

# Evaluation and Risk Management in Supervision

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# Session Learning Objectives

- The participants will be able to understand risk management strategies for reducing liability for supervisors and supervisees.
- The participants will be able to establish strategies to improve supervisory relationships including developing openness, flexibility, and cultural humility to assist with successful evaluation.
- The participants will learn current methods of evaluation including the how, what, where, when strategies. The participants will also learn about reciprocal evaluation from supervisee to supervisor.
- The participants will gain knowledge of gatekeeping and remediation procedures using methods of evaluation to inform decision making.

# Supervision Basics

℞ Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession.

℞ The relationship is: Evaluative; extends over time; enhances professional functioning of junior member, monitors quality of therapy to clients, serves as a gatekeeper for those entering the profession.

℞ The evaluative nature of supervision is to 'safeguard' clients. Evaluation is to help 'correct' skills.

Bernard & Goodyear, 2019



# Considerations when Evaluating

Supervisors should be fair with their evaluations...try to avoid personal subjectivity.

- ✍ Similarity – likely more of an advantage; although negative traits can spill over as well
- ✍ Familiarity – supervisors can become TOO familiar and lose the ability to evaluate
- ✍ Priorities – Supervisor and supervisee priorities may be different

Bernard & Goodyear, 2019

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# CORBS — Structure

for giving feedback

P. Hawkins, 2012

- Clear – straightforward, no vague language, be specific
- Owned - "I" statements, personal observations
- Regular – feedback given often – normal part of the process
- Balance – positive and constructive – promotes openness and motivation
- Specific – use concrete examples that are recent


# Content Sources for Evaluation

- Factual knowledge
- Clinical skills
- Orientation-specific skills
- Clinical judgement
- Dispositions
- Interpersonal attributes

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## Discussion Question

How do you assess  
supervisees' professional  
development over time?

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# Evaluation in Clinical Supervision

- Evaluation focuses on areas such as clinical skills, ethical decision-making, and professional development
- Supervisees should be informed that they are being evaluated. This can be done by providing a written contract (or syllabus) that outlines expectations and evaluation processes

## ***EVALUATION:***

- "Raw data will be required during the process of supervision. You will be required to provide case notes, video, or participate in live supervision experiences. You will be notified with two weeks' notice a specific type of raw data is required. Formative evaluations will be provided during supervisions sessions verbally. Formal summative evaluations will be provided four times a year. The supervisee will have the opportunity to evaluate the supervisor as well."



# Types of Evaluation

Formative Evaluation

Summative  
Evaluation

Peer Evaluation

Self Evaluation

# Formative Evaluation

Supervisor provides feedback  
DURING the learning process to guide  
improvement

## Examples:

- **Recorded session reviews** where the supervisor offers feedback while watching session
- **Role-plays** where supervisee is provided with immediate feedback
- **Supervision** where supervisors provide feedback on case presentations or intervention skills

(Falender, 2014)



# Summative Evaluation

Evaluating supervisees at the END of a learning period

## **Examples:**

Final Evaluation Forms

Recorded Session Review

Performance Review

(Falender, 2014)

# Peer Evaluation

- Supervisees assess each other's performance
- Supervisees may be more open to receiving feedback from peers as opposed to an authoritative figure

## **Example:**

- Having supervisees watch a clip of a peer's counseling session and provide feedback afterwards
- Encouraging peer feedback after watching a recorded session or role-play

(Bernard & Goodyear, 2019)



# Self-Evaluation

Supervisees reflect and evaluate their own learning process or performance

## Examples:

Requiring reflection logs that assess one's clinical progress

Having supervisees create goals at the beginning of supervision and reflect on the progress of those goals periodically

Shifting the focus from immediate supervisor feedback to supervisee-led reflection

(Bernard & Goodyear, 2020)

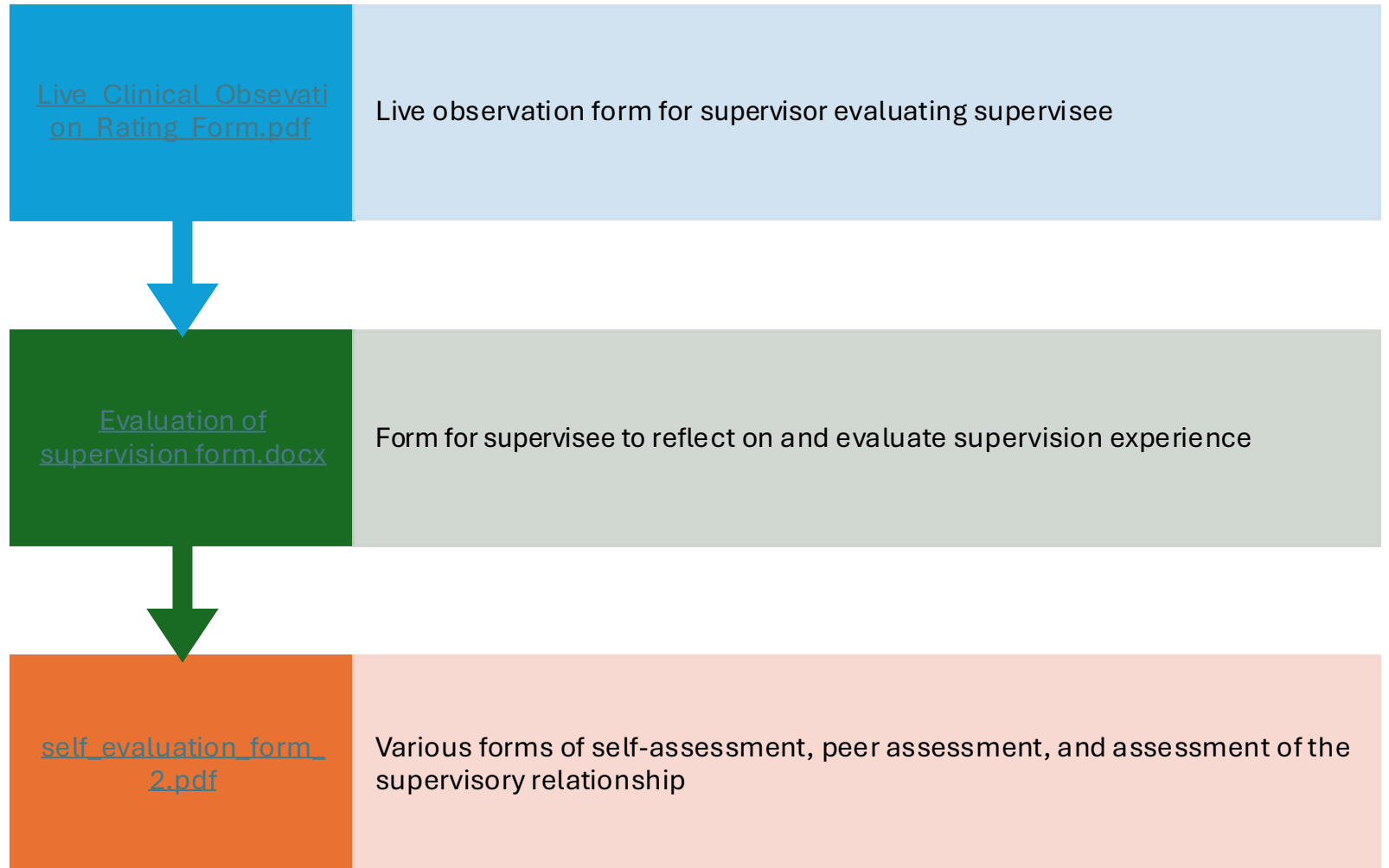
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# Discussion Question

