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Introduction to the Special Issue on Supervision in Vocational Rehabilitation Programs

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Introduction to the Special Issue on Supervision in Vocational Rehabilitation Programs

Supervision in the State-Federal Vocational Rehabilitation (VR) programs has a long and extensive history. As a result of the organizational structures of VR programs as part of a larger system of social services provided by the state and federal government, most VR counselors have an immediate supervisor who has responsibility for the services they provide to the public. Even though there is typically organizational consistency related to the provision of supervisors, there are often challenges related to the recruitment and training of supervisors for VR agencies. New supervisors are usually recruited from a group of counselors already on staff at their respective agency, who then make themselves available for the application process. Despite the fact that the supervisor position and counselor position are very different in terms of functions and roles (Borders, 2014), counselors are frequently encouraged to apply for supervisory positions based upon their counseling performance. As the bulk of education and training that occurs in rehabilitation counseling supervision occurs at the doctoral level, the large majority of practitioners entering a supervisory position have not had the opportunity to engage in advanced training related to supervision. In fact, most supervisors stepping into that role have expressed that they feel "unprepared to deliver supervision with any informed understanding" (Herbert et al., 2018, p. 3). The training that is offered to new supervisors from the state agencies for whom they work is most frequently focused on the administrative processes that they need to understand and account for in that new role. The confluence of these factors results in a group of supervisors who are well versed in the administrative components of supervision, but largely unaware of the breadth of supervisory models, concepts, knowledge, and skills that are available.

The supervisor is one of the most influential, yet frequently misunderstood, positions in VR programs. The supervisor has a position of significant influence on the professional activities, professional development, and organizational culture of those they supervise. Research has demonstrated that supervision can positively influence counselors' perceived efficacy in conducting their jobs (Park et al., 2018), the development of professional competencies, and having an increase in job satisfaction and job retention (Weigelt, 2016). Despite the potential benefits of the supervisory process, the primary focus of supervision in VR settings is most often limited to providing administrative oversight (Sabella, 2017). This administrative oversight approach, and the "as needed" approach to supervision, is negatively related to the development of a positive supervisory working alliance that leads to professional growth and development (McCarthy, 2013; Schultz et al., 2002).

In summary, effective supervision provides VR a significant tool for improving the competencies and satisfaction of counselors, and yet the bulk of supervisory activity does not capitalize on this potential benefit.

The Tripartite Model of Supervision (TMS) for rehabilitation counselors (Schultz, 2008) provides a description of the various components that contribute to an effective supervisory process. The three primary activities of the TMS are: (a) Administrative Supervision, (b) Clinical Supervision, and (c) Professional Development Supervision. Administrative supervision consists of using management and leadership skills to "ensure that agency needs are met, policies are understood and enforced, and that the mission of the organization is carried out at the local level" (Schultz, p. 38). Clinical supervision is defined as the supervisory process that is focused "on counselor skill development and the assurance of quality services within the service delivery setting" (Schultz, p. 38). This clinical focus includes the observation, evaluation, and teaching of new or advanced skills related to practice. The professional development focus is defined as a collaborative effort between the supervisor and counselor to assist with the "long-term process of professional identity development and the accomplishment of professional goals" (Schultz, p. 38). As the process of professional development is most often left to chance opportunities that may arise (Neault, 2002), the focus of this facet of supervision is to make that process purposeful by providing structure and support to the supervisee in endeavors that will facilitate the growth of their professional identity. In a well-functioning supervisory process, these three foci: (a) Administrative, (b) Clinical, and (c) Professional Development Supervision, are connected by the quality of the supervisory working alliance (Schultz). It is the quality of the supervisory working alliance that enables the supervisor to effectively engage in multiple roles and responsibilities with each supervisee and optimize their professional functioning and development.

Overview of the Special Issue

The purpose of this special issue of the Journal of Rehabilitation Administration (JRA) is to assist those working as supervisors, or those considering a supervisory position in the future, to expand their concept of the parameters of supervision in VR. Our intent is to introduce the reader to a number of issues and perspectives that will expand their understanding of the role of the supervisor in the VR process and provide direct suggestions for the improvement of supervision. The topics for the articles provided in this special issue of the Journal of Rehabilitation Administration were selected to illustrate the roles and activities of supervision in VR settings and assist those currently involved in supervision to expand the parameters of that professional activity.

In *Professional Disposition Evaluation for Supervisors: A Social Justice Approach*, the authors discuss the evaluation of the non-academic characteristics of counselors as an inherent responsibility of supervisors. Such characteristics, known as professional dispositions, are often subjectively evaluated which leaves supervisors open to legal, ethical, and pragmatic concerns. Furthermore, supervisors must be aware of the power and privilege at play when making professional disposition evaluations. The authors define professional dispositions and discuss considerations and recommendations for their evaluation using a social justice lens.

In *Constructive Rehabilitation Counselor Evaluation in Field Settings*, the authors discuss counselor evaluation as a critical part of counselor growth and development. In many VR settings, counselor evaluation has been initiated as a yearly human resources function, often with a punitive focus. This article outlines the benefits of building a regular system of counselor evaluation, with support for building areas that need improvement. The authors expand the discussion of evaluation to include suggestions for engaging in peer evaluation, as well as the direct observation of supervisees. The ethics of evaluation in a developmental context are also addressed.

As has been mentioned, the VR supervision process focuses largely on the administrative oversight of VR counselors. In *Supporting Transformational Leadership within Public Rehabilitation Agencies,* the authors discuss the heavy focus on administrative processes, and how supervision is often delivered in a transactional manner with the focus on telling others what to do in certain situations. They then discuss how each interaction between a supervisor and counselor can be an opportunity for the continued development of the counselor, or a transformational interaction. This article discusses the characteristics of Transformational Supervision and provides suggestions for supervisors to shift their focus to include more transformational experiences.

The articles to this point have focused on the provision of supervision in VR settings, and ways to facilitate the growth and development of the VR counselors.

The last article, *The Role of the Supervisor in Counselor Professional Development,* extends the focus on the supervisory process from the immediate to the long-term. Supervision can play a significant role in the development of the VR professional over the course of time. With the reduction of training resources that are available to VR counselors, much of the training and professional preparation responsibilities are left to the supervisor. Mentioned in the Tripartite Model of Supervision (TMS) as one of the primary functions of supervision, this process is one in which the impact of the supervisor can extend beyond the moment of skill and knowledge development and have a long-lasting impact on the career development and growth of the professional. This article discusses the role of the supervisor in the professional development of the counselor and provides strategies for instruction and support in that process.

The VR system of service provision is a challenging environment to provide effective services. The supervisors of VR agencies are a critical part of the system, and integral to the capacity of the agency to adapt to new challenges and unique circumstances. The supervisors in VR are in the optimal position to have a positive impact on the growth, development, and flexibility of those they supervise. In order to maximize that potential supervisors need to have a broad perspective of their supervisory responsibilities, and adopt a developmental rather than strictly administrative approach to their professional endeavors. As they do so, the individuals they supervise will experience an increase in competency, perceived efficacy, and job satisfaction, and will provide more effective services to individuals with disabilities.

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Professional Disposition Evaluation for Supervisors: A Social Justice Approach

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Abstract. *Evaluating the non-academic characteristics of counselors is an inherent responsibility of supervisors. Such characteristics, known as professional dispositions by accrediting bodies and institutions of higher education, are often subjectively evaluated which leaves supervisors open to legal, ethical, and pragmatic concerns. Furthermore, supervisors must be aware of the power and privilege at play when making professional disposition evaluations. This paper will define professional dispositions and will discuss considerations and recommendations for their evaluation using a social justice lens.*

Professional Disposition Evaluation for Supervisors: A Social Justice Approach

The responsibilities of clinical supervisors in vocational rehabilitation (i.e., human services) are constantly evolving, often without accompanying resources to aid the supervisor in successful completion of their tasks. One such facet of clinical supervision that has also recently surged in the rehabilitation literature is the evaluation of nonacademic competencies of supervisees, also known as professional dispositions. The term 'professional dispositions' has been used in the teaching and psychology literature for some time (e.g., Elman & Forrest, 2007; Forrest et al., 1999; Gizara & Forrest, 2004), but was only added to the counseling field in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2016 Standards. Furthermore, it was only introduced to the field of rehabilitation counseling following the merger of the Council on Rehabilitation Education and CACREP in 2017 (CACREP, 2020).

The purpose of this paper is to provide a detailed discussion of the evaluation of non-academic and professional dispositions in supervision using a social justice lens in order to disrupt the perpetuation of inequities in the counseling profession. The paper will: (1) describe and define non-academic and professional dispositions, (2) relate the evaluation of such non-academic competencies to supervision, and (3) provide recommendations for supervisors to engage in professional disposition evaluation with a social justice lens. The au-

thors of this manuscript seek to provide a concise and applicable description of complex and challenging concepts that require humility and open-mindedness. These topics cannot be approached using a "how to" mindset. We recommend that you revisit this paper over time and with growth in order to maximize its utility in your supervisory practice.

Understanding Professional Dispositions

CACREP (2016) defines professional dispositions as "the commitments, characteristics, values, beliefs, interpersonal functioning and behaviors that influence the counselor's professional growth and interactions with clients and colleagues". An alternate, recent, definition states that professional dispositions include "...the ability to function effectively in a professional capacity with clients and others, and takes into account the personal characteristics of individuals such as the core values, attitudes, and beliefs that either enable or restrict that ability" (Christensen et al., 2018, p. 5). It can be assumed that CACREP has intentionally separated academic knowledge and skills from professional dispositions, as the standards require two distinct avenues of KPI data (knowledge and skills, and professional dispositions).

CACREP's current definition of professional dispositions is problematic in two particular ways: (1) faculty attempting to measure a student's commitments, beliefs, and values may struggle significantly with operationalizing such vague and subjective concepts, and (2) researchers may find that such subjective concepts may not be able to be measured systematically. However, even with a definition provided by CACREP, there is not a consistently used definition throughout academic programs or literature and overlapping terms are often used; such constructs as those listed in the definition provided by CACREP have historically been explained using other terms such as *professional performance* (McAdams & Foster, 2007)*, counseling competencies* (Swank et al., 2012), or *professional competence* (Homrich, 2009). The resulting confusion from inconsistent, changing terminology negatively impacts students, but also makes it difficult for faculty and supervisors to effectively and equitably communicate regarding student dispositional issues which may arise, or for faculty to communicate expectations to supervisors.

Dispositions vs. Skills

The primary area where definitions lead to practical issues is in the area of non-academic dispositions. All dispositions that fall under the umbrella of 'professional disposition' as defined by CACREP or others, are inherently non-academic: they are competencies or characteristics which are evaluated by observation or example and not by academic means such as coursework, tests, or essays (Elman & Forrest, 2007; Forrest et al., 1999; Homrich, 2009; Levine et al., 2019). Again, here, there is a lack of consistency in definition which is of the utmost concern when one takes on a lens of social justice or cultural competence.

Tate and colleagues (2014) conducted a review of measures used to evaluate counseling performance within counselor education programs. Their findings reveal that such evaluations largely rely upon a students' demonstrated microskills. Microskills, or specific skills used by counselors during their practice, are not the same as professional dispositions, nor have they been regarded as the best way to improve a counselor-in-training's competence (Connor & Leahy, 2016; Ridley et al., 2011). Microskills are specific skills such as active listening, confrontation, questioning, and other observable skills a supervisee may demonstrate during a session. Dispositions, on the other hand, are oftentimes not observable, but underlie the behavior exemplified in a session. Examples of professional dispositions and behaviors that can be found on the Counseling Competencies Scale (CCS; Swank et al., 2012; Lambie et al., 2018) include:

• Maintains appropriate boundaries with supervisors, peers, & clients,

• Behaves in a professional manner towards supervisors, peers, & clients (e.g., emotional regulation); Is respectful and appreciative to the culture of colleagues and is able to effectively collaborate with others,

• Demonstrates respect for culture (e.g., race, ethnicity, gender, spirituality, religion, sexual orientation, disability, social class, etc.) and awareness of and responsiveness to ways in which culture interacts with the counseling relationship,

Another empirically developed instrument available from the literature is the Dispositional Development Scale (DDS; Levine, 2020b). The DDS was designed specifically to align with the working alliance. The

working alliance (i.e., mutually agreed upon goals, tasks, and client-counselor bonds; Bordin 1979) is extremely important as it has been demonstrated as being predictive of positive rehabilitation outcomes and therapeutic change above any particular theoretical orientation (Lustig et al., 2002; Wampold, 2001). Examples from the DDS include:

- Actively avoiding cultural biases and discriminatory practices in working with clients of minority backgrounds,
- Demonstrating ethical behavior in the development of bonds with clients,
- Sustaining the effort to help a client whether or not they make progress,
- Demonstrating professional and personal maturity such as accepting feedback, following through on commitments, and a commitment to professional growth,
- Managing the power differential between counselor and client,
- Maintaining a nonjudgmental disposition regarding client values

As can be seen with example items from each instrument, professional dispositions are multifaceted components that can include a counselors' personal convictions and beliefs. As such, the historical treatment of counselor traits as being static is problematic and attributable to persistent hegemonic narratives in counseling spaces. It is important for supervisors to provide supervisees with the opportunity to develop personal insights into the lens with which they are viewing the world (also known as one's positionality; Harley et al., 2002), which can support a strong working alliance via increased self-awareness and self-monitoring. Otherwise, "Such therapy trainees may be at risk for engaging in tactics which inhibit or impede the development of a therapeutic bond and/or shared goals and tasks with their clients" (Chapman et al., 2009, p. 593).

Dispositions vs. Personality

Supervisors must be aware that oftentimes, dispositional qualities can appear to overlap with personality characteristics. Characteristics that have been found to positively relate to the quality of a client-counselor alliance are warmth, flexibility, and accurate interpretation (Ackerman & Hilsenroth, 2001). On the other hand, rigidity, uncertainty, criticalness, distractedness, and inappropriate self-disclosure are among qualities that negatively affect a quality alliance (Ackerman & Hilsenroth, 2001). Similarly, Chapman and colleagues (2009) found that the domains Neuroticism, Openness, and Agreeableness of the Five Factor Model (Caruso & Cliff, 1997) relate to the alliance. Neuroticism, or an increased experience of emotional distress, was negatively correlated with the alliance while openness and agreeableness were positively correlated.

In the context of the above examples of professional dispositions, warmth and flexibility as personality characteristics may appear to translate into "nonjudgmental dispositions regarding client values", however a supervisee may demonstrate nonjudgmental dispositions with a client while having different primary personality characteristics. Any discussion of disposition must also acknowledge the close relationship between disposition and personality wherein a supervisor is able to differentiate one from the other. It is a supervisor's responsibility to approach disposition evaluation with the knowledge that dispositions are qualities that may be affected by one's personality, but they are not inherently reflective of a supervisee's personality. This step and doing so with a social justice and culturally competent lens requires personal insight on the part of the supervisor prior to any evaluative activity.

Recommendation: Develop Insight

Supervisors who operate in an evaluative manner without acknowledging the role of marginalization and systemic oppression in societal norms will contribute to instances of aversive racism, sexism, ableism and other forms of "isms" regarding sexual orientation and gender identity, regardless of one's intentions (i.e., isms in the form of subtle, negative messages, actions, or cues resulting from unconscious or unintentional prejudice or discriminatory beliefs; Dovidio & Gaertner, 2007; Sue, 2010). In other words, supervisors (and all counselors alike) must acknowledge that all societies are hierarchical and categorical: the laws, policies, and institutions that makeup our current society were developed to keep power and wealth residing with the individuals who embody the above 'default' characteristics (Harley et al., 2007).

Clinical supervisors who lack both intrapersonal and interpersonal awareness could be a hindrance to the development of supervisees (Cook & Helms, 1991). A facet of interpersonal and intrapersonal awareness centers on the supervisor's ability to understand their own racialized, sexualized, and physical and mental functional ability experiences. In other words, are non-marginalized supervisors aware of the privileges they have as a result of their race, gender, sexual orientation, and/or ability status? The inability or unwillingness to engage in this reflection and development of a marginalized consciousness will hinder the bidirectional communication that takes place within a supervisory relationship, thus impacting the development of the supervisee (Cook & Helms, 1991). More plainly: multicultural competence and willingness to engage in dialogue around issues of marginalization contribute to more positive supervisory working alliances (Crockett & Hays, 2015); supervisors who are more aware of their own lived experiences will be better equipped to supervise counselors in training (Cook & Helms, 1988; Alvarez et al., 2009).

The supervisory process can be difficult if the clinical supervisor lacks both the skills and awareness to engage in difficult dialogue such as acknowledging and calling out racism, sexism, heterosexism, and other isms and their accompanying acts. For example, how a heterosexual supervisor responds to a supervisee who wants to work with survivors of hate crimes and violence (e.g., survivors of homophobic and transphobic violence against LGBTQI persons) will send a specific message to that supervisee (i.e., this work has/does not have value; LGBTQI persons do/do not have value). Social justice advocacy on behalf of the clinical supervisee is one of the central tenants of counselor development and supervisors have a vital role in intentionally helping supervisees to develop the dispositions necessary to carry out that advocacy.

Take Personal Responsibility. An example where increased insight is necessary is regarding the overrepresentation of white women in the counseling field (Baggerly et al., 2017). The fact that most rehabilitation counselors are white and female contributes to a dearth of representation of people of color in supervisory roles in practice settings (U.S. Census Bureau, 2018). Considerations for these statistics are twofold: (1) the absence of race representation in the field can be tied to increased turnover and decreased job satisfaction in public sector and Federal employees from marginalized groups (Grissom & Kaiser, 2011; Moon & Jung, 2018), and (2) the commitment to social justice among such supervisors is as yet unknown.

A lack of diversity within a given setting can lead to an echo-chamber effect whereby new and critical perspectives are not heard. Supervisors from all backgrounds and especially those from privileged groups must develop personal responsibility to affect change in such a setting: "The personal work for counselors starts with the recognition of the fact that we live in a world where social inequality and injustice are a part of the social structure and its norms" (Duan & Brown, 2016, p. 359). For individuals from privileged groups (e.g., white, cis-gender women), such personal responsibility can include challenging oneself to acknowledge and attempt to understand their own privilege. Understanding can be enhanced, for example, through consuming media, podcasts, and articles that are written by individuals from marginalized groups and delve into understanding the history of oppression and inequity in the country. Next, sit with the discomfort and resistance; consider why those emotions have come up, and review how you or your agency may have been complicit in perpetuating harm. Then, armed with new insight, begin the work of applying such knowledge to your supervision practice.

Recommendation: Understand Cultural Taxation

Cultural taxation is defined as the expectation that faculty of color address the majority of diversity concerns that can impact both the institution and students (Padilla, 1994). For example, a faculty of color within a university setting may be tasked with sitting on "diversity" related job searches, representing the diversity various committees, student affair subcommittees relating to students of color (e.g., Black & multicultural centers), and the informal mentoring of students that are phenotypically similar. Faculty of color are burdened with this array of tasks that impact how they serve and the quality of service that is provided (Joseph & Hirshfield, 2011). With such a heavy load, faculty of color are still expected to develop competent students and future counselors. The additional work described here exemplifies what it means to be "taxed" as a person of color in a predominantly white workplace. There is a paucity of researchers who have examined the workload of rehabilitation counseling faculty of color and white faculty who explicitly or implicitly presume that "diversity" work is the sole responsibility of faculty with marginalized identities (i.e., faculty of color, women, members of the LGBTQI or disability communities, etc). Although faculty have an ethical responsi-

bility to develop competent counselors, the reality of increased workloads for faculty of color makes this task difficult or contributes to being overworked and at risk for burnout (Joseph & Hirshfield, 2011).

