

**Clinical Preparation and Supervision of
Professional School Counselors**

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Abstract

The need for a discussion of school counselor preparation and supervision is supported by the guidelines established by both the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), 2009 and the American School Counselor Association (ASCA), 2005. The significance of this article is to provide a reflective narrative based upon actual practices designed to prepare candidates to meet the rigor and relevance required by both accreditation boards and professional organizations. In addition, a clinical preparation and supervision model will be presented. Stages of developmental supervision, clinical supervision experience, and modalities of clinical supervision are discussed.

Clinical Preparation and Supervision of Professional School Counselors

The members of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), 2009 and the members of the American School Counselor Association (ASCA) provide guidelines for counselor education programs that address program competencies for professional school counselors. The clinical competencies are obtained through the practicum and internship courses. These guidelines include a clinical component. Clinical educators are the individuals who supervise field-based learning for school counselors-in-training. The field-based learning mandated by CACREP includes a practicum and an internship. Practicum is the first field experience where students begin to formulate their counseling theoretical frame of reference, refine their clinical skills and increase their awareness of ethical and legal standards of practice. Internship is defined as post-practicum; it is the “capstone” clinical experience (Akos & Scarborough, 2004).

The clinical field experience provides candidates with opportunities to utilize textbook theory and classroom training in an on-the-job experience. Using the clinical field experience, candidates heighten their knowledge, hone their skills, and perfect their professional dispositions under the supervision of clinical educators. The lived experiences of clinical educators have been a neglected area in the clinical literature. The special nature of clinical education, the skills of clinical educators, and the challenges in their work are often not reported. Edwards (1996) observed that:

The complexities of time, purpose and control in clinical settings give teachers a multi-dimensional scenario within which to operate. Clinical teaching is not a

simple application of rules about content, time, place and progress. It is a highly skilled interpretation of, and adaptation to, a complex social and educational setting. This capacity for interpretation is a major hallmark of an expert or skilled clinical teacher. (p. 212)

Whether the supervisor is called a clinical teacher or clinical educator the duties and responsibilities are multifaceted. The purpose of this article is for the authors to provide an exposition of a clinical preparation and supervision best practice model that expounds on the complexities of clinical preparation and supervision of school counselors.

The Developmental Model of Counselor Training

Developmental supervision appraises both the affective and cognitive learning that occurs during clinical education (Furr & Carroll, 2003). It includes the opportunity to discuss the choice and application of a particular theoretical model, and employs activities such as journal writing that are intended to stimulate personal and professional growth (Gysbers & Henderson, 2006). According to Stoltenberg and Delworth (1987), and Logenbill, Hardy, and Delworth (1982), there are three stages of counselor development: the first stage is one of reliance, the second stage is one of trial and error, and the third stage is one of maturity.

Stage 1 – Reliance

Stage 1 supervisees are highly motivated. They lack basic counseling skills but have a strong desire to perform effectively. Their focus is on how to perform a skill. The emphasis on skill mastery evokes performance anxiety or apprehension in performing interventions. This apprehension is indicative of cognitive self-focus. Autonomy at this

stage is absent and reliance on the supervisor is acute. For example, supervisees in this stage have a propensity to have an over-dependency on textbook theory; this requires supervisors to provide more assistance to facilitate the trainees' growth and to help them critically accommodate the use of theory in practice.

Ronnestad and Skovholt (1993) stated that stage 1 supervisees enter counseling sessions reliant on the assistance of their supervisors, and that this need is as a result of the hierarchy of skill development. Stage 1 requires that supervisors teach the fundamentals of counseling to enhance the trainees' skill competency (Bernard, 1979). To that end, supervisors must be aware of their didactic role of teaching counseling skills and techniques (Neufedt, Iverson, & Juntunen, 1995; Worthington, 1987). For example, in this stage supervisors often explain the rationale for counseling strategies and interventions used in counseling, assist with case conceptualization, evaluate counseling sessions, and model intervention techniques (Neufedt, Iverson, & Juntunen, 1995; Stoltenberg & Delworth, 1987).

