

CHALLENGES HINDERING PROVISION OF EFFECTIVE SUPERVISION FOR COUNSELING STUDENTS IN BOTSWANA

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Abstract

This paper describes challenges which hinder effective clinical supervision provided to counseling students at the University of Botswana (UB) –Counseling and Human Services Section. The authors present factors which contribute to the existence of these problems. Whilst appreciating the impact of these challenges, the authors go further to describe in uncontestable terms the importance of providing adequate supervision for counseling students. Recommendations for the betterment of providing effective clinical supervision in UB have been presented, with specific reference to creating a credentialing and a licensing body to establish in order to promote and maintain standards for counselor education programs in Botswana.

Keywords: challenges, hindering, clinical supervision, effective, students, counselor education, Botswana.

Introduction

There are innumerable problems that impact negatively on the provision of adequate clinical supervision to counselling students in the University of Botswana, Counselling and Human Service Section housed within the Department of Educational Foundations. Before dwelling on the challenges that hinder the adequate provision of clinical supervision, it may be necessary to highlight the development of counseling in Botswana from which supervision – a related specialty might have acquired its current position. Professional counselling can be described as being at an infancy stage in Botswana, even though the service was introduced during the early 1990s due to the advent of HIV and AIDS. Consequently, counseling has always been associated with HIV & AIDS matters. Thus the stigma inherent in HIV & AIDS impedes the progression and growth of the counseling profession from acquiring the prestigious clout and recognition which it is generally accorded in most of the developed countries.

The career guidance program, another specialty in counseling dates back to 1963 when a need to provide guidance to students was realised (Stockton, et. al. 2010). The position of the school career guidance program developed gradually through a high powered seminar of senior government officers in 1985 who recommended for a consultancy to look into the needs of learners through different levels of education (Stockton, et. al 2010). The proposed consultancy led by Sally Navin suggested : i) placement of an officer for guidance services in the Ministry of Education and ii) identifying a staff member from the Faculty of Education in the University of Botswana to offer courses in counseling (Stockton et. al 2010). However, it was only in 1990 that a focus on mental health was recognized beyond the school system to communities, specifically due to the advent of HIV and AIDS (Stockton et. al; Coker, & Majuta 2015; Nsona, 2017). It may be important to point out that, generally the career guidance program was and continues to be free of the stigma associated with counseling as it was introduced in the early 1960s when the HIV & AIDS scourge was an unknown phenomenon then.

Botswana is one of the countries in sub-Sahara Africa which was hit the hardest by HIV and AIDS reaching a record high of 37% of infections, (Coker & Majuta, 2015, Stockton et al, 2010) with unmatched number of deaths especially of the younger population in their reproductive age. HIV & AIDS has always been associated with stigma, which was subsequently acquired by counseling intervention then and remains rife to the present day.

Consequently, the stigma emanating from HIV and AIDS is still felt in counseling and some of its related specialties—specifically supervision—the topic for this paper. There is vast literature regarding the stigma associated with HIV & AIDS not only in Botswana, but in many other countries worldwide (Monico et.al. 2001; Bharat et. al. 2001). As a community intervention, counseling came into full force due to HIV and AIDS in the early 1990s, the repercussions of this scourge (Coker & Majuta, 2015; Stockton et al, 2010) were felt deeply and still are, as well as many other social problems common to a fast developing country like Botswana (Navin, 1992).

What is clinical supervision?

Supervision is a critical and essential part of any counselor education program and ensures that students' training culminates in producing competent practitioners. Several distinguished experts in clinical supervision offer varied definitions of clinical supervision, which all place focus on the student's professional and personal development; a greater emphasis is on the welfare of the client, as well as the gate keeping function by the senior members of the profession (Bernard & Goodyear, 2004; Holloway & Caroll, 1999; Bradley & Ladany, 2001; Corey, et al. 2010). The functions of supervision which also safeguard that the goals of supervision are achieved have also been succinctly addressed by these authors.

These are: teaching, consultation, mentorship, counselling and evaluation (Bernard & Goodyear; Holloway & Carroll; Bradley & Ladany; Corey, et al.).