In vocational rehabilitation settings, supervisors of color are taxed in the same way as their faculty colleagues. Importantly, such professionals may experience an obligation to take up diversity work in their given place of employment both for fear of repercussions of saying "no", and that otherwise the work would simply not be done (Thomas, 2014). In the context of cross-cultural supervision and professional disposition evaluation, white supervisors must not rely upon non-white supervisors to take on any and all diversity related issues in the workplace. With regard to evaluating professional dispositions, an understanding of cultural taxation creates an opportunity for supervisors from privileged backgrounds to recognize that a particular supervisee may have appeared to demonstrate a problematic disposition that was coming from a place of near burnout, frustration, or trauma. Not only should supervisors' awareness of cultural taxation begin to alleviate this problem within their office, it can also ensure that they provide protection and support for any colleague who is being taxed in such a way.

Alleviating Social Injustices via Supervision

Social justice work continues to gain importance within the helping professions. For example: Fickling and Gonzalez (2016) link multicultural counseling and social justice through advocacy, Carrola and Brown (2018) integrate multicultural and social justice counseling competencies in correctional counseling, Bevly, Loseu, and Prosek (2017) outline specific strategies for counselor educators to infuse a social justice advocacy orientation into supervision coursework in doctoral programs, and Leibowitz-Nelson, Baker, and Nassar (2020) recommend how school counselors can initiate and carry out multicultural and social justice counseling competencies at the institutional level. As a postmodernist framework, social justice application in supervision can refute the modernist frameworks of a "top-down approach" which "privileges expert knowledge over local knowledge and life experiences that supervisees bring to the supervision exchange, often silencing their perspectives and preferences for practice" (Kahn & Monk, 2017, p. 8).

Social justice work is defined as "scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination" (Goodman et al., 2004, p. 795). The Multicultural Counseling Competencies ((MCC) originally developed by Sue, Arredondo, and McDavis (1992) were revised by Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2015) into the Multicultural and Social Justice Counseling Competencies (MSJCC). According to Singh and colleagues (2020), the MSJCC "can be viewed as a human rights framework and as the latest iteration in the long history of the multicultural and social justice counseling competency movement" (p. 238). The MSJCC consists of developmental domains that reflect the different layers of multicultural and social justice competencies: (a) counselor awareness, (b) client worldview, (c) counseling relationship, and (d) counseling and advocacy interventions. Conceptually, the MSJCC focuses on "the intersection of identities and the dynamics of power, privilege, and oppression that influence the counseling relationship" (Singh et al, 2015, p. 3). The MSJCCs should be regularly consulted within and throughout supervision, and especially when preparing to evaluate a supervisee's professional disposition development. Supervisors hold the power to not only facilitate the cultural and social justice competence of their supervisees and themselves, but to positively impact the experience and outcomes of clients who have been traditionally marginalized and oppressed.

Recommendation: Be Direct

Marginalized and oppressed groups are experiencing an assortment of personal, social, psychological, physical traumas, political and structural assaults. For instance, the lived experiences of marginalized and oppressed groups center on access to quality health care, daily microaggressions and macroaggressions, limited opportunities to generate wealth, and the ability to generate wealth (Jones et al., 2018). These traumas are complex and require supervisees to have a set of skills that can facilitate client healing and become more autonomous despite environmental factors, including oppressive systems. Consider a Muslim student with dark skin from Sri Lanka, who is experiencing depressive symptoms due to his phenotypic and linguistic presentation compared to Eurocentric normalcy. In other words, his phenotypic presentation (having dark skin) and

accent being non-white (i.e., not the norm) can be sources of racialized stress. Although a supervisee may not have the lived experience to relate to this student, they should have the dispositions necessary to provide a healing space for them. Supervisors with an increased understanding of their racialized experiences can better facilitate difficult discourse around variables of marginalization and oppression (Alvarez et al., 2009).

In this example, with such a supervisee, the supervisor should encourage the supervisee to research racial trauma, and to take on a discussion of racial experiences with the client, thereby validating their experience and learning more about racial differences in the process. Avoidance or roundabout approaches that do not directly acknowledge that the client is having an emotional experience as a result of their race will be invalidating. A supervisee who resists or rejects such recommendations, belittles the racialized experience of that client, or abides by an "I don't see color" mantra, is demonstrating inappropriate and inadequate professional disposition development which must be addressed by the supervisor. In the same way one would not belittle the trauma associated with a veteran's combat experience, traumas experienced due to race, gender identity, ability status, or sexual orientation must not be cast aside.

Recommendation: Strengths-Based Healing

Marginalization or social exclusion is a process whereby someone or some group is pushed to the edge in social position and considered less important. Such marginalization effects how people view each other as well as human interactions (UK Essays, 2018). Cross-positionality supervisory relationships can have both an explicit and implicit power dynamic when employing social justice centered counseling lenses. Modeling a strengths-based approach within supervision allows the supervisor to encourage a parallel process for their supervisee whereby there is a direct challenge to the medical, pathological approach to symptoms (Duan & Brown, 2016). Using strengths-based approaches validates a client and supervisee, restructuring the focus of discussion from symptomology to value, societal contexts, and validation (Smith, 2006). Certainly, strengths-based approaches should not be used for the purpose of ignoring or putting aside issues which arise, they should acknowledge and validate the experience of an issue, emphasizing a client or supervisee's existing skillset or strength base.

Social justice counseling theories focus on the interplay between the client and the environments that they exist in, allowing the counselor to identify the client's role and strengths within that context (Singh et al., 2020). There is a focus on students developing both competencies and skill sets, yet there is a concern about the lack of explicit and formal training on how to advocate for different demographic groups (e.g., race, ability status, gender) on a macro level (Hage et al., 2020). Advocating and acknowledging systemic injustices are essential dispositional qualities of rehabilitation counselors, and for strengths-based approaches: "*Willingness to advocate for clients of marginalized backgrounds who experience institutional discrimination*" and "*Understanding the tendency and the problem of racial stereotyping*" are two items that were rated among the most important in the development of the DDS (Levine, 2020b). Broadening one's knowledge of theories specific to certain groups may aide a supervisor/supervisee dyad to better address concerns arising from that particular group.

African-Centered Psychology. An example of a theory that seeks to inform practitioners of the interplay between African and African American clients and the environments they exist in is African-centered psychology (Grills, 2002). African-centered psychology centers on highlighting the strengths of African traditions while contextualizing the lived experiences of the client in an African reality (Grills, 2002). African psychology is concerned with understanding how clients interact within systems (e.g., political, social, and intrapsychic) and helping reframe one's worldview so that it is not distorted by Eurocentric standards (Grills, 2002). A white supervisor who educates themselves on African-centered psychology would be well equipped to facilitate more positive experiences for non-white individuals, using a strengths-based approach (supervisees or clients). Understanding broader, global contexts and experiences will enhance the ability to assess professional dispositions equitably.

Concluding Considerations: Think Broadly

While discussing marginalized identities, it is not uncommon for race to be prevalent in the discussion, however we can consider that the concepts espoused can also be applicable to other marginalized positionalities.

For example, racially responsive therapy and supervision may be defined as processes where the racialized experiences, racial identity, and overall awareness is considered vital data when considering treatment outcomes for clients (Thrower et al., 2020). Similarly, feminist models of supervision reject a hierarchical approach and societally imposed structures of hierarchy that perpetuate inequities within and among individuals (Szymanski, 2005). The core of Porter's (1985, 1995) model of feminist supervision involves not only exploring the supervisee's own experience with privilege and oppression, but also looks to educate and challenge the supervisee to understand the nature of *all* systems of oppression including racism, classism, ageism, and so on. In other words, true cultural competency and social justice supervision requires one to recognize that all systems of oppression are dynamic, pervasive, and related.

Consider the importance of insight necessary for a counselor to be effective and to stave off burnout. In the same way, members of privileged groups require insight into their understanding of systems of oppression in order to maximize their competence when working with or for members from marginalized groups. This practice of deepening an understanding of oppression and experiences of others will help supervisors to be more cognizant of what it means to be equitable when evaluating a supervisee's professional disposition:

- What are the origins of what it traditionally means to "dress professionally"?
- Why do we consider certain behaviors as being unprofessional?
- Have we taken the time to ask a supervisee where they learned about workplace dress or behavior?
- Are we making assumptions about someone's upbringing and education?

Supervisors must ask themselves these questions before engaging in supervisee assessments that may end up doing more harm than good to valuable counselors in the field.

Towards Healing

Healing and social justice advocacy can be accomplished when supervisors are purposely reflective, and actively increasing their awareness on intrapersonal and interpersonal factors that impact development. Supervisors who question the Eurocentric origins of counseling can begin to understand how they have been socialized to view clients and supervisees through a simplistic monocultural lens, which neglects the complexity of experiences that have contributed to their worldview. Supervisors should not deviate from having discourse centering on how racism, sexism, ableism, and homophobia can exacerbate how presenting concerns may manifest. Also, supervisors who have an intimate understanding of the sociopolitical context that supervisees (and all people) exist in will be better equipped to advocate and support supervisees who encounter a racist, sexist, heterosexist and oppressive system. Healing involves intentionality, which requires the clinical supervisor to be reflective and action-oriented when advocating.

Disrupting "Isms"

Marginalized groups have experienced both discrimination and oppression along an array of different demographic variables (e.g., race, sexual orientation, gender and gender identity, ability status). For example, the intersection of racism and heterosexism can be found in the lack of access to "good" medical care, misallocation of resources, and inability to accumulate wealth (Fredriksen-Goldsen et al., 2011; Pieterse, Utsey, & Miller, 2016). Marginalized and oppressed groups who experience discrimination along differing demographic variables are vulnerable and can experience advocacy from both clinicians and supervisors who are aware of their lived experiences.

Given the complexities of surviving in America (i.e., living as a member of multiple marginalized identities), the need for supervisors to be competent social justice allies and advocates is essential. For example, how might a supervisor collaborate with a supervisee to support a client who expresses depressive symptoms, and indicates their support of the Black Lives Matter (BLM) Movement? Or to counsel a gay or trans supervisee who is stressed, anxious, and fearful because of an increase in hate crimes? Or to calm an individual with a disability who is worried about access to healthcare? Supervision cannot take place inside of a cultural vacuum and should be considered intersectionally.

The relationship between the vocational supervisor and supervisee can impact the overall well-being of the client (Herbert, 2015). In this example, a supervisor who does not understand BLM or hate crimes that target LGBTIQ persons may shame a supervisee who does by advising the supervisee to minimize the client's discussion of BLM or gay discrimination. As such, the supervisor has denigrated the values of both the client and the supervisee. Conversely, the same supervisor may have a supervisee who is also indifferent towards BLM and hate crimes but encourages the supervisee to learn more about the movement and concerns about antigay violence, to ask the client about its meaningfulness in their life, and as a result, provides racially conscious services and an opportunity for growth within the agency (i.e., disrupting the ism).

The willingness and intentionality of supervisors to engage in difficult dialogue can aid in the interpersonal development of the working alliance and enhance the level of comfort with the supervision process. Intentional discourse can help supervisees feel additional layers of comfort and provide a model to supervisees on how to have similar discussions with their clients. With multiple identities it is important for supervisees to be equipped to aid in the healing process.

While clinical supervision literature has highlighted the process of establishing effective supervision (e.g., Herbert & Trusty, 2006), and addressing foundational clinical skills and innovative therapies (Herbert, 2015), supporting supervisees with concerns around social justice and reducing both the symptomatology of the "isms" requires supervisors to be action-oriented: "We contend that multiculturally competent [supervisors] will feel a sense of responsibility for eradicating the obvious wrongdoings and injustices that potentially victimize and compromise the mental and physical well-being of those who are disenfranchised" (Duan & Brown, 2016, p. 377). Actions can range from an intrapersonal awareness (e.g., understanding the psychological impact of whiteness, heterosexuality, ableism, etc) to a more social approach (i.e., protesting ableist and homophobic systems that actively impact the people supervisors and supervisees serve). It is untenable to operate with blinders on (i.e., "I treat everyone the same", "I don't see color", "that's too political").

Intersecting Identities. Supervisors who understand the multitude of ways that they can advocate and embody social justice behaviors will be better at disrupting systems that marginalize and oppress clients and supervisees. If the ultimate goal is not only to provide quality services to one's clients but to also curate a workplace that is inclusive, diverse, and productive, then supervisors must put in the work to provide equitable assessments of their supervisees. This includes the ability to deftly navigate racial lines, gender identity, difficult conversations, and addressing non-academic dispositional development appropriately. Professional disposition evaluation is an especially ripe area for supervisors to engage in social justice behaviors and to become more adept at navigating difficult conversations. For example, clients and supervisees will experience marginalization as a result of intersecting marginalized identities (Levine & Breshears, 2019). The effects of experiencing a lifetime of oppression as a result of having marginalized identities contribute to risk for mental health issues (e.g., anxiety or depression), a lack of access to services and the denial of rights, as well as myriad increased health risks (Bogart & Dunn, 2019; Herek, 1990; Szymanski, 2005; Vives-Cases et al., 2015). Supervisors seeking to work towards more equitable supervisee evaluations must understand such factors when working towards equitable practice and social justice-oriented supervision.

Moving Forward

Over two decades ago C. C. I. Hall (1997) expressed, "psychology is at a critical junction in its lifecycle; it can adapt to the changing demographics of the United States or risk obsolescence" (p. 650). This is true today of rehabilitation counseling. Social justice requires educators, practitioners, and the profession to move toward increased competence in diversity aspects of identity instead of maintaining the status quo as the presumptive generalization to all individuals. Movement forward in supervision requires supervisors to introspectively envision their own disposition and skills regarding supervision. That is, in both theory and practice supervisors will need to move away from Eurocentric theories and toward worldview-centered approaches that are more in line with inclusivity. Supervisors should have a social justice supervision paradigm to understand the adverse effects of oppression on supervisees with membership in marginalized groups and, subsequently on their clients of marginalized groups (Lewis et al., 2011). Supervisors' use of a worldview-centered approach moves beyond traditional and one-dimensional perspectives and encourages them to look at the interplay between the supervisee and dispositional functions at the individual, system, and societal levels.

Rather than impacting supervisees only through individual empowerment, a social justice framework within supervision encourages supervisors to change the conceptual variables that contribute to social inequity and oppression (Psychology I-research Net, n.d.). Clearly, supervisors must reflect on issues of oppression, marginalization, and privilege in their own lives. The supervisor should examine his or her own experience as an oppressor, the oppressed, or both. The rationale is that to think critically about these experiences may influence the ways one conceptualizes and interacts with supervisees (Chan et al., 2018; Psychology I-research Net). In fact, Granger (2013) explains that the pendulum of marginalization swings both ways - exclusion and patronization.

Supervision is more than about providing oversight; it is also about validation. Currently, supervisees of marginalized groups are living in a climate of divisiveness, hate-based violence, and threatening actions or speech that are causing new uncertainties and stressors. To not bring up the topic of race, gender and gender identity, sexual orientation, and disability in the context of these realities sends a clear message to supervisees that their experiences are not legitimate. While supervisors are expected to be critically objective in their observations, they are also to use a strengths-based approach. For the supervisee, training consists of a developmental trajectory and supervisors are best advised to recognize that for supervisees of marginalized groups, this development is subjected to systemic influences. Intentional discussions about addressing race and marginalization in supervision should not be considered an option, but a requirement because supervisees from marginalized groups face microaggressions daily, both personally and professionally — certainly with the potential to impact the professional dispositions displayed on a given day.

Supervision in the counseling profession must be responsive to the experiences of marginalized supervisees on several fronts: (a) understanding and resolution of marginalize-based bias within the supervisory dyad, (b) lack of qualifications of supervisors about cultural competencies, and (c) ethical implications of limited connection between diversity and social justice advocacy in counseling competence in relation to the process of counselor supervision (Glosoff & Durham, 2011). The next direction of counselor supervision is to address the harmful effects of inadequate supervision on supervisees of marginalized groups.

Implementing how we move forward in evaluating disposition through application of a social justice approach involves holding supervisors accountable for their ethical obligation to possess awareness, knowledge, and skill about inequality and structurally oppressive systems with regard to marginalized groups (e.g., professional responsibility; Duan & Brown, 2016). Second, supervisors must promote the idea and model that social justice is advocacy. This is referred to as "taking professional responsibility" for social justice competency development (Duan & Brown, 2016, p. 359). The journey ranges from assuming inequity and marginalization is everywhere, to being strategic and deciding what is important to challenge and what is not (i.e., attack the source of power; Duan & Brown, 2016). Another practical way of doing this is for the supervisor to do a self-assessment periodically during the supervision process. Third, supervisors must recognize that just as counselors are social change agents, so too are they: supervision is a forum for facilitating the development of social justice and advocacy skills (Chang et al., 2009).

By implementing the knowledge and recommendations within this paper and others, a supervisor can immediately impact change in their agency, especially with regard to antiquated and subjective evaluative processes, such as those used for evaluating professional dispositions. Practicing from a social justice paradigm in supervision can aid supervisors in developing empathy for supervisees (Kiselica & Robinson, 2001). Professional disposition is an expectation of practitioners, educators, supervisors and supervisees. Knowing how to ethically evaluate supervisees' professional disposition is a responsibility of supervisors. Considering the context of marginalization and intersectionality in evaluation should be considered through a social justice lens because keeping social justice in the forefront is a way to promote a more appropriate and accurate reflection of supervisees performance.

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Constructive Rehabilitation Counselor Evaluation in Field Settings

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Abstract. *Evaluation is central to the clinical supervision role as it serves as the basis for all counselor monitoring and feedback. Supervisors are required to continuously assess counselor competence and dispositions to fulfill their ethical gatekeeping responsibility and professional obligation to facilitate counselor development. Counselor evaluation practices are well-established within master's level rehabilitation counseling training programs, yet, practices in the field are less systematic and undefined. The purpose of this article is to describe promising practices from counselor supervision literature to offer state vocational rehabilitation (VR) administrators and supervisors varied options to consider in enhancing their current clinical supervision processes. The authors advocate for more intentional counselor evaluation practice and using evaluation as a professional development tool rather than a punitive process or procedural formality.*

Constructive Rehabilitation Counselor Evaluation in Field Settings

Within rehabilitation counseling literature, clinical supervision has been defined as an evaluative, yet supportive relationship between the supervisor and counselor, intended to enhance the counselor's skill and professional judgment in working with clients (Herbert et al., 2014). Counselor evaluation has been characterized as "the nucleus" (Bernard & Goodyear, 2014, p. 222) and "the heart" (Borders & Brown, 2005, p. 88) of clinical supervision as it forms the basis for counselor monitoring and feedback. The evaluator role has multiple uses in imparting accountability, ensuring competence, and guiding counselor professional development activities (Bernard & Goodyear, 2014). It is a means of assessing work with clients, identifying strengths and remedial needs, and provides data to support supervisee self-awareness and behavior change (Borders et al., 2014). Additionally, evaluation assists supervisors in performing their ethical and professional responsibility

to ensure that counselors under their supervision have the requisite knowledge, skills, and attitudes to practice as counselors (Commission on Rehabilitation Counselor Certification [CRCC], 2017; DeLorenzi, 2018).

In recent years, there has been a rapid expansion of literature related to clinical supervision processes and training (Borders, 2014), yet research has mainly focused on trainees within counselor education programs and supervision practices in the field are still largely unknown (Herbert, 2018). Similarly, evaluation is well-defined for counselors-in-training (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016), but is more varied and uncharted in field settings. Among practicing rehabilitation counselors, the on-going role and function studies have consistently identified clinical supervision and program evaluation as essential competencies within the profession (Leahy et al., 2019; Leahy et al., 2013). Additionally, in a study of state vocational rehabilitation (VR) agencies, administrators identified clinical supervision and evaluating staff performance among the most important roles for supervisors (Sabella, 2017). Still, rehabilitation counselor supervisors often do not receive formal training in clinical supervision (Bezyak et al., 2010; Herbert, 2016; Herbert et al., 2017) and there is limited guidance on conducting counselor evaluation in field settings.