In addition, supervisees in the reliance stage may *over-assimilate* and/or *over-accommodate*. Over-assimilation is fitting information received from students into preconceived notions about the student's concerns. Over-accommodation is giving excessive privilege to information received from supervisors, abandoning any other ideas about students' needs and replacing all assumptions about the student with the voice of supervisors (Piaget, 1970). This happens because the trainee frequently sees the supervisor as an expert to be emulated (Bear & Kivlighan, 1994; Borders, 1990; Hess, 1986; Ronnestad & Skovholt, 1993). Stage 1 supervisees tend to fluctuate between these extremes of assumption, and therefore positive supervision is imperative

for personal growth and development to occur in candidates. Supervisors must balance supports (structure) and challenge (evaluation) (Blocher, 2000). Notably, they address different sets of concerns and expectations with the appropriate supervision quality of assistance.

Stage 2 – Trial and Error

The theory-to-practice abyss that is negotiated by stage 1 supervisees results in oscillations from high to low motivation. The transfer in cognitive structure causes performance anxiety which evokes judgment that is nearly always subjective and sometimes arbitrary. As counselors-in-training move into stage 2 of their supervision experience, these dynamics shifts in cognition at times retard their progress.

According to Liddle (1986), supervisees develop combatant behaviors to protect themselves from perceived failure. During the antagonistic phase of stage 2, it is incumbent of the supervisor to affirm the competency of the counselors-in-training and respond collegially and therapeutically (Page & Wosket, 2001). With stage 2 the challenge of honest self-reflection on emotions and defense mechanisms that often hinder the effectiveness of clinical field experiences is sustained. The supervisor fosters clarification of emotions and of the defense mechanisms used by supervisees, to assist in making meaning from their ineffective behavior. As a result, equilibrium arises, which allows the intern to actuate toward the next stage.

Stage 2 supervisees are more likely to over-accommodate for information received from clients, as part of the supervisees' tendency to overly focus on their clients' development. On the other hand, they may maintain *overly tight assimilation*

with their supervisors, often finding it difficult to adjust or restructure their present assimilation to accommodate any new information.

The difficulty of finding a balance between assimilation and client accommodation makes the progression from stage 1 to stage 2 delicate for supervisors. Supervisors may be deterred from important issues of supervision while keeping in mind the possible defensiveness of the supervisees. The supervisor's focus shifts from reflection on data from the counselor/client relationship to the supervisee's performance anxiety. For example, the supervision focus may shift to counseling the counselors-in-training about their need to protect themselves when receiving feedback during supervision, instead of focusing on the accuracy of their case conceptualization.

The dynamics between the supervisor and supervisee is characterized by a period of resistance, avoidance, and questioning the value of the supervisor's input or even whether the counselor-trainee has chosen the right profession (Bear & Kivlighan, 1994; Hess, 1986). Therefore, a supportive approach is recommended (Neufedt, Iverson, & Juntunen, 1995; Stoltenberg & Delworth, 1987).

Stage 3 – Mature

The third stage is one of high motivation propelled by the increase in the supervisees' skills and knowledge. Supervisees are driven by their growing internal expertise. Supervisors are no longer viewed as infallible; the supervisor's view becomes one part of the cognitive schema of the counselors-in-training. In this stage, the supervisor assumes one of three essential roles in counseling supervision process (Bernard, 1979; Bernard & Goodyear, 2004). The most prominent and directive is teaching counselors-in-training basic counseling skills. As a teacher, the supervisor

assumes no responsibility for what supervisees do and what adjustments are needed to enhance their skill development. The second role of the supervisor is that of counselor, a role that consists of assisting counselors-in-training with personal adjustments and/or developmental problems that require attention. The third role of the supervisor involves providing support and resources at the trainee's request.

As supervisees distinguish their new sense of self, obtain control of the counseling session, and are able to conceptualize cases more effectively, their interactions with the supervisor become collegial and the supervisor becomes more of a consultant (Ronnestad & Skovholt, 1993). The mature stage of supervision allows for the exploration of issues related to theoretical orientation, use of techniques, and personal style. The newly collegial supervisee–supervisor relationship allows for open discussions that acknowledge, encourage, and/or reflect on supervisees' thoughts and concerns (Worthington, 1987; Neufedt, Iverson, & Juntunen, 1995). Stage 3 supervisees are distinguished by their ability to find a balance between assimilation and accommodation, in regard to both students and supervisors. The assimilation–accommodation concept becomes more fluid and flexible as counselors-in-training acquire confidence and increased independence.

