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Supervision

Basic Aspects of Supervision

- **Core Goals: Training vs. Supervision, Client Protection and Benefit, Supervisee/Therapist Development**

- **Ethics**
  - **CAMFT Code of Ethics, Section 4, Codes: 4.1-4.15**
    - 4.1 Dual Relationships
    - 4.2 Competence of Supervisees
    - 4.3 Maintaining Skills of Supervisors
    - 4.4 Knowledge of Supervisors
    - 4.5 Changes in Laws and Ethics
    - 4.6 Cultural Diversity
    - 4.7 Policies and Procedures
    - 4.8 Performance Appraisals
    - 4.9 Business Practices
    - 4.10 Performance Assistance
    - 4.11 Dismissal
    - 4.12 Review of Trainee Agreements
    - 4.13 Patients are Patients of Employer
    - 4.14 Knowledge of Laws and Regulations
    - 4.15 Maintain Registrations (CAMFT, 2011)

  - **NASW Code of Ethics** (NASW. 2008)

  - **ACA (CALPCC) Code of Ethics (**ACA, 2014)

  - **CCAPP CODE OF CONDUCT FOR CREDENTIALED ALCOHOL AND DRUG PROFESSIONALS** (Version: September 1, 2019)

  - **Essential Ethics Issues** (Barnett and Molzon, 2014)
    - informed consent
    - the supervision contract
    - supervisor and supervisee competence
    - attention to issues of diversity and multicultural competence
    - boundaries and multiple relationships in the supervision relationship
    - documentation and record keeping by both supervisor and supervisee
    - evaluation and feedback
    - self-care and the ongoing promotion of wellness
    - emergency coverage
    - and the ending of the supervision relationship

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- **Pressing Needs and Impressing Possibilities**
  - Safety Issues
  - Assertiveness Issues
  - Lack of Skills (Jordan, 1999)

- **How Supervision is Conducted**
  - Self-Report in Supervision- report (oral or written) (Noelle, 2002)
  - One-way Mirror
  - Recorded Audio or video
  - presentation of problems or issues in supervision selected by the supervisee

- **Group Supervision**
  Challenges:
  - differing theoretical orientations
  - different stages of life and professional development
  - serial one-to-one supervision in a group setting

  1. Group Format
  2. Group Climate
  3. Supervisor Style
  4. Training Levels (Ogren and Sundin, 2009)

- **Six aspects of supervision**
  - The clients and the issues they present.
  - The clients' relationships with help.
  - The therapeutic relationship.
  - The self of the therapist.
  - The supervisory relationship.
  - The self of the supervisor (Mason, 2010).

Clinical/Client Issues

- **Examples of Issues:**
  1. Holding a couple in new 'child protection' crisis, downloading of non-child sexual images
  2. Use of more than one session per day with clients
  3. Flexibility of client work
  4. Language barriers
  5. Creativity or safety (Hallam-Jones and Ridley, 2008)

- **Multi-cultural supervision**
  - **Diversity in Supervision**

  - **Cross-Cultural Empathy**
    1. Conceiving Cross-Cultural Empathy
    2. Cross-Cultural Receptivity
    3. Cross-Cultural Understanding
    4. Cross-Cultural Collaboration (Dyche and Zayas, 2001)

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- **Race, racism and systemic supervision**
  - Race and racism in family therapy
  - Race, racism and systemic supervision
  - Power and the supervisory relationship
  - Talking about race and racism in systemic supervision (Pendry, 2012)
  - Questions
    1. How do I define myself racially?
    2. What meanings(s) do I attach to who I am racially?
    3. What realities/perceptions do I have that are informed by race?
    4. How does race inform my intimate relationships?
    5. How does my race facilitate interactions with members of another race?
    6. How is my race a detriment to my interactions with members of another race? (Hardy, 2008)

- **Foreign-Born Therapists**
  - Associations between Acculturation, supervisors' multicultural competence, and clinicians" self-efficacy
  - Perceived prejudice and clinical self-efficacy
  - Perceived supervisors' multicultural competency and therapists' clinical self-efficacy (Kissil, et al, 2015)