The Association for Counselor Education and Supervision (ACES) best practices in clinical supervision includes a section dedicated to counselor evaluation and additional evaluation-related guidelines within the goal setting, giving feedback, ethical considerations, and documentations sections (Borders et al., 2014). The evaluation section begins with a general understanding that assessment is a fundamental part of supervision and supervisors need to commit to this responsibility. Other key subsections affirm the need for clear communication of the evaluation plan to the supervisee and taking action when counselor deficits require remediation. The supervisor should try to include multiple sources of feedback (e.g., clients, co-workers, supervisors) using both informal (e.g., behavioral observations) and formal (e.g., standardized assessments) methods (Borders et al., 2014). Counselors should also have regularly scheduled supervision sessions that incorporate ongoing performance evaluation indicators and direct feedback that facilitates behavior change (Soldner, 2015). The ACES recommended best practices for clinical supervision are directly relevant to state VR settings, though there may be unique barriers to introducing new practices into complex state VR agency environments.

Chan et al. (2010) described a variety of challenges to evidence informed practice implementation including the quality of available evidence, time constraints, the complexity and organizational contexts such as bureaucratic policies, lack of leadership buy-in, training impediments, and change-averse cultures. The authors emphasized that the diversity of VR service systems makes it difficult to reliably apply research to unique, individual contexts. As governmental programs, state VR agencies must abide by state, and departmental regulations and policies which may have prescriptive evaluation rules that restrict the supervisor's ability to implement optimum counselor evaluation. Unique agency cultures and local subcultures (e.g., regional, office-specific) may develop norms that influence evaluation practices or the ability to implement new innovative procedures. Additionally, many supervisors, particularly those new to these roles, struggle in their evaluative responsibilities as it contradicts values they have learned as counselors, such as non-judgmental acceptance and respect for others' autonomy (Bernard & Goodyear, 2019). Furthermore, those who are promoted from counselor to supervisor are now providing oversight to recent peers, creating anxieties over harming peer relationships, boundary issues when socializing, and having their authority questioned.

Herbert (2004) described clinical supervision as an evaluative relationship intended to facilitate counselors' personal and professional development. Yet, researchers have found that supervision in state VR agencies tended to be a reactive process that was provided on an as-needed basis (Schultz et al., 2002), rather than a proactive tool used to promote counselor growth. These "management-by-exception" approaches to supervision tend to focus on evaluating compliance with policies and applying corrective actions when something goes wrong (Sabella, 2017) which may make employees feel mechanical and unmotivated (Bass & Riggio, 2006). Additionally, Herbert and Trusty (2006) found supervision time was inadequate in state VR agencies (i.e., 20 minutes or less, two or more times a month) and often consisted of indirect evaluation methods and feedback that was delayed so it fit within the agency's periodic review structures. A more intentional approach that incorporates regular supervisory sessions to process evaluation feedback promotes continuous learning and skill building.

The purpose of this paper is to highlight counselor evaluation recommendations from extant literature and describe contextual dynamics to help state VR agency administrators and supervisors consider new alternatives for enhancing their current supervision practices and systems. We will offer descriptions of common counselor evaluation formats and methods, evaluation uses, ethical evaluation practices, multicultural considerations, and contextual factors affecting evaluation, to give supervisors options for more intentional counselor evaluation and an understanding of factors affecting implementation. A common message throughout is the framing of evaluation as a tool to inform counselors' ongoing professional development, as opposed to being considered solely an oversight function or procedural formality.

Evaluation Formats and Methods

Supervisors have a variety of decisions to make in how they evaluate counselors, from impromptu and informal approaches to more systematic and structured methods. Evaluation choices may be determined by supervisor preferences (e.g., personality, past experience, theoretical orientation), supervisor evaluation skills, the goal of evaluation, and contextual factors such as agency policies and resources available for evaluation (Borders & Brown, 2005). The more intentional and well-planned the evaluation process, the better, as this ensures that the supervisor has thoroughly considered the pros and cons of available options and the factors that may influence the process (Borders & Brown, 2005).

In a qualitative study of professional dispositions assessment in VR agencies, supervisors reported primarily using informal approaches in evaluating their counselors (Sabella, Landon, et al., 2020). Formal sources of information came from performance data (e.g., outcome data, case file information), client feedback tools (e.g., satisfaction surveys), provider feedback forms, and "360-degree" measures (multisource assessment), though few standardized tools were used overall. Instead, the supervisors tended to use informal methods such as observation of the counselor's work behaviors, remarks from clients and other professionals, and the supervisor's impressions based on intuition. The predilection toward informal assessment is not exclusive to VR, as generally, counselor evaluation tends to be a subjective process where most supervisors develop their own individualized methods (Corey et al., 2010).

Direct Observation Versus Indirect Evaluation Methods

Key choices for evaluation of counselor-client interactions include direct means such as live supervision (i.e., participating in the room with the counselor and client), live observation (i.e., video camera systems), and reviews of recorded sessions, as opposed to indirect methods such as using information from case file reviews or from the counselor's self-report (Borders et al., 2014; Herbert, 2018). Best practices guidance advises that supervisors incorporate at least some direct observation of counselor work with clients (e.g., live observation or recorded sessions) so they can provide more accurate feedback (Bernard & Goodyear, 2019; Borders et al., 2014) and address issues that are outside of the counselor's awareness (Ososkie & Sabella, 2018). In VR agencies, reviews are conducted using case files or self-report and rarely using field observation or recorded sessions (Bezyak et al., 2010; Herbert, 2018). Without any direct observation, supervisors are positioned to provide feedback on administrative priorities like appropriate documentation and policy compliance (Sabella, Landon, et al., 2020), rather than attending to counselor skills or awareness of clinical dynamics impeding client progress.

Herbert (2018) acknowledged the advantages and disadvantages of direct observation versus use of indirect means for evaluation. He noted that live supervision (i.e., supervisor participating in the room) is the only way to give real-time feedback, however it can be uncomfortable and intrusive to the client-counselor relationship. As a result, this method may be better suited to counselors-in-training or novice counselors who require more intensive guidance. Video or audio recordings of sessions offers a more flexible approach to evaluating a counselor's interactions with clients. Sessions can be reviewed asynchronously by supervisors and counselors in preparation for supervision, then portions of video can be viewed together, specific incidents can be discussed, and feedback can be processed. To facilitate these discussions, counselors and supervisors can identify video segments containing meaningful events, examples of specific of client-counselor interactions, or illustrating effective/ineffective counselor behaviors (Herbert, 2018; Ososkie & Sabella, 2018). Supervisors may use these incidents to ask reflective questions about counselor in-session awareness, interpre-

tation of client behavior or meaning, the client-counselor relationship, counselor interventions/behaviors, and overall case-conceptualization. In preparation for supervision sessions, supervisors can ask counselors to write brief process notes describing their interpretation of the sessions, selecting video segments they wish to get feedback on, and identifying other client-counselor issues they want to address during supervision.

In state VR agencies, implementing live supervision or recorded sessions is likely to be met with a degree of resistance from counselors who may feel this practice is invasive. Supervisors may feel added burden in devoting time to these time-intensive tasks or may feel unprepared in how to give clinical feedback. Administrators may also be reluctant to create additional administrative layers or to expend financial resources on confidential video recording systems. When working with more experienced counselors, supervisors may consider taking on more of a consultant role, where the supervisee conducts self-analysis of recorded sessions and then takes the lead in processing sessions with supervisors (Herbert, 2018). Supervisors are advised to prepare for resistance from counselors whenever additional oversight or evaluation procedures are introduced, particularly from experienced counselors.

Accredited counselor training programs require that live supervision or recorded reviews of interactions with clients are incorporated into supervision (CACREP, 2016), though in the field, supervisors are more likely to base counselor evaluations on self-report and case notes (Bernard & Goodyear, 2019; Herbert & Trusty, 2006). Out of convenience, self-report is the most frequently used evaluation source in field settings, but also is the most criticized because it is not an objective sample of work and reflects the counselor's biases and conscious intention of what to report (Borders & Brown, 2005). This method is dependent on the counselor's recall so it is inclined to have inaccuracies, gaps in awareness, and omissions stemming from the counselor's anxiety to self-disclose faults or inadequacies. Therefore, it is recommended that supervisors base at least some of their counselor evaluation on direct observation of counselor-client sessions (Borders et al., 2014).

State VR agencies regularly use case file review systems for counselor evaluation and quality assurance (Cummings et al., 2011). These reviews often follow formalized procedures in sampling of cases, assessment criteria, and how feedback is delivered, though the forms and procedures are not uniform across agencies (Cummings et al., 2011; The Summit Group, n.d.). Case file reviews originated from federal monitoring practices so tend to be weighted toward policy compliance rather than a clinical focus. The counselor's work is assessed for quality and standards of documentation across a range of data elements, such as timeliness, referral and initial client assessment, eligibility determination, funding sources, rationale for services, individualized employment plan, service implementation, skill gains, outcomes, case closures, and post-exit information (Cummings et al., 2011; The Summit Group, n.d.). Feedback from case reviews is often perceived as a punitive process, so supervisors should intentionally try to balance constructive feedback with positive feedback to improve acceptance (Borders et al., 2014; Sabella, Landon, et al., 2020). Anecdotal reports of practices used to reduce resistance to feedback during case file reviews include the use of peer reviews in a group format and highlighting exemplary examples of the counselor's "best work," rather than focusing on correcting counselor deficiencies (Shoemaker & Sabella, 2010).

Self-Assessment

ACES guidelines recommend that supervisors encourage counselor self-evaluation and facilitate the development of self-assessment skills (Borders et al., 2014). When self-assessment is incorporated into regular evaluation activities, it helps normalize the evaluation process, sets a pattern for regular self-reflection, and makes the evaluation-feedback and learning loop more conspicuous (Bernard & Goodyear, 2019). Additionally, information gained through self-assessment may provide the supervisor with additional insight into the counselor's self-awareness. The supervisor may request that the counselor write process notes as part of self-assessment (Borders & Brown, 2005), to document their own reflections about themselves and their clients occurring during sessions. To be useful the supervisor should offer a format for process notes that encourage introspection and reflection, such as questions related to: (a) feelings and thoughts about the client, (b) rationale for interventions used in the session, (c) multicultural dynamics present, (c) thoughts about the counselor-client relationship, and (d) identifying nonproductive patterns (Bernard & Goodyear, 2019; Borders & Brown, 2005).

Evaluation Instruments

A thorough review of counselor evaluation instruments is beyond the scope of this article, though we recommend that supervisors familiarize themselves with the available options and make choices based on counselors' specific professional development needs. Tate et al. (2014) provides an ample description of the available tools for measuring counselor competence and performance. The authors cataloged 41 instruments measuring the following domains: (a) general counseling skills and competence and (b) domain specific skills (e.g. multicultural competence, career counseling competence, ethical decision making). For illustrative purposes, the Career Counseling Self-Efficiency Scale (O'Brien et al., 1997) is a 25-item self-report scale that supervisors could use to identify deficiencies in counselor's competence, confidence, and self-awareness. The scale incorporates a range of counselor competencies including items related to using career assessments, developing therapeutic relationships, assessment of client supports and barriers, cultural and gender understanding, job market knowledge, counseling skills, synthesizing information, and supporting client decision making. An example of a more targeted option for the assessing counselor multicultural competence is the Multicultural Counseling Inventory (MCI; Sodowsky et al, 1994). The MCI is self-report scale that assesses multicultural knowledge, awareness, skills, and relationships. When making instrument selection decisions, supervisors should consider the appropriateness of the scale for the intended purpose, reliability and validity evidence, scale length, and how helpful the instrument is in initiating candid conversations about counselor competence (Tangen & Borders, 2016).

We encourage supervisors to reexamine how they are currently evaluating counselors, both formally and informally, and consider how they may incorporate some of the options described in the previous section, to create a more deliberate and comprehensive evaluation plan. Supervisors should fully inform the counselor about the methods of evaluation (Borders et al., 2014) and try to frame evaluation as a collaborative and mutual process between the supervisor and counselor, where the supervisee is actively involved in deciding on goals for evaluation and continuous learning (Bernard & Goodyear, 2019).

Evaluation Uses

Hiring, Advancement, and Termination Decisions

The recruitment and retention of qualified rehabilitation counselors remains a significant and longstanding problem (Zanskas & Strohmer, 2011), exacerbated by decades of data showing that state VR counselor vacancies outpacing qualified graduates (Dew et al., 2008; Lustig & Strauser, 2009). This problematic pattern heightens the importance of identifying and hiring counselors who will remain within the VR system. A qualitative study of VR supervisors by Sabella, Landon, et al. (2020) described how they evaluate counselor dispositions during the hiring process. Supervisors noted that they sought counselors with good judgment, emotional stability, ethical behavior, and other dispositional characteristics in assessing fit with their agency. Supervisors relied on informal methods for evaluating counselor candidates and admitted that the process was largely subjective due to limitations in time and information on candidates. Based on findings, the authors made a few keys recommendations for evaluating counselor dispositions during hiring, including: (a) creating more formalized interview and counselor evaluation procedures (e.g. standardized ratings, interview questions, or personality inventories); (b) identifying traits that are preferred and screening for "red-flag" dispositions that have proven problematic to counselor success (e.g. closed-mindedness, limited flexibility, low self-awareness, limited openness to feedback, lack of emotional regulation), and (c) using probationary periods where counselors could be evaluated more comprehensively over 6 months or a year before a permanent hire is offered.

State civil service rules or state employee unions may complicate the counselor evaluation and hiring process, such as passing civil service examination scores or prioritizing professionals at a similar pay grade within its civil service system. In some cases, agencies do not have the liberty of identifying preferred counselor candidates internally and instead must use established lists or candidates who have completed state application processes and meet state prescribed criteria. Anecdotally, rural state VR agencies have reported using the annual reviews in internal hiring or promotion decisions to their advanced counselor levels (administrative staff: personal communication, July 21, 2020). Supervisors may have some influence over the hiring deci-

sions, particularly if they have had direct supervision contact with candidates, though more weight is typically placed on summative reports, as well as the interviews for these positions. Sabella (2017) argues that state VR agencies need to be more proactive and intentional in their succession planning. The documentation of counselor evaluations, when completed with purpose, could serve as a key mechanism for identifying counselors with potential and preparing them to fill supervisor or administration vacancies.

Evaluation is inherent to the supervision process and comes with the recognition of the important role supervisors play in protecting client welfare and ensuring that services are provided by competent personnel (Herbert, 2018). The supervisor has a professional, ethical, and potentially legal responsibility to evaluate counselors and trainees to ensure they are meeting minimum standards in knowledge, skills, and disposition (i.e., attitudes, values, commitments, behaviors; DeLorenzi, 2018). The CRCC Code of Ethics (2017) provides specific guidelines related to gatekeeping for supervisors overseeing practicing rehabilitation counselors:

> Through initial and ongoing evaluation, rehabilitation counselor supervisors are aware of and address supervisee limitations that might impede performance. If remedial assistance does not resolve concerns regarding supervisee performance and supervisees are unable to demonstrate they can provide competent professional services to a range of diverse clients, rehabilitation counselor supervisors may recommend dismissal (p. 24).

Gatekeeping decisions may have substantial consequence for the counselor and may open the supervisor and agency to legal disputes. The CRCC ethical code states that supervisors should ensure supervisees are aware of their options in terms of due process and should seek consultation when making gatekeeping decisions (H.4.b). In these cases, a well-documented evaluation history is of utmost importance as it can chronical employee performance issues and provides a rationale supporting termination decisions if they are contested (Sabella et al., 2019).

Competency Assessment

The ACES best practice guidelines recommend that counselor evaluation plans include individualized counselor goals based on their unique needs and core competencies that should be assessed across all counselors (Borders et al, 2014). A review of rehabilitation research related to counselor competencies can provide an evidence-informed foundation for developing core counseling indicators to be included in evaluation. The rehabilitation counselor role and function validation studies (Leahy et al., 2019; Leahy et al., 2013) used to empirically-derive test competencies for the Certified Rehabilitation Counselor (CRC) Examination offer the most comprehensive, longitudinal evidence for identifying the core competencies needed for practicing rehabilitation counselors. The latest study (Leahy et al., 2019) identified the following six core knowledge domains in descending order of importance: (a) medical and psychosocial aspects of chronic illness and disability (b) employer engagement and job placement, (c) case management, (d) rehabilitation and mental health counseling, (e) group and family counseling, and (f) research methodology and evidence-based practice. Individual competencies are enumerated under each of these general categories, that further specify these roles and their relative importance. These lists are extensive so supervisors may consider a review of the competencies and then choose a select few that best align with agency and counselor priorities. Once competencies are identified, the supervisor and counselors can co-develop counselor goals and strategies for assessing each area (See Evaluation Instruments section).

Dispositional Assessment

Professional dispositions have been conceptualized as a set of attitudes, temperament, values, and interpersonal characteristics that influence professional behavior and performance (Sabella et al., 2019). Experienced counselor supervisors may intuitively agree that disposition is an influential factor in the counselor's ability to be successful in working with clients, partners, and coworkers (Landon et al., 2021), yet these characteristics are not well-defined and how they are evaluated is equally ambiguous (Sabella et al, 2019). Recent research findings show that rehabilitation supervisors are continuously evaluating and making efforts to develop professional dispositions in their counselors, but this is mostly an informal and unsystematic process (Sabella, Landon, et al., 2020). Levine (2020) points out inherent problems in trying to assess often vague and

subjective personal qualities, as well as the "legal vulnerability" when making employee or trainee decisions based on these "value-judgements" (p. 115).

More study and rehabilitation leader discourse is clearly needed to further consider the role of disposition in rehabilitation counseling practice, though in the meantime, supervisors should reflect on how they are currently assessing dispositional characteristics and how they are trying to develop necessary dispositions in supervisees. Additionally, supervisors may consider assessing and providing feedback on more established dispositional characteristics, such as those related to forming productive working alliances with clients, ethical behavior, disability-related values, cultural diversity values, and professional conduct (Landon et al., 2021; Levine, 2020).

Arguments for Enhanced Formative Assessment

In structuring their counselor evaluation, supervisors should conduct both formative and summative evaluation as separate, but related activities (Borders et al., 2014; DeLorenzi, 2018). Formative assessment is the on-going and continuous evaluation, that is accompanied by direct feedback as a means for facilitating skill development and professional growth (Bernard & Goodyear, 2019; Borders & Brown, 2005). Summative assessment is an endpoint evaluation (Corey et al., 2010), that is typically a more formalized process that includes well-defined measures and written documentation of performance over a specified time period. Supervisors in state VR agencies are oriented toward administrative supervision concerns, so they are well-versed in completing summative quarterly or annual evaluations. However, researchers have noted that clinical supervision, and coinciding formative evaluation processes, are largely ignored in state VR systems (Bezyak et al., 2010; Herbert et al. 2014; Herbert, 2018; Schultz et al., 2002).

We recommend that supervisors intentionally act to enhance their use of formative evaluation, through implementing regular counselor supervision sessions (e.g., recommended one hour per week; Ellis et al., 2014) and using methods such as direct observation of counseling sessions, self-assessment processing, client-counselor relationship examination, self-awareness exercises, client case interpretation, skill rehearsal and coaching activities, and other supervisor-counselor processing activities through which direct and immediate feedback can be provided to counselors. Ideally, formative and summative assessments will be mutually informing and used in the counselor training and development planning (DeLorenzi, 2018). As part of both formative and summative assessment processes, goal setting and assessment of these goals should be a collaborative process to set realistic and measurable goals (Borders, 2014).

Ethical and Multicultural Evaluation Practice

Evaluation is a necessary component of ethical supervision practice as a means of assessing counselors for deficits in need of remediation and gatekeeping when trainees or counselors cannot meet professional standards (CRCC, 2017). Two codes of ethics in the counseling profession, the CRCC Code of Professional Ethics for Rehabilitation Counselors and the American Counseling Association (ACA, 2014) Code of Ethics, both use matching language to highlight the importance of ethical counselor evaluation within the context of supervision. These codes emphasize the ethical obligation of counselor supervisors to document and provide ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship (Section H.4, CRCC, 2017; Section F.6, ACA, 2014).

