Clinical Practice and Clinical Supervision: Building a Firm Foundation
Pratique clinique et supervision clinique : construire une fondation solide

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ABSTRACT

In this paper, the authors report on the "Foregrounding Clinical Practice and Clinical Supervision" working group of the Canadian Counselling Psychology Conference held on October 26 to 28, 2018, at the University of Calgary. Of the 12 working group participants, nine self-identified as students and three identified as licensed practitioners (two of the practitioners also held academic positions). This group of mostly early-career professionals identified an overarching theme of *building a firm foundation* for their future practice. Working group members identified three important contributors: the development of a strong, multi-faceted professional identity, including issues of licensure and certification, the interplay between counselling and clinical psychology, and the place of career psychology; the importance of clinical supervision, including the perceived variable quality of supervision and the apparent shortage of practicum placements; and professional role models. The authors provide their perspectives on the issue the working group raised and offer recommendations for counsellor educators and practice leaders.

RÉSUMÉ

Dans cet article, les auteur(e)s présentent un compte rendu des discussions du groupe de travail ayant pour thème la mise en valeur de la pratique clinique et de la supervision clinique au sein de la psychologie du counseling au Canada à l'occasion du Congrès canadien de psychologie du counseling, tenu du 26 au 28 octobre 2018 à l'Université de Calgary. Les 12 participantes et participants au groupe de travail (neuf étudiants et trois praticiens, dont deux enseignants), débutants dans la profession pour la plupart, ont défini un thème global sur la nécessité de construire une solide fondation pour asseoir l'avenir de leur pratique. Les membres du groupe de

travail ont cerné trois importants facteurs contributifs : le développement d'une forte identité professionnelle à facettes multiples, notamment en ce qui concerne les questions des permis et des certifications, de l'interaction entre le counseling et la psychologie clinique, et la place de la psychologie de l'orientation; l'importance de la supervision clinique, particulièrement en ce qui concerne la perception de qualité variable de la supervision et la pénurie apparente de placements en stages; et les modèles de rôles professionnels. Les auteur(e)s proposent leur point de vue sur l'enjeu soulevé par le groupe de travail et fournissent des recommandations à l'intention des formateurs de conseillers et des chefs de file de la pratique.

During the Canadian Counselling Psychology Conference held in Calgary from October 26 to 28, 2018, Lara Hiseler and Jeff Chang led a 3-hour working group entitled "Foregrounding Clinical Practice and Clinical Supervision in Counselling Psychology." Tanya Mudry was a member of the working group, which was comprised of nine graduate students and three practitioners (two of whom were also faculty members).[1] Our conversation was wide-ranging and enthusiastic, sometimes shifting rapidly from one topic to another.

This article represents our shared construction of the working group conversation. Composed mostly of students and early-career professionals, our group led us to the overarching theme of *building a firm foundation* for practice. Because master's counselling graduates are regulated as "counsellors," "counselling therapists," or "psychotherapists" in most jurisdictions and registration as psychologists at the master's level is available in a smaller number, and because most of our participants at this early career stage were not necessarily committed to registration as psychologists, we have presented the participants' perspectives and ours with reference to the professions of counselling and counselling psychology.

Our participants identified several crucial contributors to the development of a firm foundation: a strong, multi-faceted identity as counsellors or counselling psychologists, high-quality relationally attuned clinical supervision, and professional role models and advocates. In this paper, we address these three elements of a firm foundation for practice, describing the perspectives of the working group members and adding our perspectives on the issues and on potential solutions.

Counselling and Counselling Psychology: Identity, Complexity, and Practice

Professional identity is comprised of our identified roles, ideologies, and assumptions by which we define ourselves and distinguish ourselves from others (Ritchie, 1994; Schoen, 1989). Canadian counselling psychology's professional identity generated a spirited discussion in our working group. This echoed the

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1 We wish to thank and acknowledge Iso Ogumbor for her excellent note-taking.

theme of the 2010 Inaugural Canadian Counselling Psychology Conference, held at McGill University.

There have been previous efforts to clarify Canadian counselling psychology identity (Lalande, 2004; Young & Nicol, 2007). The counselling psychology section of the Canadian Psychological Association (CPA) struck an ad hoc committee in 2008 to propose a Canadian definition of counselling psychology, which was ratified by the CPA in 2009 (CPA, 2009). The adoption of this definition helped counselling psychologists identify Canadian counselling psychology's historical contributions and strengths within the discipline of psychology as a whole (Sinacore et al., 2011; Young & Lalande, 2011).

Questions of professional identity led our working group to a discussion of the pragmatics of certification, licensure, and practice. How are counselling and counselling psychology related? Where does the profession of counselling sit? For example, Canadian certified counsellors are required to be members of the Canadian Counselling and Psychotherapy Association (CCPA), while counselling psychologists, who register with provincial regulatory colleges as psychologists, are more likely but not required to join the CPA. Many faculty members in counselling or counselling psychology programs, while registered as psychologists, affiliate strongly with the Counsellor Educators' Chapter of the CCPA. Graduates from master's programs in counselling can register as psychologists in some jurisdictions but as counselling therapists or psychotherapists in others. This nebulous demarcation has contributed to challenges in elucidating identity, particularly in clinical practice environments.

By contrast, in the United States, the American Psychological Association is the professional home of counselling psychologists, and the American Counseling Association is the professional home of counsellors and counsellor educators. Counsellors and psychologists have distinct licenses, and their respective accreditors require that graduates of accredited programs fill faculty positions (Gazzola, 2016).

Situating Ourselves

Each of the three authors is an example of a non-linear, multi-faceted professional identity.

Lara

In June 2008, I was two months from starting my master's program in counselling psychology at the University of New Brunswick. I attended a round table discussion at the CPA annual convention in Halifax, where Dr. Vivian Lalande and Dr. Sharon Cairns, counselling psychologists and professors at University of Calgary, presented the draft definition of Canadian counselling psychology. As a neophyte, I was intrigued but naive about why this definition was necessary. I was unsure of how counselling psychologists might practise differently from other

professionals. The participants suggested that some counselling psychologists embodied a "minority mindset" relative to our clinical psychology colleagues. A decade later, participants in our working group echoed this sentiment.

As a Ph.D. student in the CPA-accredited counselling psychology program at the University of Alberta, I applied for a predoctoral internship via the Association of Psychology Postdoctoral and Internship Centers. I noted that many sites list clinical psychology students as "preferred" and counselling psychology students as "acceptable." I matched to my first choice of internship, where my fellow intern was a clinical psychology student. Initially, I felt the need to prove that I was worthy of occupying what was defined as a "clinical" site. I was able to demonstrate my competence, convincing myself and others that the distinction between clinical and counselling psychology is largely arbitrary. Many students in my cohort and in our working group, however, experience this distinction as marginalizing.

