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Topical Manuscript

Introducing an Approach for Interdisciplinary Supervision in Vocational Rehabilitation Counseling

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Effective clinical supervision is a key element of professional rehabilitation counseling. While there is much overlap, the provision of clinical supervision to those with master's degrees in rehabilitation counseling is different from supervising individuals who do not have a master's degree in rehabilitation counseling. The passage of the Workforce Innovation and Opportunity Act (WIOA) permits individuals to work in the position of rehabilitation counselor without a master's degree, leaving supervisors to provide clinical supervision to those with and without master's degrees in rehabilitation counseling. The purpose of this conceptual paper is to introduce an application of explicit instruction to the supervision of non-master's-level supervisees. The principles of explicit instruction will be applied to the supervision process within the scope of practice for rehabilitation counselors. Implications for practice and research will be provided.

The reauthorization of the Workforce Innovation and Opportunity Act (WIOA) in 2014 contributed to myriad changes and updates to the state vocational rehabilitation (VR) system. Included in the legislation was a change to the comprehensive system of personnel development (CSPD), which has been seen as controversial. The changes to CSPD decreased the educational requirements of VR counselors to a bachelor's degree in a field reasonably related to vocational rehabilitation, and a "21st century understanding of the evolving labor force and the needs of individuals with disabilities" (WIOA, 2014, p. 1642). Justification for this change was to maintain a sizable workforce for the anticipated needs of the VR system, although scholars have been concerned about the replacement of qualified providers (i.e., counselors with a master's degree in rehabilitation counseling; Leahy, 2012, 2018) with, in some cases, personnel with a bachelor's degree without any disability or counseling training (Frain et al., 2006; Mackay et al., 2020; Sherman et al., 2017, 2019).

Decades of research have established a comprehensive understanding of the basic roles, functions, and knowledge domains pertinent to rehabilitation counseling (Ethridge et al., 2007; Leahy et al., 2003, 2009, 2013, 2019; Leahy & Szymanski, 1995). Accordingly, master's degree programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) in rehabilitation counseling prepare the most highly qualified providers for vocational rehabilitation counseling positions. Accredited programs graduate students who have been trained in accordance with the established roles and functions of rehabilitation counselors in the field. Not only have researchers established that master's-level rehabilitation counseling providers are more cost efficient (e.g., Frain et al., 2006; Van Houtte, 2013), education level has also been linked to more effective outcomes for people with more significant disabilities (Sherman et al., 2017).

Impact on Supervision

The shift of CSPD requirements to accommodate a lower minimum education level has had a ripple effect across the vocational rehabilitation system. Namely, there is an impact on the supervision available to vocational rehabilitation counselors (VRCs) because of the multitude of educational and professional backgrounds present in state vocational rehabilitation agencies (SVRAs). Clinical supervision has historically been an essential component of the professional preparation process. Key to the role of clinical supervision is the capacity of the supervisor in an agency to engage in the supervisory working alliance with a supervisee and foster continuous improvement in the knowledge and skills that result in improved client outcomes (McCarthy, 2013).

The lowered educational requirements for VR counselors, as outlined in the WIOA legislation, may result in the hiring of a higher percentage of individuals who are not trained in the necessary and established knowledge and skills for effective rehabilitation counseling, which can directly impact supervision in VR. Important considerations regarding the shift in preparedness of the VRC workforce include: (a) that supervisors may not have received formal training in rehabilitation counseling or supervision, and have been reluctant to prioritize training in important topics such as clinical supervision (Herbert et al., 2018); (b) a significant shift in the baseline level of knowledge VRCs

have of rehabilitation counseling, evidence-based practices, and ethics (e.g., the Commission on Rehabilitation Counselor Certification Code of Ethics); and (c) the ongoing national issue of turnover within SVRAs, which requires supervisors to divert attention from supervision to the recruiting, hiring, onboarding, training, and oversight of new employees.

In many cases, the fields mentioned in WIOA (e.g., social work, psychology, human resources, business administration; WIOA, 2014) do not require, or provide, instruction in disability-related issues. Reducing the educational preparation and thereby diversifying the professional preparation among VR counselors has increased the significant role of supervision in VR to ensure professionals attain adequate levels of competency for working in the public VR system. The purpose of this article is to explore the ramifications of supervisors with at least a master's degree in rehabilitation counseling who are supervising individuals from diverse educational and experiential backgrounds (i.e., not rehabilitation counseling) who are in the rehabilitation counselor role, and to provide an approach to supervision that will create a path for bridging the gap of educational level and background, to facilitate the development of competency in all VR employees.