The "ethical considerations" subsection of the ACES best practices in clinical supervision (Borders et al., 2014) also provides guidance highlighting several key areas related to ethical counselor evaluation practice, including: (a) fully informing the counselor of the evaluation process, (b) the parameters of confidentiality and of sharing of counselor evaluation information, (c) the supervisor continually assesses and updates his/her own level of competence in providing supervision, and (d) the supervisor provides ongoing performance assessment and evaluation of the supervisee, including the supervisee's strengths and limitations. This last ethical consideration devoted specifically to assessment and evaluation emphasizes the importance of informed consent in which the supervisor communicates how the supervisee will be evaluated, by what standards, and how and when this information will be given to the supervisee and possible other third parties. Consistent with our previous recommendations, ethical evaluation practice guidance includes the use of di-

rect observation of the supervisee's work with clients, for more accurate and meaningful assessment and feedback.

Multicultural Considerations in Evaluation

There has been growing attention to the role of diversity, inclusion, and social justice in counseling, reflecting a recognition of the experiences of marginalized groups and the need to question existing social structures and counseling practices, to address the needs of culturally diverse clients, groups, and communities (Ratts et al., 2016). ACES supervision guidance includes several important multicultural considerations, beginning with the recognition that "all supervision is multicultural supervision" meaning that all supervisory interactions are subject to multicultural influences and should be treated accordingly (Borders et al., 2014, p. 38). Both the CRCC (2017) and ACA (2014) ethical codes express values and standards devoted to multicultural considerations in work with clients and supervisees. These codes require that counselors and supervisors commit to honoring diversity, appreciating culture, respecting human rights, promoting social justice, and embracing pluralism. The ACA code emphasizes that supervisors need to be aware of and address the multiculturalism and diversity in the supervisory relationship (F.2.b). In turn, the CRCC code states that supervisors need to show sensitivity to cultural dynamics in relationships with supervisees and should build their understanding of culturally sensitive and effective supervision practices (H.2.b.).

Multicultural awareness (as opposed to multicultural knowledge or skill), in particular, has been found to be an area where rehabilitation counselors demonstrated low competence (Cartwright & Fleming, 2010; Matrone & Leahy, 2005). These results indicated that counselors may need to develop improved cultural empathy, self-monitoring, and reflective self-evaluation. In working with counselors, supervisors are encouraged to introduce issues of culture, diversity, power, and privilege within supervisory and counseling relationships (Borders et al., 2014). Multicultural competencies should be reflected in counselor goals and intentionally addressed throughout the supervisory process to develop cultural sensitivity, multicultural skills, and an appreciation of the need for social justice advocacy to support diverse client populations.

Counselor evaluations that commonly include informal, subjective approaches, should evoke caution related to cultural differences biasing perception (Sabella et al., 2019). This is particularly true when assessing counselor dispositions like attitudes, values, beliefs, and interpersonal behavior that have cultural components. Supervisors should reflect on biases in themselves, differences in the worldview of others, and how these affect the counselor evaluation process (Whiston, 2017). A culturally-sensitive-supervisor shows a respect for culture and personal characteristics in their roles with supervisees (Sabella et al., 2019) and designs assessment methods to be culturally sensitive, fair, and evaluated for bias (Whiston, 2017).

Contextual Factors Affecting Counselor Evaluation

Agency and State Structure

In some state VR agencies, staff evaluation, hiring, firing, and due process procedures may be dictated by overarching departmental policies or state rules. Civil service systems may exert centralized control over many of these processes, presenting bureaucratic barriers to implementing new counselor evaluation practices or changing formalized procedures (Dew et al., 2008). Administrators and supervisors must thoughtfully consider how they adhere to these inflexible rules, while still designing evaluation procedures that are focused on supporting the individual counselor's professional development.

Although the state-federal rehabilitation program has complex rules codified through legislation and regulatory guidance, there is still substantial flexibility in how agencies choose to administer the program, and thus, broad diversity in practices across agencies (Sabella, 2017). There are equally diverse ranges of organizational cultures between VR agencies, stemming from differences in attitudes, values, norms, and customs (Dew et al., 2008; Sherman et al., 2014). Moreover, cultures may not be homogeneous within an entire agency and there is evidence that local-level communities have distinct values, commitments, and environments that affect supervision practice (Landon et al., 2021; Sabella, Landon, et al., 2020). State VR administrators are responsible for setting the organizational mission and values, and they should consider how they frame counselor evaluation and program evaluation in their organizational messaging (Cummings et al.,

2011; Sabella, 2017). An administration that devotes time and resources toward counselor evaluation, shows a respect for these processes and that the agency values counselor professional development. Administrators should also consider the extent to which they balance ensuring consistent evaluation standards across the agency, while still giving supervisors freedom in decision making to best meet the individual needs of their counselor supervisees.

The Supervisory Working Alliance

The supervisory working alliance (SWA) is seen as the main catalyst for change in clinical supervision and is simultaneously goal-driven, task oriented, and relational (Bordin, 1983; Levine, 2020; Sabella, Schultz, et al., 2020). Borders (2014) indicates that the supervisory relationship is likely the most empirically supported best practice in counselor supervision. The SWA has been found to be linked to a number of counselor trainee positive outcomes including self-efficacy, self-awareness, higher well-being, and counseling skill development (Livni et al., 2012; Wheeler & Richards, 2012). Supervisors should give "deliberate attention to fostering a safe and mutually trusting supervisory environment" (Borders, 2014, p. 155). This is particularly important to evaluation activities, due to the sensitivity over being evaluated and natural reactions of anxiety and defensiveness. A strong SWA facilitates openness to feedback, deeper communication exchanges, and the ability to navigate conflicts that arise over the course of the relationship.

Due to its influence on the supervision process, supervisors should consider assessing the quality of the SWA, both using informal reflective methods and standardized tools. Tangen and Borders (2016) offer a thorough review of existing supervisory relationship measures, including critiques and recommendations for making scale choices. The authors suggest that shorter scales may be more useful in field settings as part of regular SWA assessment over time. The Brief-Supervisory Working Alliance Inventory (BSWAI; Sabella, Schultz, et al., 2020) offers a brief, validated option, that may hold greater appeal to state VR agency supervisors, given the extensive work demands and limited time they have for clinical supervision. The 5-item, BSWAI can be completed by counselors in under 5 minutes and could easily fit into regular supervision sessions. The results could give consistent feedback on the state of the SWA to help supervisors reflect on their own supervision practices or to assess the impact of specific interventions.

Counselor Openness and Communication of Feedback

Practicing rehabilitation counselor supervisors have reported that a counselor's openness to feedback is an influential characteristic affecting their professional development and one that is often resistant to change (Sabella, Landon, et al., 2020). Evaluation often evokes anxiety, so supervisors should try to reduce defensiveness by balancing constructive feedback with ample positive feedback (Borders et al., 2014; Kuo et al., 2016; Sabella, Landon, et al., 2020). It may be useful to consider the developmental level of the counselor in finding a suitable balance of support and challenge that is congruent with their anxiety, experience, and confidence levels (Stoltenberg & McNeil, 2010). Strategies to improve receptiveness to feedback include communicating feedback early and continuously to normalize the process, being minimally judgmental, providing only a manageable amount of feedback at a time, considering the level of trust in the supervisory relationship, using listening skills to assess how feedback is received, supervisors modeling openness to feedback, and being attentive to cultural dynamics in communicating feedback (Bernard & Goodyear, 2019; Borders et al., 2014).

Providing direct, timely, and individualized feedback that is based on direct observation and supervisee self-report are well-aligned with ACES best practices (Borders et al., 2014). When communicating performance feedback, supervisors should avoid common pitfalls such as offering general statements rather than describing specific behaviors that are observable and measurable. Second, the evaluation and feedback communicated should not focus on what the supervisee is "doing wrong" and instead be constructive and focus on improvement. Finally, the evaluation and communication of feedback should not be a periodic, delayed occurrence but instead should happen on a regular and ongoing basis to maximize immediacy and effectiveness (Soldner, 2015). Supervisor feedback should maintain a constructive versus punitive tone and should be given as regularly and immediately as possible, and contingent on desired, observable behavior (Soldner,

2015). In turn, feedback should always focus on improvement and to be an antecedent for reinforcement instead of punishment (Mangiapanello & Hemmes, 2015; Soldner, 2015).

Distance Evaluation

The 2020 COVID-19 public health crisis has only expedited trends toward distance delivered services, work from home, and use of technology for internal and external agency communication. Furthermore, state VR agencies often have satellite offices serving low populations areas that report to regional offices located in central locations (Sabella, Landon, et al., 2020). These conditions mean that some supervisors are reliant on distance approaches to carry out supervision and must use technology to perform many counselor evaluation functions.

Lund and Schultz (2015) identified a series of ethical and clinical concerns that should be considered in relation to counselor evaluation using distance supervision. First, the use of supervision best practices may be limited by physical distance or the inability of technology to accommodate practices. Second, supervisors should reflect on their own competency in using technology for supervision and address technological deficiencies within their own professional development plans. Third, counselors should be fully informed about the evaluation methods, including discussions related to the limits of technology and potential breaches of confidentiality related to technology. Fourth, to recognize that distance delivered supervision likely reduces supervision contact in general and limits "drop-in" questions and feedback. Lastly, text-based communication and supervision through means other than face-to-face is vulnerable to more frequent misinterpretations and misunderstandings, as the verbal and body cues are filtered through technology applications (Lund & Schultz, 2015). It may be beneficial to at least begin the supervisory relationship with a face-to-face meeting to develop rapport, learn about each other's' backgrounds and experience, and set the foundation for the supervisory relationship (Morissette et al., 2012). Then, try to use technology that best approximates face-to-face, synchronous contact as much as possible (Borders, 2014).

Transparency and Informed Counselor Evaluation

Supervisors make evaluation choices based on the specific needs of the counselor at their developmental level, supervisor experience and preferences, and other contextual factors (Borders & Brown, 2005; Herbert, 2018; Stoltenberg & McNeil, 2010). These decisions should include counselor-supervisor co-developed goals and methods for evaluating progress toward these goals (Borders et al., 2014). Whatever choices are made, the evaluation process should be made explicit for supervisees, beginning with a thorough explanation of the evaluation plan, including the methods, timelines, potential consequences, how this evaluation information will be used, and opportunities for the counselor to ask questions (Borders et al., 2014). It is recommended that this plan be set in a written supervision contract and that due process procedures be explained should disputes arise (Herbert, 2018). This level of transparency acts to reduce counselor anxiety, creates trust, and can set mutually agreed upon expectations and responsibilities for the counselor and the supervisor. The supervisor may further lessen anxiety and facilitate the process, by creating a collaborative working alliance with the supervisee (Borders et al., 2014), and by framing evaluation as a professional development activity.

The authors offer some key recommendations summarized from the article for state VR agency administrators and supervisors to consider in the development of their counselor evaluation systems and supervision plans. Guidance for evaluation methods and formats, uses in field applications, ethical evaluation practice, and contextual factors affecting evaluation are summarized in Table 1.

Recommendations for Evaluation Formats and Methods

When distance supervision is a necessity, consider how to best ensure regular supervision contact and use technologies that allow real-time evaluation and feeback conversations. When considering the implementation of these proposed recommendations, there are certain systemic constraints and contextual dynamics that should be addressed. For example, the prescriptive nature of the state VR process, excessive time spent on case documentation, and large caseload sizes, may limit the time available for counseling (Lustig & Strauser, 2008) or for supervision-related tasks (Bezyak et al., 2010). Lustig and Strauser (2008) suggested that renewed efforts to lower caseload size for counselors and transferring some administrative control out to the lo-

Table 1
Counselor Evaluation Recommendations

Recommendations for Evaluation Formats and Methods

- Develop an intentional plan for evaluation.
- Consider using at least some direct observation of counselor-client sessions to provide more accurate feedback (Borders et al., 2014; Herbert, 2018).
- Use multiple counselor evaluation formats (direct observation, case file-review, self-report, self-assessment, standardized instruments; Borders et al., 2014).
- Incorporate counselor self-assessment activities (Borders et al., 2014).

Recommendations Based on Evaluation Uses

- Implement regular, structured supervision sessions of about 1 hour per week (Ellis et al., 2014), instead of "open-door" policies or "management-by-exception."
- Co-develop counselor goals using a collaborative supervisor-counselor process (Borders et al., 2014).
- Emphasize formative assessment (ongoing, continuous) and associated feedback to support counselor professional development.
- Frame evaluation as a professional development tool, rather than a punitive activity.
- Document formative and summative evaluations to support hiring, advancement, and termination decisions.

Recommendations for Ethical and Multicultural Evaluation Practice

- Fully inform the counselor about the evaluation process (Borders et al., 2014).
- Assess and provide feedback to counselors on their multicultural counseling knowledge, skills, and awareness of self and others (Ratts et al., 2016).
- Introduce issues related to diversity, social justice, and advocacy within the supervisory relationship and client-counselor relationships (Borders et al., 2014).
- Supervisors should reflect on how their own biases may affect counselor evaluation and effort to designing culturally sensitive evaluation methods (Whiston, 2017).

Recommendations Based on Contextual Dynamics

- Consider how to fulfill formal agency evaluations procedures, while still making evaluation meaningful within individual counselor supervision.
- Attend to the supervisory relationship and its effect the evaluation process (Borders, 2014).
- Evaluation feedback should be communicated in a manner that is direct, immediate, specific, and in a constructive tone (Soldner, 2015).
- Offer a balance of positive and constructive feedback from evaluations to improve openness to feedback and acceptance (Borders et al., 2014).
- When distance supervision is a necessity, consider how to best ensure regular supervision contact and use technologies that allow real-time evaluation and feedback conversations.

cal level would permit more professional discretion in prioritizing work activities. Strategic planning for counselor recruitment and retention may help keep caseload coverage adequate and steady. Decentralizing some administrative functions may provide flexibility for counselors and their supervisors to incorporate promising practices in supervision and counselor evaluation.

The implementation of constructive counselor evaluations is dependent on the agency's unique context and environment, so may require broader organizational or management changes. Sherman et al. (2014) described how contexts such as the organizational culture, leadership support for innovative, partnerships, professional development systems, and orientation toward client-centered services, influenced the agency's ability to implement best practices. Specifically, they note that the degree that agency leadership values program evaluation and continuous improvement is directly related to the quality and usefulness of these processes. Leahy et al.'s (2014) observations of leaders in high performance VR agencies may also be applied to the implementation counseling evaluation strategies, such that administrators and supervisors should be "setting proper expectations, establishing specific goals, developing explicit plans for achieving these goals, deploying resources where needed, specifying accountability, and rewarding performance" (Leahy et al., 2014, p. 151). At a minimum should, leaders should emphasize the value in having highly trained staff and invest resources toward innovation and continuous improvement in personnel, service provision, and outcomes (p. 151).

Conclusion

Supervisors in state VR agencies have an immensely challenging responsibility in being guardians for the profession, while also holding simultaneous loyalty to their administrators, supervisees, and clients being served by the agency. Supervisors may face multiple barriers in implementing constructive counselor performance evaluation, including inflexible top down structures and policies, change-resistant agency culture, limited use of direct observation methods, supervisor inexperience with evaluation methods, and the lack of formalized supervision training. Yet, evaluation is among the most vital supervisory roles in reinforcing accountability, protecting client welfare, and forming the basis for feedback that contributes to counselor professional development.

We encourage supervisors to reflect on their current practices, to identify areas that could be strengthened and practices that better support counselor professional development. We also encourage supervisors to review the options described in this manuscript and thoughtfully consider how these practices could be incorporated to improve their current counselor evaluation processes. In closing, the following thought questions may be helpful to guide reflection: How are counselor evaluation systems structured in my agency? Is evaluation used to develop counselor skills, or are these "pro forma" evaluation activities without meaningful outcomes? How well-planned and intentional is my counselor evaluation process? Do I use continuous evaluation methods to provide regular feedback during supervision sessions, or do I use informal approaches to give feedback only when a problem is noticed? How do counselors feel about their own evaluations; is it a punitive process or a collaborative, professional development opportunity?

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Supporting Transformational Leadership Within Public Rehabilitation Agencies

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__Abstract.__ Modern state vocational rehabilitation (VR) agencies must constantly evolve to successfully cope with regulatory changes, agency turnover, economic instability, and other rapidly changing environmental conditions. A fundamental question remains, "How do you effectively lead an organization when stressors affect personnel at all levels?" Leadership is a critical strategic variable that can positively or adversely affect employee motivation, organizational health, and productivity. Theorists have described transformational and transactional leadership characteristics and researchers have demonstrated their distinctive influence on employees and organizational systems. The purpose of this article is to illustrate how transformational and transactional leadership may be expressed at each of the programmatic levels found within state VR agencies: administration, supervision, and direct-service personnel. The authors offer recommendations emphasizing transformational principles to promote a more balanced leadership approach and positive influence at each level.

Supporting Transformational Leadership Within Public Rehabilitation Agencies

The state-federal vocational rehabilitation (VR) program provides nationwide comprehensive VR services to help individuals with disabilities pursue meaningful careers commensurate with their abilities (Rehabilitation Act of 1973 as amended, 2014). The Workforce Innovation and Opportunities Act (WIOA) and associated Amendments to the Rehabilitation Act (2014) have codified a movement towards supporting transformational vocational change in service recipients through revisions to state VR agency performance

measures that now assess credential attainment, measurable skill gains, and durable employment. Despite these progressive goals, WIOA legislation lowered the national standards for rehabilitation professionals in state VR agencies from a master's-level, certified counselor to a baccalaureate degree and one year of experience. The long-term consequence of these changes to the comprehensive system of professional development (CSPD) requirements are unclear, but over time, one would expect a reduction in the number of qualified rehabilitation counselors employed by state VR agencies. This legislative change may hasten long-term trends observed in state VR agencies toward increased case management rather than counseling activities (Lustig & Strauser, 2008; Zanskas & Strohmer, 2011) and related shifts toward transactional rather than transformational services (Sabella, 2017). Increasing demands for accountability, fiscal efficiency, and quality assurance in state VR agencies further reinforce transactional structures (Leahy et al., 2009; Sabella et al., 2018). Effective leadership includes complementary elements of both transactional and transformational approaches, that simultaneously attend to the immediate, transactional needs of the agency, while also having a transformational vision that positions the agency to adapt to challenges and take advantage of future opportunities (Baškarada et al., 2017; Sabella, 2017).

The purpose of this article is to detail how transformational and transactional models of leadership can be expressed within state VR agencies at each of the primary program levels: administration, supervision, and direct-service. Additionally, the authors offer leadership recommendations at each of these levels for the promotion of organizational health, employee engagement, and most importantly, effective services for individuals with disabilities. As a running theme, the authors emphasize transformational principles to augment more established transactional systems and to promote a well-balanced leadership approach.

Tansey and Garske (2007) remarked on the recurring professional crisis that rehabilitation counseling has experienced from the lack of clear professional identity, changes to the service delivery systems, and fragmentation of professional organizations. State VR agencies must continuously adapt to challenges from multiple sources, including federal and state regulatory changes, governmental and agency leadership turnover, economic instability, technological advancement, public health crises, and other shifts in environmental conditions that affect their client base and service provision. Leaders within VR agencies must prepare "to become effective agents of change and collaborators in an increasingly hostile environment" (Tansey & Garske, 2007, p. 5). Among the primary hurdles for public sector organizations is trying to deliver high quality services and keep a motivated workforce in an age of austerity (Leslie & Canwell, 2010). Many states are experiencing significant budget deficits, increased competition for resources, and demands for greater accountability and scrutiny of public programs (McFarlane et al., 2010). These stressors and changes affect all employees, "from the newest hire . . . to the seasoned executive" and are complicated by the increasingly rapid pace of change (McFarlane et al., 2010, p. 4). A fundamental question remains, how to effectively lead an organization when stressors affect personnel at all levels?