After completing my predoctoral internship, I was hired at my internship site, where I completed my postdoctoral supervised practice. I became a licensed psychologist in Ontario with competencies in clinical and forensic psychology. I now own a private practice comprised of multidisciplinary mental health providers and supervise graduate student research in the Department of Psychology at Trent University. I spend 85% of my professional time in clinical practice and consultation, 5% in research, and 10% in service, mainly for the CPA. According to the College of Psychologists of Ontario, I am a "clinical and forensic psychologist." Finally, my clients consider me simply as a psychologist. This raises the question: "Who determines our identity?" The tension in these forced binaries and arbitrary distinctions arises in these conversations about professional identity.

Tanya

I have a mixed professional identity due to my varied background. In my primary role as an academic, I identify as a counselling psychologist, having received an M.Sc. and a Ph.D. in counselling psychology. I also identify as a family therapist by virtue of a practicum at the Calgary Family Therapy Centre (CFTC), research on contextual supports in recovery, behaviour change and family therapy process, and my practice. My earlier M.Sc. in health promotion studies provided opportunities to work in the health system (i.e., in cancer care and psychiatry) as a program developer, influenced by a holistic point of view that emphasized social determinants of health. Having worked both from the "top down" as a program developer and from the "bottom up" as a counsellor, I orient to the systems and institutions in which I work, acknowledging their inherent constraints and affordances.

I have worked as a clinician in two publicly funded mental health programs, one with adults and one with children and adolescents, that emphasized diagnoses and "evidence-based" interventions (Conrad, 2007). At the same time, the CFTC

emphasized postmodern approaches including solution-focused (De Jong & Berg, 2013), narrative (White & Epston, 1990), and collaborative language systems (Anderson & Goolishian, 1992) approaches, a relational approach to assessment and diagnosis (Tomm, 1991; Tomm et al., 2014), and the transparency of reflecting teams (Andersen, 1987; Chang, 2010; Gehart, 2018; Tomm 1984a, 1984b).

As a counsellor educator and a supervisor, I have had the privilege to work in various programs in Canada and the United States: a blended delivery master's program in counselling, a master's program in family therapy, an APA-accredited Doctor of Psychology (Psy.D.) program in counselling psychology, and a CPA-accredited Ph.D. program in counselling psychology and its underlying master's program. Each of these programs was positioned within different disciplinary traditions (counselling, family therapy, or counselling psychology), different theoretical orientations, and diverse geographical locations (Atlantic Canada, Texas, and Alberta) and cultures.

Jeff

After working as a front-line youth worker, I was accepted, in the early 1980s, into a master's program that mainly prepared school counsellors. I completed practica in children's mental health agencies in which staff members were experimenting with structural (Minuchin & Fishman, 1981) and strategic family therapies (Haley & Richeport-Haley, 2003), sparking my interest in family intervention. After completing my master's degree, I worked at a mental health centre for adolescents. My employer supported me to become a registered psychologist and both a clinical member (as it was then called) and an approved supervisor in the American Association for Marriage and Family Therapy (AAMFT).

After five years, I went to work at an employee assistance program and then into full-time private practice. In addition to individual, couple, and family therapies, I did forensic assessments of young offenders, parenting capacity assessments, and eventually bilateral child custody assessments. I identified mainly as a psychologist, as opposed to a couple and family therapist (CFT), because being a psychologist had currency in the family law community and there was (and still is) no statutory licensure for CFTs. Since 2001, I have also managed a series of contracts for school-based mental health services through my practice company. Family systems thinking has been embedded in all my work.

After fifteen years of practice, I entered a Ph.D. program in counselling psychology mainly for personal achievement. Upon completion, I obtained a faculty position in a practitioner-oriented master's of counselling program in 2007. In 2011, I was invited to supervise doctoral practicum students and predoctoral interns in counselling psychology at the CFTC. My dual qualifications as a doctorally prepared psychologist and an AAMFT-approved supervisor opened this door and reignited my CFT identity.

Currently, I have a faculty position in the master's of counselling program at Athabasca University. Our largely online delivery mode permits students from all over Canada and abroad to enrol in our program. Our graduates go on to become registered psychologists in Alberta and Saskatchewan, registered psychotherapists in Ontario, registered counselling therapists in Nova Scotia and New Brunswick, registered clinical counsellors in British Columbia, and Canadian certified counsellors in the rest of Canada. As a program, we straddle counselling psychology, counselling, and psychotherapy in terms of professional identity.

Besides my academic work, I see families at CFTC and provide some supervision. I also provide external supervision for registered provisional psychologists. My direct practice is composed mostly of assessments of families litigating parenting issues as part of a divorce.

Participants' Perspectives

In light of our multi-faceted professional identities, we were interested in learning how our participants experienced their professional identity. They affirmed some of our experiences and added further perspective.

Counselling and Clinical Psychology

Consistent with Lara's experience, participants noted that they had experienced marginalization based on the divide between clinical psychology and counselling psychology. There are more than four times as many CPA-accredited clinical programs than counselling psychology programs. Although there seem to be more similarities than differences (Bedi et al., 2012), traditional (and, we should note, American) definitions of clinical psychology emphasize "severe psychopathology" (American Psychological Association [APA], n.d.-a, para. 1), while counselling psychology focuses on "typical life stresses" (APA, n.d.-b, para. 1). While we consider this distinction to be an oversimplification, it leads some to see counselling psychologists as less capable of helping people with more severe troubles than clinical psychologists.

The CPA's definition of counselling psychology includes the promotion of "the positive growth, well-being, and mental health of individuals, families, groups, and the broader community." Practitioners "bring a collaborative, developmental, multicultural, and wellness perspective to their research and practice," whereas clients include individuals who are troubled by "difficulties associated with life events and transitions, decision-making, work/career/education, family and social relationships, and mental health and physical health concerns." "Prevention, psycho-education and advocacy" are key emphases of counselling psychology (CPA, 2009, para 1). "Counselling psychology adheres to an integrated set of core values" of client autonomy and agency, a focus on individuals' strengths, a "holistic and client-centred" approach to assessment and intervention, an "attention to

social context and culture," and "sensitivity to diverse sociocultural factors unique to each individual" (CPA, 2009, para 2).

