Supporting Counselors-in-Training: A Toolbox for Doctoral Student Supervisors

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Abstract

Counselor education doctoral students are often required to supervise master-level counselors-in-training as part of their supervision internship. While practical, this arrangement places doctoral students and their supervisees in potentially compromised situations, given their lack of experience in these respective roles. This article offers a toolbox of strategies doctoral student supervisors can use to facilitate their work with counselors-in-training. These strategies address focus areas identified through prior research. Doctoral student supervisors are encouraged to use this toolbox in conjunction with the support and guidance of their faculty supervisor as they navigate clinical supervision.

Keywords

Author's Notes

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Historically, there is a lack of focus on doctoral-level preparation in the counselor education and supervision literature (Barrio Minton et al., 2014; Barrio Minton et al., 2018). Typically, literature related to doctoral counselor education centers on how to improve doctoral programs (Preston et al., 2020; Snow & Field, 2020) or investigations of the perspective of doctoral students' training or supervision experience (Kemer et al., 2019; Nelson et al., 2008; Protivnak & Foss, 2009). Only in recent years, literature focused on the doctoral student supervisor has emerged (e.g., Harris et al., 2018; Herbert et al., 2018; Rapp et al., 2018; Waalkes et al., 2018). Yet, a lack of emphasis on doctoral student supervisor support for counselors-in-training (CITs) remains.

Several studies have addressed the developmental experience of doctoral student supervisors. For example, Nelson et al. (2008) addressed the initial anxiety and uncertainty of doctoral supervisors-in-training experience during the provision of supervision. New supervisors expressed strong anxiety and a need to rely on a model, supervisor, or in-class peer supervision activities. Similarly, the integrated developmental model advanced by Stoltenberg and McNeill (2010), describes beginning supervisors as highly anxious or naive, uncomfortable with providing feedback, and more focused on themselves and their own reactions than on their supervisee. Novice supervisors focus more on doing the right things in supervision, rather than on the process and structure.

Researchers also have explored the impact of role ambiguity of doctoral student supervisors. Nilsson and Duan (2007) examined the relationship between role ambiguity and self-efficacy with 69 psychology doctoral student supervisors. When doctoral student supervisors received clear supervision expectations, they reported higher rates of self-efficacy.

More recently, Frick et al. (2014) explored doctoral student supervisors' perceptions and self-efficacy and noted their unique position during the training of master-level counseling students. Findings suggested that doctoral student supervisor self-efficacy was influenced by the receipt of performance feedback, conducting evaluations, and ambivalence in the middle tier of supervision. Frick et al. (2014, p. 36) used the term "middle tier" to describe the phase in which doctoral student supervisors concurrently function in training and evaluation roles. As an evaluator, the doctoral student supervisor serves as a gatekeeper for CITs. However, doctoral student supervisors reported frequently feeling unsure of their role in remediation planning when addressing critical incidents of supervisees (Frick et al., 2014). Bernard and Goodyear (2018) agreed that a supervisor's development may be negatively influenced by unclear expectations of the supervision process.

Doctoral student supervisors wear many hats and as a result may experience ambivalence and anxiety when attempting to navigate the expectations of gatekeeping. Providing the doctoral student supervisor with concrete support and resources during the *middle tier* may promote self-efficacy and offer clarity about their role in supervision and developmental tasks of the CIT. In this article, we introduce specific techniques and tools that will help the doctoral students navigate training and evaluation roles and promote confidence as clinical supervisors. Given the developmental needs of the doctoral student supervisor, this article provides research-based guidance they can use to support CITs engaged in fieldwork experiences.

Doctoral Student Supervision Training

Frequently doctoral students enrolled in counselor education programs are skilled clinicians yet have little experience providing clinical supervision (Lonn & Juhnke, 2017; Nate &

Haddock, 2014). The Council for Accreditation of Counseling and Related Education Programs (CACREP, 2023) requires doctoral programs accredited in counselor education to address 12 standards in supervision (Section 6.B.2.a-l.); a supervision internship is also listed (Section 6.C.2.). To address these standards, many doctoral programs employ a course to expose students to models of clinical supervision and the role of the clinical supervisor. Didactic instruction often precedes or accompanies a supervised clinical supervision internship. In order to remain compliant with accreditation standards and to meet unit needs, the supervision internship often requires doctoral students to supervise the fieldwork of master-level CITs; doctoral students receive supervision of supervision. Providing sound basic strategies to address the developmental experiences of CITs can aid in reducing doctoral student supervisors' concerns and anxieties, as described by Nelson et al., 2008).

