) have emphasized the importance of preparing mental health counseling (MHC) students to receive supervision and have provided suggestions for such preparation. Without exception, these authors suggested that a basic component of learning how to be supervised involved being exposed to the fundamentals of providing supervision. Recognizing that many supervisors lack formal training in such fundamentals as supervisor roles and stages of supervision (Nelson, Johnson, & Thorngren, 2000) and that poor supervision (Magnuson, Wilcoxon, &

Quinn M. Pearson, Ph.D., is an associate professor, Counselor Education, University of North Alabama, Florence. E-mail: qmpearson@una.edu

Norem, 2000) is an unfortunate occurrence, MHC trainees can also benefit from knowing problems that can arise. Thus, preparing MHC students to receive supervision can help them know what to expect or what to promote in ideal or less than ideal situations.

The purpose of this manuscript is to empower MHC students, who are entering their first practicum, by providing information and practical strategies for embracing the possibilities and avoiding the pitfalls of receiving supervision, that is, for getting the most out of their clinical supervision experiences. Using foundational supervision principles and practices as a backdrop, strategies will be presented for preparing for the supervision experience, launching the supervision relationship, preparing for supervision sessions, and working between sessions.

PREPARING FOR THE SUPERVISION EXPERIENCE

Self-assessment of one's interest in and motivation for receiving supervision is a logical first step in preparing for the supervision experience. Given that supervised counseling experience is required to obtain a degree and license, formal supervision is essentially a mandated, involuntary requirement. MHC practicum students need to ask themselves the degree to which they consider supervision to be an opportunity for learning, an inconvenience, a restriction, or an imposition. Reflecting on a number of attributes that supervisors expect from and find desirable in supervisees can facilitate this assessment of students' willingness to participate in and receive supervision.

Mental Health Counselor Attributes

Several authors (S. S. Berger & Buchholz, 1993; Rodenhauser, Rudisill, & Painter, 1989) have maintained that qualities conducive to the successful use of supervision cannot be separated from qualities necessary to become an effective MHC. As they develop these qualities, MHC students need to be aware that a supervisor's assessments of their skills and knowledge are impacted by the student's behaviors in supervision. Rodenhauser et al. reported a number of supervisee attributes commonly listed by supervisors as "highly desirable for successful learning in psychotherapy supervision" (p. 369). Among these qualities were the following: psychological-mindedness and openness, interest and desire, motivation and initiative, enthusiasm and eagerness, dependability, interpersonal curiosity, empathy, willingness to risk, intellectual openness, habit of developing professional knowledge, minimal defensiveness, introspection, receptivity to feedback, and personal, theoretical, and clinical flexibility. In a more recent study by Vespia, Heckman-Stone, and Delworth (2002) that surveyed supervisors and supervisees, both groups

of participants cited the following as most important supervisee behaviors/qualities: demonstrates willingness to grow; takes responsibility for consequences of own behavior; actively participates in supervision sessions; demonstrates respect and appreciation for individual differences; and demonstrates understanding of own personal dynamics as they relate to therapy and supervision.

Practicum instructors could encourage MHC students to rate themselves on each of these characteristics, choose two or three that provide the most challenge or difficulty, form a goal related to each deficit, and consider discussing these areas and related goals with their on-campus and off-campus supervisors. In the absence of such guidance by an instructor or supervisor, the student can ask which of these characteristics pose the greatest challenge or represent a personal weakness. Students might also consider initiating a discussion of qualities desired by their supervisor with such questions as: What kinds of students have been most successful and satisfied in supervision (or on this site)? What kinds of students have been least successful and satisfied? What are some of the behaviors and qualities you value most in your work with supervisees? Questions such as these can provide valuable insight into personal preferences of individual supervisors as well as expectations and conditions unique to a particular clinical setting. Moreover, such questions allow the MHC student to demonstrate a number of the desirable qualities listed.