We think that these defining characteristics of counselling psychology provide a strong base on which to develop the professional identity necessary to build a firm foundation for practice. Strength-focused relational approaches that emphasize social context complement traditional individual oriented approaches and arguably are equally effective for clients with serious problems. Some examples include narrative therapy for individuals with eating disorders (Russell, 2000; N. Scott et al., 2013) or major depressive disorder (Vromans & Schweitzer, 2011), non-violent resistance for severely delinquent youth (Jakob, 2014; Weinblatt & Omer, 2008), open dialogue method for non-affective psychosis (Seikkula et al., 2006), and solution-focused brief therapy for intimate partner violence (Lee et al., 2012; McCollum et al., 2012) or alcohol misuse (Hendrick et al., 2012).

Career Development and Vocational Psychology: Anachronism or Essential?

Some participants in our working group noted the divide between those who focus on career development and those who are more oriented toward mental health counselling. Some participants reported being subtly denigrated for doing "just career counselling" by those who work with more "clinical" problems.

Redekopp and Huston (2019) argue compellingly that career development is foundational to mental health, and it is clear that career development and vocational psychology are central to the development of counselling psychology (Delgado-Romero et al., 2012; Robertson & Borgen, 2016). However, career development and vocational psychology were given little attention in two recent edited overviews of Canadian counselling and counselling psychology (Gazzola et al., 2016; Sinacore & Ginsberg, 2015), with only one chapter (Borgen et al, 2015) out of 28 in these two books devoted to this topic. In a recent international survey (Goodyear et al., 2016), of the 81 Canadian respondents, 7.7% reported doing career counselling. Vocational psychology is apparently not as central to counselling psychology as it once was.

External Influences on Professional Identity

As new practitioners, most of our participants were concerned about getting their careers on track. Some of their questions were framed in terms of employability or licensure (e.g., "Can a counselling psychologist do psychoeducational assessments or assessments for court?" "Is there any point in becoming a psychological associate as opposed to a registered psychotherapist?" "If I am interested in being a family therapist, what training do I need?"). As new professionals, their pragmatic choices—the license they obtain, their job, or the community of practice in a clinical specialty that likely transcends branches of psychology or discipline (e.g., trauma work, forensic assessment, high conflict divorce, and

family therapy)—shape their professional identity, as much as and sometimes more than their academic training.

As Lara noted above, until 2009, there was no official definition of Canadian counselling psychology, leading to an amorphous identity for counselling and counselling psychology. This identity vacuum created a context for two situations to arise: our identity largely being created by others like employers and regulators and a defensive stance with respect to our identity.

We can cite two specific examples of the former. In Alberta, the plurality of registered psychologists practise counselling psychology with a master's degree (Patton et al., 2019). A major employer, Alberta Health Services, designates psychologist positions almost entirely at the doctoral level and designates master's level clinicians of all disciplines with the position title "family counsellor." A second example pertains to Ontario, where psychotherapy was defined legislatively in 2007 as a controlled act (Psychotherapy Act, 2007) reserved for six disciplines. This includes registered psychotherapists, whose regulatory college (the College of Registered Psychotherapists of Ontario [CRPO]) began to license practitioners in 2015. In both cases, professional identity cannot be separated from the context of government and policy-making.

We ourselves are examples of how context affects professional identity. While we all have doctorates in counselling psychology, Lara is considered a forensic and clinical psychologist by her regulatory college. Tanya identifies as a counselling psychologist, a family therapist, and a health researcher. Jeff is formally credentialed as a family therapist and family therapy supervisor and does assessments in the context of family law litigation. For all three of us, counselling psychology has provided the base from which we have developed multi-faceted competence and professional identity.

Forging a Multi-Faceted Professional Identity

All this leads us to emphasize that identity is multi-faceted and context-specific. In our individual cases, our professional identity has been shaped by many factors—some intentional, some circumstantial. Many working group participants expressed discomfort with counsellors and counselling psychologists placing ourselves in opposition to something (e.g., counselling vs. clinical psychology, vocational psychology vs. mental health counselling), favouring a "both/and" multi-faceted professional identity. As much as our identities are influenced by the interplay of our gender, race, class, sexuality, and/or ability (Gazzola, 2016), our professional identities are products of our academic training as counselling psychologists, our clinical training and supervised practice, our interests, unplanned opportunities and happenstance (Krumboltz, 2009), and practice environments (Bedi et al., 2016). The three of us are examples of this.

Accordingly, what can we do to facilitate a positive identity for counselling and counselling psychology, one that highlights our distinctiveness without forcing us

into divisions, between counselling and counselling psychology, between regions of our country, between practitioners of vocational psychology and those who treat problems thought to be more severe, between counselling and clinical psychology, and between counsellors and people in other professions? This requires a shift in focus from a position of competition and justification to a place of advocacy, which is aligned with the conference theme: "Advocating for Ourselves, Advocating for Our Communities." As a discipline, we must be firmly positioned within the evolving landscape of the mental health field in order to advocate effectively and sustainably for our clients and our communities.

Enhancing Clinical Supervision

Clinical supervision was clearly important to our working group participants. It is the "signature pedagogy" of mental health disciplines (Bernard & Goodyear, 2019, p. 2)—the prime way that our students develop a firm foundation for practice. Norcross et al. (2002) found that clinical supervision was the third most common professional activity of members of the American Psychological Association's Division of Psychotherapy. Rønnestad et al. (1997) found that 85 to 90% of psychotherapists with fifteen or more years of experience had supervised trainees. Unfortunately, our working group participants cited some negative experiences with supervision. They found the quality of clinical supervision uneven (with some supervisors being downright dismissive and belittling) and reported having difficulty obtaining practica in some locations because of a shortage of prospective supervisors. Some found clinical supervision toward registration to be too costly. Below we discuss the conditions that contribute to these problems.

Supervision: Competence and Relationship
A Distinct Professional Competency

The difficulties expressed by our working group participants should be understood in the context of supervisory competence and the available supply of clinical supervisors. In recent years, clinical supervision has been recognized increasingly as a distinct professional competency. The CCPA (2020b) defines clinical supervision as a specialty practice "evolving from *emerging* to *established*." The CPA (2011) includes clinical supervision as a competency for graduates from accredited doctoral programs. Continuing education courses in clinical supervision have been developed (e.g., CCPA, 2020c; University of Calgary, n.d.). Since September 2018, the CRPO has required supervisors of qualifying registered psychotherapists to have had "30 hours of directed learning in providing clinical supervision" (CRPO, 2020). Finally, the CCPA has developed the Canadian Certified Counsellor-Supervisor designation (CCC-S; CCPA, 2020a). These developments reflect the consensus of counselling practice leaders and educators that it is necessary to train and perhaps even to certify clinical supervisors. Yet,

few clinical supervisors had received specific training or education in clinical supervision (K. J. Scott et al., 2000; Watkins, 2012).

