SACES

SOUTHERN ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION

VOLUME 16, ISSUE 2: ADVANCING THEORY AND PRACTICE OF COUNSELOR SUPERVISION.

IN THIS ISSUE:

FROM THE PRESIDENT

Hello SACES Members!

We've made it to summer and I'm excited about all of the work SACES members and leaders were able to accomplish this year. The collaborative efforts between the SACES Executive Committee and the SACES Webinar Committee allowed for many opportunities for learning through the SACES Virtual Professional Development Series as a replacement for the cancelled conference. Thank you to all the webinar presenters and to those who took time to attend. As a reminder our 2022 SACES Conference will be in Baltimore November 3-5, 2022.

The SACES Executive Committee would like to extend a special thank you to Dr. Kelly Wester as the founding editor of TSC. Thank you, Dr. Wester, for your leadership and vision to make TSC an excellent resource for our members and helping professionals. Dr. Wester's term as editor will be ending this summer, but we are

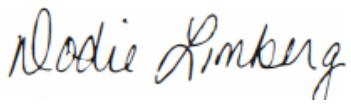
excited Dr. Bradley McKibben will be taking the lead as editor and Dr. Christian Chan will be joining as the associate editor. Also, thank you to all members of the TSC review board for your time and effort this year. We are excited about our upcoming special issue of *Teaching and Supervision in Counseling (TSC)* focused on Anti-Racist Counselor Education, which is being guest edited by Drs. Paul C. Harris, Erik M. Hines, and Renae D. Mayes, along with the TSC editor Dr. Kelly Wester and the associate editor Dr. Bradley McKibben. We received over 65 proposals and the tentative publication date will be June 2021.

Galaxina Wright, (SACES graduate student representative), Shelby Gonzales (SACES graduate student representative designee), and members of the graduate student committee hosted the first SACES Graduate Student Virtual Writing Session on March 26th. A special thank you to Drs. Catharina Chang and Bradley McKibben for your willingness to present during this event and thank you to Galaxina for this idea and taking the initiative to make it happen. We hope to continue this event yearly. I'm excited for a new initiative focused on a writing bootcamp for new faculty. Thank you to the members of the task force for this event: Drs. Brandee Appling, Naomi Wheeler, Erika Schmit, and lead by Dr. Amanda Rumsey. Look for more details about this opportunity in the fall.

Starting July 1st, SACES will have new leadership. Dr. Sejal Barden will be the new SACES President, Dr. Hannah Bowers will serve as SACES President-elect and Dr. Kaprea Johnson will serve as the next SACES secretary. Lauren Flynn will be our new graduate student representative designee. Dr. Mario De La Garza will stay on as treasurer and Shelby Gonzales will be the graduate student representative. I'm excited about what they will do for members of SACES, but I'm so thankful for all the work that has been done by those leaving the executive committee: Drs. Elizabeth Villares (past-president), Brandee Appling (secretary), and Galaxina Wright (graduate student representative). Additionally, all 2020-2021 SACES committee and interest network chairs have been outstanding this year. My hope is that many of them will consider taking another leadership role in SACES and/or ACES.

I started my year as president, with hope to have grace, flexibility, and do my best and believe that everyone else is doing the same. Thank you to my co-leaders and to the members for supporting me in this hope, and thank you for the opportunity to serve SACES. I still encourage you to be action-oriented, get involved and help make a difference.

Sincerely,



Dodie Limberg
2020-2021 SACES President

A MESSAGE FROM THE EXECUTIVE COUNCIL

We condemn and have not forgotten the recent mass murders of eight people in Atlanta, of which six were Asian American women. We denounce the increased and continued violence and hate crimes against the Asian American and Pacific Islander (AAPI) Community. Anti-Asian violence has risen immensely since the pandemic and has been fueled by hate language and false narratives. However, this violence is not new, it has been perpetrated in the United States toward AAPI and other BIPOC communities for hundreds of years. **This is white supremacy.** As humans, it is imperative for individuals, communities, and systems to name, confront, condemn, and challenge this violence, rather than excusing it or minimizing it through rationalizations. Further, we must use our skills as trained counselors, supervisors, counselor educators, and researchers to reveal that white supremacy leads to hate crimes rather than allowing mental illness to be a scapegoat. SACES stands together with other organizations across the country as a collaborative voice to support our Counselor Education AAPI students and faculty, and all members of the AAPI community. Our work as Counselor Educators to train future counselors, supervisors, and researchers to address and eliminate racism, xenophobia, discrimination, and misogyny is more important than ever.

Here is a list of resources that can help introduce the topic of Anti-AAPI Racism and an explanation of how these can be used in your classrooms. They can also be adapted to be used with your clients. Thank you to Drs. Jared Lau and Judy Daniels for putting these resources together.

Resources and Example Activities:

Understanding Microaggressions, Anti-Racism and Advocacy with Derald Wing Sue:

In this first video, Derald Wing Sue talks about Microaggressions, what they are, and how they impact people. In this second video, Derald Wing Sue talks about moving from a Non-Racist Identity and towards Anti-Racist Action. After watching these videos, counselor educators can reflect on Dr. Sue's call for action and advocacy and may wish to identify and create ways they can implement "Anti-racist action" into their teaching, scholarship, and service. Counselor educators may also wish to have students create an "action plan" on implementing "Anti-racist action" into their counseling practice and how to help clients do the same (including self-advocacy).

Using Media:

Counselor educators and supervisors can assign students and supervisees to listen to various Podcasts and/or watch various videos that address the history and impact of Anti-AAPI racism in the US. An example would be the "Screams and Silence" episode of NPR's "Code Switch" podcast. Videos that could be used include "Karen Chee Addresses the Atlanta Shooting," "Violence Against Asian-Americans Isn't New, but It Is Growing | The Amber Ruffin Show," and "We Need To Talk About Anti-Asian Hate" among others.

Counselor educators and supervisors can assign students and supervisees to review the mentioned media sources prior to class/supervision. Then, they can facilitate a conversation in class/supervision on what implications these media sources have on their counseling practice. Counselor educators and supervisors may also want to ask their students and supervisees to seek additional media resources and to facilitate their own

discussion or training that they could implement in class or at their practicum/internship sites. An activity could also focus on how you would take this media and use it directly with a client and how you would go about processing it with a client.

Participate in Self-Guided Training:

Counselor Educators may wish to review and share the Self-Guided Training on "Disrupting Anti-AAPI Racism in the US" with their students and supervisees. This self-guided training includes information on the history of Anti-AAPI Racism in the US as well as action steps that can be taken by Counselors and provides useful resources. Students and supervisees can be asked to take the training to the "next level" and to develop a "follow-up" training that builds upon this initial training.

Participate in Bystander Intervention Training:

Counselor educators and supervisors may want to participate and direct their students and supervisees to participate in the free bystander intervention training offered by Hollaback! Upon completing the training students and supervisees can draft action plans on how and what they will do to intervene as a bystander. Another activity is to ask students how they might present this to a client and how they might process the experience of doing the training with a client.

Additional Resources:

Supporting AAPI (a resource list)
Additional Resources (by Soonhee Lee)
The Action Network

This list of activities and resources is not exhaustive and we know that there are many more resources and activities that counselor educators and supervisors can engage in. However, we hope that the information provided here can be a useful resource and starting point.

2020 – 2021 SACES LEADERSHIP

EXECUTIVE COUNCIL

Past-President	Elizabeth Villares	Florida Atlantic University
President	Dodie Limberg	University of South Carolina
President-Elect	Sejal Barden	University of Central Florida
Secretary	Brandee Appling	University of Georgia
Treasurer	Maria De La Graza	Southern Methodist University
Graduate Student Rep.	Galaxina Wright	University of Central Florida
	Shelby Gonzales	University of South Carolina

COMMITTEE CHAIRS

Awards	Ken Shell	Clark Atlanta University
	Lacey Ricks	University of West Georgia
	Regina Finan	University of Georgia
Budget & Finance	Mario De La Garza	Southern Methodist University
Bylaws & Resolutions	Elizabeth Villares	Florida Atlantic University
Conference	Dodie Limberg	University of South Carolina
Graduate Student	Galaxina Wright	University of Central Florida
	Hannah Coyt	Lindsey Wilson College
Emerging Leaders	Elizabeth Villares	Florida Atlantic University
Social Media	Janelle Jones	The University of Alabama
	Adrianne Robertson	Georgia State University
Membership	Bre'Ana Parker	The University of Georgia
	Hannah Bowers	Florida Atlantic University
Nominations & Elections	Elizabeth Villares	Florida Atlantic University
Research & Practice Grants	Elizabeth Villares	Florida Atlantic University
Newsletter Co-Editors	Isabel Farrell	Wake Forest University
	Andrea Kirk-Jenkins	Western Kentucky University
Webmaster	Esther McCartney	University of South Carolina

SPECIAL COMMITTEES

Webinars	Mickey White Nancy Thacker	East Tennessee State University Auburn University
Journal Editor	Kelly Wester	University of North Carolina, Greensboro
Journal Associate Editor	Bradley McKibben	Nova Southeastern University
Publications	Casey Barrio Minton	University of Tennessee, Knoxville

SPECIAL INTEREST NETWORKS

Clinical Mental Health Counseling	Jessie Guest	University of South Carolina
	Genee` Glascoe	University of South Carolina
College Counseling & Student Affairs	Chris Pisarik	University of North Georgia
	Kristian Robinson	Virginia Commonwealth University
Distance/Online Counselor Education	Ellen Chance	Capella University
	Summer Kuba	Liberty University
Ethics & Professional Development	Brooke Wymer	Clemson University
International Counseling	Ashlei Rabess	University of North Carolina at Greensboro
	Nicole Silverio	Georgia State University
Multicultural Counseling	Sarah Bran-Rajahn	Middle Tennessee University
	Donya Wallace	Palo Alto University
School Counseling	Kimberly Nelson	Fort Valley State
	Christy Land	University of West Georgia
Service Learning	Breahannah Hilaire	University of Central Florida
	Jordan Wescott	Virginia Tech
Social Justice and Human Rights	Marlon Johnson	Seminary of the Southwest
	Mickey White	East Tennessee State University
Supervision	Kenya Bledsoe	University of Mississippi
	Monica Lepma	University of West Virginia
Women's	Caroline Perjessy	National Lewis University
	Noelle St. Germain-Sehr	College of William & Mary
Technology	Frankie Frachilla	Trevecca Nazarene University
	Angie O'Gieblyn	

Ethics and Professional Development Interest Network Members Discuss Ethical Considerations in Supervision

Caroline E. Trustey, Monica L. Coleman, and Brooke Wymer

As we embrace the one year anniversary of Zoom meetings galore, members of the Southern Association for Counselor Education and Supervision (SACES) Ethics and Professional Development Interest Network (IN) have engaged in two virtual, interactive, and discussion-based IN meetings in the past two months. In February, members came together for conversation and debate on supervisors' roles as gatekeepers in counseling. In March, IN member Angie O'Gieblyn, PhD, NCC, LPC (Affiliate Faculty, Northwestern University) engaged members in a case consultation activity centered around an ethical dilemma in counselor education and supervision. The IN is excited to continue engaging members throughout the academic year in ethical decision-making professional development opportunities.