What challenges have you faced in evaluating supervisees, and how have you addressed them?



# Evaluation Form Examples



# Things to Consider

**People Respond to Feedback Differently:** Be mindful of how supervisees receive feedback and adjust your approach accordingly

**Be Mindful of Professional Development Stage:** Are you supervising a recent graduate or someone who is close to being fully licensed?

**Find a Balance Between Supporting & Challenging:** Too much of either can stunt development

**Cultural Sensitivity:** Consider how culture, identity, and power may influence interpretations and responses to feedback

**Fostering a Space for Supervisee Feedback:** It can be valuable to allow supervisees to provide feedback on the supervisor's performance or their supervision experience




# **Strengthening Supervisory Relationships through Openness, Flexibility, Cultural Humility, and Meaningful Evaluation**





## Four Key Elements

- **Openness** – creating space for honest conversations, feedback, and shared vulnerability
  - **Flexibility** – adapting to individual needs, learning styles, and changing circumstances
  - **Cultural humility** – staying curious, self-aware, and open to feedback across identities and experiences
  - **Meaningful evaluation** – using feedback to support real development
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(Basa, 2021; Ertl et al., 2023)



# Supervision is a High-Stakes Relationship

A powerful tool for both client safety and clinician development

The true shaping of clinical practice happens here

## **Weak supervision creates vulnerabilities:**

- Ethical concerns
- Legal risk
- Toxic or avoidant workplace culture

A key red flag: Nondisclosure — when supervisees stay silent about mistakes or challenges



# Effective Supervision

## **Silence usually stems from:**

- Fear of judgement
- Lack of trust
- Cultural disconnect

## **Effective Supervision**

- It's about building trust
- fostering cultural humility
- creating space for honest ongoing dialogue

(Basa, 2021; Ertl et al., 2023)



# Effective Supervision Payoff

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Stronger clinical care

Lower rates of burnout

Fewer ethical and legal concerns

A healthier, more collaborative work culture

(Basa, 2021; Ertl et al., 2023)

# Three Anchors for Strengthening Supervisory Relationships

01

Establish strategies to build **trust and openness** in supervision

02

Practice and model **cultural humility**

03

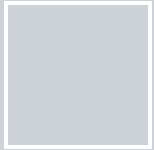
Improve **evaluation practices** to reduce risk and support growth

# Reflect & Connect

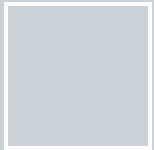
**Think about a time when  
you were able to truly  
support, or struggled to  
support, a supervisee.  
What made the  
difference?**

Take a minute to jot down  
a note or turn to a  
neighbor and share.

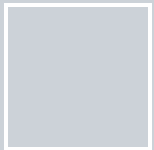
# Reflect & Connect



I asked two therapists for their response.



Both at different professional/licensure stages



One identifies as white, and the other identifies as black



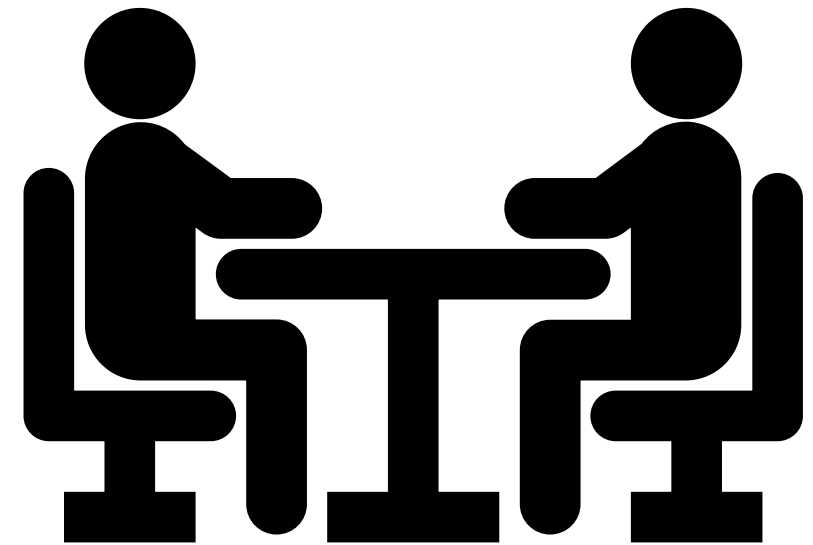
*Think about a time when you felt truly supported—or unsupported—in supervision. What made the difference?*

