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Examining The Status Of Supervision Education In Rehabilitation Counsellor Training

Roxanna N. Pebdani, Terri K. Ferguson-Lucas, Shengli Dong and
Spalatin N. Oire

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Abstract

Supervision is a widely recognized component of counselor training, yet little is known about the clinical supervision training of rehabilitation counselor educators during their doctoral education. Using syllabi from doctoral rehabilitation counseling programs, this article discusses the state of clinical supervision in doctoral-level training, and its teaching and clinical implications. The article also presents suggestions for the manner in which clinical supervision is provided in doctoral programs.

Keywords: Rehabilitation Education, Clinical Supervision, Counselor Supervision,
Rehabilitation Counseling, Doctoral Training

Examining the Status of Supervision in Rehabilitation Counselor Training

Despite the divergence in systems in the helping professions, clinical supervision has become the cornerstone of quality improvement in counseling, and remains an essential component in training helping professionals (Lambert & Ogles, 1997). Clinical supervision is widely accepted as an essential component in high quality mental health and rehabilitation services (Edwards et al., 2005; Herbert, Byun, Schultz, Tamez, & Atkinson, 2014). As early as 1978, it was observed that clinical supervision was the most important component in the pre-service preparation of rehabilitation counselors (Scofield & Scofield, 1978), and continued professional development of practicing professionals (Herbert et al., 2014; Maki & Delworth, 1995; McCarthy, 2013), and therefore essential for ensuring that quality services are provided to consumers of rehabilitation programs.

Despite the importance of clinical supervision in doctoral level training in rehabilitation (Herbert & Bieschke, 2000) and the requirement that rehabilitation counselor supervisors receive training in supervision (Commission on Rehabilitation Counselor Certification, 2010), actual training in supervision is often limited or non-existent (Herbert & Richardson, 1995; Pearson, 2004). The purpose of this study was to ascertain the current state of clinical supervision in doctoral-level rehabilitation counseling training programs. This study reviewed “supervision” and “clinical supervision” syllabi from universities that have doctoral-level supervision courses, searching for common themes across syllabi. The research questions were as follows:

1. How many doctoral level rehabilitation counselor education programs offer courses on clinical supervision?
2. What commonalities exist between doctoral level supervision course syllabi across programs in rehabilitation counseling?

Method

Rehabilitation counseling programs were identified using the National Council on Rehabilitation Education (NCRE) Institutional Membership Directory (National Council on Rehabilitation Education, 2013) (n=96) and the Council on Rehabilitation Education list of accredited graduate programs (Council on Rehabilitation Education, 2013) (n=12). Of these, 25 had affiliated Ph.D. programs. A majority of these programs were located in the United States, although programs in Canada and Australia were included in the sample. Recruitment emails were sent to the directors of each of these 25 rehabilitation affiliated Ph.D. programs. Follow-up emails were sent approximately two weeks later. Lastly, programs which did not respond were contacted by telephone, to increase response rate. Emails and calls inquired about the provision of a doctoral level supervision course at the institution and requested a copy of the most recent supervision course syllabus. Among the 25 programs, sixteen programs (64%) responded to the recruitment contact. Eleven of these programs (69%) reported offering clinical supervision courses and eight of those eleven programs (73%) shared their syllabus.

To analyze the syllabi, each of the four authors individually analyzed the rehabilitation counseling supervision syllabi and developed codes that identified themes based on similarity of concepts and frequency in each syllabus across participating programs. Only items that were similar and appeared more than once were codified. After analyzing the syllabi and developing codes separately, the authors convened to discuss the themes as a group. Themes were kept, renamed, or discarded based on the consensus of all four authors. In the rare event that themes were not initially the same, the syllabi were revisited and discussed together to achieve consensus.

Results

In response to research question one, how many doctoral level rehabilitation counselor education programs offer courses on clinical supervision, of the 64% (n=16) of programs that responded to our initial inquiry, only eleven (69%) offered doctoral level supervision courses. Using these eight syllabi (32% of the 25 programs identified), we analyzed their contents to address research question two. In response to this question, what commonalities exist among doctoral level supervision course syllabi across programs in rehabilitation counseling, we found five notable connections. Some of the course objectives were similar across syllabi. The most commonly indicated themes (n=4, 50%) were that students develop a personal supervision philosophy and that students learn to supervise master's students. In a few cases, the syllabi broke the supervision experience into group, live, or individual supervision sessions. The acquisition of Skills and Knowledge was indicated in 3 (38%) of the syllabi used in this study. Other themes included: Cultural Differences, Ethics, Roles of Supervisors, the Supervisory Relationship, Evaluation, and Research in Supervision. Each of these were indicated in 2 (25%) of the syllabi analyzed. To achieve these objectives, three-fourths of these eight programs (n=6, 75%) included experiential training with master's students (the supervised supervision of master's students) as a course assignment, while a paper detailing the student's supervision philosophy was included in 5 (63%) of the syllabi. One third (n=3, 38%) of the syllabi required that students lead a class seminar, and the same number (n=3, 38%) required that students share a journal article and/or conduct an article critique.

Many of the class topics addressed in the syllabi were similar across institutions. Class time was spent on Ethics (n=5, 63%), Evaluation of Supervision (n=5, 63%), Models of Supervision (n=5, 63%), Understanding the Supervisory Relationship (n=4, 50%), and

Organizing the Supervision Experience (n=4, 50%). Technology, Teaching, Researching, Interventions, and Individual Supervision were indicated in 2(25%) of the syllabi.