Following the American Counseling Association Code of Ethics (ACA; 2014), the primary role of a supervisor is to "monitor client welfare and supervisee performance and professional development" (i.e., gatekeep; bylaw F.1.a). In conversations with one another, however, the Ethics IN committee members noted that the role of supervisors as gatekeepers is rarely examined in empirical research. In the research that does exist, it became apparent that supervisors experience many challenges in the gatekeeping role, including: feeling as though there are unclear expectations from training programs, licensure boards, and ethics boards (DeDiego & Burgin, 2016; Gazzola et al., 2013); feelings of gatekeeping incompetence and lack of adequate training in gatekeeping (Fulton et al., 2016; Gazzola et al., 2013; Russell et al., 2007); and fears of supervisee retaliation or legal ramifications (Fulton et al., 2016; Lumadue & Duffey, 1999).

With an awareness of the challenges of gatekeeping, an ethical behavior, the IN emerging leaders decided to host a discussion. The discussion began with a brief overview of the role of supervisors as gatekeepers to orient attendees. From there, the discussion was an open space for attendees to share experiences in the field and/or classroom that gatekeeping has or should have occurred, what it was like, and areas we could use support. The discussion ranged from considerations of supervisee and students' developmental stages to barriers that exist within time-restricted programs and how we, as counselor educators and supervisors, can continue to support students and supervisees while also ensuring client welfare.

The March IN meeting had not occurred at the time of submission of this newsletter, but will have occurred by the time of publication. In the March meeting, Dr. O'Gieblyn graciously offered to facilitate discussion regarding ethical dilemmas that counselor educators and supervisors face in their work. We look forward to working through these dilemmas with Dr. O'Gieblyn's guidance and are grateful for her contributions. We continue to honor the importance of ethical decision-making, including gatekeeping, in counselor education and supervision.

References

American Counseling Association. (2014). *2014 ACA code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf

DeDiego, A. C., & Burgin, E. C. (2016). The

doctoral student as university supervisor: Challenges in fulfilling the gatekeeping role. *Journal of Counselor Leadership and Advocacy*, *3*(2), 173–183. https://doi.org/10.1080/2326716X.2016.1187096

Fulton, C. L., Kjellstrand Hartwig, E., Ybañez-Llorente, K., & Schmidt, E. (2016). Clinical supervision in the addictions field: A case example of effective gatekeeping. *Alcoholism Treatment Quarterly*, *34*(1), 48–62. https://doi.org/10.1080/07347324.2016.1113106

Gazzola, N., De Stefano, J., Thériault, A., & Audet, C. T. (2013). Learning to be supervisors: A qualitative investigation of difficulties experienced by supervisors-in-training. *The Clinical Supervisor*, *32*(1), 15–39. https://doi.org/10.1080/07325223.2013.778678

Lumadue, C. A., & Duffey, T. H. (1999). The role of graduate programs as gatekeepers: A model for evaluating student counselor competence. *Counselor Education and Supervision*, *39*(2), 101–109. https://doi.org/10.1002/j.1556-6978.1999.tb01221.x

Russell, C. S., DuPree, W. J., Beggs, M. A., Peterson, C. M., & Anderson, M. P. (2007). Responding to remediation and gatekeeping challenges in supervision. *Journal of Marital and Family Therapy*, *33*(2), 227–244. https://doi.org/10.1111/j.1752-0606.2007.00018.x

Interested in Joining SACES Ethics and Professional Development Interest Network?

Follow these quick steps to connect and engage with us:

Go to SACES home page at www.saces.org
Log in to your profile using the icon in the top right corner of the page.
Click on View Profile link.
Click on Edit Profile button.
Place a check in the box next to Ethics and Professional Development listed under Interest Network preferences.

Infusing Creativity in Online Counseling Supervision

Christina Villarreal-Davis, PhD, LPC-S, NCC, RPT-S & ShayLea LeCraw, BA, Liberty University

Christina Villarreal-Davis (left) & ShayLea LeCraw (right)

With the onset of COVID-19, brick and mortar counselor education programs were charged with the challenge of transitioning to online teaching methods. However, the shift to online counselor education is not a novel idea. According to Villarreal-Davis et al. (2020), current trends reveal rapid growth in online counselor education programs, and with this growth comes the task of learning to enhance student-faculty engagement virtually. Villarreal-Davis and colleagues posit utilizing creative interventions to promote student-faculty engagement within online counseling supervision. In this manuscript, the authors will identify the benefits of creative interventions, describe two interventions, and illustrate a case example on infusing creativity with online counseling supervision.

Creative interventions in online counseling supervision can significantly benefit students in many positive ways. Incorporating creative interventions activates and utilizes both hemispheres of the brain, allowing the neural integration of emotional and cognitive functioning, which increases the probability of greater self-reflection for counselors-in-training (CITs) (Binson & Lev-Wiesel, 2018). Additionally, incorporating creativity invigorates innovative thinking, helps develop problem-solving skills, eases ambiguity, and increases confidence in CITs (Lawrence et al., 2015). Creativity also cultivates group cohesion, generates trust, and strengthens awareness (Davis et al., 2018; Newsome et al., 2005). Additionally, infusing creativity in online counseling supervision is a method that can inspire CITs to safely explore and develop more in-depth self-expression, creativity, and therapeutic work with their clients (Graham et al., 2014) while encountering a more enjoyable experience (Bowman, 2003). Finally, creativity in online counseling supervision enables CITs to explore their clients' concerns through creative techniques used during case conceptualization (Shiflett & Remley, 2014).

Despite the lack of empirical research and scholarly literature, creative supervision is growing and proving to be a promising modality to utilize. Two prominent interventions that can be embraced by counselor supervisors are sandtray supervision (Anekstein et al., 2014) and art-based supervision (Fish, 2016). First, sandtray supervision is an adaptation of sandtray therapy, which is a projective technique where an individual creates a personal microcosm by the manipulation and utilization of miniature figures in the sand (Homeyer & Sweeney, 2017). Sandtray supervision also motivates CITs to integrate knowledge and occurrences by externally processing problems, both verbally and nonverbally (Perryman et al., 2020). During this process, the supervisor guides CITs to create a tangible representation of their inner thoughts and struggles to help facilitate personal and professional growth (Perryman et al., 2020). Secondly, the use of art-based supervision stems from art therapy, which is a therapeutic approach that involves active art-

making and creative processes through visual and symbolic representation (American Art Therapy Association, 2017). Art-based supervision is founded on experiential learning theory and focuses on manipulating art materials to expressively create a product emboldening CITs to reflect and investigate the deeper meaning of their artwork (Liberati & Agbisit, 2017).

Case Study

Santiago, a counseling graduate student in his late thirties, will be explored to demonstrate the application of an art-based intervention, Phoenix – Out of the Ashes (Bratton & Stewart, 2018), used during online counseling supervision. Originally developed for processing a client's trauma, Phoenix – Out of the Ashes is an art-based technique that was modified by the first author to encourage CITs to examine and reflect on their learning and growth during their practicum or internship experience (Villarreal-Davis et al., 2020). Prior to supervision, Santiago was informed of the materials needed to complete this art-based technique. During supervision, Santiago's counselor supervisor asked him to reflect on his internship experience and then write a word or draw a symbol about something he needed to let go of. Next, the counselor supervisor instructed him to cut it into pieces and mixed the "ashes" with playdough/clay. Lastly, the counselor supervisor directed him to create a symbol of his newfound meaning with the playdough/clay. During supervision, Santiago shared that early on he had a strong need for structure during his counseling sessions. He started to feel disappointed when client sessions were not going as planned. However, after seeing his peers struggle with similar issues and shifting his focus to mastering basic counseling skills, he created a round blue ball that symbolized the need to "let the ball roll," which led him to take on a more Rogerian approach by allowing clients to lead. Thereafter, Santiago revealed that the art-based activity helped expand his awareness of internal processes, enhanced the safety for deeper exploration, removed the power differential between him and his supervisor, and improved trust with his supervisor.

In conclusion, ethical supervisors should be properly trained to use these expressive modalities to reduce the risks and liability concerns associated with counseling supervision (Villarreal-Davis et al., 2020). The present-day pandemic creates a need for distance counseling supervision that can be enhanced by incorporating creative techniques, which imparts invaluable experiences for growth for CITs (Villarreal-Davis et al., 2020) as well as improves CITs' personal lives (Binson & Lev-Wiesel, 2018). Ultimately, creative and holistic approaches in counseling supervision foster the online supervisory relationship and overall learning experience.

References

American Art Therapy Association. (2017, June). About art therapy. https://www.arttherapy.org/upload/2017_DefinitionofProfession.pdf

Anekstein, A. M., Hoskins, W. J., Astramovich, R. L., Garner, D., & Terry, J. (2014). Sandtray supervision: Integrating supervision models and standtray therapy. Journal of Creativity in Mental Health, 9(1), 122–134.

Binson, B., & Lev-Wiesel, R. (2018). Promoting personal growth through experiential learning: The case of expressive arts therapy for lectures in Thailand. Frontiers in Psychology, 8, 1 12. https://doi.org/10.3389/fpsyg.2017.02276

Bowman, D. R. (2003). Do art tasks enhance the clinical supervision of counselor-in-training? (Accession No. 3142024) [Doctoral dissertation, Virginia Polytechnic Institute and State University]. ProQuest Dissertations Publishing.

Bratton, S., & Stewart, A. (2018). Creating deep

connections: Trauma-informed play therapy supervision [Conference session]. Association for Play Therapy Conference, Phoenix, AZ, United States.

Davis, K. M., Snyder, M. A., & Hartig, N. (2018). Intermodal expressive arts in group supervision. Journal of Creativity in Mental Health, 13(1), 68 – 75. https://doi.org/10.1080/15401383.2017.1328294

Fish, B. J. (2016). Art-based supervision: Cultivating therapeutic insight through imagery. Routledge.

Graham, M. A., Scholl, M. B., Smith-Adcock, S., & Wittman, E. (2014). Three creative Approaches to counseling supervision. Journal of Creativity in Mental Health, 9(3), 415–426. https://doi.org/10.1080/15401383.2014.899482

Homeyer, L. E., & Sweeney, D. S. (2017). Sandtray therapy: A practical manual (3rd ed.). Routledge Publishing Group.