Supervision defined

Some of the outstanding definitions of clinical supervision are now provided below depicting the indisputable need to provide clinical supervision for students in training and indeed through the life time of a counselor; notwithstanding the different developmental levels (Bernard & Goodyear, 2004) of supervisees and practitioners respectively. Powell (2010) defines supervision as a disciplined tutorial process wherein the principles are transformed into practical skills on four overlapping foci: administrative, evaluative, supportive and educational. The gurus in clinical supervision, Bernard and Goodyear (2009) describe the exercise as an intervention that is provided by a senior member to a junior member [of the same or related profession]. Similar to Powell, these authors further state that the relationship is evaluative extends over time and has the simultaneous purpose of enhancing the professional functioning of person(s), monitoring the quality of services and serving as a gate keeper for those in the profession (Bernard & Goodyear, 2009).

Another highly recognized figure in counseling and clinical supervision Corey et.al (2010) delineate that; supervision focuses on how the supervisee provides services to the clients. Furthermore, they elaborate that supervision is a process whereby there is constant observation and evaluation of the supervisees' performance by not only a trained professional, but one who recognizes, is competent in the unique body of knowledge and skill required for professional development.

All these definitions and many others that may not be fitted into this paper depict the unquestionable need for supervision during training of students. All these definitions point to the growth and developmental of the student, the ethical, legal, the supportive, informational aspects and indeed the evaluative role of supervision. It would be hazardous to trivialize and ignore such a invaluable exercise regarding a subject which touches on the core of human life-psychosocial counseling. While there may be countless reasons why it is difficult to provide adequate and effective supervision with the Counselling and Human Services program in the UB, the need for providing clinical supervision surpasses all impediments.

Bernard and Goodyear (2004) expound that the concern for ethical, legal and effective professional practice of counselling and other human related services requires that professionals participate in supervision of their work. Casile, Gruber, and Rosenblatt (2007) also stress that prudent counselors need supervision to ensure that their clients receive appropriate and professional development, a hall mark of being a professional counselor. All these definitions and advocacy for clinical supervision presents a challenge to the counselor educators in CHS to question their identity as professionals and innumerable questions surrounding the provision of adequate supervision.

The importance of supervision during training

There are countless reasons students need supervision during their field experience. There are professional, personal, client issues and may other concerns that a student entering the practicum for the first time encounters. There are innumerable challenges also concerning the field site for which students need support and a safety net from a senior person in this case—the clinical supervisor. There is a large volume of literature addressing the challenges students face as they enter the practice sites for the first time (Skovholt & Ronnestad, 2003; Schwing et al.; 201 & McFarlane et. al, 2015). Anxiety is reported to

be most prominent feeling experienced by novices and emanates from several sources. Students worry about issues that could be generally viewed as trivial such as whether the staff at the site will accept them, and what will clients think of them (Skovholt & Ronnestad, 2003). In a community like that of Botswana where elderly persons are accorded a certain level of respect, students are usually concerned about how they are expected to offer counseling to somebody older than them- without violating them especially concerning matters of sexuality.

The teaching and supportive function of supervision (Bernard & Goodyear, 2004; Corey et. al 2010, Bradley & Ladany, 2001), can help normalize these feelings, by assuring the student that they have been educated as professionals and age has nothing to do with it, while at the same time respecting the cultural values. Personal disclosure by the supervisee (with guidance from the supervisor) can also help them work better on personal experiences and encounters at the field site that present difficulties for them. All these strategies can only be availed to students during supervision, and possibly no other forum.

Anxiety-the most emergent feeling for novice counselors

Students usually experience lack of professional confidence when faced with difficult situations (Skovholt & Ronnestad, 2003). Whilst supervision is a need for student counsellors, [genetic] counselors were found to be anxious by being supervised, wondering if they will meet the laid down requirements to be a competent practitioner (McFarlane, et al. 2016). Another group of novice counsellors expressed anxiety about building rapport with clients, questioning themselves if they would have been at fault for a client not returning for therapy, also not knowing if it could be therapeutic to be confrontational with a client (Schwing, et. al.; 2010) was anxiety provoking enough for this population. These are but a few examples of anxiety expressed by students, there are innumerable forms and causes of anxiety that cannot not all be discussed in this paper. This documentation about anxiety- at least, as experienced by students serves as an important point of focus for offering structured supervision when students enter their practicum sites for the first time.