- **LGBTQ Responsive Model for Supervision of Group Work**
  - Increased risk for minority stress
  - Homophobic and heteronormative attitudes and behaviors
  - Entry Points:
    - the intrapersonal (focusing on a group member's personal experience, thoughts, and reactions)
    - interpersonal (between two group members)
    - group-as-a-whole (the entire group)
    - and supra-group levels (the elements and forces that influence the group outside the time, place, and persons within in the group)
  - Supervisory Role:
    - teacher (providing didactic instruction or taking on responsibility for a supervisee to learn a necessary element of clinical practice)
    - counselor (working with the supervisee to reflect on their experience in counseling)
    - and consultant (sharing responsibility with the supervisee for their training and clinical work)
  - Areas of Potential Focus
    - "conceptualization" (how a supervisee thinks about the client or their presenting issue)
    - "personalization" (or the reactions, biases, or history that a supervisee may have influencing their interaction or work with their client)
    - and "intervention" (the techniques or skills a supervisee uses, or does not use, with their client)
    - Alternative foci differentiation: knowledge, awareness, and skills (Luke and Goodrich, 2013)

- **Complexity**
  - **Supervision of Therapists with Difficult-to-Treat Clients**
    1. Supervising various defensive postures in students
    2. Supervising troublesome patients
    3. Supervising therapists of borderline patients
    4. Supervising therapists of adolescent patients
    5. Supervising therapists of other "troublesome" patients
    6. Clashes in personal style between therapists and supervisors (Adelson, 1995)

- **Perplexing or Distressing Episodes in Supervision**

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- Parallel process
- Inner Experiences
- Countertransference
- Mirroring and idealizing transferences
- Supervisor self-disclosure
- Danger of being overly critical and judgmental
- Different levels of Perception
- Interactional Process (Allphin, 1987)

- **Supervising therapists who work with trauma**
  - Training, experience and education
  - Trauma Interventions, parallel process and countertransference
  - Organization
  - Vicarious Traumatization
  - Balance (West, 2010)

Process of Supervision

- **Crucial Triad of Learning Difficulties**
  - dealing with the anxiety attendant to the development of psychological mindedness;
  - developing a psychotherapist identity; and
  - developing conviction about the meaningfulness of psychodynamics and psychotherapy (Watkins, 2013).

- **Tasks of Supervision:**
  1. getting an account of what has transpired – what happened and was said – between the supervisee and the client/patient. (This, for trainees, often does involve some form of process recording).
  2. getting an idea at a deeper level of thoughts and feelings that the supervisee had about the client, both in the session and afterwards (including in supervision).
  3. reflecting on what has gone on (which involves thinking about the underlying dynamics of the session and what this indicates about the client and their way of looking at the world) as well as dynamics in supervision.
  4. in the light of this understanding, thinking about how to work with the client in future, in terms of possible interventions (Omand, 2010).

- **Eight goals to guide supervision process:**
  1. mastery of specific skills;
  2. enlarging one's understanding of clients;
  3. enlarging one's awareness of process issues;
  4. increasing awareness of self and impact on process;
  5. overcoming personal and intellectual obstacles toward learning mastery;
  6. deepening one's understanding of concepts and theory;
  7. providing a stimulus to research; and
  8. maintaining standards of service (Bordin, 1983)

Supervision from Common Orientations/Theories

- Using Developmental Processes- A Psychodynamic Approach
  - Maturation and the Development of Clinical Competence
  - Internalization and the Development of Clinical Competence (Nye, 2002)
- Existential Supervision (Spinelli, 2015)
- Holistic Supervision Approach (Ponton and Sauerheber, 2014)
- Self Psychology Concepts (Gardner, 1995)

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- Narrative and Social Constructionist approaches (Simmonds, 2010)
- Person-of-the-Therapist Supervision- Use of Self (Aponte and Carlsen, 2009)
- Supervision and Attachment Theory (Watkins and Riggs, 2012)
- Solution-Focused Supervision (Trenhaile, 2005) ,(Koob, 2002)
- Cognitive Therapy (Haarhoff, 2006)
- Integrating Adlerian and Integrated Developmental Model Approaches (Bornsheuer-Boswell, et al, 2013).
- Psychoanalysis and the real relationship (Watkins, 2011)
- Cognitive-Analytic Therapy- Relational supervision (Marx, 2011)
- Applying Situational Leadership to Clinical Supervision (Bedford and Gehlert, 2013)