Knowledge of effective clinical supervision strategies and the ability to provide intentional support are requisite for doctoral students who serve as clinical supervisors (Borders & Brown, 2022). A parallel developmental process occurs for both the novice counselor and novice doctoral student supervisor; anxiety is high as is the need for structure providing further justification for the need of additional support. This engagement, while similar, offers greater vulnerability than the provision of supervision by licensed counselors in the field to junior professionals. In line with the American Counseling Association (ACA, 2014) Code of Ethics, section F.2.a., before offering clinical supervision, counselors should be trained in supervision methods and techniques. This is not necessarily the case for doctoral student supervisors and as a result suggests the need for training tools to support their efforts with CITs.

Field experiences coupled with clinical supervision should provide CITs with the opportunity to strengthen skills and techniques, develop conceptualization abilities, address personal and professional anxieties, and formalize their identity as a professional counselor (Mansor & Yusoff, 2013). Doctoral student supervisors, however, are frequently tasked with testing recently learned supervision models and styles while attempting to help CITs address issues that emerge during their field experiences. The lack of collective experience of the beginning supervisor and beginning counselor may have a negative impact on CITs and client outcomes. Therefore, it is important that doctoral programs provide their students with adequate support and resources to ensure they engage in best practices for counseling training (Trepal & Hammer, 2014).

Bernard and Goodyear (2018) suggested that counseling supervision should consist of interventions and strategies that are intentional and deliberate. However, literature that offers practical strategies and tools that doctoral student supervisors can immediately employ to support the development of the CITs they supervise is sparse. While we do not provide a new framework or model of supervision, this article does address a gap in the literature by offering relevant strategies and tools that are adaptable, developmentally appropriate, and aimed to support the CIT. Set within the context of CIT field experiences as identified by Warren and Schwarze (2017), this article provides doctoral student supervisors with a toolbox that can enhance or strengthen their work as novice clinical supervisors.

Focus Areas and Strategies for the Doctoral Student Supervisor

A study conducted by Warren and Schwarze (2017) identified six focus areas experienced by CITs in their internship and provides the impetus for the strategies for this doctoral student supervisor toolbox. The six focus areas identified include: (a) clinical experiences, (b) stress, (c)

self-care, (d) personal growth, (e) challenges and (f) success. These areas are based on a qualitative research study in which masters-level counseling students enrolled in an internship course submitted images and comments to an on-line Pinterest pinboard to describe their weekly field placement experiences. All data was collected through Pinterest (2017), a "bookmarking site" that allows users to easily collect, share, organize, and access images. As part of a weekly assignment, participants were asked to respond to a single interview question: "How would you describe your weekly field placement experience?" Participants were instructed to answer this question by reflecting on their field placement experience while utilizing Google Images to search for and select a representative image. Participants posted (i.e., copy and paste) one image in the online pinboard weekly. Consensual qualitative research was utilized to better understand counseling students' experiences during the internship. The findings of the study align with Stoltenberg and Delworth's (1987) assertion that supervisees experience challenges, stress, and uncertainty which lead to heightened awareness, confidence, and eventual success. Other researchers have highlighted the value of fostering psychological growth (Lambie & Sias, 2009), the inherent nature of challenges and growth (Nelson et al., 2008), the role of stress in early clinical experiences which lead to professional development (Ronnestad & Skovholt, 2003), and the importance of self-care and experiencing success (Skovholt & Ronnestad, 1992).

Warren and Schwarze (2017) proposed that the six areas or components of field experience identified do not occur in isolation; instead, there is a unique interplay between them. For example, CITs often experience stress because of the challenges they face at their internship site. Personal growth and intentional self-care are related and often follow stress and challenges that emerge from the field experience. These internship components which represent feedback from CITs in

their fieldwork experiences provide the context or framework in which supervision strategies are discussed in this article (see Table 1). Doctoral student supervisors can use these components to guide and support their work with CITs in fieldwork experiences like practicum or internship. In the following section we present components of the toolbox, followed by strategies intentionally selected due to ease of implementation, relevance in recent literature, and relationship to each component.

Clinical Experiences

Warren and Schwarze (2017) defined "clinical experiences" as experiences that occurred during the processes of delivering counseling services including client interventions, establishing rapport with clients, ethical practice, and supervision. Furr and Carroll (2003) and others have referred to these experiences as critical incidents. These incidents occur as CITs transition from student to clinician. The navigation of policies, protocols, and culture of their site in conjunction with first-time attempts to work with clients is challenging without adequate support.

