

Article 31

An Exploration of Counselor Supervisor Requirements Across the United States

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Abstract

Inconsistencies in requirements to serve as a clinical supervisor for licensed professionals or counselors in training exist across the United States. This creates questions for students seeking supervision for licensure and can be a source of frustration for those looking to serve as a supervisor. The authors examined supervisor requirements in states utilizing the title Licensed Professional Counselor to explore the inconsistencies. Incongruities in requirements, clinical and practical implications, and challenges towards a unified counselor identity are discussed.

Keywords: counselor education, supervision, professional development, Licensed Professional Counselors (LPC)

Clinical supervision is a required element of the counseling profession (Borders et al., 2011). In the United States, every counselor in training must have a documented supervised experience as part of their development (American Counseling Association [ACA], 2011). Of concern is that irregular supervision requirements among and between states can cause great frustration in relation to licensure supervision requirements for supervisors and clinicians alike. An examination of supervisor requirements for nine states utilizing the title Licensed Professional Counselor (LPC) was conducted and identified inconsistent requirements for becoming approved to provide clinical supervision to LPCs. State licensure boards do not require doctoral degrees to function as a supervisor; however, master's level counseling curriculum does not typically include training in supervision, calling into question how supervisors are prepared to meet the requirements of being an approved supervisor. Counselor educators, students, and clinicians are all stakeholders in the profession and the results of this literature review substantiate a need for greater alignment in supervisory requirements across states.

The Importance of Supervisor Standards

To obtain a Doctor of Philosophy (PhD) in Counselor Education and Supervision (CES) from a Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) accredited institution, students must complete a minimum of 144 hours of graduate level work, in addition to a supervised supervision internship experience. However, because many clinicians practice with a master's degree in counseling, they may not receive training specific to supervision (Baker et al., 2009). Currently, the CACREP standards (2009) for Professional Practice, Sec. III. A., states that program faculty serving as internship supervisors require doctoral degrees in counselor education, in addition to relevant supervision training and experience. According to Sec. III. B., doctoral student supervisors for practicum require a master's degree, in addition to completed or continued preparation in counselor education, and ongoing supervision by program faculty (CACREP, 2009; Nelson, Oliver, & Capps, 2006). CACREP Doctoral Standards in Counselor Education specifically address supervision requiring these students demonstrate knowledge in supervisory theories and models, roles, skills, and multicultural issues. Professional Practice standard Sec. III. C. requirements for site supervisors include a master's degree, 2 years of experience in student's program area, knowledge of program expectations, requirements, and evaluation procedures, and relevant training in counseling supervision (CACREP, 2009). It is important to note that CACREP does not define what relevant training should include for site supervisors (CACREP, 2009), and for programs or graduates that are not CACREP accredited, the training requirements of site supervisors may vary widely (DeKruyf & Pehrsson, 2011). Therefore, for the purposes of this literature review, relevant training will be interpreted as the training required by state licensure boards to serve as an approved clinical supervisor. While CACREP standards guarantee program faculty and doctoral students gain professional experience delivering supervision appropriate for a real-world setting, the same cannot be said for site supervisors that are not functioning in an academic setting (DeKruyf & Pehrsson, 2011). Most importantly, students are expected to receive supervision at the rate of 1 hour per week for individual settings and 1.5 hours for group settings for the duration of their field experience (CACREP, 2009). Worth noting is the site supervisors may or may not have experience implementing supervision, which could have huge implications for counselors entering the field (DeKruyf & Pehrsson, 2011; Lazovsky & Shimoni, 2007).

As many clinicians go into practice and ultimately find themselves in a position to provide supervision, many choose to obtain the National Board of Certified Counselor (NBCC) Approved Clinical Supervisor (ACS) credential, with 30 hours of training in supervision being required, in addition to a minimum of 100 hours providing supervision (Center for Credentialing and Education [CCE], 2009). Many counselors will provide clinical supervision in one form or another during their careers (Crook-Lyon, Presnell, Silva, Suyama, & Stickney, 2011); thus, proper training is important as is determining what qualifies as "adequate training" for those interested in providing supervision.

