Addressing Supervisee Anxiety During COVID-19: Applying Models of Supervision

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Abstract

Graduate counseling supervisees are experiencing unprecedented obstacles, compounding stressors, and heightened anxiety amidst the global COVID-19 pandemic. If not addressed, excessive anxiety can impede professional growth and limit the competence of future counselors. While theoretical-based models of supervision exist, the application of such models has not been fully explored in relation to addressing supervisee anxiety. Prompt and pointed action is needed from counseling supervisors, who are professionally and ethically responsible for training future counselors and the gatekeeping process. Three supervision models, including the Integrative Developmental Model, Solution-Focused Supervision, and Cognitive-Behavioral Supervision, are utilized to address heightened anxiety among counseling supervisees. Implications for counseling faculty supervisors and future research are included.

Counseling supervisees experience some level of anxiety during their training (Bernard & Goodyear, 2019; Prikhidko et al., 2020) as role uncertainty, lack of experience, new knowledge, and evaluative pressure are typical stressors of counseling students (McNeill & Stoltenberg, 2016). Additionally, the COVID-19 pandemic has been associated with increased mental illness in college students, highlighting the stressful and uncertain outcomes compounded by the pandemic (Chirkov et al., 2021). College students, in general, have reported increased financial stress, a rise in depression, challenges in accessing mental health care, and increased fears of the unknown (Redden, 2020). In addition, 80% of faculty reported having individual conversations with students regarding mental health and wellness concerns during the pandemic (Lipson, 2021). Specifically, graduate counseling students have also been impacted by compounding stressors such as the sudden transition to telemental health services, the risk of not meeting program requirements, and finding ways to meet the increased mental health needs of clients (Cea, 2020). Excessive stress, anxiety, and uncertainty are inevitable for current counseling supervisees.

Although the stressors related to COVID-19 have become more familiar, supervisees continue to be negatively affected and many continue to experience heightened levels of anxiety. Counseling supervisors assume a complex and multidimensional responsibility which reflects the diversities and conflicts of society (Bernard & Goodyear, 2019) while guiding the professional growth and development of supervisees (Association of Counselor Education and Supervision [ACES], 2011). Counselor educators and supervisors, who had to quickly transition the training and supervision process online during the onset of the pandemic, need to consider how to most effectively provide clinical supervision amidst the ongoing mitigation efforts. Therefore, it is essential for supervisors to adjust their style and techniques, as needed, to support their supervisees (ACES, 2011). During a time of historic and overlapping crises, which have

disproportionately impacted the mental health profession (Bell et al., 2020), counseling supervisors can respond to the current crisis by finding more effective ways to support supervisees specifically related to rising anxiety levels.

The purpose of this article is to offer an innovative application of supervisory practices by utilizing evidence-based models to specifically address heightened supervisee anxiety during COVID-19. While the models are well-known, the application to graduate counseling supervisee anxiety has not been explored in this context. A ProQuest Central search using the key phrases *supervisee* and *anxiety* revealed only one peer reviewed journal article in the last five years. Further, adding the keyword *pandemic* to this ProQuest query yielded zero peer reviewed articles. Given that supervisees are facing paramount stressors due to the pandemic, adapting supervision models to address heightened anxiety is warranted and innovative. This need has not been fully explored despite supervisors' responsibility to lessen supervisee anxiety (ACES Best Practices, 2011). As counselor educators who provided supervision during the COVID-19 pandemic, we assert that the Integrative Developmental Model (IDM), Solution-Focused Supervision (SFS), and Cognitive-Behavioral Supervision (CBS) models can be used to specifically address heightened supervisee anxiety throughout the supervision process. Each model will be applied to a case study of a graduate counseling supervisee struggling to succeed and overcome stressors during a global pandemic.

Cumulative Stressors Contributing to Supervisee Anxiety

Even under typical circumstances, counseling supervisees may experience moderate levels of anxiety (Bernard & Goodyear, 2019) and in some situations, excessive anxiety can impede the supervisee's development. Additionally, symptoms of anxiety such as pervasive worry, fear, and overwhelming dread can cause great anguish and lead to emotional and behavioral symptoms (APA, 2013). Supervisee anxiety could manifest itself in various ways,

depending on the individual's coping mechanisms. Bernard and Goodyear (2019) explain that highly anxious students can present as overly dependent, lacking autonomy in their thinking, unprepared for supervision, and not confident in their peer feedback. Furthermore, overly anxious supervisees could second guess themselves and show resistance or extreme dependence, both of which can impair their clinical judgement (Kuo, et al., 2016). When severe enough, supervisee anxiety can eclipse critical priorities such as developing clinical competence (Prikhidko et al., 2020) and establishing a counselor identity (Rogers et al. 2019). Supervisees who engage in negative thinking risk sabotaging the therapeutic alliance and fail to accurately conceptualize themselves and their clients. Reliance on the supervisor, fears of rejection, and concerns of abandonment also limit a supervisee's ability to apply corrective feedback to improve their skills and shape their counselor identity (Rogers et al., 2019).