Systematic reviews and meta-analyses across different fields have demonstrated the positive influence of leadership across broad organizational domains including job satisfaction, employee commitment, organizational health, organizational learning, organizational culture, and agency performance (Karadag, 2015). Within rehabilitation counseling literature, research has suggested that leadership, in terms of providing effective supervision, has important implications related to ethical behavior (Landon & Schultz, 2018), job engagement and professional burnout (Herbert, 2012), and client outcomes for early career counselors (McCarthy, 2013). Schultz et al. (2002) provided evidence that supervision within state VR agencies is often underutilized, unsystematic, and applied in a punitive manner rather than as a counselor development tool, leading to perceptions by counselors that good supervision means less supervision. Motivating and engaging counselors is increasingly vital, given problematic accounts that state VR counselor vacancies have been outpacing qualified graduates (Dew et al., 2008) and counselor turnover remains a significant obstacle (Zanskas & Strohmer, 2011). Given these findings, a second question emerges: how can leaders create greater investment by supervisors and counselors to change the current culture, entrenched beliefs, and uncertain commitment?

The presence or absence of leadership can be felt throughout an organization's personnel and actions (Bass & Riggio, 2005). Within the multiple hierarchical levels in state VR agencies, *administrators* are responsible for setting the organizational mission and vision, providing a future-oriented message to guide agency inno-

vation and continuous improvement (Sabella, 2017; Tansey & Garske, 2007); *supervisors* have administrative oversight roles, but also play an essential role in supporting supervisees' long-term professional identity, decision-making, and skill development (Schultz, 2008); and *counselors* collaboratively work with clients to facilitate transformational change in the form of empowerment, inclusion, and lasting employment (Commission on Rehabilitation Counselor Certification, n.d.). These examples from state VR agencies reflect transformational change goals that require transformational leaders who value progressive, motivational, and investment-oriented approaches.

The following sections correspond to Table 1 and serve as a framework for understanding the influence of transformational and transactional leadership at the three primary organizational levels found in state VR agencies: administrative, supervisory, and direct-service. Each quadrant in Figure 1 reflects the potential consequences of high- or low-quality leadership across transformational and transactional dimensions. The authors emphasize transformational principles to augment more established transactional practices and to promote a more balanced leadership approach. It is important to consider that well-balanced, in this context, does not mean equal proportion at all times, but rather selecting and using the appropriate approach after considering organizational and environmental factors (e.g., risk, agency performance, timing, human capital; Baškarada et al, 2017), as context influences the leadership style needed (Brandt et al., 2016; Yukl, 2012).

Administrator Level Leadership

Transactional Contexts Influencing State VR Agency Administrators

Although leadership can be exercised at all levels (Leslie & Canwell, 2010), public rehabilitation agencies have formal hierarchical structures of authority and their administrators (i.e. directors, commissioners) are generally the agents with the broadest influence (Sabella, 2017). Administrators have an immense challenge in trying to balance the needs of the agency, the needs of counselors and staff, and the interests of clients and other stakeholders (Henderson, 2009). They are responsible for establishing and maintaining systems for pursuing agency goals, complying with policies and rules, managing personnel and financial resources, and ensuring effective client services (Henderson, 2009). State VR agency administrators have the added complexity of working within governmental systems that are subject to rigid policies and regulations that act to define the agency structure, human resource management, documentation and accounting, and service provision.

Transactional leadership approaches attend to accountability, evaluation of adherence to rules and standards, and corrective actions (Bass & Avolio, 1993). These are essential functions within heavily rules-based programs, as this oversight can identify problems within the system or deviations from norms, so the agency can act quickly. Administrators who have transactional qualities may be seen as having business-like sensibilities, allocating resources in order to be maximally efficient and motivating performance of employees and partners through effective negotiation. Evidence from meta-analyses show some unique benefits of some dimensions of transactional leadership in predicting individual-level task performance of their followers ($r = .28$; Wang et al., 2011) and the leader's job performance ($\beta = .45$; Judge & Piccolo, 2004).

Transformational Leadership Practices for Administrators

Future-focused leadership approaches that facilitate continual growth and development are needed to combat stagnancy and decline endemic in longstanding, inflexible organizations (Tansey & Garske, 2007). A vision helps to guide the members of an organization i a common direction, but it is not enough to mobilize employees by itself (Tansey & Garske, 2007). A transformational leader-administrator must also be (a) trusted and respected, (b) inspirational in instilling purpose and hope, (c) individually considerate of employees, and (d) intellectually stimulating in questioning the status quo and promoting professional development (Bass & Riggio, 2006). Evidence suggests that when leaders demonstrate these transformational characteristics, employees feel a stronger connection to the agency, are more satisfied in their jobs, feel more effectual, and perform better (Bass & Riggio, 2006). In research within public sectors, transformational leadership has also been shown to moderate emotional exhaustion and intent to quit among mental health providers (Green et al., 2013).

Table 1

Depiction of High and Low Characteristics of Transformational and Transaction Leadership at Administration, Supervision, and Direct-Services Levels

		Transformational Leadership	
		High	**Low**
Transactional Leadership	**High**	**Administration:** The vision is communicated clearly and there is strategy for implementation. Systems and internal controls are in place, yet, innovation valued. Employees are engaged and productive. **Supervision:** Well-balanced clinical and administrative supervision. Counselors are supported in work with clients and professional development, while also attending to agency goals and policy. **Direct-service:** Empowered, motivated, free to be innovative but with ownership and accountability in outcomes; understanding of the need for structure and how to work within these boundaries.	**Administration:** Protocol and policy-centric – little attention to the "big picture." Focuses on structure, standardization, and corrective action. Reactive to current problems, rather than proactive. Innovation and deviation from the norm are discouraged. **Supervision:** Administrative supervision focus; focus is on policy and procedure. Professional development is limited. **Direct-service:** Standardization and efficiency focused. Counselors follow policy and procedure, but struggle to find meaning in their work.
	Low	**Administration:** Future and "big picture"- centric. Employees are highly motivated by a common purpose. Systems may shift frequently and are inconsistent across the agency. Puts trust in employees but with little oversight **Supervision:** Clinical supervision focus, but service provision protocol is not attended to. Heavy emphasis on vision may lead to neglect of administrative duties, timelines, and procedure. **Direct-service:** Empowered, highly engaged but unregulated. Lots of flexibility and innovation, but with unclear accountability.	**Administration:** Minimal vision, unclear strategy, lack of structure and internal controls, poor communication across the organization, laissez-faire leadership. **Supervision:** Lack of supervision /inadequate supervision. Stagnation in innovation or development of staff. **Direct-service:** Disengaged, apathetic, unfulfilled, lack of direction, lack of understanding of policy and process.

Leadership requires advanced social and communication skills to motivate employees to be resilient in accomplishing agency objectives, despite readily apparent barriers or bureaucracy (Kaslow et al., 2012). Administrators should reflect on how they deliver messages within the agency and how these messages are likely to be perceived. It may be beneficial to interact in-person on a frequent basis to learn more about employees and use personal values or professional goals to merge these self-interests with higher level goals (Bass & Riggio, 2006). When face-to-face conversations are not possible, administrators should try to maximize one-to-one interaction and immediacy through distance technologies and creative strategies. These leader-member exchanges have been shown to be among the most important factors in employee commitment and job satisfaction (Rowold et al., 2014). Additionally, showing an openness to listening to new ideas and embracing change emphasizes innovation and continuous improvement, as opposed to preserving obsolete procedures and policies.

A qualitative study of perspectives within community rehabilitation providers (CRPs) by Plotner and Trach (2010) identified leadership development themes that were connected to transformational concepts, such as giving employees individual consideration and promoting intellectual stimulation. These themes included investment of time and resources into agency personnel, active collaboration with staff, and facilitating an environment of continuous professional learning for all staff. Dedicating time and resources to staff effectually sends the message that employees are valued assets and worthy of attention, empowering them to be at their best (Plotner & Trach, 2010). Administrators can demonstrate active collaboration through initiating frequent contact and communication with staff, attention to individual employee needs and motivations, and giving direct-service personnel opportunities to engage in agency problem-solving and decision-making. Together, these leadership behaviors instill motivation, give employees responsibility and accountability, and may provide channels for identifying individuals for advancement (Plotner & Trach, 2010). An administrator can show a commitment to employees by offering leadership development opportunities such as supporting special projects by employees (e.g., grant writing, developing new programs, new external partnerships), team "think-tank" work groups, or on-the-job leadership experiences (Plotner & Trach, 2010). Expending resources on training and supporting individualized professional development plans for counselors and support staff shows the administrator is investing in employees and that they are part of long-term agency planning.

Del Valle et al. (2014) explored promising practices in state VR agencies and reported on existing leadership development programs and an agency with a "Transformational Agenda." Leadership training was a common practice for succession planning and one strategy was to give access to executive leaders who act as mentors to offer high-level insight on how the VR program fits in statewide and national systems. Another state VR agency implemented an agenda using transformational leadership principles to create an organizational culture that valued innovation. The program initiated a deliberation process for reconsidering the impact of existing policies and practices on the capacity for the agency to carry out its mission. One practical outcome was a reorientation toward a client-centered, holistic approach to supporting clients rather than case-management-driven process that is more transactional in nature. This process of looking at old problems or the status quo in new ways is intellectually stimulating and can foster innovation and investment by workers (Bass & Riggio, 2006).

Using findings from a four-state multiple case study, Sherman et al. (2014) posited that administrators could learn from high performing state VR agencies, by moving from rigid hierarchical structures toward a "culture of adhocracy," which are flexible systems where organizational units form at local levels or by project. In this kind of system, some of the decision-making is decentralized, empowering counselors and staff to express ideas and try out innovative interventions on the local level (Sherman et al., 2014). Centralization of decision-making and consolidation of power tends to be dehumanizing and focuses on the end-product. Moving responsibility downstream can "instill pride, enthusiasm, a sense of ownership, and psychological investment" by those at direct-service levels (Bass & Riggio, 2006, p. 1994).

Administrators Endorsement of Balanced Leadership

Sabella (2017) surveyed 52 state VR agency administrators on the components of leadership they believed were the most important at the director level. Responses included a combination of visionary and pragmatic concerns that reflect a desire to have transformational influence while still adhering to transactional rules and oversight that are integral to governmental systems. The administrators in the study acknowledged the importance of transactional activities such as program evaluation, fiscal management, and compliance with VR

regulations in preserving the integrity of the program. These activities are necessary for ensuring employee accountability, financial security, and keeping the program safe from potentially damaging outcomes during state audits or federal monitoring scrutiny. The same administrators also endorsed transformational leadership practices like developing an organizational vision, strategic planning, and communicating across all levels of the agency. The findings may reflect an understanding of the need for balancing transactional management practices with more future-focused, progressive approaches that engage employees. Leadership approaches are not necessarily discrete, and many contextualize transformational ideals as an extension of transactional leadership that has an augmentation effect on the motivation and performance of followers (Wang et al., 2011). As Bass and Avolio (1993) put it, leaders should promote transformational principles in their agency cultures, while also "maintaining a base of effective transactional qualities" (p. 116).

Supervisory Leadership: Front-Line Supervisor Level

While titles vary across agencies (e.g., District Director, District Manager, Regional Manager, Site Manager, Counselor Supervisor, etc.), for the purposes of this paper, the front-line supervisor is the individual who has direct supervision responsibilities for counselors and other staff at the office level. The front-line supervisor employs both leadership and supervisory roles as they balance the needs of clients served, counselors they supervise, and the agency as a whole (Landon et al., 2020). These supervisors are tasked with executing the organizational vision and mission, yet their role within the organization as a leader is often overlooked. Although supervisors within the state-federal VR system draw on a variety of leadership skills and leadership is viewed as one component of the larger supervision, managerial, administrative continuum (Crimando, 2004; Schultz, 2008), principles of leadership are not commonly taught within pre-service educational programs.

Supervision in a Transactional Context

Transactional leadership is built on an exchange approach to leadership (Bass & Avolio, 1993), or an approach based on if/then contingencies. A front-line supervisor in the public VR system may suggest to a supervisee that a certain reward (e.g., raise, promotion) will be provided if they are able to reach the identified agency performance goals for a given fiscal year. These conditional exchanges also identify what will happen should the goal or expectation not be met (Bass & Avolio, 1993). In the transactional environment common to state VR agencies, adequate performance and policy adherence is often based on operative norms, so employees may not be encouraged to exceed those standards. Still, transactional leadership may help with risk mitigation and ensuring safety of employees (Baškarada et al., 2017), ensuring agency standards are met (Seltzer & Bass, 1990), and attending to needs of individual workers (Sabella, 2017).

Transactional leadership has two primary components: (a) contingent reward and (b) management-by-exception (Sarros & Santora, 2001). Contingent reward systems make sure necessary tasks are accomplished within the organization by giving explicit directions to employees and exchanging tangible rewards for meeting these work expectations. Transactional leadership leverages positive reinforcement to appeal to an individual's desire for continued employment, a paycheck and benefits, recognition, and advancement. Contingent rewards are a method of ensuring the needs and wants of individual employees are met satisfactorily (Sarros & Santora, 2001). When a transactional leadership approach is functioning effectively, there is a "positive reciprocal relationship between leaders and followers who exchange ideas and skills in the pursuit of company goals and individual needs" (Sarros & Santora, 2001, p. 388).

Transactional supervisors tend to employ management-by-exception approaches in which they only interact with supervisees when expectations are not met, errors are made, and corrective action is necessary (Bass & Riggio, 2006). Supervision using a management-by-exception approach does not inspire workers to achieve results higher than the established goals, rather, purely transactional leaders trust their workers to achieve the minimum standards established by the agency. Supervisors in a state agency who seek to keep things running smoothly with little to no change are likely operating from a management-by-exception approach. Little is done to innovate and/or modernize, and there is a strong desire to "avoid rocking the boat" (Sarros & Santora, 2001, p. 389). Deference to maintaining the system's status quo is exhibited, but workers are generally satisfied as the agency continues to operate from day-to-day and contingent rewards continue to be meted out as expected.

Administrative Supervision and Transactional Leadership. Administrative supervision closely aligns with a transactional leadership style, due in part to the fact that administrative supervisors are often conceptualized as the supervisees' boss (Tromski-Klingshirn, 2007). Similar to transactional leadership, administrative supervision focuses on sustaining the operations of agency as a whole. Administrative supervision is concerned with adherence to agency policy, human resource concerns, the overall efficiency of the agency, quality assurance activities, and appropriate usage of resources (Kreider, 2014; Sabella, 2017). Specific examples of administrative supervision in VR include the supervisor's review of client eligibility documentation, evaluation of individual plans for employment prepared by counselors, and monitoring expenditures of agency funds (Herbert & Trusty, 2006). In an administrative role, supervisory interventions are largely managerial in nature, meant to maintain consistency and continuity of agency processes through monitoring of policy, documentation of services, and general caseload practices (Herbert, 2012). Lapses in attention to administrative supervision may lead to interruptions in service delivery to individuals with disabilities due to failures in timelines or inattentiveness to required protocols. On the macro-level, inadequate administrative supervision may lead to inconsistent services across the agency, wasteful use of resources, or potential citations from governmental funding sources for inadequate operational controls or compliance findings.

Although transactional leadership and administrative supervision are essential for the agency's continued sustainability, an overemphasis on administrative functions detracts from counselor professional development and clinical work with clients (Bezyak et al., 2010), and may adversely affect counselor retention (Zanskas & Strohmer, 2011). A qualitative study by Baškarada et al. (2017) found that transactional leadership is more likely in situations where there is a scarcity of human capital resources (i.e., high turnover). This may create a situation that is cyclical in nature where administrative focus creates a working environment that increases turnover, but then the supervisor defaults to a leadership style that may exacerbate the problem.

As illustrated in Table 1, high transactional and low transformational leadership environments emphasize policy and procedure compliance to the detriment of the counselor's clinical skill development. Research indicates rehabilitation counselors are more likely to "seek out and remain in environments that allow them to use their skills and abilities, that are consistent with their attitudes and values" (Zanskas & Strohmer, 2011, p. 9). With over half of all state VR agencies reporting staffing issues (Dew et al., 2008), the turnover intentions of counselors may possibly be addressed and even mitigated through a transformational approach to leadership and by supervision efforts aimed at developing the counselor.

Supervision in a Transformational Context

Transformational leadership is a vision-oriented approach to leading that encourages others to think beyond self-interest and strive for continued improvement and commitment to the organization (Bass, 1990). These leaders seek to elevate individual employees to a higher purpose and inspire "organizational renewal" (Bass & Avolio, 1993). When following transformational principles, supervisors encourage supervisees to think beyond their self-interests, to strive for continued improvement and commitment to the organization's mission (Bass, 1990). In the clinical setting, transformational supervisors function as mentors, coaches, and advocates supporting those around them. They collaboratively work with counselors to identify goals that align with their individual needs, stimulate their intellectual interests, and inspire the counselor to give their optimal effort (Bass, 1990).

Within the transformational leadership framework, *charisma* is a leader's way of empowering people through "idealized influence" (Bass & Riggio, 2006; Lewis, 2017). State VR supervisors can function as an ideological role model for others (Avolio et al., 2009) through modeling exemplary ethical and professional behavior. Employees admire and trust this type of leader, allowing them to set lofty expectations and making employees believe that they can accomplish great things (Bass, 1990). Through creating a culture of high-expectations and intellectual curiosity, a transformational-oriented VR supervisor encourages counselors to be innovative and creative in their problem-solving. These supervisors nurture the idea that counselors should "think outside the box," facilitating brain storming sessions and input exchanges to identify new strategies or interventions. Employees who have *intellectual stimulation* in their jobs are committed to their positions longer (Bass & Avolio, 1993) and work toward solving long-term problems rather than "quick fix" solutions (Bass, 1990).

An effective VR supervisor also uses *inspiration* to communicate the agency vision in a way that is concise, meaningful, and that stirs others to action (Bass, 1990). Within the VR context, a transformational supervisor may use their inspirational influence during times of great transition (e.g., WIOA implementation, new case management system, agency leadership turnover), to mitigate employee dissatisfaction and inspire counselors to work through challenging circumstances with renewed purpose. By sharing the vision and values in a manner that resonates with their supervisees, the transformational supervisor garners support and solidarity. State VR administrators have reported that coaching and inspiring staff is among the most important leadership skills among their supervisors, but also one that is lacking and in need of further training development (Sabella, 2017).

Transformational-oriented VR supervisors are wholly invested in the professional development of their counselors. Akin to the way a rehabilitation counselor provides individualized services to meet the unique needs of each client, the supervisor gives *individualized consideration* to each counselor's unique wants and needs from the workplace. A supervisor who stays informed and interested in their supervisee's contexts can engage them on a personal level. As a result, counselors feel valued as individuals and as part of the vision of the organization as a whole. Supervisors who are engaged at this level are able to work collaboratively and creatively to encourage professional skill development tailored to each counselor, and by extension improve service provision (Schultz, 2008).

Clinical Supervision and Transformational Leadership. Just as administrative supervision tends to use transactional approaches, clinical supervision shares similar principles to transformational-oriented leadership. Clinical supervision has an evaluative function, but primarily seeks to empower counselors by enhancing their skills and decision making (Herbert, 2018) The supervisory working alliance between supervisor and counselor reflects a common-goal-oriented and relational process that is an isomorphism for the therapeutic alliance between a counselor and a consumer (Austin, 2012; Koltz, et al., 2012). Within a transformational context, the clinical supervisor functions as a mentor, coach, or role model for counselors (Bass, 1990). The individual developmental and educational goals that are formed during clinical supervision can be directly translated to a supervisor recognizing and nurturing each counselor's individuality (Tarvydas & Hartley, 2018).