Supervisor Roles

Although beginning MHC students often have the misconception that supervisors "just tell counselors what to do," supervisors are expected to function in a variety of roles depending on the needs of the supervisee. These roles include teacher, counselor, and consultant (Bernard, 1979, 1994; Borders et al., 1991). Stenack and Dye (1982) explained the primary emphasis of each role. In the teacher role, the supervisor functions as the expert who provides answers or instructs the MHC student in such areas as learning techniques, applying interventions, and conceptualizing. From the role of counselor, the supervisor facilitates the self-growth and explores the personal reactions of the MHC trainee. The focus of supervision interventions from this role needs, however, to be limited to helping the MHC function more effectively as a professional. Finally, in the consultant role, the supervisor provides options and alternatives rather than answers, and the interaction is more collegial. Instead of instructing and directing the MHC student, the supervisor collaborates with the trainee in such areas as case conceptualization and treatment planning.

MHC students can prepare for the corresponding roles of student, client, and counselor by reflecting on their desire to learn skills and knowledge,

explore personal dynamics and reactions to clients, and discuss ideas and questions on a collegial level. These preferences are likely to be influenced by the student's level of professional development (Stoltenberg, 1981; Stoltenberg & McNeill, 1997), with beginning practicum students preferring a "supervisor-teacher who focuses on specific counseling skills and techniques" (Usher & Borders, 1993, p. 66). Additionally, MHC students can examine their personal preferences for and comfort with each of these roles, and consider goals for each. Although beginning MHC students usually prefer to function as students who want to be taught by supervisors, they may also have strong needs to assert their autonomy. Being aware of their own preferences and remaining flexible can prepare them for the various roles and preferences of their supervisors.

Supervisor Qualities and Responsibilities

Supervisor qualities of availability and approachability (N. Berger & Graff, 1995; Bernard, 1994) are critical components of effective supervision because the more comfortable MHC students feel about approaching supervisors for help, the more likely they are to seek this help and get their needs met (N. Berger & Graff). Likewise, Bernard stated that supervisors bear certain responsibilities such as tracking and monitoring the student's work with clients, providing regular and consistent feedback to the student, offering suggestions for improvement, and restricting the relationship to supervision. Further expectations of effective supervisors include offering suggestions for dealing with specific therapeutic situations, providing practical support through modeling and coaching, giving emotional support through reassurance and encouragement, delivering feedback in a constructive way, and being proficient as a therapist (N. Berger & Graff).

Although MHC students typically have limited choices or no choice regarding on-campus and on-site supervisors, gathering preliminary information about their supervisors can prepare students for what to expect. Former supervisees and other students can be invaluable sources of information (N. Berger & Graff, 1995; Magnuson, Norem, & Wilcoxon, 2002). To ensure a balanced perspective of a prospective supervisor, the student should interview several former supervisees and compare responses. When talking with former supervisees, N. Berger and Graff recommended finding out about overall impressions as well as specific supervisory behaviors by asking such questions as:

> Was the supervisor easy to interact with? Did he or she make you feel comfortable? How accessible was he or she? Did you feel like you were imposing if you needed to consult between scheduled sessions? What is his or her style of feedback? Were his or her comments ever destructive? (p. 416)

Students might also want to ask former supervisees about their best and worst experiences in supervision and how conflicts were managed. While positive answers to these questions can ease the student's fears and pave the way for developing a positive supervisory relationship, negative answers can help the student guard against personalizing negative supervisor behaviors and responding defensively.

LAUNCHING THE SUPERVISION RELATIONSHIP

MHC students need to be mindful of the fact that the initial meeting with the supervisor sets the tone for the supervisory relationship (Magnuson et al., 2002). Not only is the student assessing the supervisor, but also the supervisor is forming impressions of the student. These first impressions can impact the relationship for better or worse. Thus, MHC students need to be prepared to ask questions and to provide information and answers to supervisors' questions. At the very least, they should have thought out the complementary answers to questions they will pose to supervisors. For instance, the student should provide documentation of education and experience, perhaps in a resume or an academic transcript and be prepared to discuss theoretical orientations, client populations, strengths and weaknesses, goals for professional growth and skill development, any specialized interests, and hopes for supervision. Moreover, students need to mindful of the degree to which they communicate those previously listed desirable qualities of supervisees: enthusiasm, initiative, openness, psychological-mindedness, and minimal defensiveness, to name a few.