While we applaud these steps to enhance supervisory knowledge, we suggest that more is required. Competence requires both knowledge and *skills* as well as appropriate attitudes (College of Alberta Psychologists, 2019; College of Psychologists of Ontario, 2019; Rodolfa et al., 2005). It follows that new clinical supervisors should have their supervision practice supervised. As Watkins (1997) states, "Something does not compute. We would never dream of turning untrained therapists loose on needy patients, so why would we turn those untrained supervisors loose on those untrained therapists who help those needy patients?" (p. 604).

Some jurisdictions require supervisory credentialing. The U.S.-based Center for Credentialing and Education (CCE; n.d.), an organizational affiliate of the National Board of Certified Counselors, has developed a model supervisory credential that has been adopted by 15 states; those seeking licensure must be supervised by a certified supervisor. Notably, neither the CCPA CCC-S credential nor any of the American jurisdictions requires supervision of supervision (CCE, n.d.; CCPA, 2020a). On the other hand, AAMFT-approved supervisors are required to have 36 hours of supervision of supervision (AAMFT, 2019). Most if not all CPA-accredited programs in counselling psychology provide opportunities for doctoral students to supervise trainees at earlier stages of their training, under supervision (A. Kassan, personal communication, January 21, 2020; K. Wallace, personal communication, January 20, 2020). We think it is a given that supervision of supervision would enhance competence. The claim that clinical supervision is a distinct professional competency is hard to defend when supervised practice is not required. At the same time, though, requiring supervision of supervision could affect the supply of supervisors negatively.

Supply and Demand, Quality and Quantity

Requiring supervision of supervision could create another barrier to potential supervisors and tighten the already sparse pool of potential supervisors. In the run-up to the CRPO's requirement that supervisors have supervisory education, Jeff was inundated with requests to provide training to prospective clinical supervisors. It is possible that requiring supervisory training tightened the supply of potential supervisors.

The majority of our working group participants, especially students, reported that there had been significant variability in the quality of clinical supervision they received and that practicum sites are in short supply. Publicly funded counselling organizations, which seem to face government cutbacks perpetually, may believe that supervision is a drain on resources and may therefore be reluctant to offer practica. Participants report that in some locations there is fierce competition for practicum placements given the large number of students in master's-level

counselling programs. Requiring more preparation of clinical supervisors may reduce the supply further.

Some participants suggested that given the relational ethos of counselling and counselling psychology, supervisors, with their skills at developing and maintaining relationships, might be considered well equipped to minimize the power differential between themselves and students. This is particularly important given that students, who are already vulnerable by virtue of their student status, enter practica where serious client situations can tax their confidence (Chang, 2011). However, some participants recounted hierarchical, neglectful, indifferent, or downright harmful supervision (Ellis et al., 2014). Aside from the dispositional aspects of this kind of conduct (Redekop & Wlazelek, 2012), this may simply reflect a lack of training in supervision.

Some have suggested that senior counsellors and counselling psychologists should provide clinical supervision inexpensively or pro bono as an act of social justice. At the same time, it is arguable that, given the responsibility and the risk that clinical supervisors assume on behalf of pre-licensed practitioners, they deserve be compensated on par with their therapy rate (Suttle, n.d.). Anecdotally, several of Jeff's contemporaries, senior professionals whom Skovholt and Rønnestad (1992) suggest would find a great deal of satisfaction as supervisors and mentors, state frankly that the risk and responsibility for others' work deters them from taking on supervisees.

The Challenge

Despite recent developments in supervisory training and credentialing, our working group participants experienced an uneven quality of supervision, a shortage of placements, and a high cost for supervision following the master's degree. The dilemma lies in the fact that supervisors are already in short supply. Requiring training or credentialing may have the unintended effect of tightening the supply of supervisors even further. The undersupply of supervisors exists against the backdrop of a debate about whether supervisors should do supervision for a minimal fee or no charge to contribute to the profession or whether they should be well compensated given their responsibility for others' work and their increased risk exposure (Suttle, n.d.).

Increasing the supply of competent clinical supervisors is a challenge that requires the focused attention of practice leaders, counsellor educators, regulatory colleges, and professional associations. The CCPA has listed pro bono supervision as an activity that can be credited toward the continuing competence requirement to maintain the CCC-S designation (CCPA, 2020a). A further suggestion is that educational programs provide training in clinical supervision to the supervisors of their students. This could be framed as a token of appreciation for their service or as incentive to become a supervisor.

Counsellor Supervisors as Role Models and Advocates

Supervisors are often gatekeeping, assessing competence, monitoring progress, and serving as a role model and spokesperson for their discipline all at once (Chang, 2013; Holloway, 1995; Todd & Storm, 2014). They must also balance and embody their multi-faceted identities as supervisor, practitioner, and human being (Hernández-Wolfe & McDowell, 2014) in particular counselling settings.

During the clinical training, new counsellors are learning to solidify their theoretical stance, to incorporate a culturally responsive and socially just approach to practice, and to integrate basic counselling skills—often from a position of vulnerability, excitement, performance anxiety, or even terror! There are inherent tensions in clinical supervision, especially between and within one's professional identity, therapeutic orientation, preferred ways of practising, and organizational requirements of the training site, educational programs, accreditors, and regulatory colleges (Todd & Storm, 2014). The supervisor and the supervisee must also negotiate a process to support their supervisee's goals, therapeutic orientation, preferred ways of practising, and stage of development. They must also incorporate their respective professional and personal histories, identities, and privilege (Todd & Storm, 2014).

All of this occurs against a background of cultural pressures. In an increasingly litigious context, attention to risk management can encourage care and consistency but can also lead to defensive practices. A supervisor's risk aversion can "rub off" on their trainee (Fine & Turner, 2014). Medicalization is another pressure on new counsellors, as mental health diagnosis is increasingly emphasized (Strong et al., 2017). Related to medicalization is the move toward evidence-based practice, with "evidence" defined from a quantitative logical-positivist perspective (Messer, 2004). Further, in the name of financial accountability, counselling and therapy services have become increasingly commodified (Altman, 2015; Christopher et al., 2015; Gaitanidis, 2014). These factors have created tensions in counsellor education, which historically has embraced a pluralistic (i.e., involving multiple approaches and theories), culturally inclusive, and social justice–oriented tradition (Strong et al., 2017).

These tensions come to the fore when a supervisor and a supervisee differ on these issues. A supervisee desiring to embed a social justice orientation into their work might have a practicum in an organization that is heavily influenced by medicalization, "evidence-based practice," and the pressure to commodify therapy, with a supervisor adopting these tenets. Here, the supervisee, from a position of vulnerability as the one *under* supervision, must either "play the game," so to speak, find covert ways to work consistently with their values (Strong, 2017), or find a way to advocate for themselves. Counsellor educators can advocate for

their supervisees and help co-create a culture that privileges a positive attitude toward supervision, therapist growth, learning, and a strengths-based orientation (Killmer & Cook, 2014).