Johnson et al. (2014) used a case study to illustrate how clinical supervision is a developmental and relational process. The early stages of supervision are often marked by transactional tasks (e.g., contracts and policy training), but as counselors become increasingly competent within their roles, effective clinical supervision takes on a more transformational identity (Johnson, et al., 2014). Counselors' supervision needs, and by extension the supervisors' role, shift toward a more collegial, collaborative, and reciprocal professional relationship. Johnson contends that supervisors who are "stuck" in transactionally-oriented tasks "may be perceived as rigid and distant" (Johnson et al., 2014, p. 1075).

Dutiful and consistent engagement in clinical supervision has a positive impact across professional functioning, from increased job satisfaction and lower counselor turnover to increased counselor productivity and better client service satisfaction (Austin, 2012; Odumeru & Ogbonna, 2013; Avolio et al, 2009). Despite the benefits, regular clinical supervision is often discontinued after a counselor is no longer a student or novice (Falender, 2018; Schultz, 2008) and remains incomplete or inadequate in many public VR settings (Bezyak et al., 2010; Schultz et al., 2002). Still, in recent years, state VR administrators have acknowledged the high priority need for clinical supervision among their front-line supervisors, seeking new sources for advancing training and development in this area (Sabella, 2017).

While transformational leadership and clinical supervision are critical to the ongoing success of the state VR system, the absence of administratively-based tasks (e.g., financial tracking, eligibility review, and quality assurance procedures) reduces accountability for front-line supervisors to monitor service delivery and can lead to challenges with the "out-groups" (e.g., new hires, clients, vendors) understanding the structure and function of the organization (Bass & Avolio, 1993). To maximize the benefit of transformational leadership and clinical supervision, these approaches must be balanced with elements of transactional leadership and administrative supervision.

The Balancing Act of Ambidextrous Leadership

"Any transformational approach [to leadership] is firmly bounded by certain transactional expectations" (Baškarada et al., 2017). To maximize the forward-thinking benefits of transformational leadership and counselor development associated with clinical supervision, these approaches must be balanced with elements of transactional leadership and administrative supervision to ensure accountability and establish procedure. This balancing act has been termed ambidextrous leadership (Baškarada et al., 2017). As seen in Figure 1, when transactional and transformational leadership styles are blended, supervisors can address the respective needs of the agency (i.e., administrative focus), while also attending to counselor development and client needs (i.e., clinical focus; Del Valle et al., 2014). The implementation of the ambidextrous approach to leadership and supervisory style may be influenced agency factors like culture, expectations, and turnover, or by the supervisors training and skill in using varied leadership styles purposefully.

Direct-Service Leadership: Counselor Level

While leadership at the administration and supervision levels is expected, the focus on leadership at the direct-service (counselor) level is often lacking and research regarding direct-service leadership is generally absent from the rehabilitation counseling literature (Sabella, 2017). However, every individual has the potential to act as a leader (Bass, 1993), including counselors whose primary role is providing direct-service to clients. Counselors fulfill important leadership roles that help meet the needs of clients, shape positive organizational culture, and assist the organization in fulling its mission. Organizational culture is often set by the administration at the top and trickles down, yet the attitudes, norms, and behaviors that make up the culture are fully expressed at lower, direct-service levels (Bass, 1993). This makes leadership development at the direct-service level an important activity to which organizations must attend to create positive cultures and healthy, high performance agencies (Sabella, 2017).

Transactional Leadership at the Direct-Service Level

Like the administrative and supervision level, direct-service professionals can assume leadership roles using transactional or transformational principles (Bass, 1993; See Table 1). At the direct-service level, transactional leaders tend to focus on adherence to administrative policies and protocols, but with less emphasis on innovation because change may disrupt existing or standards. These counselors tend to be viewed by peers as the policy experts and may be approached by other counselors when clarification on a rule or procedure is needed. Transactional counselors can positively influence the agency culture by reinforcing accountability as an organizational value, and their work helps ensure compliance with state and federal mandates (Sabella, 2017). A study of state VR agency administrators showed they recognized the importance of transactional practices at the direct-service leadership level, identifying knowledge of VR policy and regulation (81% rated "very important") as well organizational accountability (75% rated "very important") as two of the highest rated functions at this level (Sabella, 2017). Counselors who are highly transactional in approach may be seen by others as highly structured, efficient, and outcome driven, though may, in some cases, struggle to find meaning in their work or to instill it in others.

Transformational Leadership at the Direct-Service Level

Transformational leaders at the direct-service level take inspiration from the long-term goals of the organization (Burns, 1978) and strive to change and improve themselves and those around them (Bass & Riggio, 2006). The mission and organizational values guide the work of the transformational counselor and they may struggle with administrative procedures and policies that are perceived as overly structured or onerous (Bass, 1993). Direct-service professionals who are transformational leaders are viewed as mentors and teachers who try to empower peers to develop new and advanced knowledge and skills (Burns, 1978). Further, counselors using a transformational approach tend to be described as engaged, innovative, and motivated to see their clients and coworkers succeed. In a study of 56 individuals participating in a transformational leadership training, Mason et al. (2014) found that leadership behaviors improved, but were moderated by the individual's self-efficacy, perspective taking and positive affect. This suggests that transformational leadership can be developed, though is subject to personal factors. Additionally, findings from a meta-analysis revealed transformational leadership improved the contextual performance of followers, which are those behaviors beyond the job description (Wang et al., 2011). Examples of contextual performance include helping other

counselors when they are in need, working over the required hours, volunteering for projects that help improve the image of the agency. In the same meta-analysis, Wang et al., 2011 observed a positive relationship between transformational leadership and both the performance of duties outlined in the job description and duties not outlined in the job description. Counselors can serve as transformational leaders by modeling these positive, contextual behaviors, motivating others to follow suit.

Many counselors select the counseling profession because they value helping others and see themselves as skilled at building one-to-one counseling relationships (e.g., empathy, warmth, etc.), but do not necessarily believe they possess attributes typically associated with leadership (e.g., extraverted, directive). However, emerging evidence indicates that the same skill set that counselors use to build strong working relationships with clients may also be associated with the skill set that makes for a strong transformational leader (Jacob et al., 2013; Jacob et al., 2017). To build a positive working relationship with clients, counselors must demonstrate behaviors such as genuineness, honesty, flexibility, empathy, and restraint from premature judgement (Ackerman & Hilsenroth, 2003). Similarly, transformational leaders must also show individualized consideration for followers or development of a positive relationship with followers (Jacob et al., 2013). Counseling and leadership are often conceptualized as discreet professional roles, though the same skills that promote positive change in clients may also help counselors have a transformational impact on their agency. While counselors use their skills to help clients set and meet goals, transformational leaders empower followers to plan and implement actions (Jacob et al., 2013). In their conceptual framework of transformative leadership, Bottomley et al. (2014) outlined four behaviors of effective leaders: vision builder (i.e., creates a vision, sets goals and achievable action steps), standard-bearer (e.g., ethics, modeling of personal accountability), integrator (e.g., sees opportunities for change and inspires change), and developer (e.g., invests in mentoring others and developing future leaders). While Bottomley et al. (2014) did not specifically address counselors, collaborative goal setting, high ethical standards, modeling and facilitating change, and mentoring are closely aligned with the essential functions of counselors.

Direct-service providers are well-positioned to serve as leaders in an organization despite differences in how this role is expressed relative to supervisors or administrators (Sabella, 2017). The volume of counselors and support staff is large compared to administrative levels, giving them ample influence over agency outcomes. The cumulative effect of direct-service professionals completing the day-to-day activities of the agency with competence, professionalism, and attention to ethical behavior has a profound impact progressing the agency towards the identified vision (Sabella, 2017). So, although direct-service providers lack authority, they have expansive impact. This reinforces the notion that administrator or supervisor roles are assigned through title (authority), but leadership is a trait that anyone can assume (influence). Tansey and Garske (2007) argue for the need to train counselors in leadership as a means of succession planning. Developing leaders at the direct-service level to fill future administrative and supervisor positions is critical for agency continuity, particularly during periods of instability and financial uncertainty (McFarlane et al., 2011).

Leadership is expressed at all levels of the organization, including the direct-service level. Counselors engage clients and build productive therapeutic relationships that lead to successful employment for individuals with disabilities. These interpersonal and relational skills are hallmarks of transformational leadership and essential factors in counseling outcomes (Lambert, 2011; Lustig et al., 2002). Peer-to-peer level mentorship, guidance, and inspiration often goes unnoticed, but supplies a far-reaching support network en masse. Direct-service personnel make up the majority of agency human resource potential, so focusing leadership development at this level promotes proactive succession planning and is an investment in the agency's future (Sabella, 2017).

Recommendations at Three Levels of Leadership

The authors conclude by offering some key recommendations to consider for leadership practice using the transformational and transactional framework that emphasizes transformational principles to augment fixed transactional systems inherent in public rehabilitation. These suggestions chiefly address achieving balance between transactional and transformational practice, methods for creating a positive organizational culture, and personal characteristics and professional behaviors that can stir others to action. Comprehensive meta-analyses research has demonstrated that effective leadership has a positive influence on many aspects of the organization from commitment, to culture, to performance (Karadag, 2015). Yet, there are challenges to

implementing evidence supported practices in rehabilitation counseling agencies, including the complexity and scope of rehabilitation services, insufficient time in busy agencies, bureaucratic policies, and change-averse organizational cultures (Chan et al., 2010). The application of these recommendations must be considered within the unique contexts of individual state VR agencies, while also anticipating some resistance due to entrenched beliefs and inflexible structures.

Implementation of these recommendations at the administrator level may begin with increasing the frequency of contact direct-service personnel, to set up a reciprocal communication, where administrators can better understand employee motivations, and counselors and staff can offer input on agency issues and potential innovative solutions (Plotner & Trach, 2010). Direct communication with and involving employees in this manner will help counselors and field staff feel connected to agency decision-making, not merely subject to agency policy and the administrative office's "decree." At the supervisor level, weekly one-hour sessions with their counselors are advised (Ellis et al., 2014). This format can help ensure counselors aware of administrative demands (agency transactional needs), as well as provide space for identifying professional interests and counselor clinical skill development (transformational needs of the practitioner). A strong supervisory working alliance between supervisor and counselor is essential to allow honest communication and critical analysis of the agency and empower counselors to offer suggestions for improvement. To facilitate direct service leadership, agencies should formally and informally recognize counselor and staff contributions to reinforce motivation and commitment. Agencies should also provide leadership opportunities to counselors (e.g. introductory supervisory or administration experiences) as this allows them to actualize their leadership potential (Sabella, 2017) and helps workers remain active and independent contributors (Landon et al., 2020). Guidance for enhancing transformational leadership in state VR agencies at the administrator, supervisor, and direct-service levels is summarized in Table 2.

Conclusion

The field of rehabilitation is rooted in the concept of transformational change for individuals with disabilities and in transforming societal attitudes, economic disparities, and systemic barriers to inclusion. There is an inherent connection to progressive civil rights leaders like Justin Dart and Ed Roberts; visionary rehabilitation psychology theorists like Beatrice Wright; and influential leaders in rehabilitation counselor education such as Edna Szymanski, Fong Chan, and Michael Leahy. These individuals pushed against the status quo and worked to transform arcs within oppressive societal structures, rehabilitation practice, and rehabilitation research and education. Yet, increasing demands for accountability, internal controls, and assurances of responsible management of personnel and resources have led many public agencies to adopt transactional management approaches. Transactional leadership helps protect the agency from external scrutiny by ensuring that rules and standards are being met (Bass, 1900), but may not promote innovation or employee motivation. Ideally, agencies should consider a balanced approach that incorporates oversight and policy compliance, but also communicates a collective, future-oriented vision (Sabella, 2017). Transformational leadership should not be viewed as a panacea (Bass & Riggio, 2006), but incorporating these principles may help VR agencies better adapt to challenging circumstances by promoting a healthy organizational culture, increasing counselor commitment, and facilitating innovation and productivity.

An organizational culture is created and advanced by administrators, translated and supported by supervisors, and put into action by direct-service personnel. Yet, even with the best intentions, there are factors that can adversely affect organizational culture stemming from external sources and internal dynamics. For example, a culture that encourages innovation can be impeded by prescriptive standards and performance measures set at the federal level. State agency administrators must lead in advocating for policy change that supports innovation through coordinated policy lobbying (e.g., Council of State Administrators of VR) and through direct input to Rehabilitation Services Administration agents. Additionally, top-down agency structures can limit the exchange of creative ideas or promising practices across direct-service levels. Innovative, transformational leadership approaches require buy-in from all levels, such that challenges to ineffective policies or agency-change suggestions from direct-service personnel are met with enthusiasm, rather than punitive reactions. Supervisors are persons with 'some authority,' so should try to affect culture within their realm

Table 2

Key Recommendations to Enhance Transformational Leadership Practices at the Administrator, Supervisor, and Direct-Service Levels

Recommendations for Administrators

- Put time and resources into developing and communicating the vision and mission
- Create a forum for agency-change related input exchanges between administrators and counselors/staff to promote innovation
- Frequently communicate directly with employees (face-to-face or maximizing interaction when possible), to learn their individual needs and to create 'buy-in'
- Allow greater flexibility and decision-making on local levels to empower staff and instill sense of responsibility and ownership
- Put resources into employee professional development plans and leadership development programs

Recommendations for Front-Line Supervisors

- Balance attention to counselor skill development (clinical supervision) versus policy and procedure compliance (administrative supervision)
- Conduct regular, scheduled clinical supervision sessions with all counselors, regardless of experience level (recommended 1 hour per week; Ellis et al., 2014)
- Engage with supervisees to understand their personal needs and work motivations.
- Foster an organizational culture within the office that encourages innovation and generating creative solutions

Recommendations for Direct-Service Professionals

- Model the conditions necessary to build strong working relationships with clients (e.g., empathy, positive regard, congruence, etc.)
- Use your individual strengths to have a positive influence on your local office culture and coworkers
- Assume a peer leader role and seek opportunities to teach, mentor, support, and inspire other counselors
- Communicate your leadership goals with your supervisor and pursue opportunities for leadership-professional development

of influence, while considering how to navigate competing institutional cultures working against clinical supervision goals (Bernard & Goodyear, 2019).

Rehabilitation professionals receive little formal leadership or supervision training, though there is evidence that even minimal leadership training may improve skills among rehabilitation personnel (Corrigan et al., 2000). It is vital that agencies develop improved channels for identifying aspiring leaders, developing their potential, and supporting them in their roles as administrators, supervisors, and counselors (Sabella, 2017).

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The Role of the Supervisor in Counselor Professional Development

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Abstract. *With the reduction of training resources and changes in hiring practices due to legislation impacting the professional development of Vocational Rehabilitation (VR) counselors, the responsibility for counselor training and professional development is increasingly left to the front-line supervisor. The professional development of counselors is considered a life-long process. Formal professional development processes begin when the counselor finishes an academic training program and enters professional practice. A lack of professional development opportunities in practice settings can result in a lack of ongoing counselor skill development and may trigger incongruence between Vocational Self-Concept and professional identity. Incongruity between Vocational Self-Concept and professional identity can lead to workplace dissatisfaction, burnout, and turnover. Conversely, purposeful and planned professional development opportunities help practitioners to continually enhance their skills and negotiate role incongruity and satisfy the professional development needs of the counselor. Counselors that have continual skill development and a balanced personal and professional identity are better suited to serve the needs of the agency and corresponding clientele. This article will discuss the role of the supervisor in the professional development of the counselor and discuss strategies for providing instruction and support in that process.*

The Role of the Supervisor in Counselor Professional Development

A qualified and credentialed provider of rehabilitation counseling services is the natural outcome of the professionalization of rehabilitation counseling. The evolution of the profession included the standardization of pre-service education and training through accreditation, establishment of a certification body and con-

comitant national exam, the drafting of a professional code of ethics, and the establishment of professional associations (Leahy, 2018). A qualified provider of rehabilitation counseling services is seen as someone possessing a master's degree in rehabilitation counseling (or closely related graduate degree), national certification as a Certified Rehabilitation Counselor (CRC) and corresponding state licensure (e.g., Licensed Professional Counselor, Licensed Vocational Rehabilitation Counselor, Clinical Mental Health Counselor, etc.), who adheres to the Commission on Rehabilitation Counselor Certification (CRCC) Code of Professional Ethics (Leahy, 2012) and any relevant state licensure codes of ethics. The empirically validated knowledge and training possessed by qualified rehabilitation counselors sets them apart as experts on disability and employment-related services and issues (Leahy, 2018).

Despite these achievements, the Workforce Innovation and Opportunity Act of 2014 [P.L. 113-128] and associated amendments to the Rehabilitation Act of 1973 [P.L. 93-112] lowered the national standards on educational requirements for rehabilitation professionals in state vocational rehabilitation (VR) agencies from a master's degree to a bachelor's degree (The Rehabilitation Act of 1973, 2015). The general consequences of these legislative changes to the VR comprehensive system of professional development are still unclear. Although it should be noted that individuals practicing rehabilitation counseling without commensurate training and professional credentialing are not accountable to professional codes of ethics or practice regulations established by the profession (Leahy, 2012). With a potential for the increased hiring of rehabilitation specialists (i.e., professionals with bachelors' level training or less) and counselors with limited disability, employment, and counseling related training, the task of professional development often falls to the front-line supervisor.

Clinical supervision is one well-established and empirically supported intervention that can be used to ensure professional development (PD) occurs in an appropriate and timely manner. The purpose of this paper is to highlight PD as an important tool that can be used by front-line supervisors and demonstrate how it can be leveraged to meet the development needs of both the counselor and the state-federal VR agency. Principles of PD apply to individuals possessing all of the aforementioned elements to be a qualified provider, but also to those rehabilitation professionals hired at the bachelor's level to help them understand principles of disability and rehabilitation philosophy, and how to apply counseling theory and practice to persons with disabilities. We start with a discussion on clinical supervision, move to theories of career development and counselor PD to provide an understanding of why PD is necessary, and then discuss models of PD and how practicing supervisors might use these models to facilitate counselor PD.

Clinical Supervision

Clinical supervision "is an evaluative process characterized by a supportive relationship that is developmental in nature" (Herbert, 2018, p. 419), and has an inherent hierarchical nature due to the supervisor being in a position of power (Bernard & Goodyear, 2019). Clinical supervision is focused on counselor skill development and includes improvement in ethical service delivery, use of counseling skills, and is focused on the counselor-client interaction, specifically improving their working alliance with clients from diverse backgrounds (Herbert & Trusty, 2006; Sabella, 2017).

Research has suggested that "rehabilitation counselor supervisors in non-mental health settings do not understand the value, nature, and process of clinical supervision" (Herbert, 2018, p. 419). The result being that clinical supervision is a process largely misunderstood in VR settings (Rogers, 2015). This ambiguity may be in part due to use of the term "clinical", which reflects pathology and a medical approach to client conceptualization (Herbert, 2018). A clinical or pathological approach to counselor conceptualization is reflective of the medical model of disability, is antithetical to rehabilitation philosophy (Smart, 2019), and may impact the way in which discussions and presentations on clinical supervision are received in VR settings. It is essential to overcome this uncertainty as clinical supervision is related to improved outcomes for rehabilitation counselors in the state-federal VR setting (McCarthy, 2013), improved counseling and case management skills (Schaefle et al., 2005), improved counselor well-being (Livini et al., 2012), and lower work-related stress leading to increased job satisfaction (Sterner, 2009).

The clinical supervisor within the VR practice setting also plays a key role in the PD of the rehabilitation counselor. Though practitioners with a graduate degree specific to rehabilitation counseling and working in

the state-federal VR system have been shown to facilitate higher quality outcomes for clients (Mackay et al., 2020), the development of a professional counselor is not complete with the acquisition of a graduate degree, national certification, and/or licensure. While education and credentialing should be considered entry-level benchmarks, the PD of a counselor is expected to continue throughout one's career.