Strategy

The key to fostering positive clinical experiences for CITs begins with supervision and the supervision relationship. Factors such as rapport, accessibility, and supervisor expertise can determine the degree to which client cases are conceptualized and the CIT is supported. The supervisory relationship, and subsequently the development of a working alliance, can dictate how critical issues such as goal setting, feedback, and evaluation are conducted. Rapisarda et al. (2011) found the establishment of a supervisory relationship as a central concern for doctoral student supervisors. Doctoral student supervisors may find themselves struggling to adapt to the supervisory role after predominantly identifying as a counselor and supervisee.

Table 1

Component, Strategies, and Outcomes for Supporting CIT Development

Component/Definition	Strategies	Outcome
Clinical Experiences- Experiences that include client interventions, establishing rapport with clients, ethical practice, and supervision.	● Professional Disclosure Statements (PDS) ● Professional Development Plan (PDP) ● Client Case Conceptualization (e.g., six hats, 360 degrees)	● Creates a safe space to discuss concerns ● Sets goals and a direction for growth ● Engages and enhances supervisee learning through case conceptualizations
Stress- Heightened emotions and discomfort	● Counselor Burnout Inventory (Lee et al, 2007)	● Creates awareness of factors that contribute to burnout and facilitates supervisee coping skills
Self-Care- Efforts to maintain a balanced life	● Wellness Model of Supervision (Lenz & Smith, 2010)	● Contributes to supervisee and supervisor balance and wellness through shared practice and modeling
Personal Growth- Instances in which growth was experienced	● Use cognitive and cognitive behavioral supervision (e.g., role-play, think-alouds, cognitive distortions)	● Leads to greater supervisee self-awareness and openness to feedback
Challenges- General barriers faced during the internship experience	● Broaching	● Leads to open dialogue, builds skills, and increases cultural competence
Success- Accomplishments or achievements as defined by the supervisee	● SMART Goals ● Solution Focused Supervision (e.g., miracle question, presuppositional language, exceptions, complements, scaling,)	● Strengths-based feedback and evaluation ● Builds confidence

Practical strategies that can facilitate organization and understanding of the supervision experience and support a productive supervisory relationship include the development and dissemination of a professional disclosure statement (PDS) and establishment of a professional development plan (PDP; Lonn & Juhnke, 2017). The PDS outlines the rights and responsibilities between supervisor and supervisee and sets the ethical and professional boundaries for how supervision is provided. Lonn and Juhnke (2017) agreed that the use of PDSs in supervision can lead to fruitful discussions and enhance the supervisory relationship.

Additionally, doctoral student supervisors should design PDPs to establish goals and interventions that will allow the supervisee to pursue specific areas of interest while also developing an identity as a professional counselor. Examples of goals may include continuing education and training, professional association membership and engagement, and service. Supervisors also can use PDPs in group or triadic supervision to initiate discussion among supervisees who may share similar professional goals.

Another strategy essential for effectively addressing clinical experiences in supervision is the use of client case conceptualizations. The client case conceptualization is frequently used in counselor education; it provides an opportunity for students to process and demonstrate knowledge, attitudes, and skills expected in a clinical setting. The client case conceptualization helps develop critical thinking skills, professional behavior including the ability to receive and deliver feedback in a peer setting, cultural competence, ethical decision-making, counseling skill development, and theory development. Providing structure and intentionality to client case conceptualizations helps to maximize learning and skill development for CITs. Creative adaptations are useful to keep CITs engaged. Researchers have proposed various creative methods

for delivering case conceptualizations in training or clinical settings. For example, Rausch and Gallo (2017) introduced the 360-degree case conceptualization process for group supervision as a visual tool. This process involves using a circle to indicate specific topics to focus group and individual supervision when conceptualizing work with a client. Similar to the movement of hands on a clock, discussion moves from topic to topic to allow for thorough case conceptualization. The Six Thinking Hats problem-solving model also is available for use in group supervision (Li et al., 2008). With this approach, six different colored hats represent areas that are assigned to each trainee. For example, a student who needs to better understand theory application, is assigned a green hat which signals them to focus on theory during a case presentation or video observation. Alternatively, a student who needs practice learning to reflect feelings is assigned a yellow hat.