Managing all these systems, individuals, processes, and identities requires the supervisor and the supervisee to be intentional and reflective. We propose that a relational approach to supervision offers a solution that privileges the supervisee experience while acknowledging the complex roles and contexts of supervisory work. Additionally, more research and theorizing are needed to advance supervisory practices that rest on the value of social justice and advocacy.

A Relational Approach to Supervision

Counsellor educators and supervisors who aim to adopt a more relational, collaborative stance strive to facilitate a relationship of "withness" and mutual inquiry (Anderson, 2012), while continuing to navigate and negotiate inherent power differentials (Fine & Turner, 2014). Supervisor reflexivity involves an ongoing critical examination of oneself and of the professional, historical, and cultural discourses that both enable and constrain possibilities to think and to act in the context of the relationship (Hawes, 1998). Supervisors might examine their preferred ideas and practices and locate these in the cultural, institutional, and relational contexts in which they practise, attending power in these systems (Chang, 2013; Fine & Turner, 2014). At the same time, supervisors can model reflexivity by sharing their reflection with supervisees transparently (Ungar, 2006), while deconstructing the influence of the contexts of their shared experiences (i.e., supervisory relationship, therapeutic relationships, counselling practice, and agency).

Accordingly, we might aspire to a reflexive, dialogic, collaborative practice of supervision. Such an approach attends to the supervisor and supervisee's respective social and cultural positioning and power and privilege. To privilege the knowledges of those from whom we wish to learn, we share the insights of our diverse group of educators, students, practitioners, supervisors, and supervisees. These participants identified tensions, common themes, and proposed practices that we view as consistent with the values of counselling and counselling psychology.

Embracing Vulnerability

To foreground the practice of supervision, we must all begin by recognizing our vulnerabilities in our roles as practitioners, supervisees, and supervisors and by embracing the risk of experiencing failure. Acknowledging that failure is required for growth and normalizing failure as an integral part of therapeutic and supervisory practice can open space for learning and reflection (Schön, 1983).

Professional Identity in Counselling and Counselling Psychology: "Being True to Our Roots"

As therapists, supervisors, and supervisees, we can embrace the distinctive features and values of counsellors and counselling psychologists. What makes us distinct from clinical psychology or social work, and how we might advocate for our position among other mental health professions without promoting an "us vs. them" perspective? Within our supervisory relationships, we can be role models and spokespersons for counselling and counselling psychology, exemplifying leadership in professional associations and regulatory bodies and mentoring supervisees as they develop their professional identity.

Consultation and Peer Supervision: An Evolving and Ongoing Practice

In our reflexive practices, we need to engage in continual consultation and to develop and/or make use of peer supervision groups. Consultation, supervision, and reflective practice are skills that supervisees benefit from observing their supervisors embrace and implement in their own practices. Our participants might find this a utopian fantasy, suggesting that they have not felt safe to express their concerns and needs with their supervisors in a hierarchical and competitive environment. This is consistent with Ladany et al. (1996), who describe the causes and content of *supervisee non-disclosure*. We discussed how supervisors might initiate supervision to highlight the supervisee's pre-existing expertise and to create a context for supervisees to be open with their supervisors. A student shared an experience of trying to invite this type of discussion with a supervisor who was not open, highlighting the need and desire for process-oriented interactions. To encourage and model peer supervision, supervisors might create conditions for peer supervisory/consultation groups, reflecting teams (Andersen, 1987; Chang, 2010; Fine, 2003; Gehart, 2018), and solidarity groups (Reynolds, 2010).

"Withness" in Supervision

From a dialogic perspective, conversations involve a "withness" practice of thinking, talking, acting, and responding with another person—orienting and reorienting oneself to the other (Anderson, 2012; Hoffman, 2002; Shotter, 2010). With this understanding in mind, supervision conversations are ideally collaborative and generative, creating a context for mutual learning. The supervisor might adopt a not-knowing stance to invite the expertise of the supervisee or to verbalize their inner thoughts and curiosities to demonstrate reflective practice and to help the supervisee develop their own "self-supervision" in their inner dialogue (Anderson & Swim, 1995).

Collaborative supervision could be seen as mirroring collaborative counselling practices (Strong, 2000), where the supervisor and the supervisee respond to one another, in the moment, to negotiate understandings (e.g., "What is

your understanding of this client's concern? What else could be happening?"), to use questions as a form of intervention (e.g., "What were you hoping for with your question? What do you think is going on for the client?"), to focus on competence and resourcefulness (e.g., "What were you most proud of in that session?"), to acknowledge preferences (e.g., "What are your hopes and goals for this supervision session?"), and to position oneself dialogically in supervision by responding moment to moment in the conversation.

Future Directions for Counselling Psychology in Canada: Distinctives and Connections

As we support novice counsellors and counselling psychologists to build a firm foundation, we must support the development of their professional identity early in their professional training. This occurs typically in conversations between graduate students and faculty. However, it would be beneficial to provide opportunities for undergraduate students to connect with professors and mentors as they begin to express interest in graduate counsellor education (Gazzola et al., 2011). They can facilitate reflection on the kind of graduate training that is most fitting for them (Van Vliet et al., 2013).

As counsellors and counselling psychologists, we must ask ourselves how to balance advocating for our professional distinctions and embracing commonalities simultaneously. This invites us to reflect constantly and to embrace the values and competencies of counselling and counselling psychology. Doing so will promote realistic self-appraisal of one's competence and the confidence to transcend arbitrary boundaries between branches of psychology with sufficient supplemental training. Because there are many paths to competence, it makes sense to advocate for ourselves, individually and collectively, which echoes the overall conference theme. As we exercise personal agency in our individual career paths without feeling constrained by arbitrary divisions, we are more likely to find commonalities and connections with colleagues instead of acting defensively, competing, or adhering to rigid binaries. This is consistent with the ethos of social justice inherent in counselling and counselling psychology (Kennedy & Arthur, 2014). Further, by using commonalities and connection as a fertile ground where counsellors and counselling psychologists can share their distinct competencies, they are likely to be appreciated as valued members of interdisciplinary teams.

Rather than adopting an "us vs. them" mentality, our working group expressed a strong consensus that conceptualizing professional identity as being multi-faceted is absolutely necessary for professional development and thriving, especially for novice practitioners seeking to develop a firm foundation for practice. As a practical matter, we are subject to a variety of identities already, sponsored by regulators, academic programs, and the public, all of whom view

us in different ways. As individuals, we can exercise personal agency to define our professional identity and can take charge of expanding our competencies outside of the "typical" domains of practice usually inhabited by counsellors and counselling psychologists.