Other practical matters and procedures need to be addressed from the outset of supervision. Unless provided to on-site supervisors directly from the faculty, MHC students are responsible for conveying university requirements (e.g., client-contact hours and taping) and providing corresponding paperwork (e.g., formal contracts, consent forms, evaluations, and counseling records). In addition to university requirements, site policies and procedures need to be discussed. Mechanisms for documenting and maintaining records, procedures for informing clients of the supervisory relationship and its impact on confidentiality, and guidelines for handling emergencies are critical matters for discussion (Magnuson, Norem, & Wilcoxon, 2000). Finally, if not mentioned by the supervisor, the MHC student could inquire about supervisor availability for regularly scheduled supervision sessions and on an as-needed basis for crises, emergencies, and other situations (N. Berger & Graff, 1995; Bernard, 1994).

PREPARING FOR SUPERVISION SESSIONS

The purposes of supervision provide a useful backdrop when considering how to prepare for supervision meetings. Bernard and Goodyear (1998) emphasized the simultaneous purposes of enhancing the professional development and functioning of the MHC student counselor, monitoring the quality of services to clients, and serving as a gatekeeper to those allowed to enter the mental health counseling profession. MHC students should be prepared to initiate topics consistent with these purposes and similarly respond to related supervisors' questions.

Topics in Supervision

Based on the aforementioned purposes of supervision, Bernard (1994) discussed four major skill areas that comprise the focus of supervision: process (intervention) skills, conceptualization skills, personalization skills, and professional skills. Bernard defined process skills as what mental health counselors do in their sessions, expressly all observable counseling behaviors including, but not limited to, requesting information, reflecting, role playing, confronting, and supporting. Conceptualization skills involve the thinking of the MHC student. Included in this category are many MHC student covert behaviors such as identifying client concerns, discerning predominant client themes, designing therapeutic interventions, and planning future sessions. Personalization skills recognize the interplay between MHC students' personal attributes and their work with clients as well as their forming an identity as a mental health counselor. This category comprises a broad range of matters including separating one's own reactions from the client's reactions, being nondefensive with clients and the supervisor, handling a variety of emotions from clients and within oneself, and allowing one's sense of humor to emerge in interactions. Although professional skills can overlap with the other categories, they are a discreet category originally operationalized by Lanning (1986) as knowledge of and adherence to ethical standards and professional behaviors. In addition to behaviors emphasized by Lanning—such as being on time for appointments, maintaining confidentiality, and establishing appropriate relationships with clients—Bernard added completing paperwork in a timely manner, dressing appropriately, and related behaviors.

Forming a Tentative Agenda

Knowing those categories helps MHC students understand what areas are important to supervisors and provides options when preparing to initiate or respond to specific topics in supervision sessions. Another important consideration is bolstered by the findings of Vespia et al. (2002) that supervisors placed the utmost value on supervisees implementing the supervisor's direc-

tives when client welfare was a concern. Thus, when choosing what to discuss in supervision, students need to be mindful of and sensitive to supervisors' concerns about vicarious liability, their legal responsibility for the actions of supervisees. Moreover, rather than being fearful of admitting mistakes or weaknesses, students should realize that supervisors expect new MHC students to struggle and that admitting to and talking about these difficulties is welcomed by supervisors (N. Berger & Graff, 1995; Vespia et al.). Hiding mistakes and challenges makes beginning MHC students seem defensive or arrogant and increases the real threat to students and their supervisors by almost guaranteeing that real, versus imagined, problems will occur.

Awareness of these expectations and options can help MHC students prioritize when planning for supervision sessions. "At the outset of each supervision meeting, any immediate needs of the counselor (e.g., crisis situations) or the supervisor (e.g., ethical dilemmas or client welfare) become a priority" (Pearson, 2001, p. 176). It is important for students to update the supervisor on any prior directives and suggestions, between-session contacts for crises or emergencies, or ongoing difficult client cases. Once immediate concerns have been considered, students may want to mentally review their caseload. This reflective process can be facilitated by questions such as the following: What clients do I find myself often thinking about or seldom thinking about? When I think about a certain client, what thoughts, feelings, or reactions come to mind? Am I confused about what is driving a client's behavior or a client's internal dynamics? Am I uncertain about what to do to help a client change? Do I know what to do but am unsure of how to do it? Have I encountered a topic that is unfamiliar or uncomfortable? These and similar questions can help MHC students decide what cases to discuss and whether to focus on interventions, conceptualizations, personal reactions, or professionalism. Having decided what topics to initiate, any relevant materials such as paperwork or tapes should be organized or marked to ensure efficient use of time (N. Berger & Graff, 1995).