Interdisciplinarity in VR

An interdisciplinary team is defined by the American Counseling Association (ACA) Code of Ethics as "teams of professionals serving clients that may include individuals who may not share counselors' responsibilities regarding confidentiality" (ACA, 2014). The CRCC Code of Ethics addresses interdisciplinary teams under Teamwork (F.2.a.; CRCC, 2023), stating that rehabilitation counselors participate and contribute to interdisciplinary teams while promoting understanding of rehabilitation plans by all team members working with clients. However, *interdisciplinary supervision* is a term that is not presently represented in counseling literature, codes of ethics, or other resources. Furthermore, the definition of interdisciplinary teams provided by the ACA is indicative of a multidisciplinary team rather than an interdisciplinary one. Multidisciplinary is defined as "discipline oriented, with all professionals working parallel and with clear role definitions, specified tasks and hierarchical lines of authority" (Körner, 2010, p. 746). As emphasized by McGeary et al. (2016) and illustrated in Table 1, multidisciplinary teams operate independent of one another, often with different treatment goals, theoretical backgrounds, and methods of working with clients. Interdisciplinary teams, on the other hand, share goals, knowledge, theories, and maintain frequent communication. For the current discussion, interdisciplinary supervision is defined as a supervisor-supervisee relationship in which the supervisor and supervisee have different experiential and educational backgrounds. Specifically, in the current project, interdisciplinary supervision will focus on supervisors with at least a master's degree in rehabilitation counseling who are supervising a supervisee who is in the rehabilitation counselor role but without a master's degree in rehabilitation counseling.

Körner (2010) provided evidence in support of an interdisciplinary approach over a multidisciplinary approach in medical rehabilitation, and Ke et al. (2013) indicated that multidisciplinary teams may not be cost effective in "secondary care", which includes mental health care. Furthermore, Jessup (2007) specifically indicated a strength of the interdisciplinary approach as the "patient-centered approach", which aligns with the beliefs of those in the counseling and rehabilitation counseling fields. Establishing clarity around the definitions of such commonly used terms is essential for moving forward in this discussion as there has been a shift towards an interdisciplinary workforce in vocational rehabilitation and related fields.

The presence of a wide variety of educational and experiential backgrounds among staff hired at VR agencies alters the intra-agency dynamics of SVRAs. SVRAs once were almost unilaterally staffed by counselors with master's degrees in rehabilitation counseling, and oftentimes with the Certified Rehabilitation Counselor (CRC) credential. The changing landscape of VR personnel equates to fundamental changes to the nature of supervision within SVRAs. Supervision in VR must now be clearly understood and discussed as interdisciplinary in nature. All members in the agency are working to the same goal, and it is the role of the supervisor to recognize the value brought from a different educational and experiential background and to translate that knowledge and skillset so that it is consistent with SVRA priorities, goals, and evidence-based practices. Explicit instruction is proposed as a framework to do so.

Explicit Instruction

There are now many staff working as VRCs in SVRAs without the foundational knowledge one would gain during a 60-credit rehabilitation counseling master's degree program. As such, an explicit instruction process is proposed as a novel approach to this area of great need within the field. Explicit instruction is a concept that has been used within teacher preparation and training since the early 1990s (Archer & Hughes, 2011). Explicit instruction is a systematic approach to teaching academic skills in the classroom, and is:

...characterized by a series of supports or scaffolds, whereby students are guided through the learning process with clear statements about the purpose and rationale for learning the new skill, clear explanations and demonstrations of the instructional target, and supported practice with feedback until independent mastery has been achieved (Archer & Hughes, 2011, p. 1).