Positive Supervision Session

- **Important features of a good session:**
  1. clear establishment of a working agreement for a session;
  2. active, respecting and empathic engaging with the supervisee by the supervisor;
  3. holding to the agreement--either tightly or by leaving time to check back;
  4. communicating of support and validation;
  5. offering of effective challenge, in the furtherance of the working agreement;
  6. communicated awareness of contextual issues which affect either the counselling or the supervision session (e.g. on-going issues such as a client's physical disability, or immediate issues such as the mutual anxiety of the assessment process);
  7. a framework for understanding the unspoken process and agendas, and an ability to use that understanding in order to further the task of the session;
  8. an ability to share ideas, frameworks and experience in a way that is helpful to the supervisee;
  9. an ability to balance the different possibilities within the time and agreed task;
  10. being open to feedback as an aid to this process (Proctor, 1994).

What Makes for Good Supervision- Various Perspectives

- **Competence-Based Supervision**
  - Generic Competences
  - Specific Competences
  - Applications to Specific Models
  - Metacompetences (Owen-Pugh and Symons, 2013)

- **Competence in Clinical Supervision**
  - Competencies that constitute global practitioner competence
  - Attitudes, Attributes and Values
  - Supervisor Evaluations
  - Self and Peer Evaluations
  - How and When Competences Be Evaluated (Gonsalvez and Crowe, 2014)

- **Four Pillars of Effective Supervision**
  1. developing a positive working alliance in supervision,
  2. providing directive guidance as needed,
  3. using a Socratic dialogue to explore key issues that arise in psychotherapy,
  4. and customizing the supervision to match the needs of the trainee. (Overholser, 2004)

- **Effective Clinical Supervision**
  - Supervisory Alliance

- Diversity
- Addressing Personal Factors and Countertransference in Supervision
- Competences, Self-Assessment, Feedback, and Evaluation
- Ethical and Legal Competencies
- Supervisor Training: Status and Challenges
- Transforming to Competency-Based Supervision (Falender and Shafranske, 2014)

- **Using Learning Objectives**
  - Constructing Measureable Objectives: Knowledge, Skills, Attitude
  - Backward Design
  - developmental and concise;
  - common factors as well as specific techniques;
  - technique and formulation (Cabanis, et al. 2014)

What Makes for a Good Supervisor

- **Composite components of effective supervisor practices:**
  1. Demonstrate respect for the supervisee and client(s);
  2. Collaboratively assess supervisee competence (with supervisee self-assessment and supervisor feedback) and develop goals and tasks to achieve these.
  3. Form a supervisory alliance;
  4. Identify strains to the supervisory relationship and work to repair them;
  5. Clarify and ensure understanding of supervisee roles and supervisor expectations.
  6. Assess, reflect on, and enhance specific supervisee competences;
  7. Collaboratively construct a supervision contract providing informed consent regarding expectations and supervisor and supervisee roles and responsibilities;
  8. Monitor, protect the client, and be a gatekeeper with transparency, sharing assessment of competencies with the supervisee. Gatekeeping refers to the supervisor responsibility to ensure the suitability of individuals entering the profession;
  9. Infuse awareness of the role diversity plays in clinical and supervision practice, including consideration of the multicultural identities of client, supervisee, and supervisor;
  10. Reflect on world views, attitudes, and biases, and infuse these in conceptualization, assessment, and intervention;
  11. Encourage and support supervisee reflection on clinical practice and the process of supervision;
  12. Engage the supervisee in skill development using interactive and experiential methods (e.g., role play, modeling);
  13. Attend to personal factors, unusual emotional reactivity, and countertransference and engage in management of these to inform the clinical process;
  14. Provide ongoing accurate positive and corrective feedback anchored in competencies;
  15. Observe directly—live or video—and use observation regularly to provide behavioral, anchored feedback on competencies and identified supervisee goals (Falender & Shafranske, 2014).