Notably, a shift in hiring practices resulting from WIOA (2014), and a recognized long-standing personnel crisis (Bishop et al., 2003, Chan & Reudel, 2005; Schultz, 2007), has resulted in VR agencies not always being able to hire graduate-level practitioners with a disability-informed education and professional identity as a rehabilitation counselor. Such practitioners require significant professional development via clinical supervision (Bernard & Goodyear, 2019; Rich, 1993). As supervisees are going through the process of understanding and developing their professional identity, it is important to know how clinical supervision can positively and negatively impact this process (Herbert, 2004).

Professional Identity Development

Professional identity has been suggested to have three parts: (a) self-labeling as a professional, (b) integrating the skills and knowledge of the profession, and (c) belonging to a professional community (Gibson et al., 2010). Stated less formally, this reflects the practitioner's identity with the statement "I am a counselor", the counselor's knowledge of and ability to apply the theories, evidence-based practices, and skills necessary to enhance service delivery, and their active participation in counseling professional associations and employment settings. Additionally, practitioners in the rehabilitation counseling specialization espouse the belief that:

(a) individuals with disabilities have value and can succeed, (b) counselor empathy and nonjudgmental understanding are essential, (c) a holistic and flexible approach to support best addresses the needs of persons with disabilities, (d) rehabilitation counselors instill hope and opportunity, and (e) employment is part of the therapeutic process (Landon et al., 2020, p. 7).

These values are further substantiated in the Code of Professional Ethics for Rehabilitation Counselors (CRCC, 2017) and the CRCC Scope of Practice statement (CRCC, 2020).

Professional identity development begins during the counseling training program (typically a master's level program) and grows through the socialization process in the professional community (Choate et al., 2005; Collison, 2000). The development of a strong professional identity is central to ethical practice (Corey et. al., 2010; Granello & Young, 2012), as counselors begin to understand and adjust personal conduct according to the parameters and expected professional behaviors outlined in ethical codes. Students, novice counselors, and seasoned counselors develop and refine their professional identity through mentoring and supervision (Gibson et al., 2010), with clinical supervisors playing a significant role in this process (Calley & Hawley, 2008; Choate et al., 2005).

If clinical supervision is harmful or counterproductive it can hinder the professional identity development of the supervisee by making the supervisee feel disempowered (Gray et al., 2001), potentially leading to a professional identity crisis during the supervision process (Nelson & Jackson, 2003). As a result, tension between personal and professional values can influence a supervisee's development (Trede et al., 2012). To counter this potential tension, supervisors should provide feedback on the supervisees' identity development within the counseling profession, providing a sense of 'membership' (Crossley, 1996; O'Byrne & Rosenberg, 1998).

Clinical Supervision as an Intervention

Thielsen and Leahy (2001) outlined a number of techniques and methods that serve as the key knowledge domains rehabilitation counseling supervisors should be familiar with and use when providing supervision to rehabilitation counselors. These techniques and methods require specific knowledge leading to the designation of clinical supervision as an intervention (Bernard & Goodyear, 2019; Maki & Delworth, 1995). The use of the term "intervention" within the context of clinical supervision is of critical importance. In the helping service professions, interventions are used to address areas of deficiency and have an expectation of changing behavior, enhancing skill acquisition, or some other intended outcome. This process involves identifying skill

deficiencies, and then collaboration between the supervisor and supervisee to build an appropriate PD plan to enhance the identified skill deficit. Supervisors in rehabilitation counseling settings do not typically engage in direct observation to assess the skill level of their supervisees on a frequent basis (Herbert & Trusty, 2006); this suggests the utility of direct observation as a clinical supervision intervention is generally not understood nor used by supervisors in state-federal VR agencies.

For supervisors in rehabilitation counseling settings, an intervention may include the recommendation that a supervisee engage in specific PD opportunities to improve particular counseling skills or knowledge of a specific disability. For the intervention to successfully address a supervisee's identified deficiencies or areas of interest, supervisors need to consider several factors about the PD: (a) the overall design of the PD opportunity, (b) their own training in clinical supervision, (c) personal attitudes about PD, (d) the manner in which PD is to be delivered, (e) how the PD will be received by supervisees, and (f) how the PD opportunity will be measured in terms of impact on the agency, counselor, and client receiving services (Borrelli et al., 2005). It is essential that the PD is implemented in a purposeful manner, is supervisee-centered, and is driven by the supervisor's observations and determinations of need (Borrelli et al., 2005).

Tripartite Model of Supervision

Housed within the organizational culture of the state-federal VR system, Schultz (2008) proposed a model of supervision specific to rehabilitation counseling. Schultz articulated the continued need for both administrative and clinical supervision, while adding PD as a distinct feature of the supervision process. Schultz suggested that, given the "proximity to line staff… the supervisor holds significant potential for impacting the functioning, morale, development, and expertise of the rehabilitation counselor" (2008, p. 38). The centerpiece of this model is the supervisory working alliance, which remains central to working effectively with supervisees regardless of the role the supervisor is operating from (e.g., administrative, clinical, or PD; Schultz, 2008). Another unique aspect of this model is the description of the overlap between clinical and administrative supervision (i.e., the process of quality assurance), clinical supervision and professional development (i.e., transformational learning), and administrative supervision and PD (i.e., strategic leadership). Given its specific relationship to PD, strategic leadership will be discussed in further detail.

Strategic Leadership

Defined as the "process of forming a vision for the future" (Elenkov et al., 2005, p. 666), strategic leadership requires supervisors to understand the interests and passions of their supervisees from a personal and professional standpoint. This requires supportive and strategy-driven exchanges (e.g., dialogue focused on counselor skill development) that allow for stimulation and motivation of followers (Elenkov et al., 2005). When leveraged correctly, strategic leadership allows for the assessment of counselor interest and passion, agency needs in terms of training and specialization, and aligns counselors with specific training interests with the knowledge/training gaps of the state-federal VR agency. In this way, PD plans are centered around personal counselor interest (thereby ensuring intellectual stimulation and occupational fit/congruency) and also satisfies the training deficiencies and needs of the agency. Given the focus on counselor skills and agency needs, aspects of both clinical and administrative supervision are used to ensure this process happens. In sum, "when PD is conducted in a strategic manner to coincide with the needs of the agency, the counselor and the organization are empowered" (Schultz, 2008, p. 38).

Although professional growth opportunities are predictive of career satisfaction (Randolph, 2005), supervisors should not approach PD haphazardly or simply based on what is readily available. Supervisor observation of the supervisee's client interactions should identify any deficiencies in counseling skills. Further dialogue with the supervisee specific to the case conceptualization should reveal any deficiencies in professional knowledge and conceptual understanding. The supervisor and counselor then work together to mutually identify areas of interest and learning deficiencies to enhance a specific counseling technique or understanding of a theoretical approach. Collaboration between the counselor and supervisor keeps the PD centered on the specific needs of the supervisee, in turn helping the supervisee see the value of the PD opportunity, thereby increasing the likelihood that the learning will be internalized. Follow-up measures can further promote the individual internalization of the supervisee's learning. An example of a follow-up method would be inviting the

supervisee to report what they learned back to the other counselors in a subsequent staff meeting or in-service training. Giving the supervisee an opportunity to be established as an expert in a specific area will encourage buy-in from the supervisee and ultimately aids service provision to all clients being served.

Career and Professional Development Theory

For optimal counselor development and growth to occur, the process must involve an integration of the vocational self-concept into a coherent professional identity (Rønnestad & Skovholt, 2013). Integrating personal and professional identities can best be described as career development, which is fluid and nonlinear. A supervisor's ability to conceptualize career development as a natural and necessary process for counselors is imperative at all stages of the supervisee's professional lifespan.

A lack of PD has been linked to higher rates of occupational turnover (Rønnestad & Skovholt, 2013), and high turnover rates are already an issue among VR agencies (Armstrong et al., 2015; Pitt et al., 2013). In the same way a rehabilitation counselor facilitates career development for clients via the incorporation of career development theory into practice (Garske, 2014; McGuire-Kuletz & Hergenrather, 2008; Szymanski, 1999), supervisors benefit from applying career development theories to their supervisees. A supervisor's ability to apply career development theory principles to their supervisees will allow the supervisor to: (a) understand which career development stage the supervisee is in, (b) consult evidence-based and best practices for facilitating career development at a given stage, and (c) implement skillful application of best practices.

Career Development and Rehabilitation Settings

The decreased educational requirements for VR counselors resulting from WIOA (2014) have increased the likelihood of some rehabilitation specialists employed within the state-federal VR system possessing little to no knowledge of rehabilitation philosophy or history. A lack of familiarity with the profession and professional standards can lead to work identity incongruence on the personal level, and ethical concerns at the larger professional level. Additionally, service providers with advanced degrees may view professional development as unnecessary or may not view PD opportunities as a priority due to administrative work demands and escalating work-related stress (Layne et al., 2004). A paucity of PD combined with insufficient personal and professional identity can leave counselors feeling unsatisfied in their work because of competing interests and employer expectations, ultimately causing work identity incongruence and potential apathy in the long run (also known as burnout). When incongruence between personal and professional identity exists, career frustration and disillusionment are the outcome; conversely, if there is congruence between personal and professional identity, the individual is likely to flourish and remain engaged within their profession (Rønnestad & Skovholt, 2013). The goal of any career development theory is to aid a given worker in identifying, securing, and maintaining an occupation that is fulfilling and gives their life meaning. As such, supervisors must understand career development theories that merge personal development with career development and can help them to facilitate the evolution of a supervisee's career journey. While there are many career development theories in the literature, of particular relevance is Donald Super's Lifespan Theory.

Super's Lifespan Theory

Super's theory has been considered one of the most comprehensive theories of career development. Often described as a "life-career rainbow", the theory encompasses multiple facets of career development, including vocational self-concept, career maturity, and the many roles an individual occupies during their lifetime (Super, 1980). Super's model leaves sufficient flexibility for the fluidity of career development during which time an individual may change careers, retire, or acquire a disability which precludes them from working in a previously held occupation. The emphasis of fluidity in career development makes this theory an ideal choice for application to the current structures and issues prevalent in VR agencies. For example, following the reauthorization of WIOA (2014), VR agency personnel became more diverse in terms of education and experience. As a result of the changes in hiring practices due to WIOA (2014), there are more personnel with varying related master's degrees (e.g., social work, special education) or possibly no graduate degree at all. Those VR workers come from a different career development trajectory that may not have included training on rehabilitation philosophy and the emphasis on disability, ethics, inclusion, and employment.

Central to Super's life-career rainbow is the notion of vocational self-concept. As such, it is one of the few career development theories which puts psychological development at its core. Vocational self-concept (VSC), or "the constellation of self-attributes considered by the individual to be vocationally relevant" (Super, 1953, p.20), evolves over time as an individual's career development advances. As the VSC becomes more concrete and realistic, vocational choices and behaviors become more stable (Super, 1953). Considering again the new variety of educational backgrounds found within VR agencies, one can look to Super's stages and levels of VSC that may be found in the agency.

A VR counselor working in a state-federal VR agency with a Master's degree in Rehabilitation Counseling (MRC) should possess the VSC of a rehabilitation counselor, as they have spent several years working towards and training for that specific vocational goal. On the other hand, an individual with a related master's degree likely has limited familiarity with rehabilitation philosophy and VR as a system. The VSC of this individual may be that of a teacher or case-manager who is currently working in the role of a VR counselor; this differs from the VR worker who has been preparing to be a VR counselor throughout their graduate program.

Such incongruence between work identity and work setting has the potential to create a rift in VSC, leading to a higher rate of burnout and turnover. Finally, consider individuals with no graduate training who obtain positions within VR agencies. Not only is it possible that the worker would have a very generalist training such as those found in most undergraduate programs, it is also likely that they have had fewer professional work experiences compared with those at a graduate level. As such, the VSC of this individual is not yet fully formed. This group of workers may be more susceptible to following poor supervisory advice, to crossing ethical boundaries (for lack of training on ethical codes), and again, for higher rates of turnover as they mature, and their VSC evolves.

Life and Career Roles and Stages

Super's theory describes major life roles that individuals commonly occupy, and sometimes simultaneously (Kulik et al., 2015). The roles include: child, student, "leisureite", citizen, worker (including unemployed and nonworker), homemaker/parent. These roles are described as being housed within four theaters (not included in Figure 1.)*:* (a) the home, (b) the community, (c) the school (including college or university), and (d) the workplace. In addition to the aforementioned roles and theaters, there are five life stages where these roles and theaters occur: see Figure 1 (adapted from Super, 1980).

Although there are ages indicated to accompany each life -stage, it is plausible that an individual may reenter a previous life-stage at any point. The evolution of the world of work in recent decades, coupled with economic shifts makes it even more likely that someone may want to switch careers later in life, or that they may have no choice but to do so. Furthermore, ever-present concerns related to retirement and the availability of pension or Social Security funds are hallmarks of the current labor market, keeping workers cycling through Super's roles regardless of the individual's present life stage (Ceniza-Levine, 2020).

Super's Theory in Context

A prominent example of the applicability of Super's theory and its hallmark relationship between VSC and career development is the experience of a VR agency employee possessing a bachelor's degree or related master's degree (e.g., social work, special education, mental health counseling, etc.) and employed by a VR agency for several years. At that point, the individual would consider themselves to be in the Establishment career development stage moving towards Maintenance, and the Worker life role (Super, 1980). However, either out of a job requirement or a desire to advance their career, the individual will need to return to school for either an MRC or category three eligibility through the CRCC for the CRC exam, thereby re-entering the Student role (Super, 1980).

Vocational self-concept is an important component of career development that has been attributed to successful vocational outcomes, even predicting success in certain cases (Becton et al., 2016). In the above situation, the worker who returns to a graduate student role after years of career experience is going to experience a change in their VSC. Not all VSCs are equal, and the individual may not have a strong VSC as a student: their previous experience in that role may not have been positive, or as they have aged, they do not feel that they

Figure 1

Super's Career Development
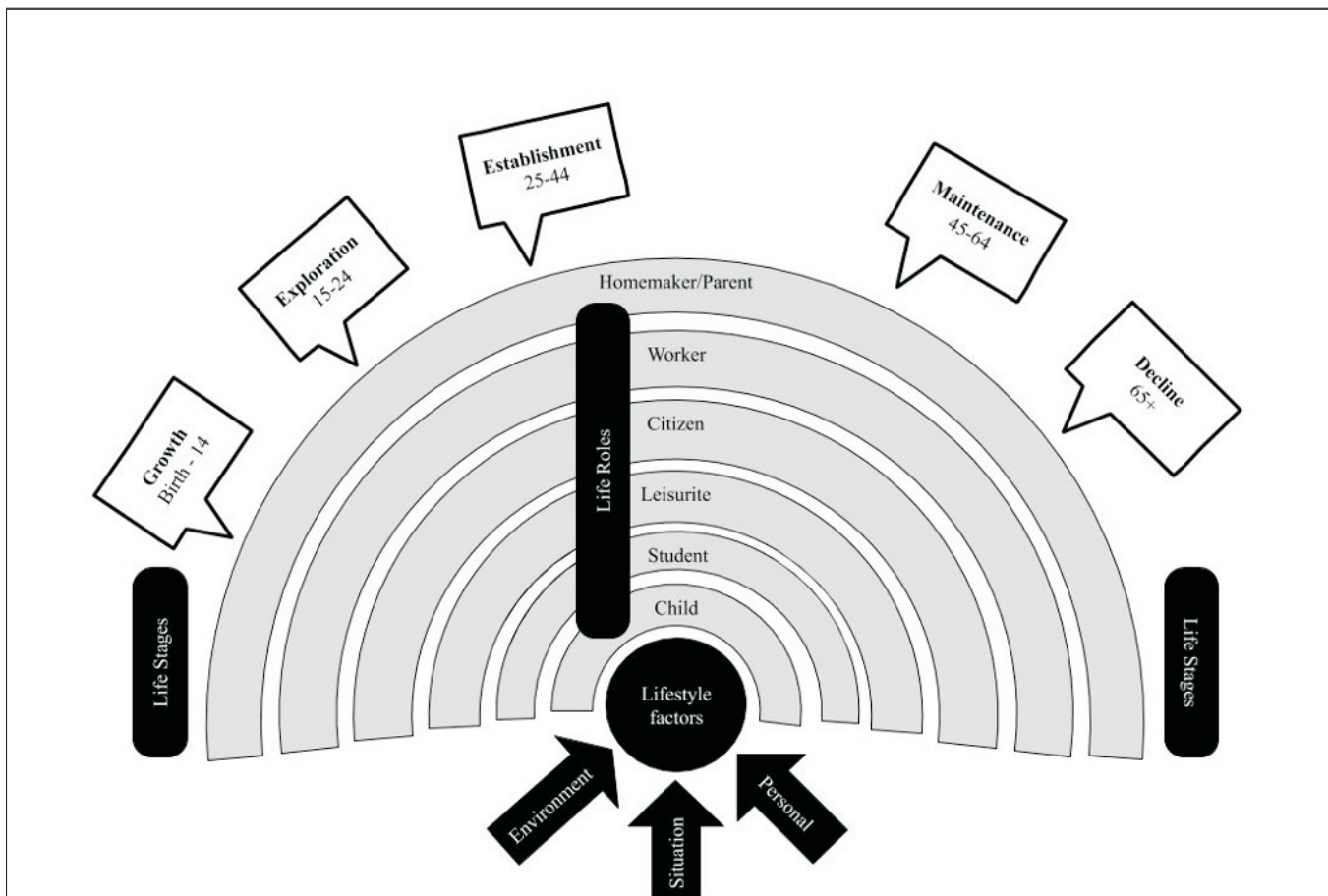
can maintain a student role. Similarly, if the individual has already obtained a master's degree in a related field, their VSC or professional identity may not be exclusively that of a rehabilitation counselor. As described earlier, the experience of work incongruence can happen when a person's professional role does not align with their VSC. Supervisors need to be able to engage their supervisees around PD so that they can bridge any knowledge gaps and help the supervisee deal with role and identity strain resulting from the incongruence.

Tools for Assessing. Supervisors should be able to assist a supervisee in identifying where they are at with relationship to their VSC and overall professional development. These topics may be challenging, and not always readily apparent via day-to-day conversations. Specifically, assessing where one's supervisee is at regarding their VSC would allow a supervisor to gain a sense of how vulnerable an individual would be for turnover. An empirically validated instrument to support in this endeavor would be the Vocational Rating Scale (VRS; Barrett & Tinsley, 1977). Examples of items from the VRS, which measures vocational self-concept crystallization include:

I just can't make up my mind what type of work I'm cut out for;

I know my own values well enough to make a career decision right now;

I just don't know if I have the traits that some lines of work require;

I don't know my values with respect to careers as well as I would like to (Barrett & Tinsley, 1977, p. 308).

Simply phrasing these items as questions to be asked during a supervisory session would allow a supervisor to glean insight into the VSC of their supervisees and to provide relevant support.

Similarly, the Career Maturity Inventory Form C (Crites & Savikas, 1995) is a validated instrument that is available for identifying where in their career maturity or crystallization of VSC a supervisee is. The Career Maturity Inventory Form C includes items such as:

> *I often daydream about what I want to be, but I really have not chosen an occupation yet;*
> *When it comes to choosing a career, I will ask other people to help me;*
> *I can't seem to become very concerned about my future occupation;*
> *I know very little about the requirements of jobs.*

As previously mentioned, rather than administering a formal assessment, simply converting instrument items into questions during a supervisory session allows for a window into the career thought processes taking place.

The two instruments discussed in this section and the example items provided demonstrate the need to be future-oriented when speaking with supervisees, and to allow a supervisee the space to discuss their fears or concerns related to a career-choice. The aforementioned instruments and discussion topics will allow supervisors to discuss potential career paths within and outside of their agency, and to facilitate personal and professional growth that ideally will contribute to job satisfaction and retention.