Broadly, six (75%) of the syllabi used Bernard and Goodyear's (2013) text for the course, and when looking at the syllabi as a whole, only four (50%) of the syllabi mentioned multicultural supervision.

Recommendations

It is clear that supervision training is an important part of counselor training (Edwards et al., 2005; Herbert & Richardson, 1995; Lambert & Ogles, 1997; Maki & Delworth, 1995; Scofield & Scofield, 1978) and a requirement according to the CRC Code of Ethics (Commission on Rehabilitation Counselor Certification, 2010). Given this, we would like to present suggestions for how to train doctoral level rehabilitation students in supervision.

The Center for Credentialing and Education, affiliated with the National Board for Certified Counselors (NBCC), provides a master's level counselor supervision credential, the Approved Clinical Supervisor (ACS) (Center for Credentialing and Education, 2015). Requirements to become an ACS include having earned an approved master's degree, having specific licensure or certification as a counselor, and having either taken a graduate course in counselor supervision or completed 30 workshop hours that provided training in supervision. Applicants also must have completed 100 hours of supervision and 1,500 hours of counseling after completing their master's degree.

However, for doctoral students completing rehabilitation counselor education programs, we propose slightly more stringent requirements. Using information gleaned from the syllabi we studied, we propose the following:

1. Doctoral students should have at least two consecutive courses in clinical supervision

2. Consistent with ACS standards, doctoral students should accrue at least 100 hours of clinical supervision experience consisting of individual, group, and when possible, live supervision
3. This supervision experience should be supervised by an experienced supervisor
4. Supervision course content should include but not be limited to topics of: ethics, models of supervision, the role of the supervisor and the supervisory relationship, evaluation of supervision, research in supervision, technology in supervision, cross-cultural supervision, and organizing the supervision experience
5. Assignments in the supervision course should include but not be limited to: the supervision of practicing counselors or counselors in training and the development of a supervision philosophy

While these recommendations are not exhaustive, they provide an initial framework for the provision of doctoral level supervision training.

Discussion

Section H of the CRC Code of Professional Ethics for Rehabilitation Counselors (2010) emphasizes the need for training in supervision. The themes identified in this study address specific requirements of the Code in the following areas: (1) the ‘acquisition of skills and knowledge’ theme relates to the Code’s requirement that rehabilitation counselor educators be skilled teachers and practitioners (H.6.b); (2) development of a personal philosophy is related to students’ welfare and self-growth experience (H.7.b); (3) the theme on cultural differences addresses the Code’s requirement that supervisors attend to the role of cultural diversity; (4) the ‘Ethics’ theme directly relates to Section H.6.d of the Code; (5) the themes of ‘Roles of supervisors’ and ‘Supervisory relationship’ address Section H.3 requiring supervisors to serve as

role models; (6) the ‘Evaluation’ theme addresses section H.5a that describes the types of evaluations in which trainees should be subjected to. While the CRCC indicates these requirements are necessary for the development of competent rehabilitation counselors, not all of these areas are addressed in every syllabus that was reviewed and it is unclear if they are addressed at all in programs without a supervision class.

The lack of provision of supervision classes at the doctoral level (only 69% in our sample) is disconcerting, given the well-documented importance of supervision in counselor training (Edwards et al., 2005; Herbert & Richardson, 1995; Lambert & Ogles, 1997; Maki & Delworth, 1995; Scofield & Scofield, 1978) and in the requirements of the CRC Code of Ethics (Commission on Rehabilitation Counselor Certification, 2010). Similarly, the findings reveal that there is a lack of emphasis on multicultural training in supervision, despite a growing body of evidence about the importance of clinical supervision in multicultural competence (Inman, Meza, Brown, & Hargrove, 2004; Robinson, Bradley, & Bret Hendricks, 2000), the benefits of supervisors' multicultural supervision competence on the development of supervisees' multicultural counseling skills (Pope-Davis, Reynolds, Dings, & Nielson, 1995), and the effect of multicultural competence on supervisory working alliances and supervision satisfaction (Inman, 2006).

Limitations

This study has limited generalizability due to a small sample size, given that only 69% of the programs contacted responded, we do not know anything about the provision of supervision in 31% of the doctoral level rehabilitation programs identified. Additionally, while analyzing

syllabi is a practical way to identify what students are learning on the topic of clinical supervision, a syllabus does not provide a comprehensive picture of what occurs in the classroom.

Implications for Teaching and Research

Considering these limitations, researchers need to conduct in-depth qualitative research (i.e. interview or case studies) to gain a better understanding of the potential barriers and challenges that may impede training programs and faculties in providing supervision training to future rehabilitation counselor educators. Because of the recognition that clinical supervision is an essential component of rehabilitation counselor educator training (Lambert & Ogles, 1997), all rehabilitation counseling doctoral programs should offer a course in clinical supervision. Additionally, multicultural supervision training should be strengthened in the curricula to ensure sound and culturally appropriate services are provided to clients and guarantee the professional development of the trainees. Nevertheless, the findings from this study provide formerly unknown insight into the state of supervision training in rehabilitation counselor education and can provide a much-needed framework for further research on the topic.

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