- **Ingredients of Supervisor Failure**
  1. denigrate the supervisory relationship;
  2. demonstrate multicultural incompetence;
  3. become an unethical supermodel;
  4. use evaluation instruments that could not pass for an undergraduate thesis;
  5. teach your trainee how to diagnose narcissism by example;
  6. apply psychotherapy models in supervision as if there is a theoretical or empirical basis;
  7. infantilize your trainee;
  8. collude with your trainee;

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9. make your trainee your surrogate psychotherapist; and
10. go on a date with your trainee (Ladany, 2014).

- **What is bad practice:**
1. unaware competitiveness, and telling (as opposed to suggesting or exploring) 'how';
2. inability or unwillingness to develop and communicate empathic understanding with the counsellor, with his or her setting, or with the client being brought to supervision;
3. failure to help the counsellor explore beyond what he or she already knows;
4. the establishment of a hierarchical as opposed to a colleague-colleague interaction;
5. the apparent avoidance of any contention or challenge (Proctor, 1994).

Supervisor-Supervisee Relationship

- **Supervisory Alliance**
1. All approaches to psychotherapy supervision involve embedded working alliances;
2. Each supervision approach (e.g., psychoanalytic-focused versus cognitive-focused) involves its own type of alliance—possessing some unique features and characteristics that serve to differentiate and define it;
3. Supervision effectiveness appears to largely be a function of the strength of the working alliance between supervisor and supervisee; and
4. The strength of the supervisory working alliance is a function of closeness of fit between two intersecting sets of variables:
   a) the inherent demands and requirements of the type of working alliance being implemented; and
   b) the personal characteristics that supervisor and supervisee bring to and make manifest in the supervision (Watkins, 2014).

- **Requisite for alliance formation in supervision:**
1. Supervisor and supervisee are in psychoeducational contact (i.e., they are bound together by a matter of educational and psychological importance).
2. The supervisee, being in a state of educational incongruence, experiences both (a) vulnerability and anxiety about the process of learning psychotherapy and (b) openness and readiness to engage in that process with the supervisor. Educational incongruence can be defined as the perceived and actual dissimilarity between what learners know (real) and what they want or need to know (ideal).
3. The supervisor, being in a state of educational congruence, experiences openness and readiness to enter into the supervisory relationship with the supervisee. Educational congruence can be defined as the perceived and actual similarity between what supervisors know (real) and what they need to know (ideal).
4. The supervisor experiences the necessary psychological conditions (e.g., liking supervision, empathy attunement) and performs the necessary behaviors (e.g., verbal support, being fully present and available) that make alliance formation increasingly possible and communicates those conditions/behaviors to the supervisee.
5. The supervisee is receptive to and perceives the psychological conditions/behaviors offered by the supervisor.
6. The supervisee experiences the necessary psychological conditions (e.g., respect, desire to be supervised) and performs the necessary behaviors (e.g., verbal engagement) that make alliance formation increasingly possible and accordingly communicates those conditions/behaviors to the supervisor.
7. The supervisor is receptive to and perceives the psychological conditions/behaviors offered by the supervisee.
8. Supervisor and supervisee collaboratively discuss and identify possible goals for guiding the supervisory experience.
9. Supervisor and supervisee collaboratively agree upon and establish supervision goals to be achieved.
10. Supervisor and supervisee collaboratively discuss and identify possible tasks by which supervisory goals can be pursued.
11. Supervisor and supervisee collaboratively agree upon and establish tasks by which goals will be pursued.
12. Supervisor and supervisee remain open to discussing their relationship and renegotiating the supervisory contract as needed (Watkins, 2014).

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- **Relational Mentoring in Clinical Supervision**
  - Transformational supervision
  - Relational reciprocity (Johnson, et al, 2014)

- **Responsiveness**
  - Supervisor Responsiveness as Model for Therapist Responsiveness
  - Teaching Responsiveness
  - Modeling Responsiveness (Friedlander, 2012)

- **Counter-transference, transference**
  - Supervision and the reflection process (Agass, 2002)
  - Countertransference and Intersubjectivity in Attuned Supervision (Southern, 2007)
  - Façade of Competence

Development of the Supervisor

- **Ten Developmental Themes**
  1. Becoming able to perceive/act on complex response opportunities
  2. Learning to think like a supervisor
  3. Developing the ability to be oneself
  4. Learning to view one's self as a supervisor
  5. Developing the capacity to use reflection as a tool to monitor one's biases and one's impact on others.
  6. Developing confidence in one's judgments about what constitutes effective counseling.
  7. Developing confidence in one's competence as a supervisor.
  8. Developing patience with the process of supervisee development.
  9. Developing the courage to do the right thing in the gatekeeper role.
  10. Learning to understand and manage power (Goodyear, et al, 2014).