At the onset of the pandemic, instruction, supervision, and direct service delivery abruptly transitioned to the virtual setting. Although online counseling programs were already being utilized to train future counselors (CACREP, 2021), other traditional programs were in-person and needed to quickly transition online, prompting all students to adapt their own learning and clinical skill application to a virtual setting. During this time, supervisees needed to provide direct clinical services via telemental health and adjust to new forms of technology and schedules for their training and fieldwork experiences. While current research related to the impact on counseling supervisees is not yet available, previous findings indicate that experiencing uncertainties and a fear of the unknown can lead to excessive questioning, reassurance seeking, rumination of negative thoughts, and implementation of control-seeking behaviors (Clark & Beck, 2012). Additionally, increased health anxiety may result in more fear, worry, and uncertainty (Chirkov et al., 2020).

Additionally, the necessity of telehealth services and its vast utilization during COVID-19 prompted a need to increase familiarity and understanding of telemental health services. Again, current research is lacking, yet Rios et al. (2018) found that telemental health services are more cost efficient, timely, and equally as effective as traditional sessions. Although there are a myriad of possibilities with technology, it does come with challenges (Miu, 2020; Rios et al., 2018). For example, confidentiality in remote and telemental health is not guaranteed and client's nonverbal behaviors and language may be difficult to interpret as compared to when in in-person sessions (Erford, 2017; Rios et al., 2018). Counselors must consider how cultural and social (Weinzimmer, 2021) and ethical values affect access and delivery of telemental health services (Rios et al., 2018). Furthermore, telemental health is not a one-sized fits all therapeutic option, especially for clients who are high-risk with symptoms which make telehealth less appropriate (Palomares, 2018). It is naive to believe that technology has reached its performance peak, therefore, counselors must continue to be flexible in incorporating new ways to serve clients amid current and cumulative stressors related to the pandemic.

Anxiety and Supervision

Unfortunately, the presence of excessive, unaddressed supervisee anxiety has been found to negatively impact the supervisory experience (Bernard & Goodyear, 2019). For example, receiving and responding to feedback is a supervision process that may be affected by supervisee anxiety. Ideally, supervisees will be open and responsive to receiving critical feedback from their peers and supervisor. However, not all supervisees value the opportunity to receive such feedback. Fickling et al. (2017) found that already anxious supervisees were especially defensive, overly sensitive, and hesitant when confronted with critical feedback especially when negative consequences were observed in group supervision sessions. Another recent study also found that preexisting levels of anxiety may influence supervisees' perception of feedback

during supervision. McKibben et al. (2019) reported that already anxious supervisees may internalize feedback with a heightened sensitivity compared to their non-anxious peers. Additionally, disaster mental health counseling, doubles a counselor's risk for compassion fatigue and vicarious trauma (Lambert & Lawson, 2013) thereby compounding the concerns related to the COVID-19 pandemic.

Live supervision can also heighten supervisee anxiety. Andrews and Harris (2017) found that supervisees reported overwhelming anxiety while being observed when learning new skills. Supervisors confirmed that the anxiety impacted the supervisee's ability to engage with clients. Additionally, Prikhidko et al. (2020) found that supervisees were anxious about making mistakes and feared harming clients. Being uncertain of the clinical path to take with clients rendered students incapable or unsure of new direction. Requiring additional new skills, such as the use of telemental health platforms also compounded challenges (Aranez Litam et al., 2021) and can further impede the supervisee's ability to effectively engage with clients during live supervision sessions. Furthermore, Prikhidko et al. (2020) showed that counseling supervisees may experience anxiety when their clients are in a state of crisis, further supporting the notion that heightened anxiety in the general population due the COVID-19 pandemic will put additional pressures on counseling supervisees and potentially negatively impact them and their role.

The Supervisor's Role in Addressing Anxiety

The role of the supervisor is complex, multifaceted, and involves various functions including teaching, counseling, and consultation (Bernard & Goodyear, 2019). Because counseling supervisors were clinicians first, the supervisory role is often viewed from the lens of the clinician as well as that of a supervisor. As such, counseling supervisors are well positioned to identify and address supervisee anxiety and have the responsibility to respond appropriately. In pre-pandemic times, counseling supervisors addressed minimal levels of supervisee anxiety

with typical supervision practices. For example, Bernard & Goodyear (2019) recommended providing clear expectations early in the supervisory process and "normalizing anxiety and giving permission to make mistakes" (p.106). Additionally, offering more structure and support were also recommended to help counseling supervisors address commonly experienced supervisee anxiety (Bernard & Goodyear, 2019). With ongoing heightened anxiety due to the pandemic, supervisors can look to professional and ethical guidelines for expectations and procedures.

Professional Guidelines

Documents such as the ACA Code of Ethics (2014), ACES Best Practices (2011), and the CACREP Standards (2016) provide direction for supervisors to provide effective supervision and to best prepare the future counselors of the profession. The ACES Best Practices (2011) includes specific content related to the role of the supervisor as it pertains to supervisee anxiety. In 1.c., best practices for the supervisor include creating a working alliance between the supervisor and supervisee in such a way that it is "collaborative and egalitarian to assist in lessening supervisee anxiety about the supervision process" (p. 3). In 5.b.iv., supervisors are instructed to attend to the supervisory relationship as it relates to addressing "supervisee anxiety that is detrimental to supervision while recognizing that some anxiety is inevitable, normal, and positively related to supervisee growth" (p. 7).