Explicit instruction is an evidence-based, high-leverage practice in education, and has been especially adopted into special education classrooms (McLeskey et al., 2017). Implicit instruction, by contrast, involves a problem-based approach to learning—a passive and unconscious approach, without specific intentionality (Godfroid, 2016; Stadler & Frensch, 1994). Importantly, explicit instruction has been identified as being more effective than implicit instruction, in certain cases, a finding that is of relevance to clinical supervision in rehabilitation counseling. Namely, explicit instruction is considered more effective when a novice (i.e.,

Table 1. Dimensions of Multidisciplinary and Interdisciplinary Treatment Teams

Dimension	Multidisciplinary	Interdisciplinary
Scope	Multiple disciplines	Multiple disciplines
Constituency	Multiple providers	Multiple providers
Communication	Frequent w/patient Infrequent w/ other disciplines	Frequent w/patient Frequent w/ other disciplines
Goals	Vary across providers	Shared between providers
Theory	Vary across providers	Shared between providers
Autonomy	Independent	Dependent and collaborative
Hierarchy	Clear leadership by physician	All providers equal
Knowledge	Specific to each discipline	Shared across disciplines
Assessment	Specific to each discipline	Shared across disciplines

Note. Adapted from McGeary et al. (2016), p. 206

non-master's-level VRC) is involved in the learning process and does not make assumptions about prior skills or knowledge of the learner (Clark et al., 2012; Smith et al., 2016). The relevance for VR supervision cannot be understated; considering the change to CSPD, supervisors cannot assume that VRCs have the same level of familiarity or comfort with topics and skills that have traditionally been taught in a master's-level rehabilitation counseling program.

Essential Functions of RCs

While on-the-job training is helpful for procedural knowledge (e.g., filling out forms, navigating computer system), professions have philosophy and values to inform practice beyond procedural knowledge (Etringer et al., 1995). Patterson et al. (2005) outlined values relevant to rehabilitation counseling and these values have been reaffirmed in the CRC Code of Ethics (CRCC, 2023), as outlined in Table 2. These principles are required to be introduced, discussed, and practiced with students in master's' programs in rehabilitation counseling (CACREP, 2019). However, individuals without a master's in rehabilitation counseling may not have exposure to these principles or the opportunity to practice these principles in their work, which creates an overreliance on norms and practices they learn on-the-job, rather than those based in evidence and experience.

In addition to rehabilitation counseling principles, rehabilitation counseling has scientifically established essential competencies required for rehabilitation counseling practice (Leahy et al., 2019). Six domains have recently been found as underlying the practice of rehabilitation counseling: (a) rehabilitation and mental health counseling, (b) employer engagement and job placement, (c) case management, (d) medical and psychosocial aspects of chronic illness and disability, (e) research methodology and evidenced-based practice, and (f) group and family counseling (Leahy et al., 2019. These six domains are embedded in the CACREP standards (2016) as a requirement in master's programs in rehabilitation counseling. In addition, Leahy et al. (2019) outlined the top ten most important functions across domains as rated by rehabilitation counselors. Those functions include:

- Vocational implications of functional limitations association with disability
- The services available for a variety of rehabilitation populations, including persons with multiple disabilities
- The functional capacities of individuals with disabilities
- The psychosocial and cultural impact of disability on the individual
- Medical aspects and implications of various disabilities
- Clinical problem-solving and critical-thinking skills
- The case management process, including case finding, planning, service coordination, referral to and utilization of other disciplines, and client advocacy
- Risk management and professional ethical standards for rehabilitation counselors

Table 2. Summary of Major Rehabilitation Counseling Basic Principles

Principle	Description
Personal value	Every human has value and is worthy of respect
Inclusion	Every person has membership in society and rehabilitation counselors should help them reach their full potential
Strengths based	The strengths and assets of individuals with disabilities should be emphasized
Responsibility	Rehabilitation professionals help individuals develop strategies to cope in their individual environment
Holistic	Rehabilitation professionals consider the whole person as all parts are interconnected
Autonomy	Encouraging the individual to be as involved as possible in decision making and participation in the process
Independence	Self-governing and having autonomy over one's life

- Environmental and attitudinal barriers for individuals with disabilities
- Rehabilitation techniques for individuals with psychological disabilities
- Community resources and services for rehabilitation planning

It is not possible to know if those working in VR without a master's degree in rehabilitation counseling have had sufficient preparation in these specific knowledge and domain areas, as they would not have gone through an educational program governed by CACREP. Furthermore, for a supervisor to effectively facilitate supervisee development and success using explicit instruction, they will need to understand where their supervisees' development is in relationship to these foundational domains.

Principles and Elements of Explicit Instruction

The foundational principles of explicit instruction are highly relevant to effective supervisory practice. The principles underscore the essence of explicit instruction, which is that instruction should be clear, concise, and supportive (Riccomini et al., 2017). The principles tell educators to: (a) optimize engaged time or time on task, (b) promote high levels of success, (c) increase content coverage, (d) have students (trainees) spend more time in instructional groups, (e) scaffold instruction, and (f) address different forms of knowledge (Archer & Hughes, 2011).

