



Annotated Bibliography:

Supervision of Provisionally Licensed Mental Health Therapists

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Supervision as the signature pedagogy for mental health professionals

Bernard, J. M., & Goodyear, R. K. (2018). *Fundamentals of Clinical Supervision (6th ed.)*. Pearson Education (US).

Excerpt:

“Clinical supervision is the instructional strategy that most characterizes the preparation of mental health professionals. It is their signature pedagogy (Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Watkins, 2014b) and, like any signature pedagogy, is characterized by engagement, uncertainty, and formation. Supervision is a complex process that requires not only specific skills but also the ability to balance sometimes competing demands (e.g., protecting the client while also supporting supervisee development; Veilleux, Sandeen, & Levensky, 2014).

Every mental health professional should develop supervisor competence because virtually all eventually will supervise. In fact, supervision is one of the more common activities of mental health professionals (see, e.g., Lichtenberg, Hutman, Goodyear, & Overland, in press). Rønnestad, Orlinsky, Parks, and Davis (1997) found in their study of more than 2 thousand psychotherapists from more than a dozen countries that the number of therapists who supervised increased from less than 1% for those in the first 6 months of practice to between 85% and 90% for those who have more than 15 years of practice. “(Bernard & Goodyear, 2018, p.2)

Shafranske, E. P., & Falender, C. A. (2016). Clinical supervision. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, & L. F. Campbell (Eds.), *APA handbook of clinical psychology: Education and profession* (pp. 175–196). American Psychological Association. <https://doi.org/10.1037/14774-012>

Abstract



Clinical supervision serves as the centerpiece of training for students in health service psychology at the practicum, intern, and postdoctoral levels. It provides a valuable context for ethical practice and serves as the signature pedagogy by which “novices are instructed in the critical aspects of three fundamental dimensions of professional work—to think, to perform, and to act with integrity.” In short, clinical supervision is essential to every psychologist’s training and development. In addition to its training function, clinical supervision bears responsibilities to clients, society at large, and the profession.

American Mental Health Counselors Association 2020 Code of Ethics Excerpts Regarding Supervision

<https://www.amhca.org/viewdocument/2020-amhca-code-of-ethics>

III. Commitment to Students, Supervisees, and Employee Relationships

A. Relationships with Students, Interns, and Employees

CMHCs respect the integrity and welfare of supervisees, students, and employees. These relationships typically include an evaluative component and therefore need to be maintained on a professional and confidential basis. For more information about supervision disclosure, please see Appendix E, Clinical Supervision Disclosure Template, in “Essentials of the Clinical Mental Health Counseling Profession.”

1. CMHCs recognize the influential position they have with regard to both current and former supervisees, students, and employees and avoid exploiting their trust and dependency.
2. CMHCs do not engage in ongoing counseling relationships with current supervisees, students, and employees.
3. Sexual behavior with supervisees, students, and employees is unethical.
4. CMHCs do not engage in harassment of supervisees, students, employees, or colleagues.
5. CMHC supervisors ensure that their supervisees, students, and employees accurately represent their training, experience, and credentials.
6. In the informed consent statement, students and supervisees notify the client that they are in supervision and provide their clients with the name and credentials of their supervisor.
7. Students and supervisees have the same ethical obligations to clients as those required of CMHCs.
8. Supervisors should provide written informed consent prior to beginning a supervision relationship.



B. Commitment for Clinical Supervision

Clinical supervision is an important component of the counseling process. Supervision assists the supervisee to provide the best treatment possible to counseling clients and to provide training to the supervisee, which is an integral part of counselor education. Supervision also serves a gatekeeping process to ensure safety to the client, the profession, and to the supervisee.

1. Confidentiality of Clinical Supervision

Clinical supervision is a part of the treatment process, and therefore all of the clinical information shared between a supervisee and supervisor is confidential. Clinical supervisors do not disclose client information except:

- a. To prevent clear and imminent danger to a person or persons
- b. As mandated by law for child or senior abuse reporting
- c. When there is a written waiver of confidentiality obtained prior to such a release of information
- d. When the release of records or information is permitted by state or federal law
- e. In educational or training settings when information has effectively been deidentified or when written permission has been obtained from the client

Peer-Reviewed Articles on Supervision

Bell, H., Hagedorn, W. B., & Robinson, E. H. M. (2016). An exploration of supervisory and therapeutic relationships and client outcomes. *Counselor Education and Supervision, 55*(3), 182–197.