PARTICIPATING IN SUPERVISION SESSIONS

Careful reflection and preparation enable MHC students to enter supervision sessions with a plan. Along with their plan, students need to remain flexible for any plans or expectations that supervisors may present. Similar to the counseling process, spontaneity, surprises, and challenges are natural parts of the supervision process that provide much of the joy and creativity and, sometimes, frustration and conflict. Being able to anticipate supervisors' behaviors, identify potential sources of anxiety and conflict, and understand common dynamics of supervision relationships allows students to be more proactive and less reactive in their supervision meetings.

Active Participation

Participation in each supervision session begins with taking an active role in establishing a tentative agenda for the meeting. Offering to update the supervisor on the status of follow-ups to directives or suggestions, crisis or emergency cases, or other important pending matters is a useful first step. Additionally, requesting time for specific questions or challenging cases is also helpful. Providing this information accomplishes a number of things. It lets supervisors know that MHC students are sensitive to supervisors' concerns (i.e., vicarious liability) and respectful of supervisors' expertise. It also helps supervisors make decisions about how to utilize time in the session and what topics to initiate. Finally, it helps to ensure that students are more likely to get their needs met. By being active in structuring the meeting, students can help to reduce the frustration that results when one or both parties feel that essential matters were not addressed.

Being prepared for the various roles (i.e., teacher, counselor, and consultant) that supervisors might slip into and out of when addressing the aforementioned topics can also help to reduce potential confusion and frustration in MHC students. When supervisors provide feedback about performance, teach or model techniques, explain the rationale behind interventions, or provide interpretations of counseling interactions, they are trying to instruct students from the teaching role (Stenack & Dye, 1982). Operating from the counseling role, supervisors are trying to facilitate students' self-growth as it relates to their professional development. Questioning students about their feelings (e.g., whether in response to supervision, counseling sessions, or trying specific counseling interventions) and providing opportunities to explore affective responses, defensive reactions, worries, and personal strengths are all appropriate supervision interventions from the counseling role (Stenack & Dye). From the consulting role, supervisors focus on the client in order to generate information and ideas about treatment. Accordingly, supervisors encourage students to discuss client problems or motivations and brainstorm alternative conceptualizations or interventions. Rather than directing the interactions and providing answers, as is done in the teaching role, supervisors in the consulting role encourage student choice and responsibility by providing options and alternatives instead of answers (Stenack & Dye). Understanding the purposes of each of these supervisor roles can prepare MHC students for responding in a complementary fashion from the respective roles of student, client, and counselor.

Taking Initiative

In addition to merely responding to interventions from supervisors, MHC students can also consider initiating topics from the role of student, client, or counselor, depending on their developmental needs. In other words, MHC

students who want specific feedback about the quality of their conceptualizations or interactions might consider using the following student-role statements or questions: I am uncertain about whether I am going in a useful direction with this client. Can you give me some ideas about how to avoid giving advice when clients keep asking? Would you mind reviewing my paperwork to see if my treatment plans are improved? Can you tell me how to work with addictions, or can you suggest where to find a resource?

MHC students can initiate discussions about personal reactions and feelings by moving into the client role with the supervisor. A transition into the client role could be facilitated by the following questions and statements: I have a hard time paying attention to this client. Could you help me explore the anger that I am feeling toward the client's parents? For some reason, I am reluctant to confront this client, and I would like to figure out what is blocking me. This dream I had about my client contained some powerful images that I am having trouble interpreting. I find that I cannot stop worrying about my clients once I get home with my family. Sometimes in our supervisions sessions, I feel like I will never know enough to work with clients on my own. When I work with this client, he or she reminds me so much of my older brother or older sister. How can I ensure that these feelings will enhance rather that inhibit my work with this client?

Still other comments and questions from students, in the counselor role, can invite supervisors to move into a consultant role. Examples include the following: I am puzzled by the client's presenting symptoms, particularly in light of previous diagnoses. Can we spend some time discussing better ways to establish trust with this client? What do you think the client is trying to communicate by holding the sofa pillow when she talks? What kind of stress management techniques might work best with this client? I cannot really make sense of what keeps the client so stuck in this pattern of behavior.