- **Five key elements of the process of becoming a supervisor:**
  1. contracting,
  2. ethics,
  3. diversity,
  4. modalities, and
  5. troubleshooting (Okafor, et al, 2014)

- **Characterological Resistances in the Psychotherapy Supervisor**
  1. Autonomy-Based Resistances
  2. Shame-Based Resistances
  3. Narcissism-Based Resistances (Watkins, 2010)

Alternative Supervision

- **Informal Sources of Supervision in Clinical Training**
  - Colleagues, Other faculty, Friends, Family, Personal psychotherapist, Clergy, and others
  - Implications (Farber and Hazanov, 2014)

- **Bibliosupervision**
  - Trust with Supervisor and in Own Abilities
  - Intimidating or Inaccessible Themes

- Identification, Catharsis, and Insight (Grahm, 2009)

- **Technology-Assisted Supervision**
  - videoconference supervision
  - cloud-based file sharing software
  - clinical outcome tracking software (Rousmaniere, et al, 2014)

- **Videotape of Supervision of Supervision**
  - Rationale and Procedures
  - Advantages and Precautions (Wilcoxin, 1992)

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References:

Adelson, M. J. Clinical supervision of therapists with difficult-to-treat patients. *Bulletin of the Menninger Clinic*, 00259284, Vol. 59, Issue 1, Winter 1995.

Agass, D. Countertransference, supervision and the reflection process. *Journal of Social Work Practice*, Vol. 16, No. 2, 2002.

Allphin, C. Perplexing or Distressing Episodes in Supervision: How they can help in the teaching and learning of psychotherapy. *Clinical Social Work Journal*, Vol. 15, No. 3, Fall 1987.

American Counseling Association (ACA). 2014 Code of Ethics. *www.calpcc.org*. Retrieved February 15, 2016, from http://calpcc.org/aca_code_of_ethics.

Aponte, H. J. and Carlsen, J. C. An instrument for person-of-the-therapist supervision, *Journal of Marital and Family Therapy*, Vol. 35, No. 4, 395–405, October 2009.

Barnett, J. E. Introduction: The (Hopefully) Essential Primer on Clinical Supervision, *Journal of Clinical Psychology: In Session*, Vol. 70(11), 1023–1029, 2014.

Barnett, J. E. and Molzon, C. H. Clinical Supervision of Psychotherapy: Essential Ethics Issues for Supervisors and Supervisees, *Journal of Clinical Psychology: In Session*, Vol. 70(11), (11), 1051–1061, 2014.

Bedford, C. and Gehlert, K. M. Situational Supervision: Applying Situational Leadership to Clinical Supervision, *Clinical Supervisor*, 32:56–69, 2013.

Bordin, E. S. A working alliance model of supervision. *The Counseling Psychologist, 11,* 35-42, 1983.

Bornsheuer-Boswell, J. N., Polonyi, M. M., and Watts, R. E. Integrating Adlerian and Integrated Developmental Model Approaches to Supervision of Counseling Trainees. *Journal of Individual Psychology*, Vol. 69, No. 4, Winter 2013.

Cabaniss, D. L., Arbuckle, M. R., and Moga, D. E. Using Learning Objectives for Psychotherapy Supervision, *American Journal of Psychotherapy*, Vol. 68, No. 2, 2014.

California Association of Marriage and Family Therapists, (CAMFT) CAMFT Code of Ethics, (revised standards June 11, 2011). *www.CAMFT.org*. Retrieved February 15, 2016, from http://www.camft.org/ias/images/PDFs/CodeOfEthics.pdf).