The developmental model of supervision thus states that supervisees advance through three stages, each of which builds on the successful assimilation and/or accommodation of the preceding stage. The stages are not always clear-cut, and many supervisees vacillate between stages. However, as the skill efficacy of the counselors-in-training increases the stage shift becomes less cyclical (Stoltenberg & Delworth, 1987; Ronnestad & Skovholt, 1993; Hess, 1986; Bear & Kivlighan, 1994).

Clinical Field Experience Process

In order to maintain a systemic process, the counseling department that the authors are affiliated with begins the capstone experience with the field placement orientation, the completion of a field placement application and an established school district partnership. There are several distinct elements of this process.

Approved Field Placement Site

An established field placement site begins with collaboration between the university and the school district. The director of field services establishes the sites in communication with the school district and agency directors. Sites are confirmed with a signed affiliation agreement that indicates the shared mission of the university, the School of Education, and the department program.

Ratio of University Faculty Supervisors to Students

Accrediting boards have established a ratio of one faculty to six candidates. The intent of this requirement is to ensure that university faculty members have the ability to meet the needs of candidates, that is, to provide continuous feedback, visit field sites, compile reports, collaborate with site supervisors, and provide individual supervision and group supervision. The effectiveness of the university faculty is diminished with a larger faculty to student ratio.

Site Supervisors In-Service

In-service for site supervisors is essential to the success of clinical field placement success; it is the forum for site supervisors to receive training and to help enhance their skills as supervisors. The in-service is the medium through which university supervisors, site supervisors, and coordinators can discuss the requirements

for field experience. In addition, the program mission, objectives, and supervisors' responsibilities are clarified.

Approval Process

A preliminary analysis of the application is conducted. After the initial review of the required documents (completed application, transcript, background check, fingerprints, and proof of insurance), the files are forwarded to the program coordinator. The coordinator then completes the auditing of files and verification of approval for field placement. Next, a field request is submitted to the director of field service, and the director makes the contact with the school district. Upon the approval of the school district's coordinator of school counselors, school counselors-in-training are instructed to meet with their site supervisor. At this initial meeting the topics of discussion include the expectations for trainee performance and the requirements for how the trainee can perform course requirements at the school site. In addition, a written departmental affiliation agreement/contract is signed by all parties. The affiliation outlines the role and responsibilities of both the intern and the site supervisor, as well as when, where, and how supervision will take place. The intern works with the site supervisor to develop a plan that articulates the goals of the field experience, the reporting time, and the possible activities that are available at the site.

A model of clinical supervision is proposed that focuses on learning, observing, comprehending, and knowing (LOCK). The LOCK Model is grounded in a developmental constructivist framework and begins with a method for assessing the knowledge, skills and professional behavior of school counselors-in-training (Figure 1). Research, theory,

and practice have shown that learning, observing, and comprehending increase knowing. The learning component is a process wherein environmental events consists