Teaching Functions of Explicit Instruction

A review of the purpose and processes of explicit instruction demonstrates its potential for applicability to clinical supervision within VR, as well as other settings where there are likely to be differences in training backgrounds and experience. Within rehabilitation counseling supervision at vocational rehabilitation agencies, the lack of shared foundational knowledge fundamentally alters the process of supervision. What follows is a description of the supervisor roles within the central teaching components of explicit instruction, to assist supervisors in more effectively supporting supervisees from allied disciplines.

Review

This key function of explicit instruction involves the review of relevant previous learning or prerequisite skills and knowledge necessary for a given desired learning outcome. Focusing on critical content is the first element of critical instruction (Archer & Hughes, 2011), however supervisors cannot know what is critical without knowing what is existing. For example, a supervisee who has a master's degree in rehabilitation counseling is likely to already have learned much of the critical content deemed necessary for success in VR, as compared to another supervisee with a bachelor's-level degree in a related field. Supervisors must know where their supervisees are at, so they are able to craft an instructional plan aligned with that supervisee's developmental level.

At this stage in the explicit instruction process, supervisors must audit the knowledge their supervisees currently have. Such an audit must go deeper than procedural, rote knowledge; supervisors must assess for knowledge and skills associated with principles and functions of rehabilitation counseling. For example, they should identify where their experiential or educational background aligns with or diverges from the foundational knowledge necessary for rehabilitation counseling. While meeting with supervisees to set goals, supervisors can also utilize agency job descriptions or internally developed materials to identify specific areas of need or uncertainty. Supervisors may also incorporate more formal processes to better understand the prerequisite knowledge a supervisee has. This may include the use of published materials such as the Counselor Activity Self-Efficacy Scale (Lent et al., 2003), the rehabilitation counseling roles and functions studies (e.g., Leahy et al., 2019), or even the overview/outline for the Commission on Rehabilitation Counseling Certification (CRCC) exam.

Alternatively, supervisors might opt to take an approach of verifying the prerequisite knowledge that supervisees have, rather than attempting to make assumptions (Hughes et al., 2017). This may include formal, or informal, methods for observing and questioning supervisees to ascertain an understanding of what they know. This can take the form of observing live sessions, asking directly about a specific foundational concept, or reviewing case notes and other documentation.

Presentation

A hallmark of explicit instruction is the nature of the information presented to a learner. The explicitness of the information is what differentiates explicit instruction from other processes. As such, the presentation of instruction within a supervisory adaptation of explicit instruction requires the supervisor to develop an intentional plan for providing the supervisee with new knowledge. Within the presentation function, the supervisor must: (1) state the goals or knowledge gaps they intend to address, (2) break down the material and present it to the supervisee in incremental steps, (3) model procedures for implementing the given skill, (4) provide examples and non-examples (i.e., examples that are not what you are looking for), and (5) avoid asides or deviations from the specific skill being taught (Archer & Hughes, 2011).

This component of explicit instruction may be one of the more challenging pieces to the overall implementation of this strategy. When supervising VRCs who have multiple areas of need due to a lack of familiarity with the roles and functions of a rehabilitation counselor, it can be easy to attempt to address a wide range of identified deficits all together. However, upon assessing the prerequisite knowledge and related knowledge and skill gaps, the supervisor must then go through a process of prioritizing the skills or knowledge that must be developed. For example, it is understood that the therapeutic working alliance is highly predictive of successful client outcomes (Lustig et al., 2002). However, the working alliance is developed using a combination of counseling microskills (e.g., listening, non-

verbal communication, responding), and counseling theories (e.g., humanistic, behavioral, psychoanalytic; Connor & Leahy, 2016). As such, a supervisor who identifies that a supervisee is struggling to develop working alliances with their clients and has never been trained in counseling microskills or theories will have to develop a plan that involves the explicit instruction of individual microskills, and subsequently, one that involves counseling theories. Logical sequencing of skills is another tenet of explicit instruction, and given that a supervisee will use microskills more regularly in client interactions than perhaps a counseling theory, it is logical to begin with the more frequently used skill in this situation (Archer & Hughes, 2011; Leahy et al., 2019).