Stress and Self-Care

CITs often experience stress during their practicum or internship. According to Warren and Schwarze (2017), stress stems from the site experience as well as the ongoing obligations of home, work, and school. These peripheral stressors often lead to further difficulties for the CIT (Parker, 2014). CITs experience stress, and in some cases burnout, which requires the need for self-care (Warren & Schwarze, 2017). Self-care is defined as the supervisees' efforts to maintain balance in their life. Stress and self-care although identified as separate constructs are grouped together here as they are interdependent.

It is important for doctoral student supervisors to be mindful of supervisees' stress or burnout. Supervisors are most effective when they approach supervision from a holistic perspective, considering the personal and professional welfare of the supervisee (Blount et al., 2016). Doctoral student supervisors are encouraged to help the CIT develop counselor stamina, as

suggested by Osborn (2004). This concept involves implementing a proactive approach that goes beyond learning to cope with stressors and deficits; it includes the implementation of strategies such as the management of compassion fatigue and acknowledgement of limitations that allow counselors to thrive in the complex world of professional counseling. Due to the interrelated nature of these domains, doctoral student supervisors are encouraged to consider strategies that help CITs manage stress while encouraging self-care.

Strategy

Doctoral student supervisors can play a central role in helping their supervisees manage stress. As an initial task, supervisors are encouraged to facilitate the development of self-care plans with all interns. Lee et al. (2010) suggested the use of the Counselor Burnout Inventory (CBI) as a tool that supervisors can use with supervisees to discuss burnout and other issues that influence their effectiveness. The CBI measures counselor's scores on five dimensions: Exhaustion, Incompetence, Negative Work Environment, Devaluing Client, and Deterioration of Personal Life. When a CIT is experiencing impairment, the doctoral student supervisor should seek to offer support and consult with their faculty supervisor for appropriate action.

An additional self-care strategy centers on the emphasis of wellness in supervision. Roach and Young (2007), Smith et al. (2007), and Wolf et al. (2014) highlighted the need for integration of wellness awareness, knowledge, and skills for students in counselor training programs. In response, Lenz and Smith (2010) created the Wellness Supervision Model which operates under the following principles: (a) frequent wellness assessments are used for the supervisees' development, (b) the ongoing practice of setting and evaluating progress of CIT personal wellness goals, (c) CITs should focus on specific areas of personal wellness that will benefit them personally

and professionally, and (d) supervisors should model wellness and practice holistic case conceptualization as a parallel process for CITs and their clients.

Personal Growth

The fourth component is personal growth. The person and professional are intertwined in the counseling role so personal growth/self-awareness are vital to counselor training and supervision. Warren and Schwarze (2017) found that personal and professional growth occurred due to the guided reflection and learning that happened throughout the practicum and internship experience. A key role of the supervisor is to help increase supervisee self-awareness. A variety of supervisor interventions can be used to promote the supervisee's sense of self.

Supervisee resistance, behaviors or emotions that may interfere with the supervision process, can emerge as a barrier to personal and professional growth. Bernard and Goodyear (2018) describe supervisee resistance as a normal expectation in supervision. Supervisors should strive to increase the supervisee's awareness of resistance and how it can hinder their learning goals or potentially negatively impact clients.

Strategy

A variety of cognitive supervision and cognitive behavioral supervision strategies can help facilitate counselor self- and other-awareness. These approaches address areas of supervisee resistance which might manifest itself in behaviors or attitudes such as defensiveness or a lack of openness to feedback, among others. Role plays, for example, can position the supervisee as the counselor while the supervisor takes on the role of the client. Alternatively, a reverse role play can lead the supervisee to serve as the client while the supervisor plays the role of counselor. Another technique called *think-alouds* can help build personal growth and self-awareness (Rankine, 2019).

When reviewing counseling session recordings, supervisees can engage in think-alouds. Think-alouds can help CITs verbally process specific moments during the session that were considered troubling or of concern to the doctoral student supervisor. Using this strategy, the doctoral student supervisor can help the CIT gain awareness of thoughts that are self-defeating or creating anxiety.

Addressing cognitive distortions is another strategy useful in fostering CIT growth and awareness. In an article by Rogers et al. (2019), cognitive distortions most frequently experienced by CITs working with clients were identified as: (a) mind reading (when a person assumes someone is thinking negatively about them, even if nothing negative has been said), (b) mental filter (focusing only on negative information), (c) should statements (thinking things should or must be a certain way), (d) emotional reasoning (believing something to be true because it "feels" that way), and (e) catastrophizing (making negative predictions about the future without much evidence. According to Rogers et al. (2019), the use of personal cognitive distortions was predictive of students' difficulty with corrective feedback. Utilization of corrective feedback is a necessary and formative experience on the way to competence in any field. Therefore, knowledge of unhelpful cognitive patterns is essential to clinical expertise (Rogers et al., 2019).