### **REPLY 1: White Therapist — Supported Experience**

**Job:** Individual therapy for adults

**Licensure Status:** Fully licensed therapist for 3 years

I think back to my clinical supervision during my second year of practice, when I was working with a population experiencing complex trauma. My supervisor at the time not only had extensive clinical expertise, but also really modeled emotional availability and transparency. I felt supported because she regularly asked what I *needed*, not just what I was doing. She created a space where I could say, “I’m not sure I handled that well,” without fear of judgment.



*Think about a time when you felt truly supported—or unsupported—in supervision. What made the difference?*



## **REPLY 2: Black Therapist — Unsupported Experience**

**Job:** School-based therapist for adolescents

**Licensure Status:** Temp licensed for 1 year

As a black therapist, I remember a time early in my career when I felt very unsupported during supervision. My supervisor often dismissed the racial dynamics I brought into our discussions, especially when I spoke about feeling invisible or coded interactions with school staff and even some clients. When I tried to explore these moments, I was told I was “reading too much into things” or that “race shouldn’t be a focus.” It made supervision feel like a performance instead of a place for reflection. I didn’t feel safe bringing my full self into the room.

# Building Trust Through Openness & Flexibility

**Openness:** Willingness to engage, reflect, and allow for feedback

**Flexibility:** Adapting style to fit supervisee needs and developmental stage

## **Openness looks like:**

- Listening as much as you speak
- Being willing to reflect on your own role in the process

## **Flexibility means:**

- For example, first-year intern and a nearly-licensed clinician need different types of support

## **Strategies:**

- Set mutual expectations early and revisit often
- Use collaborative language (“Let’s work on...” vs. “You need to...”)
- Invite feedback from supervisees regularly

(Basa, 2021)

# Reflect & Connect

**What do you do to help  
create a space where  
your supervisees feel  
safe enough to be  
open in supervision?**

*Take a minute to jot  
down a note or turn to a  
neighbor and share.*

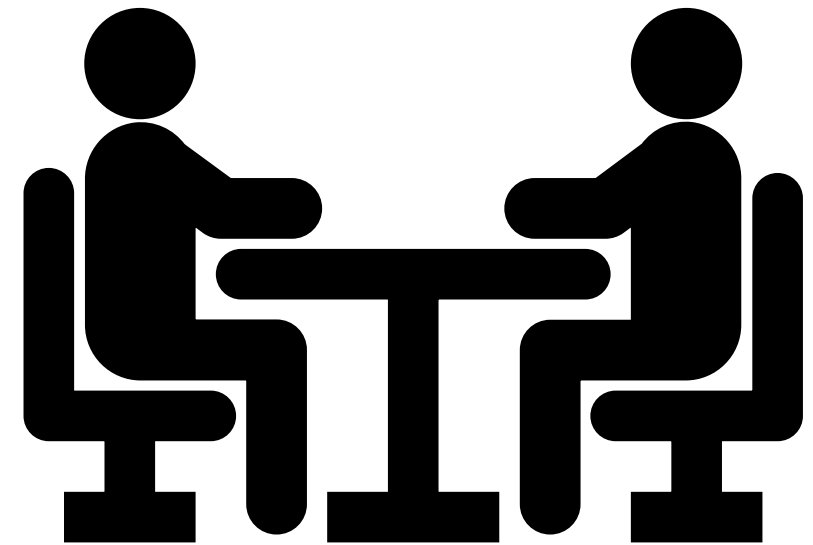
# ***What helps you feel safe enough to be open in supervision?***

**REPLY 1: White Therapist — Supported Experience**

**Job:** Individual therapy for adults

**Licensure Status:** Fully licensed therapist for 3 years

Feeling like my supervisor genuinely cares about *me*, not just my case, helps me feel safe. When there's mutual respect and I know mistakes are part of learning, I can be honest.



# ***What helps you feel safe enough to be open in supervision?***

**REPLY 2: Black Therapist — Unsupported Experience**

**Job:** School-based therapist for adolescents

**Licensure Status:** Temp licensed for 1 year

I feel safest when my supervisor acknowledges race and identity as part of the work. When I don't have to explain why those things matter, I can actually show up fully.



# Cultural Humility as a Risk-Reduction and Relationship-Building Tool

- Cultural humility = ongoing self-reflection + recognition of power dynamics
- Higher cultural humility in supervisors predicts greater supervisee disclosure
- Disclosure is essential to risk management (e.g., catching issues early)

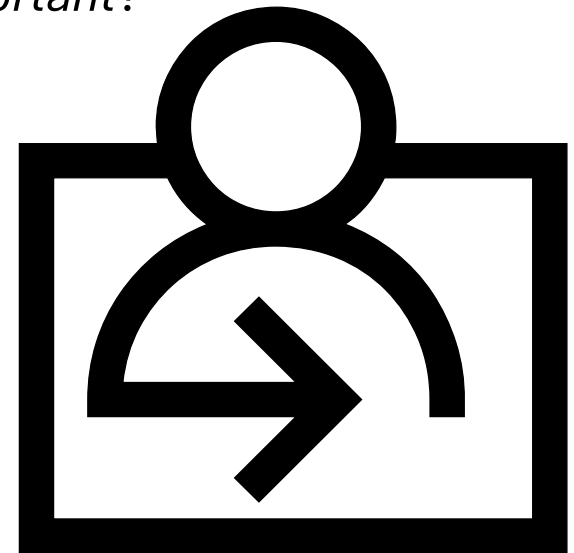
## **Reflective questions to integrate into sessions:**