Monitoring Self and Reactions

Three common occurrences in supervision are worth noting: counselor anxiety, transference and countertransference, and parallel process. Normalizing anxiety as an inevitable part of supervision is an important aspect of preparing MHC students for the supervision process (N. Berger & Graff, 1995; S. S. Berger & Buchholz, 1993; Bernard, 1994). Liddle (1986) identified five possible sources of threat for MHC students: (a) evaluation anxiety, (b) performance anxiety, (c) personal problems or internal conflicts, (d) deficits in the supervisory relationship, and (e) fear of negative consequences for trying new or risky counseling interventions. Accepting anxiety as a natural part of the process can make it easier for students to explore feelings of anger, defensiveness, or disinterest as possible reactions to underlying anxiety by asking themselves what they might be anxious about. Additionally, understanding

common sources of anxiety can help students cope with their anxiety. Coping strategies suggested by Liddle included cognitive restructuring of counselor self-statements, rehearsing positive self-statements, reframing vulnerability as an opportunity for growth, assessing student strengths, and relying on outside social support systems. Students might also consider the following strategies: discussing with supervisors anxious feelings the moment they occur in supervision sessions, asking supervisors how they coped with anxiety during their training, and asking for specific feedback and evaluation if uncertain about the supervisor's opinion of their counseling abilities and progress.

In addition to anxiety, transference and counter transference can be the root of confusing, difficult, and sometimes negative interactions between supervisees and supervisors alike (Pearson, 2000). If unrecognized, such unconscious processes increase the potential for ineffective supervision or conflict within the supervisory relationship (Pearson). Recognizing these processes requires a willingness by MHC students to engage in serious personal reflection. Students' expectations for what should be happening in supervision can be influenced by current and prior relationships with other authority figures, including parents, teachers, and bosses. For instance, if students perceive their supervisors as overly critical, aloof, uncaring, smothering, stifling, or untrustworthy, they need to examine the degree to which they have had similar feelings toward other authority figures. Students might also ask others who have worked with the supervisor about their experiences and perceptions. When students realize that their reactions are unique or exaggerated compared to others' reactions and that they have reacted similarly to other authorities, transference is the likely explanation. With such a realization, students are more likely to act constructively rather than react negatively.

Parallel process (Friedlander, Siegel, & Brenock, 1989) is another unconscious phenomenon that is less familiar to MHC students. Parallel process occurs when supervisees unconsciously present themselves to the supervisor in much the same fashion that the client presented to the supervisee. Thus, the supervisee unconsciously replicates the conflict of the client (S. S. Berger & Buchholz, 1993). S. S. Berger and Buchholz argued that MHC students who understand parallel process may be able to observe themselves more effectively and may be more receptive to related interventions by the supervisor. Because parallel process is often subtle, making it difficult to detect, MHC students can be alert to situations in which their responses, reactions, or needs in supervision are atypical for themselves and ask the following: What client am I currently discussing or reminded of? To what degree could the client be feeling similar to the way I am feeling now? Do you have any insights regarding my description of the client and how it compares to your and my feelings in this situation.

WORKING BETWEEN SUPERVISION SESSIONS

Although working between sessions has already been alluded to and described in such discussions as reflecting on topics for upcoming supervision sessions, several additional suggestions are worth noting. As emphasized by N. Berger and Graff (1995), "the real work takes place between supervision sessions" (p. 432); and MHC students should, therefore, be committed to investing time and energy before and after supervision meetings. According to Bernard (1994), "the key to maximizing supervision is to invest additional energy between supervision and subsequent counseling sessions" (p. 187).

Making notes of important points, strategies, or reflections during or immediately after supervision sessions is an important first step in extending and applying what was learned. A natural extension of making notes is to translate this learning into specific plans for working with clients. Additional outcomes might include specific plans for student learning through researching specific topics or interventions, obtaining and reading materials suggested by the supervisor, or consulting with other professionals. Finally, the loop is completed when preparing for the next supervision session by reviewing or transcribing tapes, making notes on any important topics to be discussed in the next supervision session, and continually assessing one's self on attitudes and receptivity to supervision.