Cwik, A. J. The art of the tincture: analytical supervision. *Journal of Analytical Psychology*, 51, 209–225, 2006.

Dohrenbusch, R. and Lipk, S. Assessing and predicting supervisors' evaluations of psychotherapists – an empirical study. *Counselling Psychology Quarterly*, 19(4): 395–414, December 2006.

Dyche, L. and Zayas, L. H. Cross-cultural empathy and training the contemporary psychotherapist. *Clinical Social Work Journal*, Vol. 29, No. 3, Fall 2001.

Falender C. A. and Shafranske, E. P. Clinical Supervision: The State of the Art. *Journal of Clinical Psychology: In Session*, Vol. 70(11), 1030–1041, 2014.

Farber, B. A. and Hazanov, V. Informal Sources of Supervision in Clinical Training, *Journal of Clinical Psychology: In Session*, Vol. 70(11), 1062–1072, 2014.

Friedlander, M. L. Therapist Responsiveness: Mirrored in Supervisor Responsiveness. *Clinical Supervisor*, 31:103–119, 2012.

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Gardner, J. R. Supervision of Trainees: Tending the Professional Self. *Clinical Social Work Journal*, Vol. 23, No. 3, Fall 1995.

Gonsalvez, C. J. and Crowe, T. P. Evaluation of Psychology Practitioner Competence in Clinical Supervision. *American Journal of Psychotherapy*, Vol. 68, No. 2, 2014.

Goodyear, R., Lichtenberg, J. W., Bang, K., and Gragg, J. B. Ten Changes Psychotherapists Typically Make as They Mature Into the Role of Supervisor. *Journal of Clinical Psychology: In Session*, Vol. 70(11), 1042–1050(2014).

Graham, M. A., Pehrsso, D-E. Bibliosupervision: A Creative Supervision Technique. *Journal of Creativity in Mental Health*, 4:366–374, 2009.

Haarhoff, B. A. The Importance of Identifying and Understanding Therapist Schema in Cognitive Therapy Training and Supervision. *New Zealand Journal of Psychology,* Vol.35, No. 3, November 2006.

Hardy, K. V. (2008) Race, reality and relationships: implications for the re-visioning of family therapy. In M. McGoldrick and K. V. Hardy (eds) *Re-Visioning Family Therapy* (2nd edn) (pp.76–84), York: Guilford Press, 2008.

Hallam-Jones, R. and Ridley, J. Does supervision inform or alter our clinical skills and does it result in changed clinical practice? *Sexual and Relationship Therapy*, Vol. 23, No. 4, 411–417, November 2008.

Johnson, W. B., Skinner, C. J., and Kaslow, N. J. Relational Mentoring in Clinical Supervision: The Transformational Supervisor. *Journal of Clinical Psychology: In Session*, Vol. 70(11), 1073–1081, 2014.

Jordan, K. Live supervision for beginning therapists in practicum: crucial for quality counseling and avoiding litigation, *Family Therapy,* Volume 26, Number 2,1999.

Kissil, K., Davey, M., and Davey, A. Foreign-Born Therapists: How Acculturation and Supervisors' Multicultural Competence Are Associated With Clinical Self-Efficacy. *Journal of Multicultural Counseling and Development,* Vol. 43, January 2015.

Ladany, N. The Ingredients of Supervisor Failure, *Journal of Clinical Psychology: In Session*, Vol. 70(11), 1094–1103 (2014).

Luke, M. Investigating the LGBTQ Responsive Model for Supervision of Group Work. *Journal for Specialists in Group Work*, Vol. 38 No. 2, 121–145, June 2013.

Marx, R. Relational supervision: Drawing on cognitive-analytic frameworks. *Psychology and Psychotherapy: Theory, Research and Practice,* 84, 406–424, 2011.

Mason, B. Six aspects of supervision and the training of supervisors. *Journal of Family Therapy*, 32: 436–439, 2010.

National Association of Social Workers (NASW). Code of Ethics (revised 2008). *www.socialworker.org*. Retrieved February 15, 2016, from http://socialworkers.org/pubs/code/default.asp.

Noelle, M. Self-Report in Supervision: Positive and Negative Slants, *Clinical Supervisor*, Vol. 21(1) 2002.