Challenges

Warren and Schwarze (2017) described the challenges CITs experience during their fieldwork course as a fifth component. They defined challenges as those general barriers students faced during their practical work. These challenges stem from clinical experiences and can lead to personal growth if doctoral student supervisors provide CITs with optimal supervision experiences. Fieldwork challenges can pertain to a wide variety of experiences such as negative relationships with the site supervisor or site experiences, difficulties with the university supervisor,

burnout, external circumstances, unresolved internal experiences, and more (Parker, 2014; Warren & Schwarze, 2017). Some challenges are related to the CIT's acclimation to the field such as learning new policies, while most stem from direct work with clients. Additionally, if multicultural concerns have not been adequately covered in training, this lack of awareness may cause challenges with clients for the supervisee or in supervision (Bernard & Goodyear, 2018).

Strategy

Doctoral student supervisors are encouraged to help CITs engage in self-examination and interpersonal dialog about challenges that emerge during the field experience. The range of challenges the CIT may experience is broad as are the interventions for offering support and addressing these challenges. As such, it is imperative that doctoral student supervisors embrace broaching as a vital part of their toolbox. Broaching not only is a strategy to address challenges and build trust related to multicultural counseling or supervision, but it is also a basic skill that is fundamental to supervision and counseling in general (Fickling et al., 2019). Day-Vines et al. (2007) defined broaching as "consistent and ongoing attitudes of openness with a genuine commitment by the counselor to continually invite the client to explore issues of diversity" (p. 402). Fickling et al. (2019) noted that broaching is an attitude that can be applied through behaviors and skills that enable cultural identities and experiences to emerge in counseling as well as the supervision relationship. Broaching in supervision may occur within the supervisory relationship itself; in the supervisee's conceptualization of the client; or in the counseling relationship between the supervisee and client (Fickling et al., 2019). Others also have supported the role of broaching multicultural issues in supervision as well as the importance of encouraging supervisees to broach with their clients (Akkurt et al., 2018; Peters, 2017).

Success

Success is the final component in this toolbox as identified by Warren and Schwarze (2017). CITs experience a variety of successes during their practicum and internship experiences. These successes often occur after CITs engaged in self-care, according to Warren and Schwarze (2017). Supervisees need feedback and evaluation to grow as counselors and to document successes and areas for further development. Feltham and Dryden (1994) suggested three key areas for evaluation: the progression of the supervisee, the supervision relationship, and the identification and discussion of the recurring themes that emerge during the supervision process.

Strategy

Doctoral student supervisors are encouraged to acknowledge the successes of their supervisees and explore ways to build upon them. Supervisors can identify SMART goals with supervisees to facilitate direction and continued growth. SMART goals are: specific, measurable, appropriate, realistic, and time-specific (Conzemius & O'Neill, 2009). Originally described by Doran (1981), SMART goals are most impactful when CITs can measure their success and intentionally consider areas for improvement (Symonds & Tapps, 2016).

A comparable approach that offers creative techniques to help CITs establish and achieve goals is a solution-focused supervision. Solution-focused supervision (Juhnke, 1996; Shurts, 2015) is a well-established approach to supervision that is ideal for promoting supervisee confidence and success. The solution-focused approach to supervision offers a variety of strengths-based techniques and strategies. For example, the miracle question "If you woke up and everything was perfect for you as a counselor, what would it look like?" can help to establish goals for supervision. Presuppositional language in supervision is another success-oriented technique. Orienting CITs by

using words such as *when* rather than *if* can help to foster confidence and determination. For example, the doctoral student supervisor can ask, "In three months *when* you are effectively reflecting meaning in your counseling sessions, what will that be like for you?" Another success-related strategy involves the identification of exceptions; the doctoral student supervisor focuses on exceptions to when the CIT performed poorly or made mistakes. Finally, scaling questions are useful strategies to foster supervisee awareness and goal setting. For example, the doctoral student supervisor may ask the CIT, "On a scale of 1 (very low) to 10 (extremely high) what was your level of confidence when counseling your client? This question can lead to a rich discussion about how the CIT can become more confident in future counseling sessions.