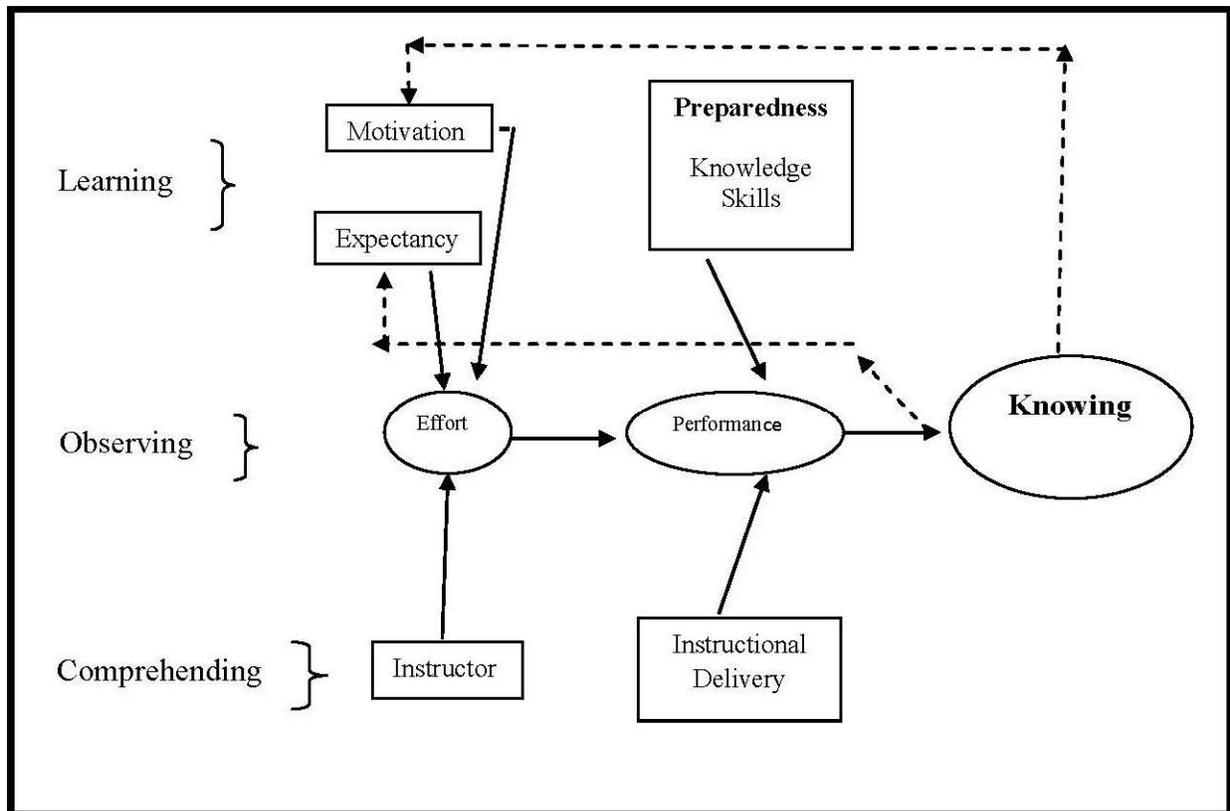


Figure 1: Clinical Preparation and Supervision LOCK Model

of concrete activities which provide interns the opportunity to acquire and apply new knowledge and skills. It affords a ready means of focusing simultaneously on the functional elements of the environment and of the intern motivation and expectancy affected by them. The observing component is denoted by the environmental demand to notice, attend, or witness an experience. The functional utility of this component requires effort to provide visual and/or auditory performance. Comprehending is the ability of the intern to grasp the significance and meaning of the assignment or activity. In this context, there are sometimes *knowing* fails to be manifested and where at a later point *knowing* is revealed. When a dimension of time is involved, there is an implicit

reciprocal-influence process to explain the differential. Comprehending is qualified by the instructor and instructional delivery. The instructor establishes the environmental and the instructional strategies that will occur in the setting. Such social ecology involves consistent feedback, opportunity for self directed learning, variety in methods of instruction, learning materials and experiential activities. The knowing component involves the private knowledge obtained from the process, which may result in a sense of empowerment.

Description of the Clinical Supervision Experience

Supervision is a process in which a skilled and qualified member of the profession mentors, teaches, and facilitates the growth of a novice member of a profession (Bernard & Goodyear, 2004). Supervision is designed to enhance professional development, evaluate the performance level of the supervisee, and improve clinical skills. School counselor supervisees are provided with supervision in accordance with the 2009 CACREP requirements of one and one-half hour per week of group supervision, and one hour per week for individual supervision, from both the faculty supervisor and the site supervisor. The term “clinical supervision” means face-to-face individual and group discussion, facilitated by a clinical supervisor (i.e., an independently certified professional school counselor who is approved by and registered with a state’s board of education), and a university supervisor (one who is approved by the state’s board of education and registered with a state’s counselor licensure board to supervise post-degree counselors). The purpose of the clinical experience is to enhance and foster the development of counseling skills, clinical assessment and intervention approaches, and case conceptualization.

Method of Instruction

The methods of instructions used in the department include lectures, presentations, demonstrations, role plays, and student-led discussions. In addition, faculty supervisors provide feedback on tape reviews and observations of counseling sessions.

Course Requirements

In both the practicum and the internship, school supervisees are required to reflect on their personal and professional development. This may require writing a reflective paper and keeping a journal. Moreover, candidates complete photo narratives that inculcate theory in articulating their development, compiling a professional portfolio, attending a professional event, conducting research, presenting case studies, conducting classroom guidance activities, obtaining membership in professional organizations, and completing clinical forms.