Lawrence, C., Foster, V. A., & Tieso, C. L. (2015). Creating creative clinicians: Incorporating creativity into counselor education. Journal of Creativity and Mental Health, 10(2), 166–180. https://doi.org/10.1080/15401383.2014.963188

Liberati, R., & Agbisit, M. (2017). Using art-based strategies in group-based counselor supervision. Journal of Creativity in Mental Health, 12(1), 15–30. https://doi.org/10.1080/15401.383.2016.1189369

Newsome, D. W., Henderson, D. A., & Veach, L. J. (2005). Using expressive arts in group super-vision to enhance awareness and foster cohesion. Journal of Humanistic Counseling, Education and Development, 44(2), 145–157. https://doi.org/10.1002/j.2164-490x.2005.tb00027.x

Perryman, K. L., Houin, C. B., Leslie, T. N., & Finley, S. K. (2020). Using sandtray as a creative supervision tool. Journal of Creativity in Mental Health. Advanced online publication. https://doi.org/10.1080/15401383.2020.1754988

Shiflett, C. L., & Remley, T. P. (2014). Incorporating case conceptualization drawing in counselor group supervision: A grounded theory study. Journal of Creativity in Mental Health, 9(1), 33–52. https://doi.org/10.1080/15401383.2013.878680

Villarreal-Davis, C., Sartor, T. A., & McLean, L. (2020). Utilizing creativity to foster connection in online counseling supervision. Journal of Creativity in Mental Health. Advanced online publication. https://doi.org/10.1080/15401383.2020.1754989

Technology Interest Network News

Just a quick news 'byte' here from your technology interest network (TIN) co-chairs, Frankie & Angie. We wanted to let you know we are offering a bi-semesterly email news digest to all of our members which includes a collection of up-to-date articles, links, research, and training opportunities related to technology, teaching, and supervision. If there is a topic you would like to see us include, just drop us an email: technologyin@saces.org. If you want to receive the digest, make sure to join our interest network via your SACES profile or email us. You can also email us if you'd like to get more involved with TIN or if you have other suggestions about how we can best support your use of technology!

An Ecologically Informed Model of Counseling Supervision

Jeremiah Stokes, Ed.D., LMHC, NCC- Concordia University, Irvine & Quentin Hunter, Ph.D., LPCA, NCC-Lindsey Wilson College

Jeremiah Stokes (left) & Quentin Hunter (right)

Counseling supervision continues to utilize the integration of different theoretical modalities to enhance the efficacy of the overall supervision process (Atten et al., 2008; Bernard & Goodyear, 2009). Many of the conventional supervisory approaches will include counseling theories such as cognitive behavioral theory, psychodynamic theory and humanistic approaches, to name a few (Atten et al., 2008; Bernard & Goodyear, 2009). Counseling theories can be utilized by supervisors to assist supervisees with issues related to client conceptualization, interventional strategies, and dynamics associated with parallel processes (Tracey et al., 2011). The theories themselves can also act as a framework for the supervisory process as a whole (Atten et al., 2008; Pearson, 2006). Considering many of the traditional counseling theories focus on individualistic and intrapersonal issues such as thought content, childhood issues, and behavioral processes (Corey, 2017), these theories may be limiting counselors in their understanding of how some of the systemic factors are impacting client functioning (Seo, 2010). Thus, the authors are advocating for an ecologically informed counseling supervision model to be more widely used by counselor supervisors.

The ecological systems theory (1979, 1989, 1995) was first developed by psychologist, Urie Bronfenbrenner. The ecological systems theory utilizes a framework that conceptualizes human development and functioning by understanding the relationships that exist between an individual and their respective environments, systems, and contextual factors (Cook, 2012). Within the ecological systems model, counselors seek to understand the client's lives from a multidimensional perspective that might include psychological and emotional elements, but also takes into account familial factors, communities, culture, government, media and culture (Cook, 2012). This model truly seeks to understand the entire picture. Ecological counseling not only identifies all of the external systems present within the client's life, but also seeks to understand how these various systems interface with each other to create an outcome (Cook, 2012; Conyne & Cook, 2004).

The ecological counseling perspective can be effectively integrated within the supervision process in a variety of settings. For example, the ecological perspective could be utilized during counseling supervision with a counselor who was treating a man for depression. The supervisor might want to explore, with the supervisee, how the client's environment was potentially impacting their mood and functioning. The supervisor could ask the supervisee, "Tell me about the environments in your client's life, including his home life, his work, and his interpersonal dynamics. What role, if any, do you think these systems might be having on his mood and functioning?" Questions like this can help to motivate the counselor to think "outside of

the box" and help to encourage a more dynamic and systemic perspective which could then inform a more diverse and thorough conceptualization of the client (Cook, 2012).

If counselor supervisors consider utilizing an ecologically informed model of counseling supervision, it is hypothesized that supervisees will develop clinical skills that will far extend the landscape of the individual, and address many of the social, systemic, and cultural underpinnings that often impact client's mental and emotional health (Cook, 2012). The inclusion of the ecological perspective will not only help the counselor by improving their conceptualization skills and interventional aptitudes, but will also directly impact clients' lives by improving their abilities to understand their lives in a more informed and dynamic way.

References

Aten, J. D., Strain, J. D., & Gillespie, R. E. (2008). A transtheoretical model of clinical supervision. *Training and Education in Professional Psychology, 2*, 1–9. https://doi.org/10.1037/1931-3918.2.1.1

Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Needham Heights, MA: Allyn & Bacon.

Cook, E.P. (2012). *Understanding people in context: The ecological perspective in counseling.* Alexandria, VA: American Counseling Association.

Cook, E. P., Conyne, R.K. (2004). *Ecological Counseling: An innovative approach at conceptualizing person-environment interaction.* Alexandria, VA: American Counseling Association

Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Boston, MA: Cengage Learning

Pearson, Q.M. (2006). Psychotherapy-driven supervision: Integrating counseling theories into role-based supervision. *Journal of Mental Health Counseling*, *28*, 241-252.

Seo, Y. S. (2010). Individualism, Collectivism, Client Expression, and Counselor Effectiveness Among South Korean International Students. *The Counseling Psychologist*, *38*(6), 824–847. https://doi.org/10.1177/0011000009359947

Tracey, T. J. G., Bludworth, J., & Glidden-Tracey, C. E. (2011). Are There Parallel Processes in Psychotherapy Supervision? An Empirical Examination. Psychotherapy: Theory, Research, Practice, Training. Advance online publication. https://doi.org/10.1037/a0026246

Mindfully Coping with COVID-19: Mindfulness in Supervision

Jennifer Cannon, PhD, LCPC, NCC, ACS & Megan Whitbeck, MA, NCC, The University of North Carolina at Greensboro

Jennifer Cannon (left) & Megan Whitbeck (right)

COVID-19 has, without a doubt, drastically impacted our lives, along with the current civil unrest and changing political climate. As uncertainty grows and the virus continues to spread, difficult emotions such as fear, grief, and anxiety are becoming more frequent. Researchers have examined the well-being of trainees during this time in various helping professions, such as social work (Díaz-Jiménez et al., 2020), nursing (Aslan & Pekince, 2020), and psychology (Schneider et al., 2020). However, no studies exist that discuss how counselors-in-training (CITs) are faring.

CITs will soon be on the front lines, supporting the mental health of future clients and communities. During their training, they are learning and practicing the art of being fully present with another person, a skill that takes intentional practice. However, the additional emotional distress created by COVID-19, racial injustice, and the charged political climate, among other things, may increase internal distractions and limit the counselor's ability to remain present and engaged in session. In addition, graduate students are reporting higher levels of environmental stressors, such as housing and food insecurity, financial instability, and adapting to online instruction (Horgos et al., 2020), all of which can exacerbate worry, anxiety, depression, and stress. Implementing mindfulness training during supervision may be one way to facilitate positive change through emotion regulation and stress management for CITs.

Utilizing mindfulness practice, such as cultivating awareness of experiences in the present moment, without judgement (Kabat-Zinn, 1994), may help mitigate some of the issues CITs face. Mindfulness-Based Stress Reduction (MBSR) programs that teach mindfulness strategies have been implemented with counseling students who then have shown significant decreases in rumination, stress, negative affect, state and trait anxiety, as well as significant increases in positive affect and self-compassion (Shapiro et al., 2007). Dye et al. (2020) examined the impact of a mindfulness program on wellness and the awareness of self-care in CITs and found that students who engaged in mindfulness practices (e.g., yoga, mindful walking, progressive muscle relaxation) reported higher levels of relaxation, reduced bodily tension, and felt less stressed and overworked. When mindfulness is demonstrated to CITs as an emotion regulation and stress reduction tool, they become equipped with resources to remain present and focused with themselves and by extension the clients they serve.

Practicing mindfulness skills during supervision sessions can aid trainees in improving anxiety and stress reduction, strengthen their ability to be present and focused with a client, and help foster empathy and compassion (Daniel et al., 2015). Recognizing that we, as supervisors can take on many roles (e.g., discrimination model: teacher, counselor, consultant; Bernard & Goodyear, 2004), it may behoove us to integrate mindfulness practice into our supervision sessions as a way to teach and

model self-regulation, present moment attention, stress reduction, and self-compassion, among other things. Given COVID-19 has drastically changed our society, it is imperative that we intentionally integrate restorative practices into supervisory sessions. Being that mindfulness practice can be both formal (e.g., yoga) or informal (e.g., intentionally noticing one's breathing throughout the day), incorporating simple, informal interventions into session may help to decrease some of the negative effects our CITs are facing at this time.

Recognizing there many types of informal mindfulness practices, here are two simple strategies to consider integrating into your supervisory sessions that may help CITs and by extension, their clients:

Mindful Writing Activity (Adapted; Sultan, 2018)

1. Write about an event related to COVID-19 and how it has impacted your life. What emotions arise? How has COVID-19 affected your personal and professional functioning? What aspects of your life have changed because of COVID-19 and how has this impacted you?
2. As you write, allow what you are feeling in your body to come into awareness and describe what you are feeling in your body and where you feel it. Try not to judge your experience; just notice it. Allow your thoughts to just be, and pass along, without evaluating or holding onto them. If you find your thoughts wandering, bring your attention back to the sensations in your body and continue writing.
3. Write for 15-20 minutes and process the activity with a supervisor, mentor, or trusted loved one.

Compassion-Focused Meditation (Adapted; Behan, 2020)

- Begin by noticing your breath, do not try to change it, just notice it for a breath for two. Next, turn your awareness to the difficult emotions you may be experiencing at this time. Notice that these difficult emotions may represent a moment of suffering. COVID-19 has impacted almost everyone in some way, and you are not alone in your suffering. As you inhale, imagine yourself breathing in a feeling of loving kindness. As you exhale, breathe out loving kindness for all those who may be suffering as well. Use your breath as an anchor to the present moment and continue this practice for two to three minutes.

References

Aslan, H., & Pekince, H. (2020). Nursing students' views on the COVID-19 pandemic and their perceived stress levels. *Perspectives in Psychiatric Care.* Advance online publication. https://doi.org/10.1111/ppc.12597

Behan, C. (2020). The benefits of meditation and mindfulness practices during times of crisis such as COVID-19. *Irish Journal of Psychological Medicine*, *37*(4), 256–258. https://doi.org/10.1017/ipm.2020.38

Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd ed.). Allyn & Bacon.