CONCLUSION

Although supervisors are ethically responsible for the quality of supervision they provide (Bernard & Goodyear, 1998), the ultimate beneficiaries are the MHC students who are being supervised and their clients. Knowing what to expect and what to promote in supervision empowers students to make the most of an ideal situation and perhaps the best of one that is less than ideal. Rather than being passive recipients of supervision, MHC students can be proactive participants who impact the quality of their supervision experience. Recommendations for MHC students are summed up as follows:

- Be proactive.
- Remain flexible.
- Ask for what you need; do not demand it. For example, rather than stating that you must see more clients to get your required hours, consider informing your supervisor that you would like to explore avenues for increasing your client-contact hours.
- Take responsibility for learning and growing in supervision. You are the ultimate winner or loser.
- Self-assessment and reflection are your best tools for improving as a mental health counselor, learning as a supervisee, and problem solving in

relationships with clients and supervisors.
- Avoid blaming and focus on planning and problem solving.
- Instead of focusing on what your supervisor does not provide, ask what you can learn from your supervisor.

REFERENCES

Berger, N., & Graff, L. (1995). Making good use of supervision. In D. G. Martin & A. D. Moore (Eds.), *Basics of clinical practice: A guidebook for trainees in the helping profession* (pp. 408–432). Prospect Heights, IL: Waveland Press.

Berger, S. S., & Buchholz, E. S. (1993). On becoming a supervisee: Preparation for learning in a supervisory relationship. *Psychotherapy: Theory, Research, Practice, Training, 30,* 86–92.

Bernard, J. M. (1979). Supervision training: A discrimination model. *Counselor Education and Supervision, 19,* 60–68.

Bernard, J. M. (1994). Receiving and using supervision. In H. Hackney & S. Cormier (Eds.), *Counseling strategies and interventions* (pp. 169–189). Needham Heights, MA: Allyn & Bacon.

Bernard, J. M., & Goodyear, R. K. (1998). *Fundamentals of clinical supervision* (2nd ed.). Boston: Allyn & Bacon.

Borders, L. D., Bernard, J. M., Dye, H. A., Fong, M. L., Henderson, P., & Nance, D. W. (1991). Curriculum guide for training counseling supervisors: Rationale, development, and implementation. *Counselor Education and Supervision, 31,* 58–80.

Friedlander, M. L., Siegel, S. M., & Brenock, K. (1989). Parallel processes in counseling and supervision: A case study. *Journal of Counseling Psychology, 36,* 149–157.

Lanning, W. (1986). Development of the supervisor emphasis rating form. *Counselor Education and Supervision, 25,* 191–196.

Liddle, B. (1986). Resistance in supervision: A response to perceived threat. *Counselor Education and Supervision, 26,* 117–127.

Magnuson, S., Norem, K., & Wilcoxon, S. A. (2000). Clinical supervision of prelicensed counselors: Recommendations for consideration and practice. *Journal of Mental Health Counseling, 22,* 176–189.

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.

Magnuson, S., Wilcoxon, S. A., & Norem, K. (2000). A profile of lousy supervision: Experienced counselors' perspectives. *Counselor Education and Supervision, 39,* 189–202.

Nelson, M. D., Johnson, P., & Thorngren, J. M. (2000). An integrated approach for supervising mental health counseling interns. *Journal of Mental Health Counseling, 22,* 45–58.

Pearson, Q. M. (2000). Opportunities and challenges in the supervisory relationship: Implications for counselor supervision. *Journal of Mental Health Counseling, 22,* 283–294.

Pearson, Q. M. (2001). A case in clinical supervision: A framework for putting theory into practice. *Journal of Mental Health Counseling, 23,* 174–183.

Rodenhauser, P., Rudisill, J. R., & Painter, A. F. (1989). Attributes conducive to learning in psychotherapy supervision. *American Journal of Psychotherapy, 3,* 368–377.

Stenack, R., & Dye, H. (1982). Behavioral descriptions of counseling supervision roles. *Counselor Education and Supervision, 21,* 295–304.

Stoltenberg, C. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28,* 59–65.

Stoltenberg, C. D., & McNeill, B. W. (1997). Clinical supervision from a developmental perspec-

tive: Research and practice. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 184–202). New York: Wiley.

Usher, C. H., & Borders, L. D. (1993). Practicing counselors' preferences for supervisory style and supervisory emphasis. *Counselor Education and Supervision, 33,* 66–79.

Vespia, K. M., Heckman-Stone, C., & Delworth, U. (2002). Describing and facilitating effective supervision behavior in counseling trainees. *Psychotherapy: Theory, Research, Practice, Training, 39,* 56–65.