While the topic of anxiety is not specifically addressed in the ACA Code of Ethics (2014), impairment clearly is. Counseling supervisors are responsible to be aware of and address potential supervisee impairment that could interfere with the supervisee's ability to meet professional responsibilities (ACA, 2014, F.5.b.). Since counseling supervisors serve as gatekeepers and have an evaluative role (ACA, 2014), it is imperative that they attend to and address excessive supervisee anxiety to ensure that there is no supervisee impairment negatively

effecting client welfare. Counseling supervisors are expected to address any topics or "personal concerns that have the potential to affect professional competency" (ACA, F.8.d., p. 14). Supervisors must also remain in their supervisory role and not provide counseling to their supervisee (ACA, 2014). However, if anxiety and distress reach a level of impairment, the supervisor can assist the supervisee with finding appropriate counseling services.

Evaluation

Another consideration for the supervisory role is the evaluation of supervisees. Various scales and rubrics exist for supervisors to monitor progress and identify factors that could impede supervisee performance. The *Counseling Competencies Scale-Revised (CCS-R)* (Lambie & Ascher, 2016) can be used to measure skill and disposition expectations such as self-awareness, emotional stability, and self-control. Another supervision tool that can be used to quantify heightened anxiety is the *Anticipatory Supervisee Anxiety Scale (ASAS)* (Singh & Ellis, 2000). The ASAS is a 28-item inventory constructed to rate current thoughts and/or feelings regarding upcoming supervision sessions on a 9-point Likert scale. Questions include, "I feel fearful that I might receive a negative evaluation from my supervisor" and "I worry that I might appear stupid." The total score can be used to gauge supervisee's level of anxiety and to identify sources of anxiety.

Additionally, supervisees may desire personalized feedback as part of the evaluation process (Pool et al., 2021). Therefore, sharing formative feedback from an informal assessment at a designated point, such as the midpoint of a fieldwork experience, may be effective if the supervisee is simultaneously engaged in self-reflective practices regarding these results (Bernard & Goodyear, 2019). In addition to considering their progress, supervisees can consider factors that are enhancing or limiting their growth (Newman & Kaplan, 2016). If a supervisor suspects fear or anxiety may be a hindrance to the supervisee's development, the supervisor can present

open-ended questions for the supervisee to consider. Questions such as, "What was going through your mind when you were worried about co-leading an online group?" can provide information for the supervisor and self-awareness for the supervisee. A collaborative conversation can engage the supervisee in practical problem-solving and inform the establishment of subsequent professional goals. It is at this time that the supervisor can consider the needs of the individual and the group and determine which supervision models and interventions should be implemented to address heightened anxiety most effectively.

Models of Supervision

A counseling supervisor must be a "competent and experienced practitioner who has knowledge of a range of theoretical orientations and techniques" (ACES, 11.a.i., p.13). When addressing heightened levels of supervisee anxiety within group and individual supervision sessions, supervisors can meet the needs of their supervisees by applying their training and knowledge of supervisory models and techniques (Rogers et al., 2019). Merely being aware of anxious supervisees is not sufficient. Instead, an effective supervisor *actively engages* with highly anxious trainees and uses evidence-based models of supervision and interventions to address anxiety. We, who are current counselor educators and supervisors, outline three theoretical models of supervision and apply each model to the case study of Alice. In the case study, Alice is a graduate counseling student in the fieldwork phase of her counseling program during the COVID-19 pandemic. An overview of the proposed models, including the Integrative Developmental Model (IDM), Solution-Focused Supervision (SFS), and Cognitive-Behavioral Supervision (CBS), will be given, followed by specific considerations for use of the model within this case. While the supervision models presented here are not new or novel, the application of these models to address graduate counseling student anxiety is new and warranted as supervisees are encouraging unprecedented stressors and obstacles which could negatively

impede their competence, confidence, and anxiety. Supervisors can learn to choose and deliver supervision methods that are most appropriate for addressing heightened anxiety within the supervision process.

Case Study

Alice is a 26-year-old female who is completing her first 300 hours of internship at an outpatient counseling agency. Alice is a first-generation college student struggling with self-doubt about her ability to demonstrate CACREP competencies at her internship site. Additionally, at the onset of COVID-19, she became fearful of contracting the virus and giving it to her aging parents, with whom she resides. Her fears were briefly alleviated when her internship site closed their doors and quickly transitioned to providing telemental health services while her part-time position in the food industry was terminated at the same time due to COVID-19. Alice quickly learned that she was not comfortable providing telemental health services and that the economic stress of unemployment was greater than she could have imagined. Alice's faculty supervisor noticed her heightened anxiety in group supervision sessions. Alice appeared less organized, became defensive when peers offered feedback on case presentations, and she often asked irrelevant questions before and after class. During case presentations, Alice dismissed her client's angry outbursts by sharing that she feels her client is "crazy and just needs to take her meds." Alice shared that she lacked confidence in her decision-making abilities, felt stuck, and began to avoid tasks that were required in her internship role.

The Integrative Developmental Model of Supervision

Since its inception 40 years ago, the Integrative Developmental Model (IDM) has gained popularity. Originally developed as a model that posited counselor growth (Stoltenberg, 1981), the IDM has since become an established, empirically supported supervisory process which aims to address supervisee's level of counselor development and skill level, specifically at the

graduate level. A major aspect of the IDM is the intentional approach of the supervisor which draws heavily on the skill and anxiety level of the trainee.