Daniel, L., Borders, L. D., & Willse, J. (2015). The role of supervisors' and supervisees' mindfulness in clinical supervision. *Counselor Education and Supervision*, *54*(3), 221–232. https://doi.org/10.1002/ceas.12015

Díaz-Jiménez, R. M., Caravaca-Sánchez, F., Martín-Cano, M. C., & De la Fuente-Robles, Y. M. (2020). Anxiety levels among social work students during the COVID-19 lockdown in Spain. *Social Work in Health Care, 59*(9-10), 681–

693.https://doi.org/10.1080/00981389.2020.1859044

Dye, L., Burke, M. G., & Wolf, C. (2020). Teaching mindfulness for the self-care and well-being of counselors-in-training. *Journal of Creativity in Mental Health, 15*(2), 140–153. https://doi.org/10.1080/15401383.2019.1642171

Horgos, B., Soria, K. M., Chirikov, I., & Jones-White, D. (2020). *The impact of the COVID-19 pandemic on undergraduate and graduate students with emotional or mental health concerns or conditions.* UC Berkeley: Center for Studies in Higher Education. https://escholarship.org/uc/item/83m75056

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life.* Hyperion.

Schneider, M. B., Greif, T. R., Galsky, A. P., Gomez, D., Anderson, C., Edwards, D. S., Cherry, A. S., & Mehari, K. (2021). Giving psychology trainees a voice during the COVID-19 pandemic: Trainee mental health, perceived safety, and support. *Training and Education in Professional Psychology, 15*(1), 76–85. https://doi.org/10.1037/tep0000343

Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105–115. https://doi.org/10.1037/1931-3918.1.2.105

Sultan, N. (2018). Embodied self-care: Enhancing awareness and acceptance through mindfulness-oriented expressive writing self-disclosure. *Journal of Creativity in Mental Health, 13*(1), 76–91. https://doi.org/10.1080/15401383.2017.1286277

Summer 2021 Newsletter Submission

Dear Counselors, Counselor Educators, Supervisors, and Graduate Students,

We are looking for submissions for consideration in our Summer 2021 issue of the SACES Newsletter. This issue will be an edition about ***Scholarship - encourage, support, and recognize a diverse range of scholarship and research***

Submissions must be between 500 and 800 words (not counting references) and sent electronically as a Word document to sacesnewsletter@gmail.com. Please include the author name(s), credentials, affiliation(s), and photo(s) in .jpg, .tif or .gif format.

Students are encouraged to contribute with the support of a faculty member. For questions or more information, please contact the editors at newsletter@saces.org. You can also check out previous newsletter issues available from the SACES website. Contributions are needed by Sunday, June 20th.

Andrea Kirk- Jenkins and Isabel Farrell
Co-Editors SACES Newsletter

Adding to the Toolkit: How Supervisors Can Prepare School Counselors-in-Training to Implement Trauma-Informed Practices

Crystal Hatton, Ph.D., LSC., NCC, NCSC, ACS & Angelica Greiner, Ph.D., LSC., CDF, Liberty University

Crystal Hatton (left) & Angelica Greiner (right)

Research suggests that one out of every three children in the United States has encountered an adverse childhood experience (ACE) that is either acute or chronic in nature (HRSA, 2019). These experiences can have devastating long-term effects on mental health and social functioning (Felleti et al., 1998; Matlin et al., 2019; SAMHSA, 2014) and can impact children's learning and behavior within the school setting (Howell et al., 2019; Whittle et al., 2013). There is also a concern that the global pandemic has exacerbated the prevalence of ACEs among children and adolescents (Bryant et al., 2020; Sanders, 2020). Thus, it is necessary for schools to implement trauma-informed practices that promote safety, comfort, and resilience for students (Chafouleas et al., 2016; Howell et al., 2019). Furthermore, it is imperative that practicum and internship site supervisors as well as faculty supervisors equip school counselors-in-training (SCIT) with the proper tools to lead this effort and meet the needs of all students. When trauma-informed practices are successfully implemented, trauma-sensitive environments are established.

As supervisors prepare SCIT to work in schools, it is important that The American School Counselor Association's (ASCA) position statements be used as a roadmap to guide their work in the field. Because ASCA's position statements define the school counselor's role regarding various situations and circumstances (ASCA, 2016), supervisors can also refer to them to aid in structuring supervision and learning experiences for SCIT. More specifically, ASCA's position statement on trauma-informed practices contends that school counselors are instrumental in establishing trauma-sensitive environments (ASCA, 2016) and therefore provides supervisors with a framework for preparing SCIT to implement such practices within their schools. This framework will ensure that SCIT will have the necessary tools to meet their students' social and emotional needs, while also promoting a trauma-sensitive environment that fosters safety, comfort, and resilience.

In alignment with ASCA's position statement, the first step supervisors can take to prepare SCIT to implement trauma-informed practices is to teach them how to identify signs of trauma and provide proper resources and support (ASCA, 2016). Additionally, since teachers are often the first to notice the changes in a student's behavior or appearance that could indicate trauma (Howell et al., 2019), it is necessary that supervisors also discuss with SCIT the importance of training faculty and staff on the signs and symptoms of trauma and how to work collaboratively with school counselors to best support students. When school

officials are better able to recognize and understand how traumatic stress impacts students' behavior, they are less likely to render consequences that lead to students being retraumatized (Graham & Negrelli-Coomer, 2018; Howell et al., 2019). Supervisors can promote this learning objective during supervision by instructing SCIT to conduct research on the signs and symptoms of trauma, discuss case conceptualizations involving trauma, and plan a professional development session for school faculty, staff, and parents.

The position statement also confirms the need for supervisors to teach SCIT how to work collaboratively with community stakeholders to implement trauma-informed practices (ASCA, 2016). To meet this learning objective, supervisors could instruct SCIT to create a resource guide for students and families that includes community agencies that specialize in trauma. SCIT could also venture out into the community to conduct interviews with mental health professionals who specialize in trauma treatment or visit community agencies that specialize in trauma support. Such experiential learning activities can be used as tools to captivate interest, increase empathy, enhance the overall learning experience, and equip SCIT with actual resources that can be shared with students and families.

ASCA's position statement on trauma-informed practices also indicates that school counselors should foster nurturing and supportive relationships to aid students in achieving success when they have experienced a trauma (ASCA, 2016). Accordingly, it is critical that supervisors teach SCIT how to foster positive relationships within schools to benefit students' social and emotional development. To meet this learning objective, supervisors must model how to plan and implement mentorship programs, lunch bunch groups, and other school activities that increase connectedness and establish trusting and safe relationships. When students' social and emotional needs are addressed, they are better able to regulate their emotions during the school day (Howell et al., 2019; Taylor et al., 2017).

To serve students effectively, SCIT must be prepared to implement trauma-informed practices that are necessary to establish trauma-sensitive school environments. Supervisors are in a unique position to structure learning experiences to prepare SCIT to do this work. Although several types of mental health professionals serve students, school counselors have daily interactions with them (Howell et al., 2019). Thus, when school counselors are prepared to lead this effort, they can impact positive change and aid students in feeling safe and secure during the school day.

References

American School Counselor Association. (2016). The school counselor and trauma-informed practice. ASCA Positions Statements. https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Trauma-Informed-Practice

Bryant, D. J., Oo, M., & Damian, A. J. (2020). The rise of adverse childhood experiences during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S193-S194. http://dx.doi.org/10.1037/tra0000711

Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8(1), 144–162. https://doi:10.1007/s12310-015-9166-8.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experience (ACE) Study. American Journal of Preventive Medicine, 14, 245–258.

https://doi.org/10.1016/S0749-3797(98)00017-8

Graham, J. & Negrelli-Coomer, M. (2018). When schooling hurts: Professional school counselors as mitigates of school-based trauma. *Journal of Global Engagement and Transformation.* 3(1).

Howell, P., Thomas, S., Sweeney, D., & Vanderhaar, J. (2019). Moving beyond schedules, testing and other duties as deemed necessary by the principal: The school counselor's role in trauma informed practices. *Middle School Journal*. 50(4), 26-34. https://doi: 10.1080/00940771.2019.1650548

Matlin, S., Champine, R., Strambler, M., O'Brien, C., Hoffman, E., Whitson, M., Kolka, L., & Tebes, J. (2019). A community's response to adverse childhood experiences: Building a resilient, trauma-informed community. *American Journal of Community Psychology*. 64(3-4), 451-466. https://doi.org/10.1002/ajcp.12386

HRSA (Health Resources and Services Administration) (2020). Adverse childhood experiences national survey of children's health data brief. Available from: https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/nsch-ace-databrief.pdf [last accessed March 11 2021]

SAMHSA (Substance Abuse and Mental Health Services Administration) (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA 14-4884). Rockville, MD: Author. Available from: https://store.samhsa.gov/system/files/sma14-4884.pdf [last accessed March 11 2021]

Sanders L. M. (2020). Is COVID-19 an adverse childhood experience (ACE): Implications for screening for primary care. *The Journal of Pediatrics*, *222*, 4–6. https://doi.org/10.1016/j.jpeds.2020.05.064

Taylor, R., Oberle, E., Durlak, J., & Weissberg, R. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156–1171. https://doi:10.1111/cdev.12864

Whittle, S., Dennison, M., Vijayakumar, N., Simmons, J.G., Yücel, M., Lubman, D. I., Pantelis, C., & Allen, N. (2013). Childhood maltreatment and psychopathology affect brain development during adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(9), 940–952. https://doi:10.1016/j.jaac.2013.06.007

Trauma Integration in the Supervisory Experience of Novice Counselors: A Way to Promote Continual Professional Development

Aimee Brickner, Ph.D., LPC, South University-Richmond
& Daria White, Ph.D, Liberty University

Aimee Brickner (left) & Daria White (right)

According to the ACA Code of Ethics (2014), the primary purpose of supervision is to monitor services provided by supervisees to clients. While the central focus of a supervisory relationship needs to be on client care and safety, all too often the internal process struggles of supervisees are ignored by supervisors. Given that 89% of people experience some sort of trauma in their life (Kilpatrick et al., 2013) supervisors should operate from a perspective that trauma is the norm, not the exception, and that includes our supervisees. One overarching challenge for supervisors addressing trauma is our professional boundaries: we are trained to avoid anything that resembles a counseling relationship with supervisees and this is evident in the models we teach (e.g., developmental, grounded in theoretical orientation); however, appropriately addressing trauma of supervisees in supervision will model trauma-informed skills that can help set the stage for both healing and development of novice counselors, thus avoiding developmental stagnation (Ronnestad et al., 2018) and can allow supervisors to become aware of supervisee trauma that may require personal counseling.

One contemporary approach that should be integrated into supervisor training is the Trauma-Informed Supervision model (Berger & Quiros, 2016). It incorporates five areas that can be used by the supervisor in all supervision sessions as they mimic the same areas that are used in trauma-informed clinical practice (Fallot & Harris, 2001).