Guided Practice and Feedback

Feedback is another essential component of explicit instruction (Archer & Hughes, 2011). During practice, a supervisor can observe a learner implementing the skill being taught and evaluate the learner's progress towards mastering the skill. Observation by the supervisor provides an opportunity to interact with the learner through the provision of feedback (i.e., guided practice of providing corrective or positive feedback to the learner). Observation also provides an opportunity for the supervisor to evaluate, and possibly correct, instructional methods (Archer & Hughes, 2011). The delivery of the feedback is highly customizable and can be scaffolded to meet the individual needs of the learner.

According to the Association of Counselor Education and Supervision (ACES) (2011), best practices for effective feedback within the clinical supervision process involve regular feedback on an ongoing basis. Feedback should be direct and specific, where the supervisor draws from multiple sources to collect the information needed to provide feedback about the supervisee's performance (e.g., clients, peers, formal methods such as standardized assessments completed by clients, informal methods such as observation). In their study of supervisor/supervisee dyads, Kemer and colleagues (2019) found supervisees ranked feedback and correction as one of the most important supervisor interventions that a supervisor can do. Responsive feedback has also been correlated with a positive supervisory working alliance (Enlow et al., 2019). Feedback can be utilized in individual, triadic, or small group modalities of supervision.

Interdisciplinary Feedback. The feedback process may need to be handled differently when the supervisor and supervisee represent different professions (i.e., in interdisciplinary supervision; Townend, 2005). First, dyads engaged in interdisciplinary supervision may not have a shared professional language (e.g., theories, concepts). For effective feedback to occur, the dyad will need to bring intentionality to the use of feedback, which requires communication and rehearsal. For example, if providing feedback on a supervisee's interactions with a client with autism, and that supervisee does not have a master's degree in rehabilitation counseling, the supervisor may need to review the medical and psychosocial aspects of disability in relation to autism instead of reminding the master's-level trained counselor the best practices they learned about in graduate school.

Different professional backgrounds may also impact the perceptions held around the process of feedback. For example, a counselor holding a master's in rehabilitation counseling would have received feedback during their graduate training, whereas someone from a non-counseling background (e.g., special education, generic human services, social work) may not have experience receiving feedback in a counselor education context. The dyad will need to customize the feedback process early in the supervisory process by helping the supervisee to be an effective consumer of feedback. Notably, a shared task such as creating effective processes for feedback would align with the supervisory working alliance. For interdisciplinary supervisees, the conversation on how feedback works should be covered early in the supervisory process, such as when establishing the supervisory contract (Bernard & Goodyear, 2018). Additionally, there is evidence that more frequent feedback helps to decrease the negative emotions affiliated with being evaluated (ACES, 2011), which could be helpful for interdisciplinary supervisees.

Feedback is considered an essential component of all supervisor and supervisee relationships in counselor education and supervision (Bernard & Goodyear, 2018). In addition to summative evaluation (i.e., focus on outcomes and is used to assess whether desired learning goals are achieved in relation to some professional standard), CACREP Standards (2016) require formative evaluations to assist with the development of professional competencies and requires these evaluations to consider both strengths and areas of growth of the supervisee when providing supervision intervention. However, in interdisciplinary supervision, it cannot be assumed that all supervisees come to the supervision relationship with the mindset that feedback is ongoing, focuses on supervises development, and balances strengths and areas of growth (i.e., not just punitive).

Consider the following: a supervisee is observed asking a series of close-ended questions in a session and subsequently expresses frustration that the client did not open up and talk more with them. The supervisor can provide feedback to the supervisee by providing an example and a non-example. In this case, a non-example of feedback to the supervisee would be to say "I can see that didn't flow very well. Just try harder next time and invite them to share." A supervisor who attempts to provide more behaviorally specific feedback might say, "in observing the questions you asked, I noticed that they were all close-ended questions. Also, there was limited spacing between them, resulting in multiple questions coming at once. How do you think the timing of the questions impacts the client's response?" In this example, the supervisee without an educational experience from an accredited counseling program may not be familiar with formative feedback and may have had negative experiences with this type of feedback (Alexander & Hulse-Killacky, 2005).