This tiered model uses three levels (novice, intermediate, and experienced) to promote the personal and professional growth of counselors (Shelton & Zazzarino, 2020). The goals of the IDM are achieved by promoting supervisee awareness, motivation, and autonomy by integrating cognition, interpersonal growth, and social influences. The IDM outlines supervisee growth by assessing eight domains: intervention skill competence, assessment technique, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans, and professional ethics. The IDM allows flexibility for the supervisor to manage anxiety by responding to trainees by being highly prescriptive and providing skill acquisition, modeling and mentorship (Bernard & Goodyear, 2019). The underlying goal of this model is to empower the supervisee to make autonomous decisions during the supervisory process (McNeill & Stoltenberg, 2016).

The exact prevalence of anxiety in graduate students is unknown, however, McNeill and Stoltenberg (2014) consider all graduate students to be functioning at the lowest level, level 1 (novice), which is characterized by high anxiety. New to the field graduate students are often self-focused with limited self-awareness, highly anxious, and fearful of evaluation. As such, McNeill and Stoltenberg (2014) note that level 1 supervisees commonly emulate the feelings of their clients (sadness, fear, anxiety) making for a very emotional supervision process.

Application of IDM of Supervision to Case Study

In the IDM, supervisors encourage supervisees to engage in continuous reflection to facilitate growth in three core areas: supervisee motivation, autonomy, and awareness (McNeill & Stoltenberg, 2016). The supervisor plays a direct role in overseeing and evaluating these skills to facilitate the growth needed in a supervisee's skill set to move the supervisee to the next

developmental level. The IDM is tolerant to a wide variety of techniques to address anxious supervisees however, supervisors must utilize approaches that correspond to the developmental level of the supervisee. For example, supervisors should use perspective and sensitivity when supervising a highly anxious and dependent level 1 supervisee such as Alice.

The IDM provides a structured model which gauges the supervisees growth in a nonthreatening manner in three stages of development. Alice is a level 1 supervisee who would benefit from structure and concrete guidance from the supervisor (Shelton & Zazzarino, 2020). Level 1 supervisees typically have limited counseling experience, are highly motivated, overly anxious and apprehensive about evaluation (McNeill & Stoltenberg, 2016). In this case, Alice is facing compounding stressors such as loss of employment and anxiety about providing telemental health services. Her behaviors are interfering with the group sessions and Alice seems oblivious to how her anxiety is projecting onto others. To instill awareness in Alice, the supervisor could utilize a *confrontive intervention* to address the discrepancies in Alice's behaviors and her temperament during the group supervision sessions (McNeill & Stoltenberg, 2016). To provide direct advice to Alice, the supervisor could say, "I hear your hesitations about providing remote counseling sessions. Do you have a quiet and confidential environment to optimize engagement from your client?" This gentle confrontation is intended to motivate Alice to move past her anxieties regarding remote counseling services and to question her self-awareness of her own reactions. Further, the supervisor could use a *confrontive intervention* to address how Alice's behaviors are interfering with the group session. For example, the supervisor could supportively confront Alice regarding her defensiveness towards her peers to help move her beyond internalization of these interactions. The supervisor could say, "Alice, I understand the anxieties are high right now. There is a lot of uncertainty with the pandemic and I hear your musings and inner thoughts regarding the unknown. I am glad you feel comfortable

sharing your emotions without being judged, however, I've noticed your fluctuating emotions towards your peers when they provide feedback, Alice. Are you feeling pressure to respond perfectly or is something else going on?" By providing this supportive and targeted feedback to Alice, the supervisor has provided a safe space for Alice to realize her reactions and hostility towards her peers. Confrontive interventions can be used with any late level 1 supervisee; however, it must be presented with a balance of sensitivity and gentleness, yet bold enough to elicit some level of discomfort which is necessary for growth (Shelton & Zazzarino, 2020). The technique's intention is to broaden Alice's conceptualization skills and limit self-absorption associated with early training. As such, the supervisor addresses Alice's inter and intrapersonal characteristics which are hindering clinical judgment.

Further, the supervisor could utilize *conceptual interventions* to improve Alice's conceptual connection between the rationale for using certain technique with clients and the client's presenting concerns. McNeill and Stoltenberg (2016) note that the better a supervisee can engage in this conceptual thinking, "the more quickly he or she will develop autonomy" (p. 56). In this case of Alice, the supervisor could ask Alice to identify certain theoretical explanations she uses at the outpatient agency. Rooting Alice's counseling strategies in a theoretical orientation limits anxiety of the unknown regarding treatment plans. Finally, this strategy places the strengths and weaknesses of Alice in the context of the normal progression through the levels; not in a critical way that highlights Alice's lack of training or inexperience (McNeill & Stoltenberg, 2016) but in a way that advances her progress. The supervisor could discuss with Alice that due to the pandemic, counselors cannot predict the culture of trauma that others have been exposed to. In recognition of more severe and more frequent mental health concerns, emerging counselors should, therefore, devote much focus to connecting theory to practice. The supervisor could challenge Alice to decide which theories best meet the goals of her client, given

the pandemic's account. Conceptual interventions advance Alice's clinical judgment thus challenging any incongruence in Alice's perceptions, behaviors, and emotions.