Skovholt and Ronnestad (2003) enlist a number of challenges that novice counselors face in their early practice; these include but not limited to: the illuminated scrutiny of gate keepers, porous or rigid emotional boundaries, the fragile incompetent practitioner, inadequate conceptual maps, glamourized expectations and an acute need for positive mentors. Specifically, these two authors expound that the novice professionals lack the confidence that buffers the experience of anxiety; in addition, anxiety leads them to focus on the self, making it more difficult to attend to complex work tasks (Skovholt & Ronnestad, 2003). All these feelings and emotions that the students encounter can be normalized during regular and a structured clinical supervision session, where information, education, consultation, and support can be offered (Bernard & Good year 2004; Corey, et. al.2010; Bradley & Ladany, 2001).

The Center for Substance Abuse and Treatment (CSAT, 1993) stresses that clinical supervision is emerging as the crucible in which counselors acquire knowledge and skills for the profession, providing a bridge between the classroom and the clinic. Supervision is to improve client care, develop the professionalism of clinical personnel, and impart and maintain ethical standards in the field. In recent years, clinical supervision has become the cornerstone of quality improvement and assurance (CSAT, 1993).

Professional boundaries, transference and counter transference

Students entering the practicum sites for the first time, fail to contain their emotions and feelings without crossing professional boundaries, they lack awareness of feelings of transference as well as dealing with counter transference. Most, if not all student counselors “are often surprised when they recognize in themselves some of the struggles their clients are talking about” (Corey et. al. 2010, p. 65).

These authors further suggest that if students find themselves in such situations, they need to bring these to supervision, not for their own benefit per se, but to be more clear how these personal conflicts may be blocking their progress with clients (Skovholt & Ronnestad, 2003). This statement calls for the availability adequate and well-structured supervision session which can be utilized by students for their growth and competency needs.

Countertransference is another major problem that novice counselors encounter in their interactions with clients without being aware of its existence (Skovholt & Ronnestad, 2003). To identify with clients as a counselor is acceptable to a comfortable degree, however when counselors (as novices would do) find themselves over-involved with clients or wanting to do a perfect job for the client—these may be signs of counter-transference (Corey et. al. 2010; Ronnestad & Skovholt 2003). For this, Corey et. al. (2010) suggests that dealing effectively with transference requires systematic reflection, discussion and practice. Furthermore, these authors indicate that supervisors need to engage effectively with supervisees to elicit deep emotional responses. It becomes unquestionable that students' professional and personal growth and development in some of the most complicated experiences is possible only through supervision. Hence supervision becomes an irrefutable need for all student counselors.

Supervision as professional identity in the counseling profession

Clinical supervision needs to be provided to students for them to acquire professional identity, and to be able to develop an understanding and maintain ethical standards at the optimal level. Professional identity is achieved through meeting the goals of supervision which are: safeguarding the welfare of clients by monitoring supervisee performance; gatekeeping function through ensuring that each supervisee demonstrates their competence in working with clients; and by promoting supervisees growth and development (Corey et al. 2010; Bradley & Ladany 2001; American Counseling Association (ACA) Code of Ethics, 2014, Council for Accreditation of Counseling and Related Professions CACREP, 2016). Another function of supervision is to empower the supervisee to take over the supervisory function and self-supervise (Bernard & Good year, 2009).

The Center for Substance Abuse and Treatment (CSAT1993) reiterates that a supervisor is a teacher, coach, consultant, mentor, evaluator, and administrator; this sentiment has been echoed by several writers in the supervision literature (Bernard & Goodyear, 2004; Corey et; al 2010; Ladany & Bradley, 2001, Gregoire & Jungers, 2007) to mention a few. Thus, students need support and empowerment (Bernard & Goodyear, 2009) to develop their skills, culminating in effective treatment of clients and to retain students until successful completion of their studies. Supervision does militate against at which students may discontinue their studies due to compassion, fatigue and burnout (Skovholt & Ronnestad, 2003).