*“What identities or experiences are showing up for you today?”*

*“Are there ways I might be missing or misinterpreting something important?”*

- Normalize and name systemic influences
- Supervisor self-disclosures that model vulnerability

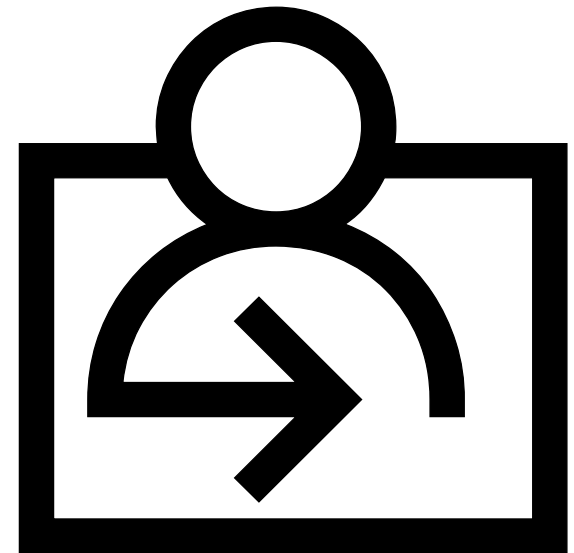
Ertl et al., 2023



# Model Your Own Vulnerability

- **Own your limits.** Acknowledge when you miss something.
- **Cultural humility** means we don't have all the answers.
- **But we stay curious.** We stay open. And we stay accountable.

Ertl et al., 2023





# Making Evaluation Collaborative and Ethical

(Basa, 2021)

- Growth vs. assessment
- Support vs. accountability
- Risk of supervisee fear, avoidance, or nondisclosure
- **Strategies for Evaluation:**
  - Co-create learning goals and revisit them
  - Use clear, behavior-based rubrics
  - Offer feedback as a developmental process, not just a judgment
  - Name the evaluative process openly to reduce anxiety

# Integration & Wrap-Up

- Relationships thrive when supervisors show flexibility and openness
- Cultural humility strengthens the supervisory alliance and mitigates risk
- Evaluation can support growth when handled collaboratively

**Openness → Humility → Collaborative Evaluation**

(Basa, 2021; Ertl et al., 2023)

# Gatekeeping and Remediation

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# Gatekeeping in Supervision

(Kimball et al., 2019)

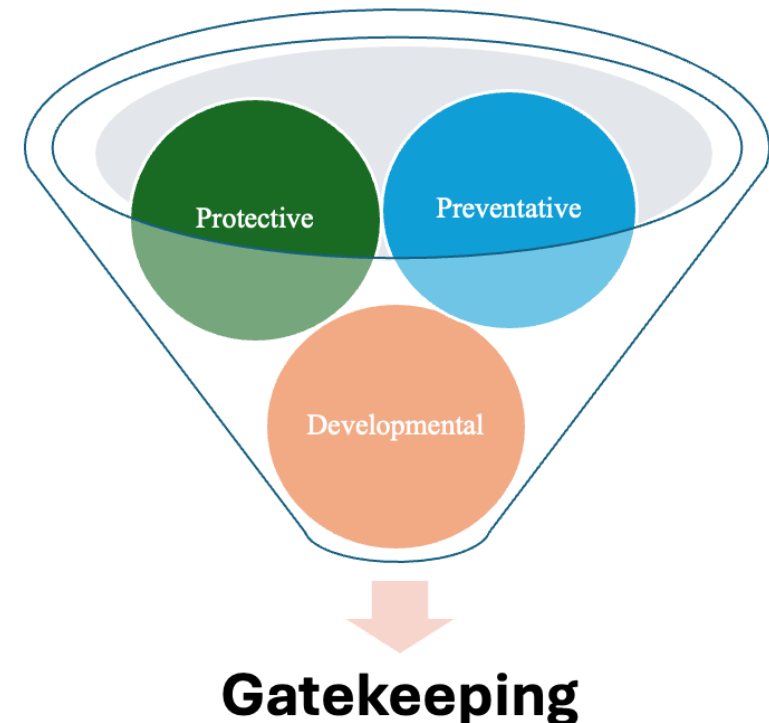
**Gatekeeping:** Ongoing assessment of the supervisee's knowledge, clinical skills, and dispositional development (e.g., professionalism and self-awareness) is conducted to evaluate their readiness for independent practice.

- Ongoing Monitoring
- Gatekeeping is continuous from onboarding to licensure recommendation
- Supervisors observe patterns of behavior over time, not just isolated incidents
- It's developmental, aimed at fostering growth while holding standards

# Role of Gatekeeping in Clinical Supervisory Relationships

(ACA, 2014; Kimball et al., 2019)

- Ethical Obligation to Protect Clients and the Profession
- Supervisors are required to monitor, assess and document supervisees progress and competencies (ACA Code of Ethics, 2014; Section F.6)
- Gatekeeping is **not punitive**, it is:
  - Protective
  - Developmental
  - Preventative



# Gatekeeping Decisions Based on Evaluation

(Basa, 2021)

Supervisors use evaluation results to make decisions about a supervisee:

- **Level of Autonomy:** Are they ready for more independence?
- **Client Safety Risk:** Are there behaviors that endanger clients?
- **Ethical Sensitivity:** Are they able to recognize and act on ethical issues?
- **Trajectory of Growth :** Is performance improving with feedback and time?