The authors explored the connection between the facilitative conditions present within the supervisory relationship, the therapeutic relationship, and client outcomes. A correlational research design was used with a sample of counselors in-training and 88 clients. Results indicated a significant positive relationship between the therapeutic relationship and client outcomes and a significant negative relationship between the supervisory relationship and client outcomes.

Bradley, W. J., & Becker, K. D. (2021). Clinical Supervision of Mental Health Services: A Systematic Review of Supervision Characteristics and Practices Associated with Formative and Restorative Outcomes. *The Clinical Supervisor, 40*(1), 88–111.

In this review, the authors examined supervision characteristics and practices associated with formative (e.g., skill development) and restorative (e.g., well-being) provider outcomes. We used qualitative review to summarize supervision characteristics associated with desired outcomes. Then, we applied a distillation approach ([Chorpita et al., 2005](#)) to identify practices associated with formative and restorative outcomes. The most common practices for promoting formative outcomes were



corrective feedback, discussing intervention, and role play. Findings indicate several supervision strategies have demonstrated empirical support for improving formative outcomes. However, more rigorous research is needed in community settings, particularly for understanding which strategies improve restorative outcomes.

DePue, M. K., Liu, R., Lambie, G. W., & Gonzalez, J. (2022). Examining the effects of the supervisory relationship and therapeutic alliance on client outcomes in novice therapists. *Training and Education in Professional Psychology, 16*(3), 253–262.

The supervisory working alliance (SWA) is an element of the supervisory relationship (SR) and has also been found to be related to the therapeutic alliance (TA; DePue, Lambie, Liu, & Gonzalez, 2016). As the TA has a well-established relationship with client outcomes (Leibert, Smith, & Agaskar, 2011), the SWA should also be related to client outcomes as it works through the TA (Bambling, King, Raue, Schweitzer, & Lambert, 2006). No researchers have examined how the SWA and TA between therapists, supervisors, and clients may work together to predict client outcomes using dyadic data analysis, strong client outcome measures, and client perspectives of the TA. The authors examined the contribution of the TA between novice therapists ($n = 155$) and their clients ($n = 193$) on client outcomes, as well as the contribution of the supervisees' SWA scores on their client outcomes. Data was matched between therapist/supervisees and clients, and 2 structural equation models were developed to investigate the hypothesized contribution of the TA and SWA on client outcome. Results identified that the strength of the SWA and TA have direct effects on client outcomes, and the effect of the SWA on client outcomes is not mediated by the TA when clients' ratings of TA are used. The SWA is both directly and indirectly related to client outcome, when considering client and therapist ratings of the TA.

Ellis, M. V., Berger, L., Hanus, A. E., Ayala, E. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist, 42*(4), 434–472.

Abstract: Two studies were conducted to revise and empirically test Ellis's framework for inadequate and harmful supervision, and to determine the occurrence of inadequate and harmful clinical supervision from the supervisees' perspective. For Study 1, we delineated 10 criteria for minimally adequate clinical supervision and defined inadequate and harmful supervision by differentiating self-identified and de facto supervision for each. Ratings from 34 supervision experts were used to generate a taxonomy of 16 de facto inadequate and 21 de facto harmful supervision descriptors. Because harmful supervision was distinct from, yet subsumed by, inadequate supervision, we revised the taxonomy and definitions accordingly. In Study 2, the occurrence of inadequate and harmful supervision was assessed for 363



supervisees; 93.0% were currently receiving inadequate supervision and 35.3% were currently receiving harmful supervision. Over half of the supervisees had received harmful clinical supervision at some point. Implications for research, training, and practice are discussed.

Keum, B. T., & Wang, L. (2021). Supervision and psychotherapy process and outcome: A meta-analytic review. *Translational Issues in Psychological Science, 7*(1), 89–108.