Modelling of professional skills during supervision

Supervision is a profession in its own right, with its own theories, practices, and standards (Corey & Corey 2004). Clinical supervisors thus should be knowledgeable, competent, and skillful individuals who are appropriately credentialed both as counselors and supervisors [American Counseling Association (ACA) Code of Ethics 2014; Bradley & Ladany, 2010; Corey and Corey, 2014; Council for Accreditation of Counseling and Related Professions (CACREP) 2016]. Providing supervision ensures an opportunity for modeling the required counselling behaviors. Equally important, as supervisors work with supervisees they display a number of characteristics from which supervisees can emulate. Skills such as empathy, confrontation and questioning—not necessarily conclusive, can be appropriately demonstrated by a competent and caring supervisor to a supervisee during a supervision session. Bradley and Ladany (2001) remind us that supervisors should be able to model what they expect to see from their supervisees; they

should be living examples of all those qualities which are considered important in counselor-client relationships. The modelling of these characteristics is possible during supervision sessions, exclusively.

Issues of burnout and compassion fatigue

Burnout and compassion fatigue is a reality for novice counsellors during practicum. Corey et. al. (2010) enlightens us that working therapeutically with clients can open up our old wounds, and we need to be aware of such issues lest we experience a great deal of pain-which can result in compassion burnout. This recognition is possible through caring confrontation and deep reflection (Corey, et al., 2010; Corey & Corey 2008) with a supervisor. As well, several other issues resulting in burnout and compassion fatigue can be militated against primarily through supervision. The supervisory function of counseling (Bernard & Good Year 2009) can help students work on the issues they encounter during practice at the site and their own “unfinished business” (Perls (1969a in Corey 2009).

Supervision is caregiving to the counselor, supporting them emotionally, and assisting them to develop self-confidence (Wheeler & Richards, 2007), and encourages self-care through self-awareness created through the supervision relationship. Such forms of support can help novices balance on the job in many ways and curtail unnecessary attrition and specifically burnout and depletion (Skovholt et. al. 2001). Succinctly put, Skovholt et. al. (2001 state thus: “the process of counseling is made up of a constant series of empathic attachments, active involvements, and felt separations...however, the constant need to re-create the cycle of caring can lead to counselor depletion and burnout” (p. 167). The self-awareness that is so critical for novice counselor is enhanced through supervision (Wheeler and Richards; 2007; Dye & Borders, 1990). Several authors in supervision literature and research indicate that absence of supervision and support can lead to increased levels of stress, burnout, feeling alone and unhappy, quitting of jobs by counselors, a decline in basic skills of counseling and low confidence (Crutchfield, & Borders, 1997; Peace, 1995; Powell 1993; Spooone & Stone, 1997; Watkins 1997) cited in Cashwell & Doyle, (2001). Factors hindering effective supervision are now presented below.

Factors hindering the provision of effective clinical supervision at the University of Botswana

There are innumerable problems that impede the adequate provision of clinical supervision to counseling students at the UB’s Counseling and Human Services Section (CHS) housed at the Department of Educational Foundations. While these issues may not be dealt with overnight, it remains imperative that the need for counseling emerges more critically against the identified hurdles. The identified major factors that hinder adequate supervision are: large numbers of students against the ratio of teachers; inadequate and underdeveloped infrastructure for supervision; unprepared supervisory personnel resulting in unstructured or complete lack of supervision sessions; limited or lack of funds to support supervision; absence of credentialing for counselor education programs and licensure for the counseling profession in Botswana.

Large numbers of students

The Counsellor Education program (CHS) section has always had huge numbers of students since its inception; whereas the projected number of forty (40) students per cohort was in itself beyond the numbers usually specified by accrediting bodies; for some reason it was escalated to over a hundred students (CHS ASAS record, 2012; 2013). The CHS initially projected for 40 students from 2007/8 academic year to an accumulative number of 190 student s in four years ending 2011/2012 (B. Ed. Counselling Program 2007). However, the academic years of 2012 and 2013 had a record high of 115 and 110 respectively (CHS ASAS record 2012; 2013). It becomes practically impossible to offer micro

practical skills to such a huge number of students. A manageable student-teacher ratio of six (6) to one (1) instructor (CACREP, 2016) needs to be considered more seriously, especially for such a sensitive intervention as counselling.