Supervisors use three key functions to evaluate readiness and proactively guide remediation in their gatekeeping role.

## **Functions:**

1. Developmental/Formative/Educative
2. Resourcing/Restorative/ Supportive
3. Qualitative/Normative/Managerial

# Function of Supervision and Gatekeeping Role

(Basa, 2021)

## Developmental ~ Formative ~ Educative

Supervisor Responsibilities	Gatekeeping Function
<b>Monitor Supervisees' Clinical Work</b> Review session notes, discuss client dynamics, and ensure ethical engagement.	<b>Evaluate for Professional Fitness</b> Observe for competency gaps, ethical red flags, or boundary issues.
<b>Evaluate Skill Development</b> Assess progress in counseling techniques, communication, and professionalism.	<b>Decide Readiness and Next Steps</b> Determine if skills meet expected levels; decide if more training, observation, or remediation is needed.
<b>Foster Learning and Growth</b> Create a space for reflection, experimentation, and feedback.	<b>Monitor Responsiveness to Feedback</b> Set learning goals, track follow-through, and watch for resistance or stagnation.
<b>Promote Deeper Understanding</b> Support clinical insight, case conceptualization, and critical thinking.	<b>Assess Integration of Knowledge</b> Ensure supervisee understands and applies clinical models effectively.

# Function of Supervision and Gatekeeping Role

(Basa, 2021)

## Resourcing ~ Restorative ~ Supportive

Supervisor Responsibilities	Gatekeeping Function
<b>Support Emotional Processing</b> Create a safe space for supervisees to reflect on their emotional responses to client work.	<b>Monitor for Emotional Strain Impacting Effectiveness</b> Watch for emotional exhaustion or countertransference that could harm clients or the supervisee. <b>Track Emotional Stability Over Time</b> Allow for emotional debriefing, but intervene if there's evidence of burnout, compassion fatigue, or avoidance.
<b>Recognize External Influences</b> Help supervisees understand how systems (e.g., workplace, social injustice, economics) impact their work and wellness.	<b>Differentiate Systemic Stress from Professional Accountability</b> Support and advocate when needed, but ensure supervisees maintain ethical and clinical standards.
<b>Acknowledge Life Outside of Work</b> Invite discussion of personal stressors (e.g., family, health) that may influence therapeutic presence.	<b>Assess when Personal Life Interferes with Clinical Work</b> Recommend support, caseload adjustments, or time off if personal issues compromise client care.



# Function of Supervision and Gatekeeping Role

(Basa, 2021)

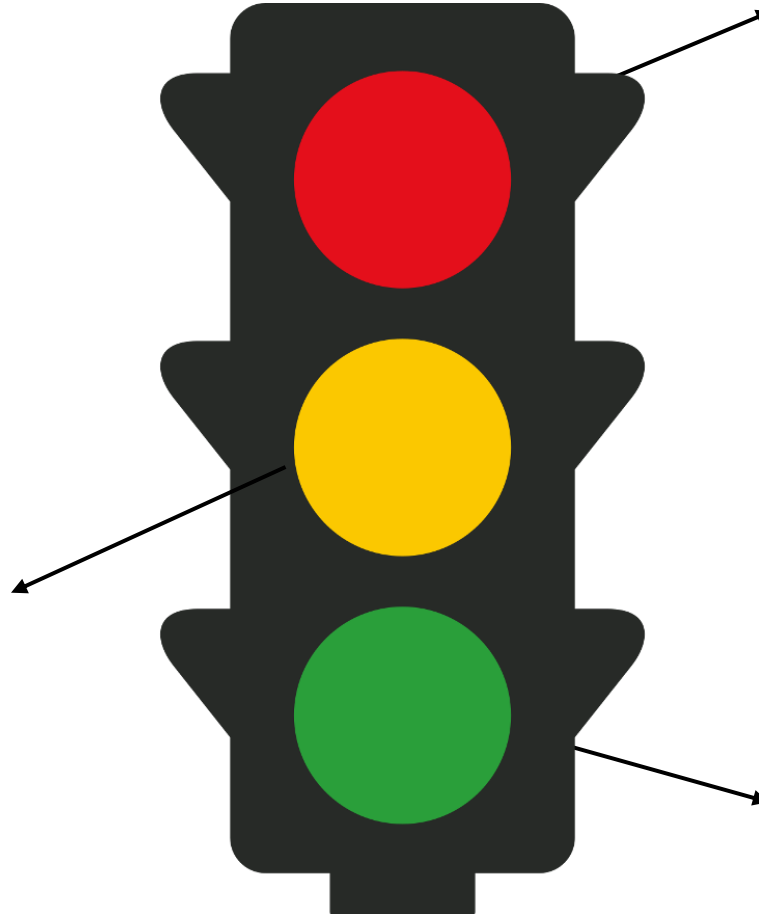
## Qualitative ~ Normative ~ Managerial

Supervisor Responsibilities	Gatekeeping Function
<b>Ensure Quality Control in Clinical Work</b> Guide supervisee in providing ethically and culturally responsive care	<b>Review and Intervene when Standards are not met</b> Systematically evaluate notes, recordings, and TX plans
<b>Uphold Ethical and Professional Standards</b> Model and teach professional codes of conduct while fostering ethical decision-making	<b>Enforce Ethical Codes (e.g., ACA)</b> Monitor supervisee's behavior for ethical breaches and initiate formal action if needed
<b>Clarify and Reinforce Organizational Policies</b> Orient supervisee to workplace systems and support adherence to expectations	<b>Ensure Policy Compliance</b> Monitor for procedure concerns like documentation timelines or EHR usage
<b>Protect Client Welfare</b> Advocate for client-centered care and reflective practice to ensure clients are safe and supported	<b>Intervene to Prevent Harm</b> Take action if client safety is at risk, including removing supervisees from cases or initiating mandated reporting in serious cases of harm or neglect