The Association for Counselor Education and Supervision (ACES) Best Practices in Clinical Supervision Task Force (Borders et al., 2011) designed guidelines for supervisors to adhere to which can be applied to a variety of supervision settings. The *Best Practices* document included a wide variety of guideline topics such as: Initiating

Supervision, Goal-Setting, Giving Feedback, Conducting Supervision, The Supervisory Relationship, Diversity and Advocacy Considerations, Ethical Considerations, Documentation, Evaluation, Supervision Format, The Supervisor, and Supervisor Preparation. Of particular interest are the sections pertaining to “The Supervisor” and “Supervisor Preparation.” An overarching theme of “The Supervisor” is the ability to demonstrate competency in many areas, such as theoretical orientation, multicultural diversity, licensing requirements, and supervisory style, among other areas. Other skills supervisors must possess are the ability to articulate the purpose of supervision, ability to develop collaborative relationships, ability to manage supervisory relationship dynamics, as well as engage in self-reflection and professional development (Bernard & Goodyear, 2009; Willis, 2010). “Supervisor Preparation: Supervision Training and Supervision of Supervision” discusses the type of training supervisors should have in order to function to the best of their abilities. This includes, but is not limited to, experiential training, instruction on models of supervision and counselor development, formats of supervision, relationship dynamics, methods and techniques, and appropriate role modeling (Borders, 1994; Borders et al., 2011). Supervisors should also have the ability to articulate their supervision philosophy as well as engage in supervision of supervision practices (Bernard & Goodyear, 2009; Borders et al., 2011).

This review examined the current requirements for clinicians seeking to be approved as a supervisor for students completing training, supervisees seeking licensure or licensed clinicians. Because there are numerous titles utilized across the United States to represent counseling professionals, the review was limited to states which utilize the title Licensed Professional Counselor. Of the 34 states that currently utilize the LPC title, nine were randomly chosen for detailed review. An in-depth exploration of requirements for Alaska, Connecticut, Georgia, Louisiana, Mississippi, Minnesota, Oregon, Texas, and Virginia was conducted. The results follow along with further discussion on supervision, implications for practice, and factors that support the development of a national standard.

Comparison of Standards Between States

Currently 34 states, as well as the District of Columbia, and Puerto Rico, use the title Licensed Professional Counselor, the common title for counselors according to the ACA 20/20 initiative (ACA, 2010; Rollins, 2013). To select the nine states used in this comparison, an initial examination of the American Counseling Association’s list of licensure requirements for professional counselors was conducted. Subsequently, an examination of State Licensure Board Web sites was conducted alphabetically with specific focus on identifying state requirements for supervisors of LPCs. States, districts, and territories that did not utilize the LPC title were excluded, as they were not relevant to the purpose of the review. Prospective states in which the Web site did not transparently address seven identified variables were methodically eliminated. Applying this purposive method allowed for easy identification of state Web sites that meet the variables under review. The remaining sample of acceptable state Web sites chosen contained the inclusion criteria and attributes of interest in this review. The seven variables were level of education, CACREP accreditation, type of licensure, years of experience, supervisory training, continuing education, and field experience, and were chosen based on CACREP standards, ACES Best Practices in Clinical Supervision, and

typical state licensing requirements. CACREP Professional Practice standards for supervisors incorporate education, training, and experience recommendations, and prefer CACREP graduates (CACREP, 2009). Research has also shown CACREP programs are high quality (Haight, 1992; Warden & Benshoff, 2012), and graduates from CACREP accredited programs demonstrate higher test scores than those from non-accredited programs (Adams, 2006). In addition, ACES Best Practices in Clinical Supervision also recommends experiential training and proper supervisory development (Borders et al., 2011). Continuing education is a requirement in almost every professional field and important for maintaining licensure, but also for maintaining competence (Johnson, Barnett, Elman, Forrest, & Kaslow, 2012). Both supervised field experience and years of experience were chosen to highlight the differences in experiential learning those who become supervisors at an earlier stage may not experience (House, 2007), as well as because practical experience with supervision increases competence (Fall & Sutton, 2003). LPCs were used exclusively in order to maintain consistency.