CACREP (2016) stipulates that there may be no more than ten (10) students for every one (1) instructor for classroom work and six-to-one (6:1) student-teacher-ratio for practicum courses. The CHS unit had an appropriate ration teacher student ratio of 6-7:1, until a huge numbers were taken in as requested by the Ministry of Education in an effort to cut down costs of sending students abroad as the need for counselling personnel increased (B Ed Counselling Program, 2007). It may also be important to highlight that even when these numbers increase, the instructor numbers remained stagnant. For clinical supervision to be effective, student's numbers need to be controlled, to ensure closer attention by the instructor for effective learning to occur and most importantly—to safeguard client welfare and interest (Bernard & Goodyear 2009). The presence of an accreditation body in Botswana can help curb issues uncontrollable student numbers as there will be strict governance on all the activities that need to be undertaken by the CHS unit counselor education programs. This is visible through all the counselor education programs governed by CACREP and many other counselor accreditation bodies, not stated herein.

According to Hidden Curriculum 2014, August 26), the ideal student-teacher ratio will be determined by age and academic needs of the students. While the author addresses the general education system, it is clear that the younger counseling students dealing with some extremely sensitive matters rampant in counseling definitely need more and closer attention from the clinical supervisor specifically during practicum to develop competence and self-confidence (Skovholt & Ronnestad, 2003).

Improper infrastructure and inadequate equipment for supervision

Another critical aspect that impacts negatively on the provision of effective supervision is the lack of appropriate infrastructure and technology which can enhance students' learning. In the absence of proper counseling rooms, confidentiality can be highly compromised, and this is undermining the set ethical professional standards and counselor competence. The Australian Counseling Association (2012) prescribes that the (counseling) room provide for confidentiality while allowing the client to feel safe, and have within it a comfortable open space between the counsellor and the client, insofar as the work environment allows (<https://www.theaca.net.au/>). The American Counseling Association (ACA, 2016) Code of Ethics further cautions that in terms of ethics, a failure to provide such an environment could be seen as leading to a breach of: 3.2 (a). Thus counsellors must take all stipulated steps to ensure that the client does not suffer any physical, emotional or psychological harm during counseling sessions. The environmental controls should be at a comfortable level for both counsellor and client. The room must have the exit easily accessible to the client should they choose to avail themselves of it (ACA, 2016).

The use of appropriate technology can enhance students learning. Gadgets like the Televisions screens and video recorders are needed to assist students to record and display their sessions with clients, deliberate and reflect on these in group or individual supervision The simplest gadget is the audio recorder; which is also not available in the Counseling Laboratory situated in Block 247 where students usually do their practice, not to mention the advanced gadgets like video recorders and mounted TV monitors. Technological devise are known to have a high potential to enhance students learning as they provide first-hand information to the students. There are many advantages for utilizing these learning technologies as opposed to the disadvantages therein (Olson, Russel, White, 2001).

The lack of purpose-built infrastructure lends itself into unstructured to the total absence of supervision sessions in UB, which is detrimental to the growth and development of the student, as well as compromising the welfare of clients. As mentioned earlier novice counselors need continued support to sustain them at the field site especially the first days of practicum exposure (Skovholt & Ronnestad, 2003). Proper infrastructure for individual as well as group supervision is needed to achieve this endeavor. According to the Australian Counselling Association Code of Ethics such buildings must ensure privacy and confidentiality of clients' as well as students' issues (<https://www.theaca.net.au/>). Specifically, the building that houses the Counselling Laboratory (Block 247) in UB lacks the sound proof mechanism, so that confidentiality can be highly compromised. A purpose build structure with the necessary technological devices is needed to enhance effective learning for the student as well as protecting the clients' interest (ACA, 2016).

Unprepared supervisors and unstructured supervision sessions

Students from the CHS undertaking practicum and/or internship have been placed under the care of nurses, social workers, psychologists and worse still, police officers and some paraprofessionals commonly referred to as HIV and AIDS counsellors. These officers have not the slightest idea what clinical supervision entails, even though they have good intentions to assist student. The absence or lack of a proper mentor is what Skovholt and Ronnestad (2003) describe as the "orphan distress" which they likened to searching for one's way on high seas with no experience. Thus need for professionally prepared supervisors who are conversant with the needs of students cannot be over emphasized.