Safety is felt when the supervisor provides an emotionally and physically safe space for supervisees. Emerging counselors need to believe that they can express their concerns, reactions, and vulnerabilities where they feel protected by their supervisor. While safety is an overarching quality that supervisors should always demonstrate, we should also prioritize it by setting time in each supervision session to check in and give space for expressing uncomfortable feelings and thoughts. **Trust** is built through boundary setting, maintaining confidentiality, transparency, and providing consistency. Set a rhythm for supervision early by spending the first couple of meetings getting to know each other, clearly defining expectations, and teaching supervisees how to prepare for supervision sessions. **Collaboration** has to do with sharing power with a supervisee and finding ways to work together rather than being a purely top-down process. If conducting group supervision, give supervisees the space to reflect upon the work of their colleagues by using The Six Thinking Hats or other interpersonal processes. **Empowerment** encourages the supervisor to take a strengths-based approach with a supervisee, to watch for and name specifically the strengths of your supervisee. This is our opportunity to instil confidence in supervisees.

Choice allows, to the greatest extent possible, for the supervisee to make decisions in regard to their supervision. Encourage supervisees to pick what issues to discuss and the supervisor can help identify supervisee challenges and themes (Berger & Quiros, 2016).

While the five characteristics of Trauma-Informed Supervision should be used in *all* supervision sessions as a way of being for the supervisor, we have also identified an intervention to help uncover salient traumas that may interfere with the counseling process: The River of Life.

"River of Life" instructions (White, 2014): On a piece of paper, using crayons, markers, drawing, symbols, and words, draw the river of your life, including tributaries and people who have been important influencers, use boulders and stones to describe difficult passages, turns in the river or times it split, until you come to the present moment. Take 10 minutes to do that and then come back to share with the group. After you share with each other, notice the common themes. How is this activity helpful in your perception of trauma and its place in the overall story of your life? How does it relate to the type of counseling you engage in with clients and the expectations you have of healing in the lives of others?

The purpose of the exercise is twofold: it gives students a counseling tool to use in their own practice and it also serves as a way to understand the supervisee's awareness of difficult past events that might impact the trajectory of professional satisfaction, growth, and resilience. When shared in the beginning of a semester-long group supervision, the exercise allows the group to bond faster, it also gives the supervisor a better idea of who is in the group and the potential impact of trauma.

Naming and appropriately addressing the sources of trauma early on in supervision will help students reflect on challenging situations without simplification through premature closure and disengagement, or feeling flooded by all the details and early professional exhaustion (Ronnestad et al., 2018). Placing trauma in context of a story, in the safety of the group or individual supervision, owning its past and current weight, would help students gain functional closure of complex reflections, thus continuing the trajectory of development through healing involvement with self and the world of others (Ronnestad et al., 2018).

References

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

Berger, R., & Quiros, L. (2016). Best practices for training trauma-informed practitioners: Supervisors' voice. *Traumatology, 22*, 145–154. doi:10.1037/trm0000076

Bernard, J. M., & Goodyear, R. H. (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River, NJ: Pearson Education.

Harris, M., & Fallot, R. (2001). *Using trauma theory to design service systems: New directions for mental health services*. San Francisco, CA: Jossey Bass.

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-V criteria. *Journal of Traumatic Stress, 26*(5), 537-547. Doi: 10.1002/jts.21848

Rønnestad, M. H., Orlinsky, D. E., Schröder, T. A., Skovholt, T. M., & Willutzki, U. (2018). The professional development of counsellors and psychotherapists: Implications of empirical studies for supervision, training and practice. *Counselling and Psychotherapy Research*. doi: 10.1002/capr.12198

White, D. (2014). River of Life. In K. Fineran, B.

Houltberg, A. Nitza, J. McCoy, & S. Roberts (Eds.), Group work experts share their favorite activities: A guide to choosing, planning, conducting, and processing Volume 2. Association for Specialists in Group Work.

Sitting in the Trenches: Supervising the Trauma Counselor

Keith J. Myers, PhD, LPC, NCC, ACS, Richmont Graduate University & Elizabeth Norris, MA, LPC, Mercer University

Keith J. Myers (Left) & Elizabeth Norris (right)

Counselors sit with the deepest parts of their clients, which includes, their grief, life stressors, depression, fears, and trauma. Therefore, supervisors of counselors must not only be trauma informed, but able to spot and mitigate any negative reactions supervisees display as a result of their work with clients. Three components assist supervisors supervising counselors who work with trauma: (a) be informed, (b) actively look for signs, (c) offer support.

Be informed

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 51 percent of women and 61 percent of men report experiencing at least one traumatic event. Additionally, it is approximated that 60-80% of individuals in the United States and Europe will be exposed to a traumatic event in their lifetime (Simiola, Nelson, Thompson, & Cook, 2015). If these are the odds of a person experiencing a traumatic event, then there is an increased chance that interns and supervisees will sit across from someone who has experienced a trauma.

Counselors, and supervisors alike, are susceptible to the experiences of their client's trauma. This continued exposure to the traumatic stories of their clients has a psychological impact on counselors (Figley, 1995; Trippany, Kress, & Wilcoxon, 2004; Knight, 2010; Briere & Scott, 2015). Supervisors should not only be aware of the *DSM-V* diagnosis for trauma-related disorders, but also secondary traumatic stress and vicarious traumatization that their supervisees might experience. Broadly speaking, secondary traumatic stress (STS) is when a counselor begins displaying trauma symptoms that mirror their clients' who have directly experienced a traumatic event (Figley, 2002; Stamm, 2010). Trauma counselors will inevitably experience aspects of STS. Vicarious traumatization (VT), however, is a transformation in the counselor's internal process as a result of being too open or over-empathizing with the trauma experienced by their client (Pearlman & Saakvitne, 1995). VT changes the cognitive schema of a counselor where perception of the world as safe becomes challenged, trust diminishes, and relational connection is hindered.

The more informed a supervisor is about trauma and secondary trauma-related impacts on counselors, the greater the chance of reducing the effect (Caringi et al., 2017).

Actively look for signs

According to Pearlman and Mac Ian (1995), counselors with less than two years of clinical experience are at a greater risk for trauma-related symptoms than those with more experience. With the workload of students and early stage counselors, it is imperative that supervisors be aware of and look out for trauma-related symptoms in their supervisees.

When a counselor begins to show signs of STS, they may display hypervigilance, avoidance, numbing, disengagement, (Caringi et al., 2017), intrusive thoughts, or physical issues (Sommer, 2008). It's important for supervisors to keep an eye out for unusual physical impairments or prolonged sickness- this might be due to stress or a sign of STS, either way, it's a clue that something needs to change.

When a counselor or supervisee shows symptoms of VT, their worldview can be negatively impacted such as perceptions of safety, disruption of interpersonal relationships such as the inability to trust others, or feeling cynical about their clinical work (Molnar, Sprang, Killian, Gottfriend, Emery, & Bride, 2017). Particularly, supervisees may question their competency or ability to form a therapeutic alliance with clients, even though other evidence may refute those beliefs.

If a counselor is aware of any STS within their supervisees and they provide appropriate support, it can mitigate the changes of vicarious traumatization.

Support

Support takes on two different roles: emotional support from the supervisor and supporting supervisees in taking care of themselves. Supervisors should pay careful attention to client cases relating to trauma and inquire about ways in which it might be impacting the supervisee (Sommer, 2008). Emotional engagement with a supervisee can not only communicate support, but also assist them in processing the challenges they face (Berger & Quiros, 2014). Supporting the supervisee in self-care should not begin once secondary traumatization occurs, yet once it has occurred client self-care becomes more vital. Supervisors should be aware of resources, emotional regulation techniques, and wellness-enhancing strategies that could assist the supervisee.

It is imperative that supervisors stay current on current trauma literature, signs and symptoms, ways of mitigating secondary traumatic stress, and self care strategies. Supervisors are vital in the mentoring and developing of counselors, and part of that role requires actively looking out for and sitting in the pain with supervisees.

References

Berger, R. & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology 20*(4), 296-301.

Briere, J. & Scott, C. (2015). *Principles of Trauma Therapy*(4thed.). Thousand Oaks, CA: Sage.

Caringi, J. C., Hardimann, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C. (2017). Secondary traumatic stress and licensed clinical social workers. *Traumatology 23*(2), 186-195.

Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators.*(pp. 3-28). Baltimore, MD, US: The Sidran Press.

Figley, C. R. (2002). *Treating compassion fatigue*. New York, NY, US: Brunner-Routledge.

Knight, C. (2010). Indirect trauma in the field practicum: Secondary traumatic stress, vicarious trauma, and compassion fatigue among social work students and their

field instructors. *The Journal of Baccalaureate Social Work, 15*(1), 31-52.
Molnar, B. E., Sprang, G., Killian, K. D., Gottfriend, R., Emery, V., & Bride, B. (2017).
Advancing science and practice for vicarious traumatization/secondary traumatic stress: A research agenda. Traumatology, *23*(2), 129-142.
Pearlman, L., & Mac Ian, P. (1995). Vicarious traumatization: An empirical study of the effects
of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26,* 558–565.
Pearlman, L., & Saakvitne, K. (1995). *Trauma and the therapist.* New York: Norton.
Simiola, V., Neilson, E. C., Thompson, R., & Cook, J. M. (2015). Preference for trauma treatment: A systemic review of the empirical literature. *Psychological Trauma: Theory, Research, Practice and Policy, 7*(6), 516-524.
Sommer, C. A. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor Education & Supervision 48*(1), 61-71.
Stamm, B. H. (2010). *The Concise ProQOL Manual*(5thed.). http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf
Substance Abuse Mental Health Services Administration, (n.d). *Trauma.* https://www.integration.samhsa.gov/clinical practice/trauma#:~:targetText=In%20the%20United%20States%2C%2061,care%20settings%20have%20experienced%20trauma.
Trippany, R. L., Kress, V. E., & Wilcoxon, S. A. (2004). Preventing Vicarious Trauma: What Counselors Should Know When Working with Trauma Survivors. *Journal of Counseling & Development, 82*(1), 31-37

Applying Clinical Supervision Models during COVID-19

Yvonne Ward, Ph.D. LCMHC, QS, LCAS, CCS & Amber Khan, PhD, NCC, LCMHC

Yvonne Ward (left) & Amber Khan (right)

Impact of the Pandemic

The COVID-19 pandemic has impacted our communities, turning life upside down for many of us. The mental health consequences have been significant as well. According to the Center for Disease Control and Prevention's Morbidity and Mortality report, higher rates of mental health conditions, substance use and suicidal ideation were reported during the pandemic (Czeisler et al., 2020). Counselors on the front line are also coping with uncertainty, as they work to help their clients cope with the "new normal." As such, clinical supervision continues to be an important and essential component to the success of the counseling discipline. In order for counselors to be more effective in their role, it is critical that

supervisors recognize what stress, compassion fatigue, and burnout looks like for their supervisees. The heightened sense of stress, anxiety, and exposure to vicarious trauma has increased the need for providing additional personal and professional support for therapists (Aafjes-van Doorn, et al., 2020). It is important that supervisors communicate openly with their supervisees, helping them recognize the crucial role they play in counseling others, while acknowledging their own limitations.