A comparison of nine states (Alaska, Connecticut, Georgia, Louisiana, Mississippi, Minnesota, Oregon, Texas, and Virginia) revealed inconsistencies in requirements to obtain an LPC Supervisor credential, which includes variations in all of the following areas: requirement of CACREP accreditation, professionals that can supervise LPCs, years of experience, amount of training, continuing education requirements, and field experiences. The comparison did demonstrate consistency in the level of education required for all states, a master's degree or higher. Of the nine states examined, six do not require CACREP accreditation, while two call for a minimum of the eight CACREP content areas, and the remaining state requires accreditation by CACREP or the Council for Higher Education Accreditation (CHEA). Five of the states reviewed do not require a separate license or credential to supervise counselors, and only one requires a supervisory field experience. The amount of experience required before being approved to supervise varied from "no experience" in Connecticut (State of Connecticut Department of Public Health, 2012), to "five years" in Mississippi (Mississippi State Board of Examiners for Licensed Professional Counselors, 2013). The training required by the states also varied from "six continuing education units" (CEU) in Alaska (State of Alaska Department of Commerce, Community, and Economic Development, 2011) to "45 college credit hours" in Minnesota (Minnesota Board of Behavioral Health and Therapy, n.d.). After obtaining supervisor status, only two of the nine states, Mississippi and Texas, require continuing education in clinical supervision. Five of the states allow various professionals to supervise LPCs (Virginia Board of Counseling, n.d.). For example, in Georgia a psychologist or psychiatrist is an acceptable supervisor for licensed professional counselors (Georgia Board of Professional Counselors, Social Workers, Marriage and Family Therapists, 2008). Louisiana only allows LPCs but instead of a license, issues board approved certifications (Louisiana Licensed Professional Counselors Board of Examiners, 2012). It is important to note the term license is not interchangeable with the term credential. Some states issue a board approved credential for supervision. Mississippi, for example, identifies approved supervisors as Board Approved Supervisors, and those with the credential utilize the credential LPC-S to demonstrate licensure as a counselor and Board approval as a supervisor (Mississippi State Board of Examiners for Licensed Professional Counselors, 2013). Oregon allows LPCs and Marriage and Family Therapists (MFT) to supervise

(Oregon State Archives, 2012), while Texas has an LPC-S only policy (Texas Department of State Health Services, 2010). Of the nine states examined, Oregon has the strictest standards for board approved supervisors and was the only state that required a field experience as a supervisor to become an approved supervisor of LPCs (Oregon State Archives, 2012). Findings are illustrated in Table 1.

Table 1
Comparison of LPC Supervisor Standards Among Nine States

<i>Standard</i>	Alaska	Connecticut	Georgia	Louisiana	Minnesota	Mississippi	Oregon	Texas	Virginia
<i>Supervisor Education</i>	Master's or higher	Master's or higher	Master's or higher	Master's or higher	Master's or higher	Master's or higher	Master's or higher	Master's or higher	Master's or higher
<i>CACREP Degree</i>	No	No	No	48 hours + 8 content areas or CACREP	CACREP or CHEA	No	CACREP or content equivalent from regionally accredited university	No	No
<i>Supervisor License</i>	Does not require a separate license for supervisors	Does not require a separate license for supervisors	Does not require a separate license for supervisors	LPC board approved supervisor certification; does not require a separate license for supervisors	Does not require a separate license for supervisors	LPC board approved supervisor credential; does not require a separate license for supervisors	Board approved LPC or MFT	Separate license (LPC-S) granted only to LPC clinicians	Does not require a separate license for supervisors
<i>Clinical Experience</i>	5 years	None specified	3 years post-master's	5 years	4 years	5 years	3 years	2 years unrestricted license	2 years
<i>Supervision Training</i>	6 CE hours	None specified	None specified	45 graduate hours; or 15 hour board approved program	45 hours	30 hour workshop; or 3 hour graduate course	30 hours	40 hours	3 credit hours; 4 quarter hours; or 20 hours CEU
<i>Supervision CEU's</i>	None specified	None specified	None specified	None specified	None specified	1 hour per year	None specified	3 hours every two years	None required after initial training
<i>Supervision Field Experience</i>	None specified	None specified	None specified	None specified	None specified	None specified	Supervision during supervisor candidacy from a board-approved supervisor. 100 hours of supervising with 12 hours of SoS required.	None specified	None specified
<i>Notes</i>	Supervisor status granted to numerous licenses: LPC, social worker, MFT, psychologist, psychological associate, physician, and nurse practitioner	Supervisor status granted to numerous licenses: psychiatrist, psychologist, nurse practitioner, MFT, social worker, and LPC	Supervisor status granted to numerous licenses: LPC, CSW, LMFT, Psychologist, and Psychiatrist		Supervisor status granted to numerous licenses: LPC, licensed psychologist				Supervisor status granted to numerous licenses: LPC, MFT, substance abuse treatment practitioner, school psychologist, clinical psychologist, CSW or psychiatrist

Note. The title LPC is used in numerous states but does not always encompass the same scope of practice.
Note. The term license does not carry the same meaning as the term credential or certification in all states.