# Using the Traffic Light as a Guide

## **Yellow: Caution and Concern**

- Noticing some patterns ( e.g., avoiding tough clients, missing documentation, concerns with feedback implementation)
- Nothing serious yet, but it could head in the wrong direction if I don't step in now
- Need to slow things down, get curious, and collaborate to draw awareness to what is happening and develop action steps to address patterns



## **Red: High Risk**

- Supervisee's behavior is putting clients or themselves at risk
- They are not responding to feedback, and I've seen repeated ethical or professional issues
- Have to intervene clearly and formally (e.g., remediation plan)

## **Green: Safe and On Track**

- See consistent growth, ethical behavior, and a willingness to learn
- Receptive to feedback and apply it
- Keep encouraging and challenging them to stretch their skills

# Supervision with Purpose and Accountability


- It is important to document the "Gatekeeper" role in writing and discuss it verbally as part of the supervision-evaluation contract, as this helps ensure clarity, mutual understanding, and accountability in the supervisory relationship (Freeman et al., 2016) .
- Remember to diversify the methods you are using for evaluation ( e.g., reviewing session note, role-plays, reviewing session videos) that expand beyond staffing a case.
- It is important to remember the developmental stage that your supervisee is in before assuming there is a competency problem (Basa, 2021).




Remediation

# Remediation


Definition: The action of remedying something (Merriam-Webster).



Purpose: To address competency deficiencies and encourage supervisee growth in clinical skills and professional development (Schwartz-Mette 2023).



# Common Issues that Prompt Remediation



Henderson & Dufrene 2017



Professional behavior concerns



Ethical violations



Skill deficits



Interpersonal conflicts

# Legal and Ethical Considerations

- Documentation
- Documentation
- Documentation

- Corey, 2021





# Use of Evaluation for Remediation

Formative vs Summative

Direct Observation

Progress Notes, Case Presentations

Self-assessments, supervisor ratings



# Tools



SUPERVISORY  
RATING FORMS

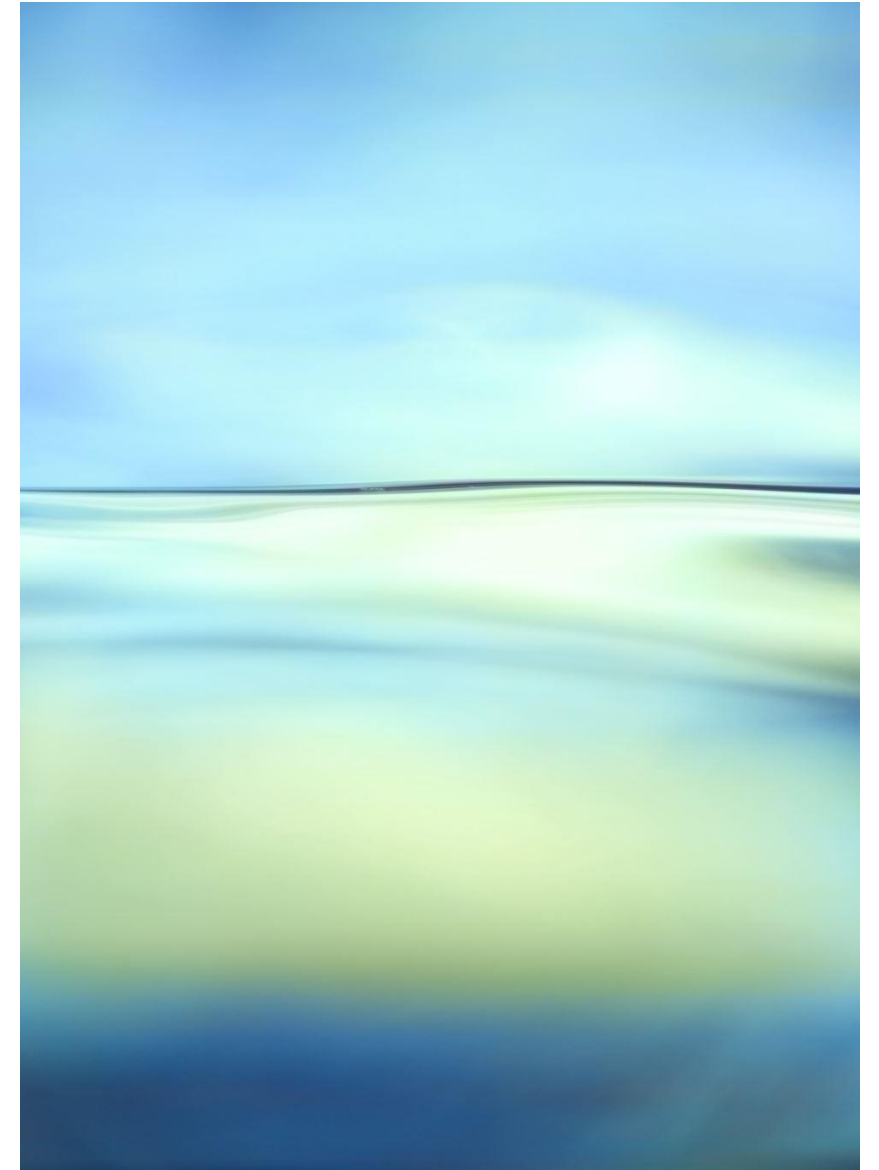
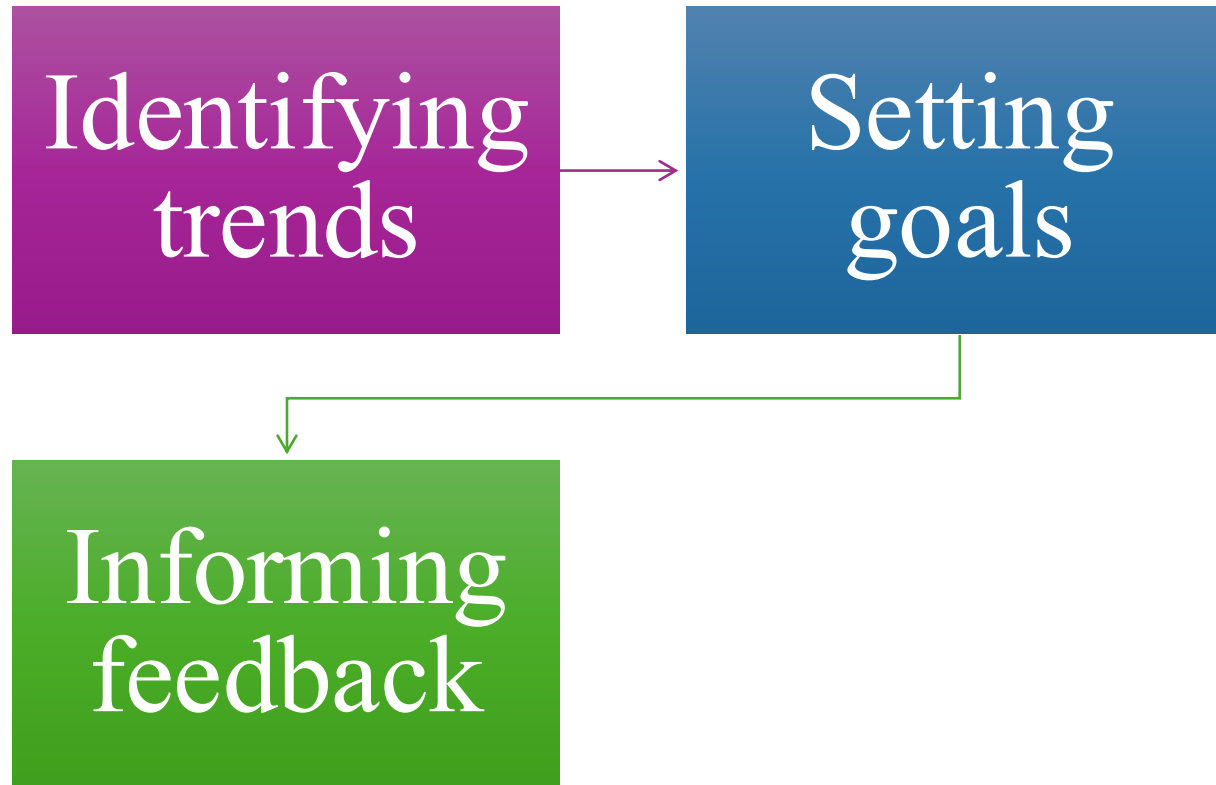