Clinical supervision is a specialty in its own right (Bernard & Goodyear, 2014) and individuals need to undergo training to become competent supervisors. Bradley and Ladany (2001) concur with Bernard and Goodyear that "a supervisor is a well prepared individual who has entered the supervisory position after attaining a higher degree of training, experience, and wisdom as a practitioner" (p. 8). Thus an intense program of clinical supervision for well positioned professionals– counselors educators in the CHS unit specifically, community counselors, social workers, nurses and psychologists with thin the country needs to be developed and implemented as a way to uplift the standard of the counselling profession, and keep abreast with professional standards internationally, aa well as acquire the expected professional identity.

Lack of /minimal budget to support clinical supervision

The absence of a budget to support supervision is another impediment in enhancing effective and adequate supervision for student counsellors. There is an extremely limited budget, if any laid aside to support supervision endeavors. Funds are needed to support clinical supervision as needs emerge. CACREP proposes that an institution is committed to providing the program with sufficient financial support to ensure continuity, quality, and effectiveness in all of the program's learning environments (CACREP, 2016). A financial budget can be considered once the counselor educators in CHS take it upon themselves to engage with stakeholders on what is entailed in clinical supervision, and the reason it needs to be undertaken.

The absence of credentialing and licensing authorities for counseling in Botswana

There is no accreditation and licensing authorities in Botswana. The establishment of these two major authorities can ensure that not only supervision is provided effectively, but the training of counselors is provided according to laid down standards. Most developed countries have accreditation and licensing bodies. The Council for Accreditation of Counseling and Related Educational Programs

(CACREP) is one specific credentialing body that will be referenced in this paper, as it is the major agency that takes care of most credentialing matters in the United States (Gregoire & Jungers, 2007). CACREP lays down standards that address all the pertinent issues surrounding the execution of counselor education programs.

Furthermore, CACREP delineates succinctly the requirements of the practice site, the number of hours for supervision, the total number of hours a student has to accumulate at the filed practice and the educational qualifications and experience of supervisor (CACREP, 2016). Without such a framework as is with CACREP, it will always be difficult to execute an effective counselor education program, as is the present position in the UB.

It may be important to highlight that the major issues identified as hindering provision of effective clinical supervision are intricately woven. Thus if one of the issues is resolved, automatically all the others can be resolved. A licensing body will only license counselors who have met the accreditation standards, hence the two bodies of authority work hand in hand. Thus the existence of an accreditation authority can militate against most if not all of the issues addressed above, by specifically stipulating the procedure for executing an ideal program as visible with CACREP.

Conclusion and Recommendations

Clinical supervision in counseling has been described by several experts in the field of psychotherapy as a critical and integral part of counseling (Allan, et al 2016; Bernard & Goodyear, 2009; Wheeler, & Richards, 2007; Cashwell & Doyle, 2001; Larson e. al. 1992; McCarthy, Veach, LeRoy, 2009). Supervision is concerned with the growth and development of the counselor, protection of client welfare, and monitors supervisee performance through the gatekeeping function (Bradley & Ladany, 2001; Bernard & Goodyear, 2004; Corey et. al. 2010). Corey et. al. adds that supervision empowers the supervisee to self-supervise and carry out the goals of supervision on their own.

According to Bradley and Ladany, (2001), supervision is a profession that consists of *master* practitioners who guide and direct less experienced colleagues and pre-service trainees. This sentiment is strongly expressed within the supervision definition by Bernard and Goodyear (2004, 2009) indicating that it is provided by a more senior member of the same profession. The *master* practitioners-supervisors function within the apprenticeship and internships roles, to promote a transfer of learning from theory to the actual environment where the profession is practiced (Bradley & Ladany 2001). Providing supervision is crucial for supervisors as it ensures that they also are in continued personal and professional development, which extends throughout the profession (Bernard & Goodyear, 2004, 2009). Thus the importance of clinical supervision for novices and a continuing education exercise for the practitioners cannot be over emphasized.