Nye, C. H. Using Developmental Processes in Supervision: A Psychodynamic Approach. *The Clinical Supervisor*, Vol. 21(2), 2002.

Ogren, M- L., and Sundin, E. C. Group supervision in psychotherapy. Main findings from a Swedish research project on psychotherapy supervision in a group format. *British Journal of Guidance & Counselling*, Vol. 37, No. 2, 129-139, May 2009.

Okafor, E., Wojciak, A. S., and Helfrich, C. M. Unheard Voices: The Experiences of Supervisors in Training. *Contemporary Family Therapy*, 36:369–379, 2014.

Overholser, J. C. The Four Pillars of Psychotherapy Supervision. *The Clinical Supervisor*, Vol. 23(1) 2004.

Owen-Pugh, V. and Symons, C. Roth and Pilling's competence framework for clinical supervision: How generalizable is it? *Counseling and Psychotherapy Research*, Vol. 13, No. 2, 126-135, 2013.

Pendry, N. Race, racism and systemic supervision. *Journal of Family Therapy,* 34: 403–418, 2012.

Ponton R. F. and Sauerheber, J. D. Supervisee Countertransference: A Holistic Supervision Approach. *Counselor Education & Supervision*, Volume 53, December 2014.

Proctor, B. Supervision--competence, confidence, accountability. *British Journal of Guidance & Counselling*, Vol. 22 Issue 3, p309, October 1994.

Rousmaniere, T., Abbass, A, and Frederickson, J. New Developments in Technology-Assisted Supervision and Training: A Practical Overview. *Journal of Clinical Psychology: In Session*, Vol. 70(11), 1082–1093 (2014).

Rubin, S. S. At the Border of Supervision: Critical Moments in Psychotherapists' Development. *American Journal of Psychotherapy*, Vol. XLIII, No. 3, July 1989.

Simmons, L. Narrative approaches to supervision consultations: Reflections and options for practice. *International Journal of Narrative Therapy and Community Work*, No. 1, 2010.

Southern, S. Countertransference and Intersubjectivity: Golden Opportunities in Clinical Supervision. *Sexual Addiction & Compulsivity*, 14:279–302, 2007.

Spinelli, E. On Existential Supervision. *Existential Analysis,* 26.1: January 2015.

Trenhaile, J. D. Solution-Focused Supervision: Returning the Focus to Client Goals. *Journal of Family Psychotherapy,* Vol. 16, No. 1/2, 2005, pp. 223-228.

Watkins, C. E. Being and Becoming a Psychotherapy Supervisor: The Crucial Triad of Learning Difficulties. *American Journal of Psychotherapy*, Vol. 67, No. 2, 2013.

Watkins, C. E. Clinical Supervision in the 21st Century: Revisiting Pressing Needs and Impressing Possibilities. *American Journal of Psychotherapy*, Vol. 68, No. 2, 2014.

Watkins, C. E. Considering Characterological Resistances in the Psychotherapy Supervisor. *American Journal of Psychotherapy*, Vol. 64, No. 3, 2010.

Watkins, C. E. The Real Relationship in Psychotherapy Supervision, *American Journal of Psychotherapy*, Vol. 65, No. 2, 2011.

Watkins, C. E. The Supervisory Alliance: A Half Century of Theory, Practice, and Research in Critical Perspective, *American Journal of Psychotherapy*, Vol. 68, No. 1, 2014.

Watkins, C. E. and Riggs, S. A. Psychotherapy Supervision and Attachment Theory: Review, Reflections, and Recommendations. *The Clinical Supervisor*, 31:256–289, 2012.

West, A. Supervising counsellors and psychotherapists who work with trauma: a Delphi study. *British Journal of Guidance & Counselling*, Vol. 38, No. 4, 409-430, November 2010.

Whitling, J B. Authors, Artists, and Social Constructionism: A Case Study of Narrative Supervision. *American Journal of Family Therapy*, 35:139–150, 2007.

Wilcoxon, S. A. Videotape review of supervision-of-supervision in concurrent training: allowing trainees to peer through the door. *Family Therapy,* Volume 19, Number 2, 1992.