Supervision Models

Clinical Supervision is an intervention provided by a senior member of a profession to a more junior member of the same profession (Bernard & Goodyear, 2014). Supervision is evaluative, extends overtime, and should be performed with the intent of enhancing the skills of the supervisee. Clinical supervisors are responsible for monitoring the quality of work offered by the counselor, in addition to serving as a gatekeeper to the profession.

The Cognitive Behavioral Model (CBT) and the Discrimination Model are two models of supervision that can be particularly useful and allow for flexibility during the pandemic. The CBT model of supervision is grounded in psychotherapy theory and uses processes that parallel CBT therapy and the discrimination model is a process model (Bernard & Goodyear, 2014). The supervisor will provide the supervisee with constructive feedback and teach them strategies and interventions they can incorporate into their work with clients. The CBT model may help to reduce some of the unanticipated stressors of COVID-19. Bernard's discrimination model is distinct in that it combines attention to the roles supervisors take on with areas of focus for supervisees; process, conceptualization, and personalization and also allows for greater flexibility when interacting with supervisees as a teacher, counselor, and consultant. (Bernard & Goodyear, 2014).

Applying models of supervision

During this time, clinical supervisors can utilize CBT and discrimination theoretical models of supervision, allowing them to work more effectively with their supervisees. The CBT supervision model may be impactful in situations when more structure is required and particularly helpful in situations where counselors and their clients might be faced with a lot of uncertainty, due to the pandemic. One example of using the CBT model is to bridge the previous supervision session by reviewing homework (Bernard & Goodyear, 2014). This collaborative process of CBT supervision may help the supervisee feel more supported during supervision. During the review of homework, supervisees can practice new counseling techniques, especially at a time when learning new counseling skills may be more challenging.

The discrimination model can also serve as an effective supervision model to utilize, especially during the pandemic, as it is versatile and it can provide greater flexibility in situations where counselors may need more support. Younger counselors and those with less experience reported higher levels of vicarious trauma during the pandemic (Aafjes-van Doorn, et al., 2020). During this uncertain time, this supervision model can be helpful in new areas of the learning process for supervisees. Due to COVID-19 restrictions, many counselors shifted to fully virtual services. The focus of supervision can be adapted to the roles that the supervisor takes on during the supervision process. One example of using this model during the pandemic is when a counselor is struggling to adapt interventions to a virtual setting. The supervisor can take on the role of a teacher, during supervision, and model a particular therapeutic intervention (Bernard & Goodyear, 2014). Demonstrating the technique can help the supervisee to observe the implementation of a technique, in an effective manner, within a virtual setting. This can ultimately lead to greater understanding and reduced uncertainty, when presented with unique challenges of the pandemic.

Recommendations

Clinical Supervision is a collaborative process where supervisors and supervisees actively engage in discussions about client care and enhancing counseling skills and abilities. Particularly during the pandemic, counseling supervisors should evaluate the unique needs of their supervisees and implement supervision models that best meet those needs.

The disruption caused by the pandemic to our daily lives will continue to have lingering effects on mental health. One year after the start of the pandemic, nearly 21% of Americans are experiencing psychological distress (Keeter, 2021). Efforts to boost intervention and prevention efforts are recommended for all groups, particularly racial and ethnic minorities who have been disproportionately impacted by the COVID-19 pandemic (Czeisler et al., 2020). Supervisors can adapt the recommended supervision models to address the many unique challenges and needs that supervisees are facing during this time.

References

Aafjes-van Doorn, K., Békés, V., Prout, T. A., & Hoffman, L. (2020). Psychotherapists' vicarious traumatization during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S148-S150. http://dx.doi.org/10.1037/tra0000868

Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision* (5th ed.). Upper Saddle River, NJ: Pearson Education.

Center for Disease Control and Prevention. (2020, December 16). *Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19.* https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html

Creaner, M. (2014). What is the meaning and purpose of supervision? In *Getting the best out of supervision in counselling and psychotherapy: A guide for the supervisee* (pp. 4-11). SAGE Publications Ltd, https://www.doi.org/10.4135/9781473914896.n2

Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen,A., Njai, R., Weaver, M., Robbins, R., Facer-Childs, E., Barger, L., Czeisler, C., Howard, M.,Rajaratnam, S. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. Center for Disease Control and Prevention. http://dx.doi.org/10.15585/mmwr.mm 6932a1

Keeter, S. (2021). *Many Americans continue to experience mental health difficulties as pandemic enters second year.* Pew Research Center. https://www.pewresearch.org/fact-tank /2021/03/16/many-americans-continue-to-experience-mental-health-difficulties-as-pandemic-enters-second-year/

The Women's Interest Network (WIN) Highlights

The Women's Interest Network (WIN) serves to support female counselor educators and graduate students and promote research about women. The WIN strives to promote scholarship related to women's experience, foster mentoring opportunities for women within counselor education and supervision, promote collaboration among female graduate students and female counselor educators, and encourage open dialogue regarding our

experiences as female counselor educators and graduate students.

Caroline Perjessy

The Co-Chairs of the WIN are Caroline Perjessy and Noelle St. Germain-Sehr. Caroline (pronouns: she/her) is an Associate Professor at National Louis University in Tampa. Caroline's scholarship regarding women relates to how they experience and navigate career and graduate education, how women of color experience systemic and oppressive dynamics within higher education organizations, and how best to mentor women of diverse backgrounds.

Noelle St. Germain-Sehr

Noelle (pronouns: she/her) is a Clinical Assistant Professor and Counseling Clinical Experience Director at William & Mary. With regard to topics related to women, she is particularly interested in topics related to sexual identity, gender identity, gender roles, media representation and identity development, and transpersonal counseling.

Niko Wilson

Also, Niko Wilson (pronouns: she/her) the WIN Emerging Leader, is a doctoral candidate earning her PhD in Counselor Education and Supervision at the University of Central Florida. She just finished conducting her dissertation on researching couples who have experienced infertility.

The goals of the WIN this year were focused on fostering mentorship and connection among female counselor educators. We created a survey for SACES members to share their interest in becoming a mentor/mentee and helped to connect those who expressed interest during our meetings. Also, we provided opportunities for members to collaborate on ACES proposals. Stay tuned for which WIN proposals are accepted to the ACES 2021 Conference!

Our **next project** is to conduct virtual interviews with leading women in counselor education and make these interviews available to you in a webinar format. We look forward to having these intentional conversations with women in counselor education and then sharing these conversations with you. We also have been utilizing our SACES WIN Facebook page to post updates, share research projects, connect on presentations, and facilitate communication.

The Facebook group name is SACES Women's Interest Network (WIN): https://www.facebook.com/groups/630818851134352/?ref=share

If you are interested in joining the SACES WIN, please go to your SACES Profile page and indicate your interest in the WIN so that you can be added to the WIN member list (there is a how-to tutorial on our FB page). This will ensure that you receive emails from the WIN leadership about upcoming meetings and events.

The WIN holds quarterly meetings via Zoom for anyone interested in attending from 12:00-1:00pm ET. All dates can be found on the Facebook page. We also hold monthly gatherings we are calling "WIN Meet-Your-Needs Support Group" at 12 pm Eastern on the first Monday of the month.

Individuals can engage in any number of activities in breakout sessions with other interested colleagues.

The Zoom link will be the same for every meeting: https://cwm.zoom.us/my/dr.sgs (Meeting ID: 455 393 2027). We hope you can join us!

If you have any ideas or suggestions for what you would like to see offered or sponsored by the WIN, please email us at womensin@saces.org. We look forward to hearing from you!

School Counseling Supervision from a Relational Cultural Theoretical Lens

Jennifer K. Niles, MA, NCC, William & Mary

Jennifer K. Niles

School counselors have an invaluable yet challenging role in the school setting. Their work directly impacts students' mental health, social, emotional, and academic development, and the families and communities in which the students reside. As a result of the role's demands, it is not uncommon for school counselors to experience burnout and exhaustion (Bardhoshi et al., 2014). Supervision has been suggested as a remedy to school counselor burnout (Moyer, 2011) and school counselors report a desire for clinical supervision (Bardhoshi et al., 2014; Mullen & Gutierrez, 2016). Various supervision models have been designed to address the school counselor's evolving identity and unique needs. Each model targets a particular element of the school counselor's role, some emphasizing social justice advocacy (Ockerman et al., 2013), others attending to relationship-building peer support (Crutchfield & Borders, 1997), and others focusing on the school counselor's multiplicity of tasks (Luke & Bernard, 2006; Wood & Rayle, 2006).

To encompass the valuable perspectives each supervision model offers, a school counseling supervisor may choose to incorporate a Relational Cultural Theoretical (RCT) lens to school counseling supervision. RCT and school counseling are a natural fit as both share similar principles and philosophies, prioritize wellness, and focus on clients' strengths, development, and sociocultural context (Tucker et al., 2011). Therefore, RCT appears to be a highly applicable lens for the supervision of school counselors. RCT and Relational Cultural Supervision (RCS) could be applied in school counseling supervision models that incorporate peer supervision, triadic supervision, or individual supervision.

The RCT approach provides an inclusive model of human development and relational development, considering intersectionality of individuals' identities and the systems within which they operate (Comstock et al., 2008). Further, RCT is grounded upon the premise that healing and change take place in the context of mutually empathic, authentic, growth-fostering relationships (Comstock et al., 2008; Duffey & Somody, 2011; Jordan, 2018). Key

components of RCT that are especially salient to the supervisory relationship include: growth-fostering relationships, mutual empathy, authenticity, relational resilience, and relational competence.

School counselor supervisors can offer supervisees an understanding of the school counselor role within an educational and community system, considering the network of vital relationships to the school counselor (e.g., students, teachers, administrators, families, community stakeholders). With the practice of mutual empathy in supervision, school counselors may learn to mirror mutual empathy with their networks to provide services to their students more effectively. Authenticity can be fostered in the supervisory relationship to encourage the school counselor to serve from an authentic place in the professional setting.

As school counselors build upon the foundation of authenticity in both supervisory and therapeutic relationships, they may feel more equipped to encounter common challenges of the school counseling profession, including the necessity of building relationships while simultaneously juggling tasks that may create conflict or disagreement (e.g., evaluation, referrals, advocating for students to teachers or administrators) (Bardhoshi et al., 2014). School counselors must learn how to work through disconnection toward mutuality, both for their own resilience and their students' benefit. RCT school counselor supervisors can offer supervisees a safe place to explore the complexities of the school counseling role, social identity, challenges, and relational successes. The RCT supervisor can focus on key RCT practices (i.e., language, concepts, techniques) and processes (i.e., fostering growth, mutuality, connection, authenticity, empathy, and supporting vulnerability) to build the school counselor supervisee's relational resilience and acknowledge their social and professional contexts (Jordan, 2018). For instance, when the RCT supervisor uses mutual empathy and authenticity to broach cultural identity with their supervisee, the supervisee learns how to engage in similar conversations with their students.