Supervisor's Role in Knowledge Creation

Another key element of counselor professional development is that of the supervisor as a teacher (Bernard & Goodyear, 2019). Within this role, supervisors use supervision as an intervention by assessing the learning needs of their supervisees and then facilitating PD opportunities that address the identified deficits. The knowledge creation cycle outlines the way explicit and tacit knowledge are blended to facilitate the cognitive growth of professionals (Nonaka & Takeuchi, 1995) and can be a useful tool in assessing the learning needs of supervisees.

Explicit Knowledge

Explicit knowledge is existing information used to enhance the learning process for novices, can be codified (Levin et al., 2004) and is typically found within academic publications, textbooks, manuals, and other databases. It is communicated through words and dialogue, numbers, and other symbolic representations (Nonaka & Takeuchi, 1995; Polanyi, 1966). Individuals acquire explicit knowledge through diligent study and rote memorization of materials in formal learning settings, such as an academic training program. Such knowledge establishes the foundation necessary for counseling and demonstrating professional behavior. Explicit knowledge is useful in building VSC by laying the groundwork of expected knowledge needed for ethical service delivery.

Tacit Knowledge

Tacit knowledge is the idiosyncratic knowledge an individual develops through experience. In contrast to explicit knowledge, tacit knowledge cannot be written down, is difficult to formalize, and cannot be readily transferred from one person to another (Ambrosini & Bowman, 2001; Badaracco, 1991; Nonaka & Takeuchi, 1995). Demonstrative of the difficulty in transferring tacit knowledge, Polanyi (1962, 1966, 1976), described tacit knowledge by stating, that people possess the "power to know more than [they] can tell" (1976, p. 336). When one thinks and acts like a counselor, they are using tacit knowledge to apply the explicit knowledge gained through formal training opportunities (e.g., graduate training, PD training).

Tacit knowledge becomes personal knowledge gained through experience blended with and reinforced by previously obtained explicit knowledge (Ambrosini & Bowman, 2001). It is created in the 'here and now', is context specific, and typically acquired only in certain situations or the profession where it is used (Ambrosini & Bowman, 2001; Nonaka & Takeuchi, 1995; Sternberg, 1994). Thus, the key to acquiring tacit knowledge is experience (Nonaka & Takeuchi, 1995). The mental models built through the acquisition and

use of tacit knowledge help build situational specific schema that become so embedded in the individual, the knowledge can be taken for granted and the implementation of the knowledge seems natural (Ambrosini & Bowman, 2001). When a new counselor asks a more senior counselor how they approach something or knew an intervention would work, the seasoned counselor draws from tacit knowledge to articulate their response.

Interaction of Explicit and Tacit Knowledge

"Tacit knowledge and explicit knowledge are not totally separate, but mutually complementary entities" (Nonaka & Takeuchi, 1995, p. 61). Explicit knowledge is objective and serves to build the foundation for learning; tacit knowledge is subjective and seeks to build upon this foundation by integrating those frameworks into real world application (Dhanaraj et al., 2004; Nonaka & Takeuchi, 1995). The terms internalization, combination, externalization, and socialization are used to describe the knowledge conversion process. This conversion knowledge process is cyclical in nature (see Figure 2). When a supervisor assesses the supervisees knowledge base and identifies how they are operant (or non-existent) in the supervisee's service delivery, the supervisor can be more purposeful in the learning process and facilitate a more effective growth trajectory.

Figure 2
Knowledge Creation Cycle ©
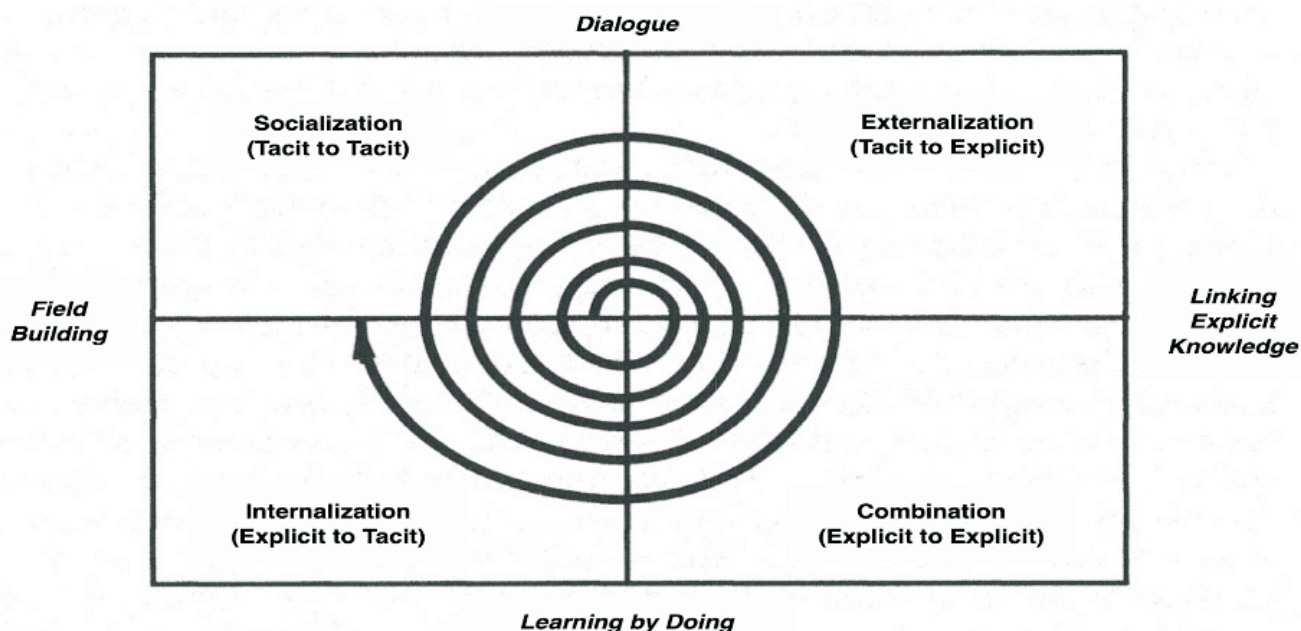
Combination

Combination represents the use of explicit knowledge to enhance and build existing explicit knowledge, or the process of systematizing concepts into a recognized knowledge system (Nonaka & Takeuchi, 1995). *Combination* as a knowledge exchange is represented by the process between a student who has read the material for the day and the lecturer enhancing the reading in class. From a supervisor/supervisee standpoint, *combination* represents the supervisor and supervisee reviewing and using policy manuals or other agency paperwork to familiarize the supervisee with work expectations. Supervisors might also use codes of ethics or published research and other credible means of information dissemination to enhance the knowledge of the supervisee. The information sharing process inherent in combining forms of explicit knowledge allows for

the creation of handbooks, policy manuals, and best practices (Farnese et al., 2019). If a supervisor were to ask, "What does the code of ethics say about accepting gifts from clients?" and the supervisee were to respond with "I'm not sure", then the supervisor has assessed a deficit in explicit knowledge and the intervention may be assigning the supervisee to read and familiarize themselves with the CRCC Code of Professional Ethics. Follow up and continued dialogue on ethics and ethical dilemmas would help to build the ethical fluency of the counselor (Landon & Schultz, 2018) by combining explicit knowledge learned from the CRCC Code of Professional Ethics with explicit knowledge acquired through reading policy manuals.

Internalization

The process of moving from explicit knowledge to tacit knowledge is known as *internalization* (Nonaka & Takeuchi, 1995). Representative of a learning by doing process, *internalization* allows the learner to start with their own schema and through guided, experiential learning opportunities (e.g., practicum and internship) begin to apply their knowledge structures within the profession. As supervisees connect explicit knowledge from a textbook or policy manual and connect the knowledge to personal experiences, their capacity to operate independently increases, they learn to internalize the explicit knowledge by connecting explicit knowledge concepts with real life observations (Farnese et al., 2019). An example of this would be a counselor taking the explicit knowledge learned in a theory course through reading a textbook and attending course lectures, and then applying it in their everyday client interactions (using tacit knowledge). Supervisors help to augment this knowledge by facilitating conversations that connect abstract concepts to experiences reported by the client.

Socialization

The learning process that comes from the sharing of experiences to develop and enhance tacit knowledge is known as *socialization* (Nonaka & Takeuchi, 1995). Tacit knowledge can only be acquired through shared work experiences where the supervisor and supervisee work together to engage with a client, or through the supervisor providing feedback from an observed counseling session (Farnese et al., 2019). This interactive and guided participation is led by the supervisor and focuses on day-to-day interactions with clients and work procedures and helps the supervisee better understand and learn "appropriate attitudes, values, modes of thinking, and strategies for problem solving" (Gibson et al., 2010, p. 23). They are socialized into the culture of the counseling profession and learn the accompanying therapeutic language (Gibson et al., 2010). Through the *socialization* process, the three aforementioned areas of professional identity development are addressed as the supervisees overall ability to act like a counselor, think like a counselor, and engage with clientele as a counselor is enhanced, leading to a strengthened professional identity as a counselor.

Externalization

In the *externalization* process there is an unpacking of internalized values, beliefs, knowledge standards outlined in research, best practice, and expectations of the profession which are then written down into a standardized code. Through the *externalization* process, "tacit knowledge is made explicit so that it can be shared by others" (Nonaka & Toyma, 2003, p. 5). Supervisors are able to bring their acquired explicit knowledge of the literature, evidence-based practice, and professional identity, as well as the tacit knowledge acquired through continual application of theory and techniques and refined through years of experience in the field to enhance the overall development of the counselor. Supervisors can better understand the thought processes, client conceptualizations and clinical judgements skills of practicing counselors by asking their supervisees to articulate why decisions were made and how this helps meet client need. This process of *externalization* serves as a "check in" of sorts on counselor understanding of explicit knowledge and their understanding of how to apply that knowledge in practice.

Externalization can also play an important role in helping a supervisor communicate a particular process or skill to a supervisee. A prime example of the *socialization* and externalization processes working together occurs when a supervisor asks a supervisee, "What did you see? What is going on?". The subsequent free flowing dialogue that follows through the conceptualization process helps a supervisor know what the supervisee was thinking and assess if the supervisee is struggling to grasp a concept or master as skill. The supervisor can the use the *externalization* of their own tacit knowledge to help the supervisee's development.

Models of Counselor Professional Development

Different models of counselor PD exist and can serve as roadmaps to help supervisors with their conceptualization of counselor knowledge and development. These models can help clarify counselor decision making and identify areas of knowledge that may need to be strengthened by the supervisor. While there is often a strong desire to seek out "how to" approaches to supervision that are quickly implemented in practice, understanding the general principles and theories of learning and development can greatly enhance the supervisory process (Stoltenberg & McNiell, 2010). Two models outlining counselor cognitive development and supervision are described hereafter. These models focus specifically on recognizing counselor cognitive development as professionals (see Table 1).

Cognitive Development of Counselors

Perry (1970) postulated that as students proceed through their university experience their cognitive structures change due to influences from their educational experience in general, self-reflection on their own knowledge and growth, the legitimate role of the instructor, and their responsibility as a learner. Granello (2010) built off the work of Perry (1970) to conceptualize counselor growth and development. The four developmental positions postulated by Perry and used by Granello suggest counselors move along a continuum containing the following four major categories: dualistic, multiplistic, relativistic, and committed relativistic thinking (Granello, 2010; Perry 1970).

Dualistic thinking is based on a dichotomous "either-or" structure; this approach suggests there are only two answers to every counseling scenario: right or wrong (Granello, 2010). Counselors operating from a dualistic approach would maintain the conventional belief of right and wrong and that an authoritative figure (e.g., the supervisor) knows the answer. The second stage of cognitive complexity development, or multiplistic thinking, is representative of the counselor who sees all information as relevant which can lead the counselor to feeling overwhelmed and unable to make decisions as all paths "seem right". Multiplistic thinking introduces a certain level of uncertainty and may result in over-reliance on the supervision to intercede in decision-making remains. Counselors that move to the third stage of development, or relativistic thinking, understand the relative and contextual nature of information, and are more comfortable basing professional decisions on the best information that is available. The fourth stage is known as committed relativistic thinking. Counselors functioning in this stage are able to take lifelong moral and ethical stances that are informed by their personal and professional values and beliefs.

Supervisors enhance the development of a supervisee from stage to stage by recognizing that the professional trajectory started in graduate training will continue through the professional lifespan of the counselor (Granello, 2010). When supervisors recognize the type of thinking being reflected in the counselor's decision-making process, they are able to recommend PD opportunities that reinforce and enhance positive counseling skills and address potential areas of skill or knowledge deficiency. Table 1 combines the stages of cognitive development used by Granello (2010) and Perry (1970) with the Integrative Developmental Model of Supervision postulated by Stoltenberg and McNiell (2010).

Integrative Developmental Model

The Integrative Developmental Model (IDM) for clinical supervision uses four levels to conceptualize counselor development (Stoltenberg & McNiell, 2010). The Level 1 counselor requires structure and a prescriptive approach to supervision. Too much anxiety and/or ambiguity can frustrate counselors and inhibit their growth, and it is ideal for supervisors to start with perceived strengths of the practitioner prior to addressing areas of concern or providing corrective feedback (Stoltenberg & Delworth, 1987). Through the application of a targeted PD plan, supervisors and counselors are able to mutually identify areas of potential growth based on the reciprocally understood premise that the counselors' PD is not complete (Stoltenberg & McNeill, 2010).

Level 2 counselors require a certain level of balance and support from their supervisor, as well as autonomy and challenge to foster the counselors' development and independent decision-making abilities (Stoltenberg & McNeill, 2010). Emphasizing the use of evidence-based practices and research driven decision making, can enhance knowledge and learning for these counselors and increase their decision-making confidence.

Table 1. *Models of Counselor Cognitive Development & Supervision*

Perry* Model Used by Granello**	Integrative Development Model***
Stage 1: Dualistic Thinking	Stage 1: Level 1 Counselor
Black and white thinking; All or nothing – Thinking in Absolutes; Rote application of counseling skills; Decisions are right or wrong; Authority figure holds the answers.	*Awareness:* Generally limited, counselor often things, "Am I doing this right or wrong". *Motivation & Anxiety:* Motivated to perform, wants to know what is "correct" or "best". *Autonomy:* Highly dependent with a need for structure.
Stage 2: Multiplistic Thinking	Stage 2: Level 2 Counselor
Dualistic thinking is thrown out; All options are with supporting data seem relevant; Makes decision making difficult.	*Awareness:* Greater ability to focus on and empathize with the client. Skill set is limited and the potential for enmeshment exists. *Motivation & Anxiety:* Fluctuates as the counselor vacillates between levels of confidence and self-questioning *Autonomy:* Counselors is trying to navigate between supervisor dependence and independent professional functioning
Stage 3: Relativistic Thinking	Stage 3: Level 3 Counselor
Knowledge is contextual; Decision are made based on best available information; Counselors demonstrate the ability to engage in metacognition.	*Awareness:* Increased level of self-awareness. Remains focused and attentive on the client, but also attends to their own thoughts and interpretations. *Motivation & Anxiety:* Consistent, occasional doubts emerge but counselors are not immobilized by doubts. *Autonomy:* Working to become independent of supervisor. A majority of decisions are made without a need for consultation with their supervisor.
Stage 4: Committed Relativistic Thinking	Stage 4: Level 3 Counselor
Lifelong moral and ethical stances are taken based on crystallized beliefs; Values are seen as necessary in addition to knowledge.	*Awareness:* Strong awareness of personal strengths and weakness. *Motivation:* Consistent, high degree of professional engagement and Passion with appropriate highs and lows. *Autonomy:* Reached when the practitioner is at a Level 3 Counselor across multiple counseling skills (e.g., treatment, assessment, case conceptualization, client engagement).

* Perry (1970)
** Granello (2010)
***Stoltenberg & McNeill (2010)

When needed, a collaborative approach to decision-making can strengthen the supervisory working alliance, but also provide the counselor with room for autonomous choices. This approach helps create an interaction that challenges counselor conceptualizations in an appropriate and transparent manner.

Level 3 counselors are likely to provide a measure of structure to the supervision process. They are aware of their strengths and limitations and reach out to supervisors for support and development in their identified areas of deficit (Stoltenberg & McNeill, 2010). These clinicians demonstrate a high degree of skill with interpersonal assessment and avoid stereotypical thinking, which is likely for a Level 1 counselor). The Level 3 counselor does not become entangled in emotion-based decision making or countertransference, which is common for a Level 2 counselor (Stoltenberg & McNeill, 2010). These counselors use their clinical skills (e.g., use of theory, ethical awareness, case conceptualization) to accurately assess the needs of their clients and provide appropriate levels of empathetic support and acceptance. However, it is also important to keep in mind that a counselor may be functioning as a Level 3 counselor with some skills, and a lower level of functioning in other areas. This allows for continued growth and improvement through PD pursuits and is exemplified in the Level 3 counselor who demonstrates a high degree of proficiency across multiple counseling domains.

To better facilitate counselor PD and assess the cognitive complexity and/or developmental phase of the counselor, supervisors can ask themselves:

1. *How is the counselor approaching this situation? Are they thinking in right/wrong terms?* This would indicate a level one counselor.

2. *Does the counselor demonstrate a lack of knowledge about a specific disability type or counseling skill?* Such an approach is indicative of a lack of explicit knowledge and targeted PD opportunities can address the knowledge deficit.

3. *Does the counselor have an over-reliance on me as a supervisor?* This would be indicative of a level one counselor.

4. *What does the counselor personally identify as an area of interest?* Leveraging intrinsic motivation to seek knowledge on a topic can help increase the level of engagement, shifting the PD opportunity from a "have to go" situation with little responsibility to enact change upon their return, to a "go, attend, and return and teach us" mindset.

Conclusion

Professional development of supervisees is a recognized role of the VR supervisor in state-federal VR agencies (Schultz, 2008), and the outcome of clinical supervision focused on appropriate counselor PD is the building of qualified service providers capable of meeting the needs of the clients seeking services and the agency. However, with the decreased educational requirements related to the hiring of rehabilitation professionals (WIOA, 2014), and ongoing personnel shortages within state-federal VR agencies (Armstrong et al., 2015; Pitt et al., 2013), it is likely that front-line supervisors are simultaneously working with undertrained professionals on the one hand, and qualified, yet disengaged counselors on the other.

While the authors provided an overview of concepts of cognitive development, professional development, and strategic leadership, it is important for supervisors to find strategies that work for them. Supervisors have an ethical mandate to ensure client welfare through "[regular communication] with supervisees to review the supervisees' work and help them become prepared to serve a diverse clientele" (CRCC, 2017, p. 23). The use of PD in supervision allows supervisors to fulfill this mandate.

We wish to summarize seven primary conclusions that apply directly to supervisors working in the Vocational Rehabilitation System:

1. The supervisor is in the optimal position to facilitate the professional development of supervisees.

2. Professional development should not be a haphazard process and is more effective when purposefully approached and both the supervisor and the supervisee are engaged in the process.

3. Understanding the supervisee's vocational self-concept and identifying the supervisee's current life role and level of cognitive development can help the supervisor select appropriate professional development opportunities.

4. Supervisors can be more effective when they use models of counselor professional development.

5. Counselors who engage in a purposeful and structured PD process have increased satisfaction in the workplace, and clearer professional roles in the agency.

6. Professional development is a life-long learning process in which every professional should be actively engaged.

7. Professional development can strengthen the vocational self-concept of supervisees and also address knowledge deficits within the agency.

As supervisors better understand and conceptualize their counselors' cognitive and professional levels of development, areas of strength and potential growth can be equally discussed. Approaching each supervisee in an individual format allows supervisors to enact plans that meet the agency's needs as well as supports their supervisee's personal and professional growth. The various theories and concepts that are discussed in this paper are meant to provide supervisors with a manual for developing effective professional development plans that are theoretically and developmentally sound. It is important for supervisors to understand these concepts so that they are able to work alongside their supervisees, meeting them where they are at developmentally. Supervisors need to effectively and purposely facilitate the continued cognitive and professional development over the entirety of their counselors' professional career (Granello, 2010; Skovholt & Rønnestad, 1992).

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