SITE SUPERVISOR  
EVALUATIONS



RUBRICS FOR  
CLINICAL SKILLS

# Using Evaluation to Inform Next Steps



# Remediation Steps

Identification

Documentation

Collaboration

Action planning

Follow-up

# Supervisor Responsibilities



Clear expectations



Frequent feedback



Balanced support and  
accountability



Documentation

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# Challenges



Resistance to  
feedback

Power dynamics

Failure to  
remedy  
discussed  
deficiencies



# Justified Dismissal

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Incompetence after remediation

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Ethical violations (e.g., dual relationships, confidentiality breaches)

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Risk to client welfare

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Inability to engage in supervision constructively

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# Dismissal

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Documentation of Remediation Efforts

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Final Evaluation and Recommendation

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Review by Remediation Committee or Group Consultation

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Notification of Dismissal Decision


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Right to Appeal



# What is risk management?

**Risk management in counseling supervision** refers to the process of identifying, assessing, and minimizing potential legal, ethical, and professional risks that could lead to harm or liability for supervisors, supervisees, clients, or the counseling organization



(Corey et. al., 2020)



# Our goal in risk management...

## Protect

Protect clients,  
supervisees, and  
ourselves

## Support

Support the ethical  
development of the  
supervisee

## Reduce

Reduce the chances  
of lawsuits,  
complaints, or  
licensure board  
sanctions

# Necessary strategies:



## Informed consent

Contracts  
Ensure awareness  
Expectations



## Documentation

Record interactions



## Following ethical and legal standards

Staying ethically current



## Appropriate supervision models

Have flexibility  
Track growth

## More Strategies...



### Risk Assessments

Safety check ins

Educate your supervisees on  
necessary steps



### Cultural Competence

Inclusive practice

Reflection

Education



### Know when to refer or report

Know your own competence

Remediation plans

Consult



Barriers and struggles?