One Size Does Not Fit All

A qualitative case study designed by Rapisarda, Desmond, and Nelson (2011) found many CES students were able to develop a supervisory skill set during the course of their PhD in counselor education program experience. The participants also reported an increased sense of value of the supervision process, as well as an increased belief that supervision of supervision (SoS) is needed. These developmental experiences are absent from the great majority of counseling master's degree training programs, as well as many states' supervisor licensure requirements, which may suggest that many supervisors who are in current supervisory positions have had no formal training in providing clinical supervision (Fall & Sutton, 2003). Hadjistavropoulos, Kehler, and Hadjistavropoulos (2010) examined a similar phenomenon and determined that requiring a supervised experience of supervision contributes to the competency of a counselor in a supervisory role. The research available illustrates SoS is a beneficial practice for students and clinicians. The comparison of supervisor requirements above, including education, accreditation, license, experience, and training, highlights the gap in SoS practices in states that use the title Licensed Professional Counselor in an attempt to understand the implications of inconsistent SoS practices for counselor supervisors and supervisees.

Professionals seeking to support clinicians through the licensure process may find that though requirements for counselors seeking licensure vary from state to state, many of the basic academic prerequisites remain the same. Students must have completed coursework, practicum, and an internship experience (Lum, 2003). Master's level counselors experience positive growth over the course of their practicum experiences through colleague universality, experiential learning, and increased feelings of competence through conquering challenges (Edwards & Patterson, 2012). Supervision is also beneficial for interns at this level through increased positive emotions through a supportive environment, and the supervisor providing useful frameworks through which to understand client perspectives (Edwards & Patterson, 2012). Individual supervision provides supervisees the opportunity for development through processing and is the default method through which most interns receive supervision (Ray & Altekruze, 2000). Individual supervision provides an environment through which a supervisory relationship develops; the supervisee can broach concerns he or she has, supervisee anxiety is reduced, self-reflection occurs, and overall positive changes in self-perception take place (Hutt, Scott, & King, 1983). Group supervision in particular provides a positive arena for interns to share their experiences and receive constructive feedback from one another (Linton & Hedstrom, 2006). Supervisees in this environment also demonstrate an increased interest in their own, as well as their peers', professional development. Group supervision also gives both the supervisor and supervisee an arena to address and resolve conflict which may be impeding clinical practice (Linton & Hedstrom, 2006).

So What Should Clinical Supervision Look Like?

Supervision during clinical practice can take on two forms, clinical and administrative. Administrative supervision exists to ensure the supervisee is a productive employee; this form of supervision primarily serves the organization's interests. Administrative supervision includes tasks that are closely related to human resource roles such as: enforcing policies and procedures, maintaining quality assurance, ensuring

accountability, conducting performance evaluation, and implementing reprimand, hiring, and firing (Tromski-Klingshirn & Davis, 2007). The definition of clinical supervision proposed by Bernard and Goodyear (2009) reads, “an intervention provided by a more senior member of a profession to a more junior member or members of that same profession” (p. 7). Clinical supervision focuses on skills development related to the counseling relationship, assessment and intervention, and overall client welfare (Tromski-Klingshirn, 2006). In many nonprofit settings, clinical and administrative supervision is provided free of charge for interns as part of their master’s level training. In many practice settings supervisors function as both clinical and administrative gatekeepers (Tromski-Klingshirn, 2006). Clinical supervision is often part of many supervisors’ explicit duties (Job Profile, 2005) for which on the job training may or may not be provided. There are, of course, ethical implications that accompany a supervisor’s decision, willingly or unwillingly, to take on dual roles (Tromski-Klingshirn, 2006). For the purposes of this literature review, clinical supervision will be the focus.

Clinical and Practical Significance

There is both practical and clinical significance for imposing strong and consistent standards for supervisor requirements (Haag Granello, Kindsvatter, Granello, Underfer-Babalis, & Hartwig Moorhead, 2008). Practically, the field of counseling has had some challenges with a unified identity and the standardization of supervisor requirements has the potential to strengthen the unification of the profession. Clinically, regardless of setting, there is an ethical and legal need to protect practitioners, clients, and the community at large; thus, consistency in supervisory requirements are needed to facilitate this protection. Supervision of supervisor requirements are important to ensure supervisors have an abundance of knowledge related to supervision theories, possess current knowledge regarding trends and changes in supervision practices, provide a high quality of supervision, can adequately facilitate supervisee development, and are properly trained.