Discussion

Each semester, students enrolled in counselor education doctoral programs across the country participate in a supervision internship and gain supervised, supervision experience through the supervision of master-level CITs. These CITs are in potentially vulnerable positions as they are inducted into the profession with the support of a novice doctoral student supervisor (Howard et al., 2006). Without clear guidance and readily available strategies for supervision success, stress and anxiety can easily emerge and exasperate for both the CIT and supervisor in training.

As is true with any clinical supervisor, doctoral student supervisors aim to help their supervisees process counseling experiences in ways that facilitate insight, growth, and subsequently lead to healthy personal and professional development. Often, strategies implemented by doctoral students conducting supervision as part of their education and training are influenced by their worldview and previous counseling and supervision experiences (Barnes, 2004; Melnick & Fall, 2008; Pistole & Fitch, 2008). As such, the areas of focus highlighted in this

article as noted by Warren and Schwarze (2017) can be helpful when selecting tools and strategies to best support the development of CITs during supervision. Doctoral student supervisors are encouraged to expand their toolbox of strategies when helping to induct CITs into the profession.

Finally, it remains critical that doctoral student supervisors receive adequate support from faculty of the program in which they are enrolled. CACREP (2023) requires doctoral internship supervisors to have specialized expertise and an understanding of expectations and evaluation procedures. These requirements should not be overlooked or minimized as doctoral students gain knowledge, develop attitudes, and acquire skills in the provision of clinical supervision. Regardless of the strategies utilized or tool gathered to support CITs during supervision, doctoral student supervisors should have developmentally appropriate support during this phase of their training. Doctoral student supervisors are encouraged to look toward their supervisor to help expand their toolbox of supervision strategies. Supervisors should engage in ongoing evaluation and monitor doctoral student supervisors' use of strategies to ensure they are appropriate and promotes the development of their supervisees.

Conclusion

Doctoral students are often neophytes to delivering clinical supervision yet are tasked with helping to induct master-level CITs into the counseling profession through the supervision of field experiences. When doctoral student supervisors are equipped with tools and strategies to best meet the needs of the CIT, supervision is more meaningful and the outcomes of the counselor, as well as client, are more favorable. We hope that this article offers doctoral student supervisors a toolbox of practical strategies for delivering effective, developmentally appropriate supervision as part of their training.

References

American Counseling Association. (2014). *2014 ACA code of ethics.* https://www.counseling.org/resources/aca-code-of-ethics.pdf

Akkurt, M. N., Ng, K. M., & Kolbert, J. (2018). Multicultural discussion as a moderator of counseling supervision-related constructs. *International Journal for the Advancement of Counselling, 40*, 455-468. https://doi.org/10.1007/s10447-018-9337-z

Barnes, K. L. (2004). Applying self-efficacy theory to counselor training and supervision: comparison of two approaches. *Counselor Education and Supervision, 44(1),* 56-69. https://doi.org/10.1002/j.1556-6978.2004.tb01860.x

Barrio Minton, C. A., Wachter Morris, C., & Bruner, S. L. (2018). Pedagogy in counselor education: 2011–2015 update. *Counselor Education and Supervision*, 57, 227–236. doi:10.1002/ceas.12112

Barrio Minton, C. A., Wachter Morris, C. A., & Yaites, L. D. (2014). Pedagogy in counselor education: A 10-year content analysis of journals. *Counselor Education and Supervision*, 53, 162–177.

Bernard, J. M. & Goodyear, R. K. (2018). *Fundamentals of clinical supervision* (6th ed.). Pearson.

Blount, A. J., Dillman Taylor, D., Lambie, G., & Anwell, A. N. (2016). Clinical supervisors' perceptions of wellness: A phenomenological view on supervisee wellness. *The Professional Counselor, 6*(4), 360-374. https://doi.org/10.15241/ab.6.4.360

Borders, L. D. & Brown, L. L. (2022). *The new handbook of counseling supervision*. Routledge.

Conzemius, A., & O'Neill, J. (2009). *The power of SMART goals: Using goals to improve student learning*. Solution Tree Press.

Council for Accreditation of Counseling and Related Educational Programs. (2023). *CACREP 2024 standards*. https://www.cacrep.org/wp-content/uploads/2023/06/2024-Standards-Combined-Version-6.27.23.pdf

Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling & Development*, 85, 401–409.

Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review, 70*(11), 35-36.