Table 3. Qualities of Undesired and Effective Feedback

Undesired Feedback	Effective Feedback
List everything supervisee did wrong	Feedback is followed-up on
Not providing discussion or explanation about feedback	Feedback is clearly explained
Delivering feedback in front of others	Feedback is aimed at promoting supervisee's growth
Supervisor appearing uncomfortable providing feedback	Supervisor's demeanor is perceived positively by the supervisee
Feedback focused on personal characteristics	Supervisor is viewed as credible
Supervisee and supervisor coming from different theoretical frameworks	Feedback is worked through collaboratively with supervisor and supervisee
Feedback when there are existing issues in the supervisory relationship	Supervisory relationship is strong

Efficacy of Feedback

For feedback to be effective, supervisees must be open to it and make valid efforts to respond to the feedback provided (McKibben et al., 2019). There are specific qualities that have been equated with preferential forms of feedback. Worthington and Roehlke (1979) found that counselors in training preferred, when they first started out, supervision sessions that included explanation and feedback such as using literature and didactic instruction in relation to the counseling process. More recently, Phelps (2013) studied supervisee experiences of corrective feedback in clinical supervision and identified several themes that, from the supervisee's perspective, make the feedback process difficult, as well as those that make the feedback process more effective. Table 3 includes an overview of these themes. It is especially important in interdisciplinary supervision dyads that feedback is deliberate and receives ongoing attention and action.

Independent Practice

Independent practice is another essential element of the explicit instruction process. Practice helps learners gain minimum competences with the skill, improve proficiency with the skill, make the skill more automatic, and be better positioned to generalize the skill to other settings (Archer & Hughes, 2011). Independent practice must also be deliberate (e.g., goal-oriented and aimed at improving the skill), spaced (e.g., practice takes place over time), and provide opportunities to retrieve learned information (e.g., practice includes opportunities to practice retrieving to-be-remembered information; Archer & Hughes, 2011). Some of the same strategies from the independent practice portion of the explicit instruction process are built into counselor education programs. For example, practicum and internships must be at least 10 weeks in length, highlighting the importance of spaced practice (CACREP, 2016). Internship and practicum guidelines in counselor education programs require students to set goals for the experience as well as outline roles and responsibilities of student, site supervisor, and programs. This goal-setting practice captures the importance of the practice being deliberate. Supervisors of master's-level trained counselor know that graduates of counselor education programs have experience learning basic rehabilitation counseling functions and have had opportunities to practice these skills, receive feedback, and learn to generalize these skills to diverse settings and situations.

The supervision process may need to be modified when counselors do not have a master's in rehabilitation counseling to accommodate the learners' experience with practicing and generalizing new counseling knowledge and skills to diverse situations. Independent practice of new skills may need to be closely monitored until basic knowledge and competence is demonstrated. Effective interdisciplinary supervision may need to include targeted instruction from the supervisor (Shelton & Zazzarino, 2020; Worthington & Roehlke, 1979). In fact, it is an ethical responsibility of supervisors to ensure supervisees achieve a minimal level of competency before completing professional counseling roles and responsibilities (CRCC, 2023). The time and energy to assist a supervisee to achieve minimal competency must be considered by supervisors when assigning caseloads and determining expectations for new counselors without master's degrees in rehabilitation counseling. Administrators should consider this when assigning counselors to supervisors and ensure supervisors have the time in their workday to dedicate to this type of supervision. Co-leading sessions and/or live supervision are supervision strategies that could be particularly helpful during this time when a counselor is learning the counseling process for the first time, because it provides for immediate feedback (Bernard & Goodyear, 2016). For several reasons, independent practice may need to be closely monitored until a counselor achieves minimal competency with essential skills.

Once more independent practice can commence, supervisors of interdisciplinary dyads should keep in mind that more practice, compared to others, may be necessary for counselors without a master's in rehabilitation counseling. Supervisees may also have habits or practices from related fields that need to be unlearned. For example, perhaps disability has not been previously emphasized in other disciplines, so the supervisee needs time to learn and implement effective practices surrounding disability. Moreover, supervisees may have learned, implicitly or explicitly, to

incorporate a top-down, medical model-oriented approach to working with disabled people. Such norms, as might be found in a school, medical, or behaviorally oriented setting, would need to be unlearned in order for that supervisee to provide strengths-based, client-centered rehabilitation counseling services to clients across the disability spectrum.