We are mindful that critical topics like diversity, social justice, and Indigenous issues were not raised by group members. The fact that these issues did not enter the conversation may reflect how privilege continues to influence us as members of the working group. Or it may simply be a function of young practitioners needing to deal with the "nuts and bolts" of practica, licensing, and employment, although the fact that issues of diversity, social justice, and Indigenous issues do not transpire in these nuts and bolts is in and of itself an assumption. In any event, we are called as counsellors and counselling psychologists to reflect and act on how our privilege influences our work, particularly with clients who do not share these privileges, and how our multi-faceted identities intersect and influence our practice. This includes sharpening our understanding of the intersections of diversity and privilege highlighted in the Mikail and Nicholson (2019) working group.

Finally, as counsellors and counselling psychologists, we must establish credible professional identities, but not at the expense of marginalizing others further and creating self-serving hierarchies of worthiness. We call on our colleagues to decline to adopt a "black and white" mentality, while not seeking grey either. Grey implies a melting pot analogy, in which we may lose key aspects of our distinctiveness as counsellors and counselling psychologists. A more useful metaphor might be "living in the plaid," where we exist together with our colleagues, embracing our distinct professional training and scope of practice, but when viewed from a distance the multi-faceted gestalt of a cohesive, multidisciplinary mental health landscape is visible.

Summary and Conclusion

We were pleased to have a role in supporting the conversation in our working group on "Foregrounding Clinical Practice and Clinical Supervision." Our working group participants, most of whom were students, wanted to focus on developing a firm foundation as early-career practitioners. Our participants told us they require support to develop a multi-faceted professional identity. They identified the need for relationally attuned supervision that recognizes supervision as a distinct professional competency and discussed barriers and supply problems in obtaining adequate quality supervision. Attending to these issues as educators and supervisors, we can support novice practitioners to develop a firm foundation for clinical practice.

References

Altman, N. (2015). *Psychoanalysis in an age of accelerating cultural change: Spiritual globalization*. Routledge.

American Association for Marriage and Family Therapy. (2019). *Approved supervisor designation: Standards handbook* (Version 5). https://www.aamft.org/documents/Supervision/2020_AS_Documents/ASHandbook02-2020edits.pdf

American Psychological Association. (n.d.-a). *Clinical psychology*. https://www.apa.org/ed/graduate/specialize/clinical

American Psychological Association. (n.d.-b). *Counseling psychology*. https://www.apa.org/ed/graduate/specialize/counseling

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, *26*(4), 415–428. https://doi.org/10.1111/j.1545-5300.1987.00415.x

Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. *Family Process*, *51*(1), 8–24. https://doi.org/10.1111/j.1545-5300.2012.01385.x

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 25–39). SAGE Publications.

Anderson, H., & Swim, S. (1995). Supervision as collaborative conversation: Connecting the voices of supervisor and supervisee. *Journal of Systemic Therapies*, *14*(2), 1–13. https://doi.org/10.1521/jsyt.1995.14.2.1

Bedi, R. P., Klubben, L. M., & Barker, G. T. (2012). Counselling vs. clinical: A comparison of psychology doctoral programs in Canada. *Canadian Psychology*, *53*(3), 238–253. https://doi.org/10.1037/a0028558

Bedi, R. P., Sinacore, A., & Christiani, K. D. (2016). Counselling psychology in Canada. *Counselling Psychology Quarterly*, *29*(2), 150–162. https://doi.org/10.1080/09515070.2015.1128398

Bernard, J. N., & Goodyear, R. K. (2018). *Fundamentals of clinical supervision* (6th ed.). Pearson.

Borgen, W. A., Butterfield, L. D., Gazzola, N., & Goyer, L. (2015). Towards a definition of Canadian career psychology. In A. L. Sinacore & F. Ginsberg (Eds.), *Canadian counselling and counselling psychology in the 21st century* (pp. 165–206). McGill-Queen's University Press.

Canadian Counselling and Psychotherapy Association. (2020a). *Canadian certified counsellor-supervisor (CCC-S) guide*. https://www.ccpa-accp.ca/wp-content/uploads/2020/02/CCC-S-Guide_Jan2020_EN.pdf

Canadian Counselling and Psychotherapy Association. (2020b). *Clinical supervision*. https://www.ccpa-accp.ca/resources/clinical-supervision/

Canadian Counselling and Psychotherapy Association. (2020c). *Counselling supervision: Theory and practice (EDUC 5850)*. https://www.ccpa-accp.ca/counselling-supervision-theory-and-practice-educ-5850/

Canadian Psychological Association. (2009). *Counselling psychology definition*. https://cpa.ca/sections/counsellingpsychology/Counsellingdefinition/

Canadian Psychological Association. (2011). *Accreditation standards and procedures for doctoral programmes and internships in professional psychology*. https://cpa.ca/docs/File/Accreditation/Accreditation_2011.pdf

Center for Credentialing and Education (n.d.). *Specialized clinical supervision training requirement*. https://www.cce-global.org/credentialing/acs/training

Chang, J. (2010). The reflecting team: A training method for family counselors. *Family Journal*, *18*(1), 36–44. https://doi.org/10.1177/1066480709357731

Chang, J. (2011). An interpretive account of counsellor development. *Canadian Journal of Counselling and Psychotherapy*, *45*(4), 406–428. https://cjc-rcc.ucalgary.ca/article/view/59314

Chang, J. (2013). A contextual-functional meta-framework for counselling supervision. *International Journal for the Advancement of Counselling*, *35*, 71–87. https://doi.org/10.1007/s10447-012-9168-2

Christopher, J. C., Gable, S. C., & Goodman, D. M. (2015). Theoretical bases of psychotherapeutic practices. In J. Martin, J. Sugarman, & K. L. Slaney (Eds.), *The Wiley handbook of theoretical and philosophical psychology: Methods, approaches, and new directions for social sciences* (pp. 424–440). Wiley Blackwell.

College of Alberta Psychologists (2019). *Standards of practice*. https://www.cap.ab.ca/Portals/0/Standards-of-Practice-October-1-2019-revised-11-14-2019.pdf

College of Psychologists of Ontario (2019). *Appendix D—Core competencies required for the professional practice of psychology*. https://cpo.on.ca/cpo_resources/registration-guidelines-appendix-d-core-competencies-required-for-the-professional-practice-of-psychology/

College of Registered Psychotherapists of Ontario (2020). Supervision: Requirements for clinical supervisors. https://www.crpo.ca/supervision/#requirements_for_clinical_supervisors

Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders*. Johns Hopkins University Press.