Feltham, C., & Dryden, W. (1994). *Developing counselor supervision*. SAGE Publications Ltd, https://dx.doi.org/10.4135/9781446222324

Fickling, M., Tangen, J., Graden, M.& Grays, D. (2019). Multicultural and social justice competence in clinical supervision. *Counselor Education and Supervision,* 58, 309-316.

Frick, M. H., & Glosoff, H. L. (2014). Becoming a supervisor: Qualitative findings on self-efficacy beliefs of doctoral student supervisors-in-training. *The Professional Counselor, 4*, 35-48. https://doi.org/10.15241/mhr.4.1.35

Furr, S. R., & Carroll, J. J. (2003). Critical incidents in student counselor development. *Journal of Counseling & Development, 81*(4), 483–489. https://doi.org/10.1002/j.1556-6678.2003.tb00275.x

Harris, N., Case, E., & Sheppard, H. (2018). Pre-doctoral internship training: Psychology intern perspectives on an internship rotation targeting supervision competency development. *The Clinical Supervisor*, 37, 278–297.

Herbert, J. T., Schultz, J. C., Lei, P., & Aydemir-Döke, D. (2018). Effectiveness of a training program to enhance clinical supervision of state vocational rehabilitation personnel. *Rehabilitation Counseling Bulletin*, 62, 3–17.

Howard, E. E., Inman, A. G., & Altman, A. N. (2006). Critical incidents among novice counselor trainees. *Counselor Education and Supervision, 46*(2), 88-102. https://doi.org/10.1002/j.1556-6978.2006.tb00015.x

Juhnke. G. A. (1996). Solution-focused supervision: Promoting supervisee skills and confidence through successful solutions. *Counselor Education and Supervision*, *36*, 48-57.

Kemer, G., Sunal, Z., Li, C., & Burgess, M. (2019). Beginning and expert supervisors' descriptions of effective and less effective supervision. *The Clinical Supervisor*, *38*(1), 116-134.

Lambie, G. W., & Sias, S. M. (2009). An integrative psychological development model for supervision for professional school counselors-in-training. *Journal of Counseling and Development, 87*(3), 349-356. https://doi.org/10.1002/j.1556-6678.2009.tb00116.x

Lee, S. M., Cho, S. H., Kissinger, D., & Ogle, N. T. (2010). A typology of burnout in professional counselors. *Journal of Counseling & Development, 88*(2), 131-138. https://doi.org/10.1002/j.1556-6678.2010.tb00001.x

Lenz, A. S., & Smith, R. L. (2010). Integrating wellness concepts within a clinical supervision model. *The Clinical Supervisor, 29*, 228–245.

Li, C. S., Eckstein, D., Serres, S., & Lin, Y. (2008). Six thinking hats for group supervision with counselor interns. *Journal of Humanities and Social Sciences, 2*(2), 1-8.

Lonn, M. R., & Juhnke, G. (2017). Nondisclosure in triadic supervision: A phenomenological study of counseling students. *Counselor Education and Supervision, 56*(2), 82-97. https://doi.org/10.1002/ceas.12064

Mansor, N., & Yusoff, W. (2013). Feelings and experiences of counseling practicum students and implications for counseling supervision. *Journal of Educational and Social Research, 3*(7), 731-736. http://dx.doi.org/10.5901/jesr.2013.v3n7p731

Melnick, J., & Fall, M. (2008). A gestalt approach to group supervision. *Counselor Education and Supervision, 48*(1), 48-60. https://doi.org/10.1002/j.1556-6978.2008.tb00061.x

Nate, R. D. & Haddock, L. R. (2014). An exploration of counselor supervision requirements across the United States. *Ideas and research you can use: Vistas 2014.* https://www.counseling.org/docs/default-source/vistas/article_31.pdf?sfvrsn=3

Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008) Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology*, *55*(2), 172-184. https://doi.org/10.1037/0022-0167.55.2.172

Nilsson, J. E., & Duan, C. (2007). Experiences of prejudice, role difficulties, and counseling self-efficacy among U.S. racial and ethnic minority supervisees working with white supervisors. *Journal of Multicultural Counseling and Development*, *35*(4), 219-229.