Grading Criteria

The grading criteria used for clinical field experience are conveyed in the form of a list of assignments with the specific descriptions of the weight and the rubrics of each. In addition, clinical site supervisors complete a formal midterm and final evaluation for each supervisee; these evaluations account for a portion of the final grade. The evaluation is aligned with the requirements of CACREP, ASCA, and the School of Education. The material that is used in assessment include: (a) time sheets, (b) log sheets, (c) intern individual supervision, (d) intern group supervision, (e) video and/or audio taping, (f) journals, (g) individual and group supervision conferences, (h) program

seminars, (i) university faculty and site supervisor field evaluation, (j) reports, and (k) the candidate's evaluation of site supervisor.

Modalities of Clinical Supervision

Clinical supervision for school counselor supervisees aims to improve direct service delivery and skills, particularly in the areas of guidance curricula, counseling, consultation, and advocacy. For the purpose of this article, six modalities are identified that provide the focus of the supervision training. These include live observations, behavior modeling, case study, e-mail, audiotapes and videotapes, and role playing.

Live Observations

Live observation is the attentive watching of a supervisee and noting the developments. For example, clinical site supervisors sit in on counseling sessions conducted by the supervisees. Although this is a time-consuming task, it offers several benefits. The supervisee is afforded immediate feedback and the student/client receives the benefit of having a new individual in the counseling session.

Behavior Modeling

Behavior modeling is the demonstration of an operation and of the specific steps to carry out the operation. The supervisor models competencies that supervisees have not yet mastered. Then, the supervisee performs the same task accompanied by supervisor feedback. For example, the supervisor may present a helping skill technique, model its effective use and ineffective use, discuss the situation with the supervisees, and provide a scenario for the supervisees to demonstrate what they have learned.

Case Study

A case study is a detailed account of a person or persons over a specific timeframe. For example, supervisees present typical school counseling situation and ethical dilemmas; they discuss their conceptualization, theoretical approach, assessment, intervention, and strategies. The supervisor then serves as a teacher in instructing the supervisees about their ability to conceptualize effectively, their decision to select a particular intervention, and other variables that influence the case (Pearson, 2001).

E-mail

E-mail provides an unrestricted opportunity for the supervisee and supervisor to connect. Through the use of e-mail, concerns and check-ins may be presented confidentially in cases in which several supervisees and their individual supervisors are involved. Graf and Stebnicki, 2002; Olsen, Russell, and White, 2001; postulates that this mode of communication affords supervisees quick access to dialog on (a) a brief description of the counselee, (b) the presenting problem, (c) counselor supervisee observations, (d) interventions applied, and (e) any concerns about the case in the form of questions. Although this technology may limit the feedback and knowledge acquired from face-to-face interaction, communicating in writing can stimulate reflective insight. It provides the added benefit of giving the trainee time and space to contemplate, evaluate, and assimilate the feedback without the pressure of a response in the immediate present.

Audiotapes and Videotapes

Audiotapes and videotapes are a common method for enhancing counseling skills. The supervisor can ask the supervisees to implement a skill (e.g., open questioning, confrontation, or terminating) and then evaluate the skill by listening to the tape or viewing the video. Or, if the supervisees wish to obtain feedback on a particular technique, the tape can be cued to this particular intervention. Using this technique means that the supervisor does not have to listen to or view the entire session (Borders & Leddick, 1987).

Role-playing

Role playing involves the trainees participating in a clearly defined situation applicable to a particular counseling concern/issue, with written descriptions of the roles of the participants. Role-playing is a valuable instructional strategy (Furr & Carroll, 2003), and it provides a transfer of learning in several ways: (a) the supervisees can observe the supervisor perform an intervention with a Pre-Kindergarten to 12 grade (P-12) student, and then the supervisees can perform the same intervention with the supervisor taking the role of the P-12 student; (b) the supervisees can take the perspective of a student he or she counseled previously and then process the perceived thoughts, behaviors, and feelings of the counselee while the supervisor role-plays the counselor; (c) the supervisor can take the role of P-12 students with various concerns while the supervisees practices counseling skills; or (d) the trainee can role-play a P-12 student from a previous, troublesome session for debriefing and suggestions (Borders & Leddick, 1987). As the school counselor supervisees feel a sense of accomplishment in a successful role-playing session, these achievements may serve as stepping-stones.