Solution-Focused Supervision

Solution-Focused Supervision (SFS) is grounded in the constructivist approach and posits that the role of the supervisor is that of a consultant committed to creating an egalitarian supervisory relationship (Bernard & Goodyear, 2019). SFS is an extension of Solution-Focused Therapy which emphasizes the solution rather than the problem and therapy is based on constructing a solution rather than trying to fix a problem (Molnar & de Shazer, 1987). Molnar and de Shazer (1987) recommended a form of therapy whereby "therapeutic tasks are built on thoughts, feelings, and behaviors that are already used by the client" (p. 357) because they found it to be more effective in building collaboration in the therapeutic process.

When translated to supervision, Solution-Focused Brief Therapy is the basis for SFS. The fundamental underpinnings of the SFS model aim to create a relationship of equality and mutual respect whereby the supervisor views the supervisee as the expert of their experience and the supervisory process is focused on strengths, solutions, and that which is going well (Bernard & Goodyear, 2019). Supervisors who engage in SFS are intentional about using specific solution-focused interventions designed to help supervisees see their preferred future, setting goals, and making small, measurable progress toward the goal rather than getting stuck on problems (Bernard & Goodyear, 2019). SFS is a model designed to enable supervisees to set goals toward their desired or preferred future (Bernard & Goodyear, 2019) and is based on the following assumptions:

1. "Clients know what is best for them.

2. There is no single, correct way to view things.

3. It is important to focus on what is possible and changeable.

4. Curiosity is essential" (Bernard & Goodyear, 2019, p. 29).

Additionally, from the perspective of SFS, supervisors have more of an egalitarian relationship whereby they have a more curious stance with supervisees and ask open-ended questions (Bernard & Goodyear, 2019). If a supervisor was concerned about a supervisee's competence or ability to meet professional expectations, they would act as a curious consultant, asking open-ended and solution-focused questions to promote growth and challenge existing behaviors. Additionally, the supervisor could use scaling, goal setting, and providing specific and measurable opportunities for the supervisee to meet goals and improve. Finally, the supervisor would follow the procedures of the university's program specifically related to gatekeeping and evaluation to ensure adherence to ethical requirements and to ensure client welfare.

Regarding treating anxiety, SFS interventions have been found to be highly useful. In a recent study of counseling supervisees, McGhee and Stark (2018) found that asking the miracle question, amplifying, and scaling were the top three most helpful SFS techniques identified by participants. Supervisors can use the miracle question to help supervisees see a pathway toward goal setting while shifting from a negative to a positive outlook (Bernard & Goodyear, 2019). de Shazer and Molnar (1987) describe amplifying as an intentional technique used to help individuals see the difference between when the problem is occurring and when there are exceptions (i.e. when the problem is not occurring). Scaling is a highly useful SFS intervention that supervisees can use to identify, understand, and measure their thoughts and feelings (McGhee & Stark, 2018; Molnar & de Shazer, 1987). Although there are many useful SFS interventions, these interventions could easily be utilized to address heightened anxiety in either individual or group supervision.

Application of Solution-Focused Supervision to Case Study

SFS interventions can be integrated into regularly scheduled individual and group supervision, as needed (Bernard & Goodyear, 2019). As a result, Alice could benefit from a supervisor who uses questions, prompts, and techniques grounded in SFS, which have been found to help supervisees shift toward a solution-focused future instead of having a problem-focused perspective (Bernard & Goodyear, 2019). As previously stated, McGhee and Stark (2018) found that the miracle question, amplifying, and scaling were the top three most helpful interventions found to be useful in minimizing supervisee anxiety, each of these solution-focused interventions will be identified, summarized, and applied to the case study of Alice.

Asking the *miracle question* is a highly effective SFS intervention to help supervisees shift their focus toward their preferred future rather than obsessing or ruminating about the past or on problems (Bernard & Goodyear, 2019, p. 29; McGhee & Stark, 2018). Initially described as the *crystal ball technique* (Molnar & de Shazer, 1987), this intervention has evolved into the miracle question which is highly useful in counseling and in supervision. There are many variations of the miracle question, but the basic technique is for the supervisor to ask an open-ended question to help the supervisee imagine, identify, and articulate specific details about their preferred future. For example, a counseling supervisor could ask Alice the following: "*Suppose you woke up tomorrow and it was the perfect day with no anxiety, no stressors, and no COVID-19. What would that look like for you*?". The supervisor would then encourage Alice to explain in vivid detail what it would be like if that miracle were to occur. Based on her presenting concerns, Alice might describe a perfect day as one in which she felt little to no anxiety, comfort with providing counseling both in-person and via telemental health, and being caught up with internship related tasks. While listening, a SFS could listen for beliefs, themes, or labels Alice uses which provide insight into her current stressors as related to her obstacles and the COVID-

19 pandemic. It is also essential for SFS to kindly redirect Alice toward focusing on anything within her control that she could start thinking about or doing differently to help her get unstuck. For example, now that she imagined and described her ideal, Alice might realize that she has experienced glimpses of her miracle day at times. Alice might recall situations in which she felt comfortable providing counseling via telemental health and remember how good it feels when she is caught up with her internship tasks. Shifting the focus away from the stressors and negative obstacles associated with COVID-19 and instead toward positive outcomes help Alice start to visualize that which is in her control and what she would like to see occur.