Osborn, C. J. (2004). Seven salutary suggestions for counselor stamina. *Journal of Counseling & Development, 82*(3), 319-328. https://doi.org/10.1002/j.1556-6678.2004.tb00317.x

Parker, L. (2014). *An assessment of students' perceived peripheral stressors in counseling*

internships. [Doctoral dissertation, Georgia State University]. ScholarWorks @ Georgia State University. https://scholarworks.gsu.edu/cps_diss/95/

Peters, H. C. (2017). Multicultural complexity: An intersectional lens for clinical supervision. *International Journal for the Advancement of Counselling, 39*, 176-187. https://doi.org/10.1007/s10447-017-9290-2

Pistole, M. C., & Fitch, J. C. (2008). Attachment theory in supervision: A critical incident experience. *Counselor Education and Supervision, 47*(3), 193-205. https://doi.org/10.1002/j.1556-6978.2008.tb00049.x

Preston, J., Trepal, H., Morgan, A., Jacques, J., Smith, J., & Field, T. (2020). Components of a high-quality doctoral program in counselor education and supervision. *The Professional Counselor*, *10*(4), 453-471.

Protivnak, J. J., & Foss, L. L. (2009). An exploration of themes that influence the counselor education doctoral student experience. *Counselor Education and Supervision*, *48*(4), 239–256. https://doi.org/10.1002/j.1556-6978.2009.tb00078.x

Rankine, M. (2019). The 'thinking aloud' process: a way forward in social work supervision. *Reflective Practice*, 20, 1-14.

Rapisarda, C. A., Desmond, K. J., & Nelson, J. R. (2011). Student reflections on the journey to being a supervisor. *The Clinical Supervisor, 30*(1), 109–123. https://doi.org/10.1080/07325223.2011.564958

Rapp, M. C., Moody, S. J., & Stewart, L. A. (2018). Becoming a gatekeeper: Recommendations for preparing doctoral students in counselor education. *The Professional Counselor*, *8* , 190–199.

Rausch, M. & Gallo, L (2017). Counselor in Training 360 Degree Case Conceptualization Process for Group Supervision. *Journal of Counselor Preparation and Supervision*, *10*(1), pp.1-27.

Roach, L. F., & Young, M. E. (2007). Do counselor education programs promote wellness in their students? *Counselor Education and Supervision*, *47*, 29–45.

Rogers, J., Luke, M., Gilbride, D., & Goodrich, C. (2019). Supervisee attachment, cognitive distortions, and difficulty with corrective feedback. *Counselor Education and Supervision, 58*,18-32.

Ronnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development,30,* 5–44. https://doi.org/10.1023/A:1025173508081

Shurts, W. M. (2015). Infusing postmodernism into counseling and supervision: Challenges and recommendations. *The Journal of Counselor Preparation and Supervision. 7*(3), 1-25.

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*(4), 505-515. https://doi.org/10.1002/j.1556-6676.1992.tb01646.x

Smith, H. L., Robinson, E. H., & Young, M. E. (2007). The relationship among wellness, psychological distress, and social desirability of entering master's-level counselor trainees. Counselor Education and Supervision, *47*, 96–103.

Snow, W. & Field, T. (2020). Introduction to the special issue on doctoral counselor education. *The Professional Counselor*, *10*(4), 406-412.

Stoltenberg, C. D. & Delworth, U. (1987). Supervising counselors and therapists. Jossey-Bass.

Stoltenberg, C. D., & McNeill, B. W. (2010). IDM Supervision: An integrative developmental model for supervising counselors & therapists (3rd ed.). New York, NY: Routledge.

Symonds, M. L., & Tapps, T. (2016). Goal prioritization for teachers, coaches and students: A Developmental model. *Strategies, 29*(3), 34-38. https://doi.org/10.1080/08924562.2016.1159155

Trepal, H. & Hammer, T. (2014). Critical incidents in supervision training: Doctoral students perspectives. *Journal of Professional Counseling: Theory and Research, 41*(1), 2-14. https://doi.org/10.1080/15566382.2014.12033931

Waalkes, P. L., Benshoff, J. M., Stickl, J., Swindle, P. J., & Umstead, L. K. (2018). Structure, impact, and deficiencies of beginning counselor educators' doctoral teaching preparation. *Counselor Education and Supervision*, *57*(1), 66–80. https://doi.org/10.1002/ceas.12094

Warren, J. M. & Schwarze, M. J. (2017). Exploring Internship Experiences of Counselors-in-Training through Pinterest: A Consensual Analysis: *The Journal of Counselor Preparation and Supervision. 9(2), 1-33.*

Wolf, C. P., Thompson, I. A., Thompson, E. S., & Smith-Adcock, S. (2014). Refresh your mind, rejuvenate your body, renew your spirit: A pilot wellness program for counselor education. *Journal of Individual Psychology*, *70*, 57–75.