They can be used as a safe experience to provide the groundwork for attempting more difficult counseling tasks, with the added assurance that the supervisor will serve as a buttress when unanticipated circumstances occur.

Summary

This article presents a brief overview of a clinical preparation and supervision model for a specific school counselor program. The LOCK model of supervision is grounded in concepts outlined from historical literature in the field of counselor supervision (Bernard, 1979, Borders & Leddick, 1987; Stoltenberg & Delworth, 1987). The implementation plan emerges from theory and practice. The theoretical literature for the implementation of the counseling supervision has been summarized by Dye and Borders (1990). For example, Dye and Borders (1990) forecasted the following:

The Standards for Counseling Supervisors have contributed to the increasing visibility and status of this professional specialty. The ultimate level of professional maturity, however, will be measured by the manner in which the Standards are implemented. As we move forward, the fundamental goal—effective supervisors for competent counselors to ensure quality service for clients—should not be forgotten.

The reflective narration of the process undergirding the LOCK Model describes a clinical field process, modalities of supervision and purports the evidence of the knowledge, skills and professional behaviors required of the candidates matriculating through the planned program cited in this article. The literature on clinical supervision has informed the clinical process of the counseling program, the unit governance that supports in implementation of the clinical process by the director of field services as

partnerships are developed with sites and school administrators are introduced to the necessary outcomes of the clinical supervisor for school counselors in training.

Moreover, the recommendations envisioned by Dye and Borders (1990) for the advancement of effective clinical supervision included:

....the Standards can be used to design training programs for supervisors. The Standards delineate content areas and skills that need to be included in academic courses and in continuing education workshops or in-service training programs for practicing supervisors (i.e., field supervisors and counselor educators). In particular, the Standards provide a basis for revising and improving CACREP preparation standards for supervision instruction in doctoral programs.

The protocol required for the implementation of the LOCK Model in the partnership service area included the collaborative understanding that has been systematized through the relationships with school building administrators and the field director who is a former building level administrator. As a result, the capacity of the counseling program to operationalize the theory undergirding the LOCK Model has been facilitated in selected school sites where candidates are placed. Hence, the theory and practice suggested in the instructional delivery, the implementation of CACREP standards allows supervisors of the school counselors in training to receive an instructional model for their learning outcomes in the clinical setting consistent with the LOCK Model.

Therefore, the efforts and performance of school counselors in training should continue to produce candidates who are motivated and expected to demonstrate knowledge, skills and professional behaviors consistent with the “knowing component” of the LOCK Model – the outcome variable. Hence, the instructional delivery system (the process

variable) is augmented by the private knowledge obtained from the process, which may result in a sense of empowerment for the school counselor in training, the supervisors (site and university), the director of field services, university administrator and the strengthening of the unit's capacity to support the impact on P-12 learning environments by the other.

Finally, over the past thirty years, scholars in the field of counselor education (Bernard, 1979; Borders & Leddick, 1987; Dye and Borders 1990; and Stoltenberg & Delworth, 1987) seemingly have argued for counseling models that strengthen the clinical experiences of counseling supervision. In addition, (Dye and Borders, 1990) cited the CACREP standards as a strategy for strengthening the preparation of supervisors and in-service training of professional counselors. The LOCK Model's implementation plan has been supported by the administrative authority through the placement process. As a result, the efforts to support the theoretical model have been operationalized. It should be noted that the implementation of the theory is being practiced within a setting that has historically sought to serve candidates seeking degrees and preparation from minority communities who are predominately placed in Title I school settings that are predominately serving urban environments.

Implications and Recommendations

Further studies are needed because of differences in the point of view from which preparation and supervision of school counselors-in-training is regarded, including the impact of the clinical educators' supervisory role and its effect on the candidates' achievement. The authors recommend that research should be conducted to evaluate the effect of school settings and school-setting training on school counselor

supervisees' perceptions of their field experience. A study of clinical educators and their perceptions of their clinical supervision may advance the comprehension of the process of professional school counselors-in-training.

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