# Common Issues

Fear of evaluation

Role Confusion

Cultural Humility

Power Dynamics

# Solutions



Normalize and collaborate



Clarify boundaries



Ongoing training and self-improvement



Create an open environment



Common Issue	Risk Description	Recommended Risk Management Strategy
Role Confusion or Boundary Issues	Supervisors and supervisees may blur professional/personal boundaries.	Establish clear contracts and role expectations at the outset; maintain professional boundaries at all times.
Inadequate Documentation	Missing or incomplete supervision notes can increase legal liability.	Use structured supervision forms; document dates, topics, feedback, and decisions after each session.
Lack of Informed Consent for Supervision	Supervisees or clients may not understand the supervisory relationship or process.	Provide and review informed consent forms outlining supervision structure, evaluation criteria, and limits of confidentiality.
Dual Relationships	Supervisors may have multiple roles (e.g., teacher, employer) leading to conflicts.	Avoid dual relationships when possible; if unavoidable, openly discuss and document strategies to manage them.
Inadequate Competence or Training of Supervisor	Supervisor may not be equipped to guide or evaluate supervisees effectively.	Pursue regular training, consultation, and credentialing; stay updated with ethical standards and best practices.
Insufficient Feedback or Evaluation	Supervisees may not receive constructive input for growth or remediation.	Implement regular formative and summative evaluations using clear, measurable competencies.
Failure to Address Ethical Dilemmas or Legal Concerns	Supervisors may ignore or mishandle ethical issues reported by supervisees.	Foster open dialogue about ethics; seek consultation; report when mandated.
Supervisory Negligence	Not providing adequate oversight of clinical cases can harm clients and supervisees.	Ensure consistent supervision sessions; review case notes; assess clinical decision-making regularly.
Burnout or Compassion Fatigue in Supervisees	Impacts supervisee effectiveness and decision-making.	Include wellness checks in supervision; teach self-care and coping strategies; refer to support services if needed.
Cultural Insensitivity or Bias	Ignoring diversity issues can lead to microaggressions or client harm.	Integrate multicultural supervision practices; encourage cultural self-awareness and humility.

# Guidelines for Providing Constructive Feedback

- Based on competencies already communicated early
- Delivery of feedback is a skill to be learned – one's own experience giving and receiving is helpful
- Given often and regularly based on direct samples of supervisees work
- Be balanced between support/reinforcement, challenge/correction - extremes seen as disappointing
- Corrective feedback needs to be timely, specific, based on behaviors, nonjudgmental, and given with action steps
- Feedback needs to address learning competencies/goals - driven toward growth



# Guidelines for Providing Constructive Feedback

- Use listening skills to determine if feedback was received as intended
- Cultural dimensions addressed early in supervisory relationship as cultural competence is counseling is discussed
- Feedback is presented at professional perception (not fact or truth). Supervisors should model self-critique, flexibility, and open discussion as a part of feedback.
- Supervisees want honest feedback, yet are fearful of it
- Working alliance must be monitored at all times. Trust in the relationship is key
- Feedback is a two-way process
- Feedback needs to be direct and clear, but not biases, hurtful, humiliating

# References

- American Counseling Association. (2014). ACA code of ethics. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Association for Counselor Education and Supervision. (2011). Best practices in clinical supervision. <https://acesonline.net/wp-content/uploads/2018/11/ACES-Best-Practices-in-Clinical-Supervision-2011.pdf>
- Basa, V. (2021). Evaluation in the field of supervision. *European Journal of Counselling Theory, Research and Practice*, 5(3).1-10 <https://ejctrap.nationalwellbeingsservice.com/volumes/volume-5-2021/volume-5-article-3>
- Bernard, J.M., & Goodyear, R.K. (2020). *Fundamentals of clinical supervision* (6th ed). Boston: Pearson A & B
- Corey, G. (2021). *Clinical supervision in the helping professions : a practical guide* (Third edition). American Counseling Association. <https://doi.org/10.1002/9781394347148>
- Dufrene, R. L., & Henderson, K. I. (2009) A framework for remediation plans for counseling trainees. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.), *Compelling counseling interventions: VISTAS 2009* (pp. 149-159). Alexandria, VA: American Counseling Association.
- Ertl, M. M., Ellis, M. V., & Marino, C. (2023). Supervisor cultural humility and supervisee nondisclosure: The supervisory working alliance matters. *The Counseling Psychologist*, 51(3), 403–434. <https://doi.org/10.1177/00110000231159316>
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. American Psychological Association. <https://doi.org/10.1037/10806-000>
- Falender, C. A. (2014). Clinical supervision in a competency-based era. *South African Journal of Psychology*, 44(1), 6-17. <https://doi.org/10.1177/0081246313516260>
- Freeman, B. J., Garner, C. M., Fairgrieve, L. A., & Pitts, M. E. (2016). Gatekeeping in the field: Strategies and practices. *Journal of Professional Counseling: Practice, Theory & Research*, 43(2), 28–41. <https://doi.org/10.1080/15566382.2016.12033954>

Freeman, B. J., Garner, C. M., Fairgrieve, L. A., & Pitts, M. E. (2016). Gatekeeping in the field: Strategies and practices. *Journal of Professional Counseling: Practice, Theory & Research*, 43(2), 28–41. <https://doi.org/10.1080/15566382.2016.12033954>

Hawkins, P. & Shohet, R. (2012). *Supervision in the Helping Professions* (4th ed). McGraw Hill Open University Press.

Henderson, K. L., & Dufrene, R. L. (2018). Remedial Interventions Used with Students Enrolled in Counseling Graduate Programs. *Journal of Counselor Preparation and Supervision*, 10(1). Retrieved from <https://research.library.kutztown.edu/jcps/vol10/iss1/7>

Kimball, P. L., Phillips, L. C., Kirka, K. E., & Harrichand, J. J. S. (2020). Gatekeeping: A counselor educator's responsibility to the counseling profession and community. *International Journal on Responsibility*, 3(2). 54-66  
<https://doi.org/10.62365/2576-0955.1036>

National Board for Certified Counselors, Inc. (May 2023). Code of Ethics.  
<https://www.nbcc.org/assets/ethics/nbcccodeofethics.pdf>.

McAdams, C. R., & Foster, V. A. (2007). A guide to just and fair remediation of counseling students with professional performance deficiencies. *Counselor Education and Supervision*, 47(1), 2–13.  
<https://doi.org/10.1002/j.1556-6978.2007.tb00034.x>

Sellers, T. P., LeBlanc, L. A., & Valentino, A. L. (2016). Recommendations for Detecting and Addressing Barriers to Successful Supervision. *Behavior analysis in practice*, 9(4), 309–319.  
<https://doi.org/10.1007/s40617-016-0142-z>