After using the miracle question, a supervisor can use the *amplifying* technique to bring specificity to the details Alice identified in the miracle question. The goal of amplifying is to draw attention to, or to amplify, what the client is doing that results in a positive outcome (McGhee & Stark, 2018). For Alice, the supervisor can use prompts and questions to amplify what she is doing differently when she is feeling competent and confident instead of when she is anxious. More specifically, a supervisor could ask Alice "*What is it that you're doing differently when you are feeling competent and confident despite the stressors and the impact of the COVID-19 pandemic*?" Asking her to amplify that which is in her control is an effective way to help her identify what is working well and what she can do more of to experience more success. In this situation, Alice might comment that when she plans ahead, submits assignments on time, and makes time to familiarize herself with expectations, she feels less anxiety and more confident. Alice might also realize that she is not in control of anything related to the pandemic but she can regulate her own thoughts and decisions. Helping Alice discover how she is already using her strengths effectively in some area of her life and that they can be utilized more effectively in others areas is one way to help her get and feel unstuck.

Supervisors can also use the SFS intervention of *scaling* to help supervisees quantify or measure their thoughts and feelings (McGhee & Stark, 2018; Molnar & de Shazer, 1987). Scaling can be highly useful in helping a supervisee identify their levels of anxiety before, during, and after SFS interventions. For the purpose of supporting Alice, a supervisor could use the scaling technique by asking Alice, *"On a scale of 0-10, where 0 means that you have no anxiety and 10 means that you have 100% anxiety, how would you rate your current level of anxiety*?"*. Helping Alice rate her current level of anxiety and then asking follow-up questions to process her responses is an effective way to help her measure and process her thoughts and feelings. If Alice initially responds with a 9 response, the supervisor could follow-up with prompts like "*Tell me more about why you rated your anxiety a 9,*" to get more information and hear more of Alice's experiences. After processing her response sufficiently, the supervisor could ask additional questions like "*What would it take for your rating to go down one point to an 8?*" or *"What have you done in the past that you could use to help you go down to an 8?*" to use scaling effectively to help Alice identify that which is within her control to lessen her anxiety. Although it is important not to overuse the scaling technique, the SFS could ask follow-up questions to help Alice quantify her stress level or other concerns related to her emotional response to the pandemic. For example, asking a scaling question like *"On a scale of 0-10, where 0 means that you have no motivation and 10 means that you have 100% motivation, how would you rate your own motivation to overcome the current stressors impacting you?".* Helping Alice realize that quantifying and then discussing her motivation could help her understand that which is in her control especially related to internship and COVID-19 stressors. These, among other SFS interventions, can be highly useful techniques that can easily be integrated into individual and group supervision to support highly anxious students like Alice.

Cognitive-Behavioral Supervision

Cognitive-Behavioral Supervision (CBS) is a model based on the traditions of Cognitive-Behavioral Therapy (CBT) (Bernard & Goodyear, 2019). A core assumption of CBT is that problems arise as a result of dysfunctional thinking patterns and that better ways of perceiving and coping can be learned. Therefore, identifying unhealthy thoughts and engaging in various strategies to produce cognitive change will lead to emotional and behavioral change (Beck, 2020). Similar to CBT, supervisors coming from a CBS orientation can help supervisees identify and address irrational or unhelpful thoughts that may hinder their growth and development (Bernard & Goodyear, 2019).

Compared to other orientations, supervisors coming from a CBS orientation tend to be more specific and systematic in the supervision process (Cummings et al., 2015). Liese and Beck (1997) offered a structure for Cognitive-Behavioral Supervision that included check-ins, agenda setting, bridging from previous supervision sessions, inquiring about cases, review of homework, prioritization of agenda items, assigning new homework, providing summaries and formative feedback, and eliciting feedback from the supervisee. Additionally, the CBS model was updated and expanded to include the importance of the supervisor/supervisee relationship, as well as multicultural considerations (Newman & Kaplan, 2016). While this model makes a clear distinction between supervision and counseling, in that the supervisor does not engage in a dual role as a counselor for the supervisee, the Cognitive-Behavioral Supervisor can provide psychoeducation, compassion, collaborative discussions, and constructive feedback to assist struggling supervisees.

The use of CBT in counseling settings has shown to be effective in the treatment of clients with anxiety (Kaczkurkin & Foa, 2015) and using CBS processes with anxious supervisees may bring about similar effects. Applying specific CBT constructs to identify

feelings, explore the origins of feelings, and develop alternative perspectives in supervision can help the supervisor address problematic behaviors that impede on the supervision process (Pretorius, 2006). Techniques such as Socratic questioning, normalization, and exposure (Beck, 2020) may be beneficial to add to the supervision process when elevated levels of anxiety are present. Socratic questioning, or asking purposeful questions to encourage reflection, can help to expose faulty thought processes and encourage logical reasoning. Normalization involves the supervisor respecting and accepting the supervisee and the situation and encouraging the supervisee to do the same. Exposure involves encouraging supervisees to face a task that has been identified as anxiety provoking.