One vital piece of the application of RCT to supervision is that it may increase cultural responsiveness and sensitivity within the relationship and beyond, concepts of critical importance within the school counseling setting. Because RCT emphasizes a collaborative approach (power-with), supervisors working from this model attend to the power in the supervisory relationship and the power that exists in society or established systems (Gomez, 2020). RCT/RCS supervisors acknowledge the impact of oppressive systems on marginalized groups, both for the experiences of their supervisees and clients and students. As a result, supervisors honor the complexities that arise in the supervisory and therapeutic relationships and allow space to listen empathically, address harm, and repair connections to support supervisees' growth (Gomez, 2020; Williams & Raney, 2020). This can foster relational resilience as supervisees may find an increased capacity to discuss their past experiences of relationships, disconnection, oppression, diversity, and cultural factors and gain insight into self-awareness and approaches to implement with clients (Williams & Raney, 2020).

Relational cultural supervision prioritizes similar values while promoting the supervisee's vulnerability and growth (Duffey et al., 2016; Jordan, 2018; Stargell et al., 2020). The core competencies of the RCT approach to supervision may hold the key in effectively providing support to school counselors. With an increased opportunity for growth, connection, empathy, and resilience, the school counselor may strengthen their identity and self-efficacy and, ultimately, have an even greater impact on the students they serve.

References

Bardhoshi, G., Schweinle, A., & Duncan, K., (2014). Understanding the impact of school

factors on school counselor burnout: A mixed methods study. *The Professional Counselor, 4*(5), 426-433.

Comstock, D. L., Hammer, T. R., Strentzsch, Cannon, K., Parsons, J., & Salazar II, G. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86,* 279-297.

Crutchfield, L.B. & Borders, L.D. (1997). Impact of two clinical peer supervision models on practicing school counselors. *Journal of Counseling & Development, 75*(3), 219-230. https://doi.org/10.1002/j.1556-6676.1997.tb02336.x

Duffey, T., & Somody, C. (2011). The role of relational-cultural theory in mental health counseling. *Journal of Mental Health Counseling, 33,* 223-242.

Duffey, T., Haberstroh, S., Ciepcielinski, E., & Gonzales, C. (2016). Relational-cultural theory and supervision: Evaluating developmental relational counseling. *Journal of Counseling & Development*, *94*(4), 405-414.

Gómez, J. M. (2020). Trainee perspectives on relational cultural therapy and cultural competency in supervision of trauma cases. *Journal of Psychotherapy Integration*, *30*(1), 60.

Jordan, J.V. (2018). *Relational-cultural therapy* (2nd ed.) American Psychological Association.

Luke, M., & Bernard, J. (2006). The school counseling supervision model: An extension of the discrimination model. *Counselor Education & Supervision, 45, 282-295.* https://doi.org/10.1002/j.1556-6978.2006.tb00004.x

Mullen, P. R. & Gutierrez, D. (2016). Burnout, stress, and direct student services among school counselors. *The Professional Counselor, 6*(4), 344-359.

Moyer, M. (2011). Effects of Non-Guidance Activities, Supervision, and Student-to-Counselor Ratios on School Counselor Burnout. *Journal of School Counseling*, *9*(5), n5.

Ockerman, M. S., Mason, E. C., & Chen-Hayes, S. F. (2013). School counseling supervision in challenging times: The CAFE Supervisor Model. *The Journal of Counselor Preparation and Supervision*, *5*(2), 44-57. http://dx.doi.org/10.7729/51.0024

Stargell, N., Craigen, L., Bradley, N., Whisenhunt, J., Campbell, E., & Kress, V. E. (2020). Relational-Cultural Supervision: A Humanistic Approach to Promoting Vulnerability and Counselor Development. *The Journal of Humanistic Counseling*, *59*(3), 188-200.

Tucker, C., Smith-Adcock, S., & Trepal, H. C. (2011). Relational-cultural theory for middle school counselors. *Professional School Counseling*, *14*(5), 310-316.

Williams, T. R., & Raney, S. (2020). Relational cultural supervision enhances the professional development of postdoctoral residents of color in health service psychology. *Journal of Psychotherapy Integration*, *30*(1), 140.

Wood, C., & Rayle, A. D. (2006). A model of school counseling supervision: The goals, functions, roles, and systems model. *Counselor Education and Supervision*, *45*(4), 253-266.

Merriam, S. B. & Bierema, L. L. (2014). *Adult learning: Linking theory and practice*. John Wiley and Sons.

Rasi, M. (2018). Dancing between pedagogy, andragogy and heutagogy: Dance as a metaphor for the learning relationship between pos-graduate learners and faculty. *Proceedings of EdMedia: World Conference on Educational Media and Technology*, 829-834. https://www.learntechlib.org/p/184284/

Anti-Racism in Clinical Supervision: Considerations for Supervisors of Counselors-in-Training

Amber M. Samuels, MS, LGPC (DC), NCC, CCC, The George Washington University; Chia-Min (Jamie) Ho, MEd, Texas A&M University-Corpus Christi.

Amber M. Samuels (left) & Min (Jamie) Ho (right).

A Call for Anti-Racist Supervision

Clinical supervision is identified as a core part of counselor education and training. It is not only necessary to ensure the protection of clients, but it is also vital to the development of counseling skills and the curation of professional counselor identity (Bernard & Goodyear, 2019). Since the development of the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016), counselors are now called to engage in professional counseling practices that are culturally responsive and socially just. Along with the modern practice standards of counseling (Ratts et al., 2016), there is also a recent emergence of calls for anti-racist strategies in counseling (Bartoli et al., 2015; Matsuzaka & Knapp, 2020; Pieterse et al., 2016). Ultimately, the modern call for counselors to engage in culturally responsive and socially just practices extends beyond counseling and also includes supervision.

Despite calls for the integration of anti-racist practices into counseling (Bartoli et al., 2015; Matsuzaka & Knapp, 2020; Pieterse et al., 2016), the supervision scholarship in this area is minimal. In the simplest terms, clinical supervision, in congruence with modern practice standards, should be not only culturally responsive and socially just, but also grounded in anti-racist practices. Therefore, given that best practices in the area of anti-racist supervision do not yet exist, we offer reflection and action strategies in this article for counselor educators to utilize in their curation of anti-racist supervision.

Considerations for Supervisors

Self-Interrogation of Racial Biases

Supervisors' implicit racial biases may inadvertently harm supervisory relationships and thus be a disservice to their supervisees (Bernard & Goodyear, 2019). Therefore, supervisors should examine their implicit biases toward their supervisees prior to supervision. As a starting point, supervisors may use the following self-reflection prompts to explore their potential implicit biases:

- Have I interacted with supervisees from this racial/ethnic identification? What race/ethnicity-based assumptions am I making about my supervisee?
- What traits do I associate with individuals with various racial/ethnic identifications?
- How did I learn to associate this way? How could my biases impact my supervisory relationship?

Broaching the Topic of Race

Counselors use broaching with clients to explore racial, ethnic, and cultural (REC) factors in clients'

concerns (Day-Vines et al., 2018). Within the context of this article, broaching refers to clinical supervisors bringing up REC factors related to the supervisor and/or supervisee during supervision. In supervision, supervisors may use broaching to engage supervisees in conversations about the supervisory relationship, supervisee's conceptualization, and supervisee's relationship with clients (Fickling et al., 2019). Further, a supervisor's use of broaching may promote a parallel process that encourages supervisees to address issues of race in their counseling sessions (Greene & Flasch, 2019). Adaptations of racial broaching examples for supervisors to use during supervision are the following (Fickling et al., 2019):

- Considering the difference in how we racially identify, what do you think about our work together?
- How might your client's immigration experience have affected their racial identity development?
- Given your client's racial identity and previous experiences with people in positions of power and authority, what do you think your client's counseling experience is like?

Attending to Multiplicity of Identity

In order to engage in and model culturally responsive and socially just practices (Ratts et al., 2016), it is important for supervisors to attend to the multiplicity of supervisee identity. For example, given that supervision goals and evaluations of supervisees shape supervisees' professional development, supervisors should also reflect on their goals for supervision and how they evaluate their supervisees to decipher potential assumptions based on the multiplicity of the supervisees' identities. The reflection prompts to consider include:

- What are my goals for supervision? What dominant cultural norms (i.e., racist or oppressive norms) are embedded in these goals?
- Does my evaluation of supervisees differ based on the ways they identify (e.g., evaluating individuals with different identities lower or higher)? In what ways?
- In what ways am I modeling and upholding racist and oppressive systems?

Conclusion

Based on the premise that supervisors use MSJCCs to guide their multicultural self-awareness in clinical practices, supervisors can use these considerations to expand the self-reflection process and initiate corresponding anti-racist and anti-oppressive actions (e.g., modifying goals or evaluation methods) into supervision. Given that anti-racism practices are rooted in individuals' self-reflection and consequent actions, supervisors can begin to build their anti-racist and anti-oppressive foundations through these practices.

References

Bartoli, E., Bentley-Edwards, K. L., García, A. M., Michael, A., & Ervin, A. (2015). What do white counselors and psychotherapists need to know about race? White racial socialization in counseling and psychotherapy training programs. *Women & Therapy, 38*(3-4), 246-262.

Bernard, J. M., & Goodyear, R. K. (2019). Fundamentals of clinical supervision (6th Edition). Pearson.

Day-Vines, N. L., Booker Ammah, B., Steen, S., & Arnold, K. M. (2018). Getting comfortable with discomfort: Preparing counselor trainees to broach racial, ethnic, and cultural factors with clients during counseling. *International Journal for the Advancement of Counselling, 40*, 89–104. https://doi.org/10.1007/s10447-017-9308-9

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

58(4), 309-316. https://doi.org/10.1002/ceas.12159

Greene, J. H., & Flasch, P. S. (2019). Integrating intersectionality into clinical supervision: A developmental model addressing broader definitions of multicultural competence. *The Journal of Counselor Preparation and Supervision, 12*(4). https://repository.wcsu.edu/cgi/viewcontent.cgi?article=1364&context=jcps

Matsuzaka, S., & Knapp, M. (2020). Anti-racism and substance use treatment: Addiction does not discriminate, but do we?. *Journal of Ethnicity in Substance Abuse, 19*(4), 567-593.