Professional Unity

Of practical importance is the promotion of a unified profession through imposing systematic requirements for supervision standards for licensed professional counselor supervisors. Previous consolidation of counseling standards and titles has resulted in victories related to licensure, parity (Swanson, 2010), portability, level of education requirements, scope of practice (Rollins, 2012), and ability to work in the Veteran’s Affairs (VA) health care system (Barstow, 2007) which in turn has led to a strengthened profession (Rollins, 2012). Continuing to make progress on all levels will aid in the unrelenting advancement of the field. For example, requiring all counseling supervisors to have consistent training experiences in regard to supervision will communicate that the counseling field considers the preparation of its counselors and counseling supervisors to carry the utmost importance. With continued attention and support dedicated to supervisor standards, a stronger supervision entity within the counseling profession will emerge, as well as a stronger counseling supervisor identity among individuals (Crook-Lyon et al., 2011). Requiring stronger supervisor standards also aligns with the American Counseling Association 20/20 initiative.

Implications for Practice

We have documented inconsistencies in training when it comes to supervisor standards. The results of the comparison illustrate training requirements are varied and most have no required field experience to become a supervisor. The results have implications for clinicians, supervisory training programs, licensure boards, and for supervisees when choosing a supervisor. The data in Table 1 suggests an inconsistent experience for supervisors where real-world application and supervisory competencies are absent. A potentially important element missing from the majority of supervisor training is a supervised supervision experience. A supervised experience of clinical counseling work is common practice when preparing counselors for the workforce. The preparation of supervisors often requires no such experience, which suggests counselor interns may not be receiving the best supervision possible. Field experiences are a required part of training clinical counselors. When considering training clinical supervisors, there is inconsistency regarding a field experience. So it begs the question of whether a supervision internship should be a required part of clinical supervision training in order to promote consistency in the field (Wheeler & King, 2000). If supervisors are not practicing SoS, the quality of the supervisee's supervision is in question (Lanning, 1990). Additionally, if supervisors are not receiving adequate preparation to conduct supervision, counselor educators must consider how the overall development of their supervisees will be affected (Scanlon & Baillie, 1994). When transitioning from a role of counselor to counselor supervisor, supervisors may experience a range of challenges including anxiety, increased responsibility, power struggles, dual relationships, and imposter syndrome. When novice supervisors are not provided the opportunity to challenge these difficulties on a preparatory level, they may be missing key elements of what makes a successful supervisor (Ellis & Douce, 1994). Better training for counselor supervisors, in turn, results in better trained supervisees and more competent supervisors (McMahon & Simons, 2004). Of importance are the implications of training requirements for seasoned clinicians that may not feel the necessity to receive additional training.

On the job training by a peer is commonplace in many workforces. Some supervisors may feel this is all that is necessary to provide a comprehensive experience for supervisees. Additionally, regulation of counselor supervisors makes room for increased liability placed on the supervisors. Although SoS has shown benefit, there is a small minority of supervisors who view SoS as unnecessary because they have never experienced the process (Wheeler & King, 2000). Proponents against national standards may be more amenable to the idea of taking a refresher or continuing education course versus enduring a field experience. Only one state currently requires the completion of a SoS experience. During this time, interns are considered supervisor candidates and must complete duties specific to supervisor preparation including: 30 hours of training; receive 12 hours of supervision from a board-approved supervisor, including a completed evaluation from the supervisor; document at least 100 hours supervising interns from a board-approved graduate program; and pass the law and rules exam (Oregon State Archives, 2012). Supervisors in other states may benefit from undertaking similar experiences in order to acquire training prior to their first professional endeavors with supervision so that they are adequately prepared to provide the necessary supervision and can demonstrate the necessary skills (Studer, 2005). Additionally, when supervisors and

mentors are well-prepared, they model important skills for their supervisees (Bonura, 2006).