Additionally, providing didactic instruction on constructs such as the Cognitive Model, or the role of perception in the development of emotions, may be beneficial for supervisees as well. The Cognitive Model as it relates to fear and anxiety, specifically, should also be shared by providing an introduction to the Risk/Resource Model (Beck, 2020). From this model, we can conceptualize fear and anxiety as a perception in which one sees a magnified risk and a limited availability of resources that can help one to face that risk. As a result, fear and anxiety develop. This clinical perspective assists supervisees in understanding their own experiences, as well as the experiences of their clients.

Application of Cognitive-Behavioral Supervision to Case Study

Cognitive-Behavioral Supervision strategies to address supervisee anxiety can be incorporated into group or individual supervision sessions. Given that all supervisees in Alice's supervisory group were facing unprecedented stressors (Horgos et al., 2020), the supervisor can implement processes of agenda setting, homework, bridging (linking of experiences from sessions to practice), summaries, and formative feedback to provide structure and continuity to the supervision experience (Leise & Beck, 1997). Agenda setting provides a regular structure

and routine for supervision sessions and may help minimize the anxiety of "not knowing" for all supervisees in the group. Because agenda setting will direct the session, it's important to include time for bridging to be sure what is discussed and practiced in supervision is being applied in practice. Including a homework expectation to address areas contributing to anxiety, such as practicing new skills and technology, will hold supervisees accountable to complete needed tasks.

Cognitive-Behavioral Supervisors also rely on the importance of the supervisory relationship to tend to the individual needs of the supervisee and will intentionally normalize the challenges of the supervisory process (Newman & Kaplan, 2016). From the onset of supervision, the supervisor can normalize supervisee errors by sharing that mistakes and corrective feedback are an expected part of the process (Newman & Kaplan, 2016). As role models, supervisors may share moderate levels of self-disclosure (Bernard & Goodyear, 2019) of their own errors and learning experiences in their graduate training. Given the additional stressors that are present for Alice and her peers, the supervisor may carefully share their own fears and perceptions of the sudden onset of changes and uncertain circumstances, as well as helpful coping mechanisms and self-care considerations for the role of the counselor.

In response to Alice's heightened level of anxiety, and perhaps recognizing an elevated presence of anxiety within the whole group, the supervisor can provide didactic instruction on the Cognitive Model and the Risk/Resource Model (Beck, 2020). The supervisor can further normalize the anxiety for the supervisees and encourage them to reflect on the experiences of their peers and the idea of anxiety tolerance, the ability to confront necessary, but anxiety-producing situations. Finally, through Socratic Questioning, the supervisor can attempt to help the supervisees minimize the perception of their fears. Questions such as "*What's the worst that could happen?, What's the best that could happen?, What has happened in the past?,* and *What*

is most likely to happen?" will provide an opportunity for supervisees to engage in circular reasoning that expands their understanding of the situation and helps to minimize their fears.

In a check-in with Alice, if a supervisor learns that Alice's anxiety is still elevated and prohibiting her from accepting tasks, such as the opportunity to provide telemental health counseling at her site, the supervisor can provide additional supervision to help Alice identify and process her fears. Knowing Alice is capable of this task, the supervisor can revisit the Risk/Resource Model with Alice to determine her perception of the opportunity. Alice may realize she has a fear of failing to effectively counsel online and may be able to identify various cognitive distortions that contribute to this performance anxiety. Through Socratic Questioning, Alice can be reminded of her resources (i.e., her training, her faculty and site supervisor) and may decide to take a small step towards facing her fears by sitting in as co-counselor during one of her site supervisor's online sessions. This exposure to telemental health delivery may encourage Alice to accept future opportunities with less anxiety.

Implications

Given the unique and unprecedented world events due to COVID-19, we recommend bold and prompt action to address elevated supervisee anxiety. As mental health concerns among all populations increase partially related to the COVID-19 pandemic, the availability of effective counselors is essential. Future counselors need a more intentional approach to overcome their own heightened anxiety as they train to become effective counselors in a global pandemic world. Becoming more intentional about integrating proven supervision models throughout conversations, instruction, individual, and group supervision are recommended. More specifically, supervisors can implement IDM, SFS, and CBS techniques across settings to proactively target and respond to heightened supervisee anxiety. In addition, supporting students

through the transition to remote counseling due to COVID-19 can further support supervisees' professional identity development, autonomy, and competence.

Additionally, these models support supervisors in the gatekeeping process by providing guidance to mitigate harmful behaviors or unacceptable dispositions in supervision. The IDM, SFS, and CBS models emphasize early intervention to aid in the gatekeeping process. The use of these techniques facilitates open communication to increase supervisee self-awareness of supervisees' limitations and strengths. Moreover, supervisors who are more intentional about integrating supervision models specifically to address anxiety should be able to recognize maladaptive thinking patterns and behaviors that could impede supervisee clinical growth. While the recommended supervision models are not new to counseling supervisors, the intentional application of their interventions specifically to support graduate counseling students is not as common. Counselor educators who are committed to training effective counselors would be wise to implement and integrate best practices in supervision while also responding to current stressors related to the negative impact of COVID-19 on supervisees. Finally, using these models also helps supervisors respond to concerning dispositions that may merit program remediation or termination. As gatekeepers of the profession, supervisors could become even more intentional and preventive with the early identification of excessive supervisee anxiety that should be addressed.