Spiral Reviews

The final function of explicit instruction is the spiral review, which requires that learners have the opportunity to practice the learned skill and receive feedback on the skill over time (Archer & Hughes, 2011). During the initial phases of explicit instruction, learners master the skill well enough to display how to do the skill, when to do the skill, and the rationale for the skill's implementation.

The opportunity to review and practice a new skill helps ensure the skill is maintained and not forgotten as new skills are added to the professional skill repertoire. An example of this might be providing feedback to a learner regarding the previously mastered skill of reflecting client feelings while focusing on learning the new and more advanced skill of case conceptualization (e.g, "reflecting feelings at a level that meets the development of this client could give insight regarding motivation for this behavior change. Let's think about how you can do that. When would you use reflecting feeling with this client? Why would you use reflecting feelings?"). Therefore, even as more advanced skills are being learned, the learner can review previously learned skills by being provided feedback and the opportunity to demonstrate mastery of the previously learned skill.

The importance of spiral reviews for interdisciplinary dyads is also helpful to reveal nuanced differences between fields for common concepts. For example, the initial skill taught may be summarizing content shared by clients, especially when the client shares large chunks of information at once. While that skill was taught and mastered, the skill may be implemented differently when working with an individual with limited vocabulary. During a spiral review of the skill, there could be an opportunity to raise awareness that the professional's previous experience working with gifted high school students did not include working with individuals with limited vocabulary, and therefore the skill of summarizing needs to be reexamined with this nuanced approach from rehabilitation counseling. Without spiral reviews, a supervisor might rely on self-report regarding how things are progressing with the learned skill without full consideration that principles of rehabilitation counseling need to be considered when implementing the learned skill.

Discussion

In the current paper, we adapt an existing approach (explicit instruction) for conceptualizing supervision in state vocational rehabilitation agencies when supervising individuals without a graduate degree in rehabilitation counseling. The approach is based in the idea that the supervision process is fundamentally changed if a professional in the role of rehabilitation counselor does not have a graduate degree in rehabilitation counseling. There is currently little guidance for understanding the impact to the supervisor-supervisee dyad when the dyad represents different professional backgrounds and training. Using explicit instruction as the framework, the proposed model outlines the impact on the supervision process for supervisors working with supervisees who do not have a master's in rehabilitation counseling. The discussion provided makes a case for considerations and action necessary to incorporate this into interdisciplinary supervision to protect the welfare of clients and assist the supervisee with developing effective rehabilitation counseling skills.

Using explicit instruction as a framework, several major points emerged to establish important action steps to work towards a solution. First, feedback is a critical component for all supervision dyads and feedback within interdisciplinary supervisee-supervisor dyads must be given additional special considerations. Supervisees must be assisted to view feedback as an essential component of effective supervision and supervisors must account for differences in education and experience when providing feedback. Second, independent practice may need to be carefully monitored until the individual in the rehabilitation counselor role has demonstrated minimal competency. This may take time, depending on the skill level of the supervisee. Third, skills must be reviewed over time so supervisees who are less familiar with rehabilitation counseling can continue building on basic skills and work on mastering more complex skills.

Potential Challenges in Adopting Explicit Instruction for Supervision

Incorporating the explicit instruction framework within interdisciplinary supervision poses several potential issues. First, this discussion is premised on the idea that supervisors have the knowledge and skills to provide effective clinical supervision to their supervisees practicing rehabilitation counseling. Supervisors must be able to follow best practices when initiating supervision, setting goals, giving feedback, conducting supervision, developing the supervisory relationship, attending to diversity and advocacy considerations, assessing documentation and progress, and addressing all essential areas of supervision (see ACES, 2011). More specifically, supervisors must have knowledge and skills regarding best practices for the setting in which they are working (i.e., rehabilitation counseling). Before a supervisor can adapt their supervision to meet the needs of an interdisciplinary supervisee, they must have knowledge and skills of clinical supervision.

Supervisors must be aware that the full breadth of explicit instruction, including the use of thorough feedback, observation, and skill teaching, can be time intensive. Interdisciplinary supervision can require additional learning opportunities for the supervisee along with additional time demands of the supervisor. More directly, if supervisees do not come into the position of rehabilitation counselor with the minimal knowledge of rehabilitation counseling best practices, then a supervisor must assist the supervisee to

gain such knowledge and skills, which can be time intensive. The necessity of ensuring individuals in the rehabilitation counselor role are supported in the development of rehabilitation counseling best practices also brings to light the need to ensure supervisors are given the time in their workday to effectively work with interdisciplinary supervisees. Unfortunately, many VR settings currently do not leave much space for professional development or clinical supervision (Bezyak et al., 2010; Sabella, 2017).