Pieterse, A. L., Utsey, S. O., & Miller, M. J. (2016). Development and initial validation of the anti-racism behavioral inventory (ARBI). *Counselling Psychology Quarterly, 29*(4), 356-381.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28-48. https://doi.org/10.1002/jmcd.12035

Flattening the Curve of Supervisee Anxiety in a Pandemic World

Deedre Mitchell, PhD, LPC, NCC, Certified School Counselor, Laura Martin, PhD, LPC, ACS, NCC, & Denise Ebersole, PhD, LPC, ACS, NCC, NCSC, Certified School Counselor, Liberty University

Deedre Mitchell (left), Laura Martin (middle), & Denise Ebersole (right)

As a result of the Covid-19 pandemic, the counseling profession has shifted to address the rise in mental health needs. This new era of counseling and supervision has impacted everyone in the profession: from trainee to seasoned professional (Vostanis & Bell, 2020). While supervisors continue to prioritize supervisee development and client care, the pandemic has brought additional challenges to mitigate (Scharff et al., 2020). Amidst the turbulence and trials of a global pandemic, a heightened level of supervisee anxiety may be one such challenge. Most supervisees already experience varying levels of anxiety during their training (Bernard & Goodyear, 2019). Balancing multiple roles and responsibilities, a lack of experience, and the pressure of being in an evaluative position are common stressors already faced by counseling supervisees (Stoltenberg & McNeill, 2010). The events of 2020 added circumstances such as a global pandemic, political and social unrest, and an evolving economic landscape. Consequently, it would be beneficial for counseling supervisors to consider an ethical approach to address rising supervisee anxiety in a pandemic world.

A variety of issues can impede the supervisory process when supervisees experience an elevated level of anxiety. According to Bernard and Goodyear (2019), supervisees struggling with anxiety can be described as overly dependent, unprepared for supervision, and lacking confidence in their ideas and peer feedback. Furthermore, supervisees with heightened anxiety may become avoidant, seek excessive reassurance, or become hypo or hyper verbal during group supervision. Like other complex issues in supervision, supervisees may find themselves losing objectivity, and thus effectiveness, if they are struggling with anxiety.

The ACA Code of Ethics (ACA, 2014) provides standards to guide both supervisees and supervisors when facing developmental concerns and problematic behaviors. Supervisees must monitor themselves for any indication of impairment and should seek support for difficulties that reach the level of professional impairment (F.5.b.). Additionally, supervisors should be aware of limitations that may restrict supervisee development and impede on their performance (F.6.b.). Of course, the supervisor must remain in their supervisory role and not provide counseling services to their supervisees (F.6.c). When anxiety and distress reach a level of impairment, the supervisor can assist the supervisee in identifying an appropriate counseling referral. However, it is important to remember that some level of heightened anxiety can be addressed within the supervision experience.

In fact, supervisors are encouraged to adjust their style and techniques to support the needs of their supervisees (ACES, 2011). Models of supervision provide a cohesive guide to meet the needs of supervisees (Bernard & Goodyear, 2019). A Cognitive-Behavioral Model of Supervision is one model that can be effective in addressing supervisee anxiety. This orientation-specific model is grounded in the assumptions of Cognitive-Behavioral Therapy, which allows one to become aware of the distorted or negative thinking patterns that may contribute to negative feelings and behaviors (Beck & Beck, 2020). Additionally, Cognitive Behavioral Therapy (CBT) is recognized as an effective approach for working with clients who present with anxiety (Kaczkurkin & Foa, 2015). Counseling supervisors may find similar benefits when working with anxious supervisees.

The Cognitive-Behavioral processes of agenda setting, problem-solving, and formative feedback can be used to effectively structure supervision sessions, regardless of the level of supervisee anxiety. Cummings, Ballantyne, and Scallion (2015) found that utilizing these techniques created a proactive rather than a reactive supervision environment. A familiar rhythm and clear standard of expectations within supervision sessions will put some supervisees at ease. Additional Cognitive-Behavioral practices can be utilized if a heightened level of anxiety is present. For example, supervisors may want to share the Risk/Resource model (Beck & Beck, 2020) with supervisees. This cognitive model is used to conceptualize the development of fear and anxiety and can be utilized to guide the supervisee through awareness and evaluation of their negative thoughts and feelings. Sharing such concepts will also model how these techniques can be used with clients. For more information about Cognitive-Behavioral Supervision processes, readers can look at *Supervision Essentials for Cognitive-Behavioral Therapy* (Newman & Caplan, 2016).

As the pandemic continues, counselor educators can look to their professional code of ethics and the counseling literature for guidance and best practices to meet the evolving needs of their supervisees. Taking these steps to address supervisee anxiety intentionally and ethically is one way supervisors can help slow the rise of supervisee anxiety and flatten another curve in a pandemic world.

References

American Counseling Association. (2014). *2014*

ACA code of ethics. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf

Association of Counselor Education and Supervision. (2011). *Best practices in clinical supervision.* https://acesonline.net/wp-content/uploads/2018/11/ACES-Best-Practices-in-Clinical-Supervision-2011.pdf

Beck, J. S., & Beck, A. T. (2020). *Cognitive behavior therapy: Basics and beyond* (3rd ed.). The Guilford Press.

Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of clinical supervision* (6th ed.). Pearson.

Cummings, J. A., Ballantyne, E. C., & Scallion, L. M. (2015). Essential processes for cognitive behavioral clinical supervision: Agenda setting, problem-solving, and formative feedback. *Psychotherapy, 52*(2), 158-163. https://doi.org/10.1037/a0038712

Kaczkurkin, A. N., & Foa, E. B. (2015). Cognitive-behavioral therapy for anxiety disorders: An update on the empirical evidence. *Dialogues in clinical neuroscience, 17*(3), 337-346. https://doi.org/10.31887/DCNS.2015.17.3

Newman, C. F. & Caplan, D. A. (2016). *Supervision essentials for cognitive-behavioral therapy.* American Psychological Association.

Scharff, A., Breiner, C., Ueno, L., Underwood, S., Merritt, E., Welch, L., Fonda, C., Malatras, J., Lin, B., Hormes, J., Pieterse, A., Gordis, E., Halpern, L., Pazienza, R., Litchford, G. (2020). Shifting a training clinic to teletherapy during the COVID-19 pandemic: A trainee perspective. *Counseling Psychology Quarterly,* https://doi.org/10.1080/09515070.2020.1786668

Stoltenberg, C. D., & McNeill, B. W. (2010). *IDM Supervision: An integrative developmental model for supervising counselors and therapists* (3rd ed.). Taylor & Francis.

Vostanis, P., & Bell, C. A. (2020). Counseling and psychotherapy post-COVID-19. *Counseling & Psychotherapy Research, 20*(3), 389-393. https://doi.org/10.1002/capr.12325

Disability Informed Supervision

Sam Rothrock CRC, Walden University

Sam Rothrock

How do you adapt cognitive approaches to an individual with an intellectual disability? Can you use existential or gestalt techniques with a client with Autism? How can a counselor address systemic discrimination faced by a client using a wheelchair receiving treatment for depression? These are genuine questions therapists face when working with people with disabilities. This article will review the need for a disability-informed supervision model to develop the required core skills and values in counselors in supervision. Next, I will examine the core competencies counseling supervisors should instill in their training. Finally, I will show how the integrated development model of supervision can incorporate these competencies.

The Need for a Disability-Informed Supervision Model

At 27.2% of the population, the 85 million individuals with disabilities make up the largest minority in the United States (U.S. Census, 2018). The American Counseling Association's *Code of Ethics* (2014) mandates supervisors address issues related to diversity in supervision (F. 2. b.). Yet, there is minimal information about providing supervision to counselors serving clients with disabilities (Tacket et al., 2016). Supervisees need to understand the context, treatment, and conceptualization of disabilities.

Most individuals with disabilities receive clinical services from public programs (Sabella, 2017; American Community Survey, 2018). Supervisors in government-run counseling agencies juggle the conflicting demands of a) laws and regulations, b) the staff they supervise, and c) their clients; this contrasts with the clinical triad involving supervisor, supervisee, and client (Sabella, 2017). As a result, public providers limit clinical supervision to performance management and regulatory compliance. Landon and Schults (2018) surveyed counseling supervisors in disability-centric programs. They found that supervisors defer to agency policies over professional ethical codes while simultaneously highlighting the importance of developing a counselor's ability to address ethical dilemmas. Thus, the need for disability-informed knowledge, skills, and values must be incorporated and measured in supervision training and development.

Knowledge, Skills, and Values of Disability-Informed Supervision

A good starting point for disability-informed supervision is the Association for Multicultural Counseling and Development's competency guidelines, which incorporate a) counselor self-awareness, b) client worldview, c) counseling relationships, and d) advocacy-based interventions (Ratts et al., 2015). Tacket et al. (2016) highlighted the importance of addressing the explicit and implicit attitudes counselors and society may hold towards disability. Counselors should understand disability-related discrimination within its social context, reframing the disability from physical or mental dysfunction toward situational barriers (Francis, 2016). These changes mean seeing the difficulties people with disabilities face regarding their environment, not as personal dysfunction.

In cross-disciplinary research, Havercamp et al. (2020) found six core competencies for working with individuals with disabilities. They are a) conceptual frameworks on disability, b) patient-centered care, c) legal and ethical responsibilities, d) system-based practice, e) valid assessment, and f) treatment across the lifespan. Lastly, a summary of the American Rehabilitation Counselor Association's *Disability Related Counseling Competencies* emphasizes a) understanding the impact disability and related prejudice has on the client's identity and b) familiarity with resources, referrals, regulations, and team-based approaches (Chapin et al., 2018).

Incorporating Disability Awareness into Integrated Developmental Model

There are many skills, attitudes, values, and competencies to work with individuals with various disabilities. Merely stating a need or creating a list is not enough to systematically develop disability-informed competencies in supervision. Bowen et al. (2020) recommended consistent measures to evaluate and build on disability competence in training and on-the-job learning. The integrated developmental model (IDM) provides a framework for counseling supervision that enables the ongoing development and measurement of counseling competencies. It is a four-stage model that systematically builds core competencies, with the supervisee falling in one of the stages throughout supervision (Bernard & Goodyear, 2019). The integrated development model provides a framework to measure and build upon disability-informed practices, skills, attitudes, and values. Below is an example. While not comprehensive, it provides a first step and framework for additional study.

Stage 1	Stage 2	Stage 3	Stage 4
Supervisee understands the nature of a client's disability and its impact on their identity	Supervisee understands the difference between interpersonal variation and pathology.	Supervisee can discuss disability intersectionality with other aspects of the client's identities.	Supervisee demonstrates the ability to incorporate disability-identity into treatment planning, homework, and referrals.
The supervisee understands that clients with disabilities may utilize accommodations in therapy	The supervisee can identify when traditional approaches need alteration. Speaks with clients about the best way to accommodate therapy.	The supervisee can proactively provide clients multiple options for disability informed interventions while seeking client input for new alternatives.	The supervisee is familiar with accommodation resources and options for a variety of disabilities.

Conclusion

Therapeutic work with people with disabilities needs more attention in multicultural skill development. The need is apparent in research and practice. Currently, no supervision model incorporates disability-related competencies for counselor development. The integrated development model can help supervisors evaluate and develop the attitudes and competencies necessary to work therapeutically with individuals with disabilities.