Furthermore, exposure to multiple supervision models and techniques during training provides experiential learning opportunities for emerging counselors (Bernard & Goodyear, 2019). When supervisees are exposed to a variety of supervision styles, they are better equipped to understand the application of these models with their own anxious clients. Supervisors who understand the effectiveness of their own use and modeling of specific supervision models can

greatly benefit supervisees. By exposing Alice to different supervisory styles, the intention is for supervisors to model and ultimately promote the mastery of necessary clinical skills.

Without a current standardization process in place to evaluate heightened anxiety particularly in the midst of a global pandemic, there are implications that need to be discussed. Prevention and early intervention could be prioritized by the use of two quantitative assessments that could be used to measure supervisee anxiety. More specifically, supervisors could administer the *CCS-R* and the *ASAS*, as appropriate, to assess significant issues or concerns. Knowing that intense and chronic anxiety can impede the cognitive process and interfere with clinical knowledge, learning, and competence, supervisors may want to consider using these inventories.

Finally, the use of these models facilitates the self-reflection process for supervisees who may not have realized how much anxiety, stressors, and concerns related to the COVID-19 pandemic have negatively impacted them personally and/or as supervisees. Supervisors who integrate these supervision strategies can promote supervisees to learn about the process and necessity of self-reflection. Supervisors are called to support students in reflecting upon and understanding their own thoughts, beliefs, and attitudes so that they can be actively present in sessions with clients, without becoming mundane, unfocused, or disinterested due to their own unmet mental health needs. The IDM, SFS, and CBS models of supervision convey self-reflection through behaviors, attitudes, and decisions that promote learning and increase counselor effectiveness.

Need for Future Research

Further research on counseling supervisee anxiety is warranted, especially in light of the continued impact of COVID-19 and mitigation efforts that continue to affect educational and clinical settings. It is essential for counselor educators to further research and discover methods

to better understand, address, and minimize heightened supervisee anxiety so that future counselors will be prepared to meet the increased mental health needs of society. Identifying sources of anxiety, applying effective counseling supervision models, and utilizing assessments are also areas for future research. The development of valid and reliable inventories to measure anxiety especially since the onset of COVID-19 should also be developed to help supervisors become more competent about understanding the relationship between supervisee anxiety and the supervision process. Additionally, we recommend future research on the effectiveness of counselor educators and supervisors utilizing evidence-based supervision models to address heightened graduate student supervisee anxiety. Ensuring that future counselors receive their own mental health is essential to preparing effective future counselors who will be prepared to meet professional and ethical expectations. We also recommend additional research about the effectiveness of each supervisory model to determine which supervisory models and interventions are the most effective in addressing supervisee anxiety. Future research related to the impact of supervisor anxiety on the supervisory relationship and gate keeping process are also recommended. Finally, we recommend any future research specifically related to topics that could strengthen the effectiveness of the supervisory relationship and the training of future counselors who will become effective counselors who are intentional about receiving their own mental health support, as needed, to offset stressors related to the ongoing COVID-19 pandemic and other graduate school related stressors.

Limitations

This article serves as a baseline conceptualization for counselor educators to address the new realities, compounding stressors, and anxieties facing counseling supervisees during a worldwide pandemic while also in graduate school. Unfortunately, the pandemic has significantly increased the mental health needs of the general population, including that of

graduate counseling supervisees, yet there is limited research regarding the most effective way for supervisors to respond. While this is a significant limitation, it is understandable as researchers are trying to find creative ways to measure and understand the impact of COVID-19 mitigation efforts and other stressors. Ideally, the counseling profession will be open to conducting additional research to address these and other limitations that will continue to present themselves and supervisees adapt to complete their training and demonstrate required competencies. Additional limitations include trying to quantify and measure all of the co-occurring pandemic and graduate-school related stressors on current supervisees because the research is unavailable due to the newness of the concern. Finally, counselor educators, supervisors, and researchers have also been impacted by COVID-19 related stressors and may be experiencing higher anxiety than usual, yet that impact is also unknown and not the focus of the current article, thereby making it a limitation. Regardless, the application of the IDM, SFS, and CBS models are applied as an innovative attempt to maximize the effectiveness of already existing supervision models to offset stressors and proactively support students. Supervisors are called to overcome limitations and be as innovative as possible to support supervisee growth and minimize potential harm to their future clients due to their own unaddressed mental health concerns.

Conclusion

The COVID-19 pandemic has compounded and exacerbated stressful and uncertain situations for the mental health profession (Aranez Litam et al., 2021). Therefore, we urge supervisors to become more intentional about ethically providing the most effective and evidence-based supervisory support for graduate counseling supervisees. Each model presented in this article provides supervisors with evidence-based techniques and interventions to support, educate, and mentor anxious supervisees. When related to the very realistic case study of Alice,

who presents with many similar characteristics of current highly anxious supervisees, it is easy to see how implementing these interventions could be highly useful tools for supervisors. In the case study and conceptualization, we applied evidence-based models and interventions to model how to help supervisees identify how thoughts and behaviors could be influenced by anxiety and mental health needs. Similarly, in the real-world context of the supervisory relationships, supervisors can be highly effective in supporting supervisees with similar stressors and heightened anxiety. As demonstrated in the case study and conceptualization, supervisors can support counseling supervisees, like Alice, to maximize their training to be as effective, professional, and ethical as possible in the future counseling role.

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