De Jong, P., & Berg, I. K. (2013). *Interviewing for solutions* (4th ed.). Brooks/Cole.

Delgado-Romero, E. A., Lau, M. Y., & Shullman, S. L. (2012). The Society of Counseling Psychology: Historical values, themes, and patterns viewed from the American Psychological Association presidential podium. In N. A. Fouad, J. A. Carter, & L. M. Subich (Eds.), *APA handbook of counseling psychology: Vol. 1. Theories, research, and methods* (pp. 3–29). American Psychological Association.

Ellis, M. V., Berger, L., Hanus, A. E., Ayala, E. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *Counseling Psychologist*, *42*(4), 434–472. https://doi.org/10.1177/0011000013508656

Fine, M. (2003). Reflections on the intersection of power and competition in reflecting teams as applied to academic settings. *Journal of Marital and Family Therapy*, *29*(3), 339–351. https://doi.org/10.1111/j.1752-0606.2003.tb01211.x

Fine, M., & Turner, J. (2014). Minding the power in collaborative systemic supervision. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed., pp. 297–313). John Wiley and Sons.

Gaitanidis, A (2014, November). *Psychotherapy and commodity fetishism* [Conference presentation]. Psychotherapy and Counselling: From Cottage Industry to Factory Production, Universities Psychotherapy and Counselling Association Conference, Roehampton, UK.

Gazzola, N. (2016). Is there a unique professional identity of counselling in Canada? In N. Gazzola, M. Buchanan, O. Sutherland, & S. Nuttgens (Eds.), *Handbook of counselling and psychotherapy in Canada* (pp. 1–12). Canadian Counselling and Psychotherapy Association.

Gazzola, N., Buchanan, M., Sutherland, O., & Nuttgens, S. (Eds.). (2016). *Handbook of counselling and psychotherapy in Canada*. Canadian Counselling and Psychotherapy Association.

Gazzola, N., De Stefano, J., Audet, C., & Theriault A. (2011). Professional identity among counselling psychology doctoral students: A qualitative investigation. *Counselling Psychology Quarterly*, *24*(4), 257–275. https://doi.org/10.1080/09515070.2011.630572

Gehart, D. R. (2018). The legacy of Tom Andersen: The ethics of reflecting processes. *Journal of Marital and Family Therapy*, *44*(3), 386–392. https://doi.org/10.1111/jmft.12289

Goodyear, R., Lichtenberg, J., Hutman, H., Overland, E., Bedi, R., Christiani, K., Di Mattia, M., du Preez, E., Farrell, B., Feather, J., Grant, J., Han, Y.-j, Ju, Y., Lee, D.-g, Lee, H., Nicholas, H., Nielsen, J. J., Sinacore, A., Tu, S., & Young, C. (2016). A global portrait of counselling psychologists' characteristics, perspectives, and professional behaviors. *Counselling Psychology Quarterly*, *29*(2), 115–138. https://doi.org/10.1080/09515070.2015.1128396

Haley, J., & Richeport-Haley, M. (2003). *The art of strategic therapy.* Brunner-Routledge.

Hawes, S. E. (1998). Positioning a dialogic reflexivity in the practice of feminist supervision. In B. M. Bayer & J. Shotter (Eds.), *Reconstructing the psychological subject: Bodies, practices and technologies* (pp. 94-110). SAGE Publications.

Hendrick, S., Isebaert, L., & Dolan, Y. (2012). Solution-focused brief therapy in alcohol treatment. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidence-based practice* (pp. 264–278). Oxford University Press.

Hernández-Wolfe, P., & McDowell, T. (2014). Bridging complex identities with cultural equity and humility in systemic supervision. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed., pp. 43–61). Wiley.

Hoffman, L. (2002). *Family therapy: An intimate history*. W. W. Norton and Company.

Holloway, E. L. (1995). *Clinical supervision: A systems approach.* SAGE Publications.

Jakob, P. (2014). From Gandhi to therapy: Some reflections on the meaning of nonviolence in systemic practice. *Context: The magazine for family therapy and systemic practice*, *132*, 34–36.

Kennedy, B. A., & Arthur, N. (2014). Social justice and counselling psychology: Recommitment through action. *Canadian Journal of Counselling and Psychotherapy*, *48*(3), 186–205. https://cjc-rcc.ucalgary.ca/article/view/61013

Killmer, J. M., & Cook, M. (2014). Providing systems-oriented clinical supervision in agency settings. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed., pp. 108–131). John Wiley & Sons.

Krumboltz, J. D. (2009). The happenstance learning theory. *Journal of Career Assessment*, *17*(2), 135–154. https://doi.org/10.1177/1069072708328861

Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, *43*(1), 10–24. https://doi.org/10.1037/0022-0167.43.1.10

Lalande, V. (2004). Counselling psychology: A Canadian perspective. *Counselling Psychology Quarterly*, *17*(3), 273–286. https://doi.org/10.1080/09515070412331317576

Lee, M. Y., Uken, A., & Sebold, J. (2012). Solution-focused model with court-mandated domestic violence offenders. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidence-based practice* (pp. 165–182). Oxford University Press.

McCollum, E. E., Stith, S. M., & Thomsen, C. J. (2012). Solution-focused brief therapy in the conjoint couples treatment of intimate partner violence. In C. Franklin, T. S. Trepper, W. J. Gingerich, & E. E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidence-based practice* (pp. 183–195). Oxford University Press.

Messer, S. B. (2004). Evidence-based practice: Beyond empirically supported treatments. *Professional Psychology: Research and Practice*, *35*(6), 580–588. https://doi.org/10.1037/0735-7028.35.6.580

Mikail, S. F., & Nicholson, I. R. (2019). The national summit on the future of professional psychology training: Overview and recommendations. *Canadian Psychology*, *60*(4), 228–241. https://doi.org/10.1037/cap0000192

Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques.* Harvard University Press.

Norcross, J. C., Hedges, M., & Castle, P. H. (2002). Psychologists conducting psychotherapy in 2001: A study of the Division 29 membership. *Psychotherapy: Theory, Research, Practice, Training*, *39*(1), 97–102. https://doi.org/10.1037/0033-3204.39.1.97

Patton, M., Dobson, K., & Malone, J. (2019). Professional psychology in Alberta: The 2019 survey of Alberta psychologists. *Psymposium*, *30*(2), 13–17. https://issuu.com/paa-psymposium/docs/september_psymposium_2019

Psychotherapy Act, S.O. 2007, c. 10, Sched. R. (2007). https://www.ontario.ca/laws/statute/07p10

Redekop, F., & Wlazelek, B. (2012). *Counselor dispositions: An added dimension for admissions decisions*. *Vistas*, Article 17. https://www.counseling.org/resources/library/vistas/vistas12/Article_17.pdf

Redekopp, D. E., & Huston, M. (2019). The broader aims of career development: Mental health, wellbeing and work. *British Journal of Guidance and Counselling*, *47*(2), 246–257. https://doi.org/10.1080/03069885.2018.1513451

Reynolds, V. (2010). A supervision of solidarity. *Canadian Journal of Counselling*, *44*(3), 246–257. https://cjc-rcc.ucalgary.ca/article/view/59283

Ritchie, M. H. (1994). Should we be training licensed psychologists? *ACES Spectrum*, *55*(1), 15.