Homogenous SoS training carries implications from a clinical perspective. Supervisors who have not completed a college course may not have knowledge of supervision theories. We must ask whether or not continuing education is acceptable for a complicated topic such as supervision (Jones & Black, 1994). For example, a supervisor who takes a semester or quarter credit course in clinical supervision will be well-versed in theories such as solution-focused, humanistic, psychodynamic, or cognitive-behavioral and how to apply to them to supervision scenarios as noted in Bernard and Goodyear (2009), whereas a clinician who completes a 6 hour continuing education course to fulfill the obligation will likely not possess that same knowledge. Clinicians who perform supervision as a secondary or tertiary function may not be up-to-date or consider supervision a priority and therefore be less concerned with its components. For example, many supervisors are active clinicians and spend much more time delivering therapeutic services than supervision. Additionally, organizations in which there is less emphasis on supervision may be better equipped through the hiring of an individual with training in supervision processes and practices (Somody, Henderson, Cook, & Zambrano, 2008). In addition to being knowledgeable about supervision practices, counselor supervisors should also be current on practice trends and techniques in order to communicate new developments to their supervisees. Examples of pertinent information includes, but is not limited to, changes in new and emerging theories, professional development opportunities, licensure regulations, and insurance and billing practices.

Lawmakers who regulate training standards and board rules may not be knowledgeable of the counselor education field which might explain the gap in training in some states. Supervisees may not be aware that their supervisor lacks training if they are not aware of supervisor standards, or the standards counselor education programs implement.

Supervision is a necessary element of any comprehensive clinical training experience. Supervisors that are not adequately prepared may deliver services that are nonproductive, ineffective, and insensitive to supervisee needs (Wallace, Wilcoxon, & Satcher, 2010). Interns look to their supervisor for guidance; if their supervisor is ill-equipped to provide that, the intern may be missing important elements of instruction. Fully trained and competent supervisors provide improved potential for a better internship experience for counselor interns and practicing clinicians alike. CACREP (2009) recommends faculty supervisors possess doctoral degrees in counselor education; however, many supervisors do not work within academic settings, thus, many do not possess doctoral degrees. State licensure boards do not require doctoral degrees to function as a supervisor; however, master's level counseling curriculum does not typically include training in supervision (CACREP, 2009). Research indicates that supervised supervision leads to increased success and competence and greater understanding of supervisory roles (Borders, 2005). Additionally, supervisors with additional training may be more sensitive to the needs of their supervisees (Sangganjanavanich & Black, 2009). SoS is critical for maintaining standards in counseling experiences; however, there are challenges to implementing national standards.

Challenges to Obtaining a National Standard

As state boards have individual authority to determine requirements for licensing counselors and counselor supervisors (CACREP, 2013), this authority may prove challenging when attempting to facilitate change. In many states, lawmakers are responsible for writing the statutes adhered to by the board. Additionally, state licensing boards are restricted from lobbying for change in statute, and counselors are encouraged to contact their representatives to advocate for a change. In order to improve standards across the board, a national requirement would need to be established which requires taking power away from the states. Furthermore, the aforementioned minority of counselors who are not in favor of SoS may be resistant to regulatory standards unless a grandfathering process is implemented.

The American Counseling Association has put considerable effort into strengthening counselor identity through the 20/20 initiative. The purpose of the 20/20 initiative instituted by the ACA is to support the direction the field of counseling is headed. Goals for the profession identified by the 20/20 oversight committee included: strengthening identity, unifying the profession, improving public perception, advocating for professional issues, licensure portability, expanding research endeavors, becoming student-centered, and promoting client welfare. Thirty organizations support these efforts including, but not limited to, American Mental Health Counselors Association, Association for Counseling Education and Supervision, Chi Sigma Iota, Council for Accreditation of Counseling and Related Education Programs, and the National Board for Certified Counselors (Kaplan & Gladding, 2011). Strengthening and reconciling supervision standards supports the 20/20 initiative through unifying the profession, addressing a professional issue, and ultimately better serving our students and clients.

Conclusion

Supervision is a required element of the counseling field and counselor educators and potential supervisors have a responsibility to ensure that our supervisees, and in turn their clients, are receiving the benefits of the best supervision possible. The comparison of supervision standards across the U.S. identifies inconsistencies in training supervisors between nine states that utilize the title LPC. State licensure boards do not require doctoral degrees to function as a supervisor; however, master's level counseling curriculum does not typically include training in supervision. Research has shown supervisors who completed a field experience have increased skills in supervision and describe the experience as positive; yet at this time, only one state implements this requirement (Wheeler & King, 2000). Moreover, implementing a standard that demonstrates licensed counselors are cognizant of elements of supervision, and the field in general, adds to the credibility of the counseling field.

The problem with inconsistent supervisor standards and lack of a supervised field experience is not a simple one. As a profession, this topic challenges each of us to give consideration to how we can advocate for our clients, our students, and our profession.

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