In summary, we conducted a meta-analytic review (12 studies with 32 effects identified) to assess whether supervision is associated with improvements in client outcomes. We found that supervision accounted for 4% of the variance in client outcomes. When the four studies that assessed client outcomes using supervisor/therapist ratings were excluded, we found that supervision accounted for 6% of the variance in client outcomes. The effect sizes were considered small (.19 and .24). In unpacking these results, we observed context-dependent variations in effect sizes across the outcome domains. Effect sizes regarding the therapeutic relationship and client satisfaction varied widely from small negative, to small and medium positive effects, while effect sizes for treatment outcomes were less varied with consistently small positive effects. Based on our review, we deduced several suggestions that may be helpful for nuanced assessment of the impact of supervision on client outcomes; reducing rater bias by focusing on client-rated outcomes, examining the role of supervision on session-to-session changes in client outcomes, and testing possible moderators (e.g., theoretical orientation, training models/programs) that may impact the supervisory relationship and therapy work.

Kress, V. E., O'Neill, R. M., Protivnak, J. J., & Stargell, N. A. (2015). Supervisors' suggestions for enhancing counseling regulatory boards' sanctioned supervision practices. *Journal of Mental Health Counseling, 37*(2), 109–123.

Regulatory board-sanctioned supervision is intended to enhance the practice of disciplined counselor licensees and to protect the public. A qualitative research design was used to assess the perceptions of four supervisors who provided board-sanctioned supervision. The themes greater board-generated communication and ethics-related considerations were identified. Suggestions for state counseling regulatory boards are discussed.



Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. *The Counseling Psychologist, 41*(1), 28–47.

Although supervision is recognized as a significant tenant of professional growth for counseling and psychotherapy students, the variability of the effectiveness, or ineffectiveness, of supervision has come under scrutiny in recent times. Our sample of 128 participants shed light on the most effective (e.g., encouraged autonomy, strengthened the supervisory relationship, and facilitated open discussion) and most ineffective (e.g., depreciated supervision, performed ineffective client conceptualization and treatment, and weakened the supervisory relationship) supervisor skills, techniques, and behaviors. Moreover, effective and ineffective behaviors, along with best and worst supervisors, were significantly differentiated based on the supervisory working alliance, supervisor style, supervisor self-disclosure, supervisee nondisclosure, and supervisee evaluation. Implications for supervision competencies and supervisor accountability are discussed.

Lohani, G., & Sharma, P. (2022). Effect of clinical supervision on self-awareness and self-efficacy of psychotherapists and counselors: A systematic review. *Psychological Services*.

Clinical supervision is considered to be imperative for the development and maintenance of psychotherapeutic competencies. In terms of self-awareness and self-efficacy, understanding the trajectory of clinical supervision will further facilitate client outcomes. The present review focused on understanding and providing future directions in the major trends in clinical supervision and its impact on self-awareness and self-efficacy of the supervisees. For the purpose of the study, six databases including Pubmed, PsychINFO, Jstor, Wiley Online Library, AcademiaEdu, and Elton B. Stephens company (EBSCO) were used in the search strategy according to current guidelines. The systematic literature search identified 17 publications from the empirical studies. The results indicate that supervision has a positive impact on the supervisee, whereby they grow and develop. It is further evident that supervision has some impact on key developmental areas, such as skills, self-awareness, and self-efficacy. The systematic review supported the notion that clinical supervision as a topic, often lags behind in empirical research.



Vallance, K. (2005). Exploring counsellor perceptions of the impact of counselling supervision on clients. *Counselling & Psychotherapy Research*, 5(2), 107–110.

This qualitative study explores counsellors' experiences and perceptions of how counselling supervision impacts their clients. The literature review highlights little research in this area. Data collection combined open-ended questionnaires and semi-structured interviews. Analysis was phenomenological incorporating participant validation. The findings indicate that supervision impacts client work both helpfully and unhelpfully. Areas that emerged as having the most direct impact on client work were: exploration of client/counsellor dynamics and raising counsellor self awareness, professional development, emotional support and the quality of the supervisory relationship. Benefits and dangers for clients not taken to supervision were highlighted. Congruence and confidence were the most direct link between supervision and client work.

Wilkinson, T., Smith, D., & Wimberly, R. (2019). Trends in ethical complaints leading to professional counseling licensing boards disciplinary actions. *Journal of Counseling & Development*, 97(1), 98–104.

This article presents findings of a content analysis of the types of ethical violations that led to disciplinary actions (N = 936) across state counseling licensing boards for professional counselors during the time frame of 2010 to 2014. The most frequent types of ethical violations included failure to acquire the appropriate amount of continuing education, dual relationships (sexual and nonsexual), and misrepresentation of credentials. Implications of the findings and future research needs are discussed. Keywords: ethical issues, legal issues, counseling ethics, professional issues, content analysis