Another consideration is that the concepts outlined in this paper may be relevant to other settings outside of state vocational rehabilitation where interdisciplinary supervision is occurring; for example, this could be applicable in mental health and nonprofit settings where individuals are hired who may have different educational and professional backgrounds, or in school settings where a counselor may be collaborating with a paraeducator or a student in training. While the impetus for the current article was the recent and ongoing changes in state vocational rehabilitation, the concepts outlined are highly applicable for many settings where counseling work is done.

Implications for Practice

This paper has outlined the ways in which supervising a rehabilitation counselor is fundamentally different if the individual in the rehabilitation counselor role does not have a master's degree in rehabilitation counseling. Several recommendations for research and practice emerge from this discussion. In practice, supervisors are encouraged to learn about the professional and educational background of the counselors they are supervising. Having comprehension of the supervisee's knowledge and skills relevant to the skills and knowledge they will be expected to demonstrate on the job will assist the supervisor in designing effective supervision interventions that account for any gaps. This may include independent research on the experiential backgrounds of one's supervisees or hosting an informal session in which supervisees have opportunity to discuss their experiences in relationship to the known roles and functions of rehabilitation counselors.

Furthermore, the importance of clinical supervision as a skill is highlighted. Supervisors must engage in professional development and additional learning experiences as needed to develop effective supervision knowledge and skills. Self-evaluation tools can be useful for supervisors to identify their own strengths and areas of growth in relation to clinical supervision knowledge and skills. For example, reviewing the best practices in clinical supervision outlined by ACES (2011) could help identify strengths and any training needs. In addition, reviewing self-evaluation tools, such as the Counselor Activity Self-Efficacy Scale (Lent et al., 2003, or the Counseling Self-Estimate Inventory (Larson & Suzuki, 1992), would support the supervisor in facilitating self-awareness of a supervisee's perception of their counseling skills, especially if they are not familiar with counseling skills. Supervisors can also use past research such as the work on essential competencies of rehabilitation counselors (e.g., Leahy et al., 2019) or evidence-based practices (e.g., Leahy et al., 2014) to discuss areas of need specific to vocational rehabilitation settings. Attending professional conferences and/or holding membership in professional organizations that focus on counseling supervision matters (e.g., ACES) could also assist supervisors in continuous improvement regarding supervision knowledge and skills.

While supervisor motivation for continuous improvement is necessary to provide effective clinical supervision, supervisors also need support from administrators in the form of time. Specifically, clinical supervision and the development of individuals in the rehabilitation counseling role must be considered in the workload of the supervisor. Supervisors need time to engage in clinical supervision, which in some cases could require a shift in organizational culture. Providing the supervisor with time to provide quality supervision to address the needs of those without master's degrees will also be essential, especially if an explicit instruction framework is to be adopted. Agency leaders are encouraged to adjust supervisor workloads to account for the time-intensive process of preparing an individual without master's degree for professional rehabilitation counseling practice.

Implications for Research

Identifying additional barriers supervisors experience when providing supervision to an individual without a master's degree in rehabilitation counseling would be useful for continuing to develop effective practices. Additionally, a study investigating the barriers to quality supervision from the perspective of the individual in the rehabilitation counselor role, without a master's degree in rehabilitation counseling, would also be helpful for designing future interventions.

Regarding the specific application of explicit instruction to the supervision of rehabilitation counselors without a master's level preparation, additional research may demonstrate the utility of explicit instruction for adopting the necessary roles and functions for effective rehabilitation counseling practice. Additionally, using an evidence-based framework for teaching those skills opens the opportunity to develop additional evidence on explicit instruction and the experience of adopting that framework by supervisors. Finally, further research exploring and understanding interdisciplinary settings and experiences in the counseling professions is warranted.

Conclusion

The current article provides an intentional dialogue regarding the ways in which the supervision process is fundamentally impacted with a supervisee in a state vocational rehabilitation agency does not share the experiential and educational experiences of a rehabilitation counseling supervisor. The use of explicit instruction can help supervisors and counselors to work together in meeting the needs of the clients they serve at the SVRA. This framework may also be applicable to allied settings in which the educational training of supervisees may not be at the master's level.

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