Robertson, S. E., & Borgen, W. A. (2016). Introduction to the special issue on the history of counselling in Canada. *Canadian Journal of Counselling and Psychotherapy*, *50*(3), 197–206. https://cjc-rcc.ucalgary.ca/issue/view/4563

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, *36*(4), 347–354. https://doi.org/10.1037/0735-7028.36.4.347

Rønnestad, M. H., Orlinsky, D. E., Parks, B. K., & Davis, J. D. (1997). Supervisors of psychotherapy: Mapping experience level and supervisory confidence. *European Psychologist*, *2*(3), 191–201. https://doi.org/10.1027/1016-9040.2.3.191

Russell, S. (2000). A narrative approach to treating eating disorders: A case study. *Guidance and Counseling*, *15*(4), 10–13.

Schoen, L. G. (1989). In search of a professional identity: Counseling psychology in Australia. *Counseling Psychologist*, *17*(2), 332–343. https://doi.org/10.1177/0011000089172011

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Scott, K. J., Ingram, K. M., Vitanza, S. A., & Smith, N. G. (2000). Training in supervision: A survey of current practices. *Counseling Psychologist*, *28*(3), 403–422. https://doi.org/10.1177/0011000000283007

Scott, N., Hanstock, T. L., & Patterson-Kane, L. (2013). Using narrative therapy to treat eating disorder not otherwise specified. *Clinical Case Studies*, *12*(4), 307–321. https://doi.org/10.1177/1534650113486184

Seikkula, J., Aaltonen, J., Alakare, B., Haarakangas, K., Keränen, J., & Lehtinen, K. (2006). Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies. *Psychotherapy Research*, *16*(2), 214–228. https://doi.org/10.1080/10503300500268490

Shotter, J. (2010). *Social construction on the edge: "Withness"-thinking and embodiment.* Taos Institute Publications.

Sinacore, A., Borgen, W. A., Daniluk, J., Kassan, A., Long, B. C., & Nicol, J. J. (2011). Canadian counselling psychologists' contributions to applied psychology. *Canadian Psychology*, *52*(4), 276–288. https://doi.org/10.1037/a0025549

Sinacore, A. L., & Ginsberg, F. (Eds.). (2015). *Canadian counselling and counselling psychology in the 21st century.* McGill-Queen's University Press.

Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling and Development, 70*(4), 505–515. https://doi.org/10.1002/j.1556-6676.1992.tb01646.x

Strong, T. (2000). Six orienting ideas for collaborative counsellors. *European Journal of Psychotherapy and Counselling*, *3*(1), 25–42. https://doi.org/10.1080/13642530050078547

Strong, T., Chondros, K., & Vegter, V. (2017). Medicalizing tensions in counselor education? *European Journal of Psychotherapy and Counselling*, *20*(2), 220–243. https://doi.org/10.1080/13642537.2018.1459765

Suttle, T. (n.d.). *Clinical supervision and "money gouging."* http://tamarasuttle.com/clinical-supervision-and-money-gouging/

Todd, T. C., & Storm, C. L. (Eds.). (2014). *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed.). John Wiley and Sons.

Tomm, K. (1984a). One perspective on the Milan Systemic Approach: Part I. Overview of development, theory and practice. *Journal of Marital and Family Therapy*, *10*(2), 113–125. https://doi.org/10.1111/j.1752-0606.1984.tb00001.x

Tomm, K. (1984b). One perspective on the Milan Systemic Approach: Part II. Description of session format, interviewing style and interventions. *Journal of Marital and Family Therapy*, *10*(3), 253–271. https://doi.org/10.1111/j.1752-0606.1984.tb00016.x

Tomm, K. (1991). Beginnings of a "HIPs and PIPs" approach to psychiatric assessment. *Calgary Participator*, *1*(2), 21–22, 24.

Tomm, K., St. George, S., Wulff, D., & Strong, T. (Eds.). (2014). *Patterns in interpersonal interactions: Inviting relational understandings for therapeutic change.* Routledge. https://doi.org/10.4324/9780203795255

Ungar, M. (2006). Practicing as a postmodern supervisor. *Journal of Marital and Family Therapy*, *32*(1), 59–71. https://doi.org/10.1111/j.1752-0606.2006.tb01588.x

University of Calgary. (n.d.). *CPE 140: Advanced clinical supervision in psychology*. https://conted.ucalgary.ca/search/publicCourseSearchDetails.do?method=load&courseId=66667

Van Vliet, K. J., Klingle, K. E., & Hiseler, L. E. (2013). The mentorship of undergraduate students in counselling psychology research. *Counselling Psychology Quarterly*, *26*(3–4), 406–426. https://doi.org/10.1080/09515070.2013.844095

Vromans, L. P., & Schweitzer, R. D. (2011). Narrative therapy for adults with major depressive disorder: Improved symptom and interpersonal outcomes. *Psychotherapy Research*, *21*(1), 4–15. https://doi.org/10.1080/10503301003591792

Watkins, C. E., Jr. (1997). Some concluding thoughts about psychotherapy supervision. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 603–616). John Wiley and Sons.

Watkins, C. E., Jr. (2012). Educating psychotherapy supervisors. *American Journal of Psychotherapy*, *66*(3), 279–307. https://doi.org/10.1176/appi.psychotherapy.2012.66.3.279

Weinblatt, U., & Omer, H. (2008). Nonviolent resistance: A treatment for parents of children with acute behavior problems. *Journal of Marital and Family Therapy*, *34*(1), 75–92. https://doi.org/10.1111/j.1752-0606.2008.00054.x

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W. W. Norton and Company.

Young, R. A., & Lalande, V. (2011). Canadian counselling psychology: From defining moments to ways forward. *Canadian Psychology*, *52*(4), 248–255. https://doi.org/10.1037/a0025165

Young, R. A., & Nicol, J. J. (2007). Counselling psychology in Canada: Advancing psychology for all. *Applied Psychology*, *56*(1), 20–32. https://doi.org/10.1111/j.1464-0597.2007.00273.x

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