Several studies in clinical supervision (Bernard & Goodyear 2009; Cashwell & Doyle, 2001; Bradley & Ladany, 2001) and student's transcripts (Schwing et. al 2011) attest to the positive impact of supervision in counseling for students in training. Supervision provides the opportunity for counselors to transfer theory into practice in the real life situations (Cashwell & Doyle, 2001). Furthermore, supervision provides structure, feedback, and support that enable the counselor to continue *this* professional growth (Bernard & Goodyear, 2004, 2009). The provision of clinical supervision can ensure that trainees are prepared and evaluated against a common standard rather than merely ranked in comparison with one another (Stoltenberg & Grus, 2004). This is in line with the accreditation standards of counselor education programs (CACREP, 2016).

A systematic review of literature of several experts in supervision on the impact of supervision by Wheeler and Richards (2007), revealed a number of positive outcomes of supervision, even though the aims of these studies were not necessarily the same. Some of the experiences expressed by participants were: feelings of increased congruence and confidence, development of ethical decision making skills, not being distracted by their own emotions, refined professional identity, value of support and technical guidance by beginning counselors, significant increases on the three dimensions of the developmental model, high levels of counseling efficacy, and ability to be more focused on the session—were recorded from these studies. A lot of positive impact is conclusively evident in the findings emerging from these studies, though not necessarily conclusive (Wheeler & Richards, 2007).

Another systematic review of clinical supervision of psychotherapists by Allan et. al. (2016) revealed that whilst outcome research regarding the effectiveness of supervision is mixed, due to methodological issues, there is indication that supervision results in improved patient care outcomes. Furthermore, Allan et. al. share that supervision is described as a quality assurance mechanism. These authors caution further that without supervision the quality control of psychotherapy depends on the ability of therapists to self-evaluate their competencies. However self-evaluations prove to be difficult with beginning and lower skilled clinicians who are found to typically over-rate their competencies which can have negative implications for patient outcomes and safety (Alan et. al 2016). Structured supervision sessions only, can bring about sobriety about the exact level of development within these learners.

The intention in supervision is to gradually increase student's independence in preparation for professional status (Alan et. al. 2016). Increased independence is possible in the cycle of reflection, feedback and the reflection again, provided for in supervision (Dye & Borders, 1990). In addition, Wheeler and Dooley (2001) highlight that having an experienced professional to turn to for support and guidance as they (genetic counselors) begin to navigate the challenging world of [genetic] counseling can be a wonderful professional development experience for beginners. Countless struggles with anxiety and many other feelings have been reported as encountered by novice counselors when they enter the practicum field for the first time (Skovholt & Ronnestad 2003). Such support is critical to calm down the novice anxiety so that they can become effective in their interventions with clients as well as dealing with their personal issues. Skovholt and Ronnestad (2003) clearly delineate how the novice tends to focus on trying to curtail anxiety and less time is paid to working with clients, and in fact, the growth and development of the novice is hampered.

Unquestionably, provision of clinical supervision to counselors during their field practice can promote professional growth for the therapist and ensure better care for the client (Cashwell & Dooley). Indeed, supervision offers an opportunity for self-care and self-awareness to the student counsellor facilitated by a more experienced member of the profession—the supervisor. In addition to skill development, supervision encourages the socialization of professional values through exposure of standards of practice and through modelling, supervised practice, and feedback (Falender et. al. (2004). The supervisor has a role to display behavior and characteristics that she or he expects from their supervisees (Bradley & Ladany, 2001). The forum for supervision offers such an opportunity, hence supervision goes beyond just meeting the major objectives; there are other subtle but significant benefits that can be enjoyed by young upcoming counsellors.

There is nothing justifiable enough to compromise the provision of adequate and effective clinical supervision for students in counseling. This can be tantamount to compromising client safety and the professional standards. Counselors-in-training have the right to be taught and mentored by members of

their chosen profession to ensure they become competent and ethical practitioners able to meet the health, safety, and welfare needs of the public (CACREP, 2016).

Recommendations

Improving the provision of clinical supervision

The recommendations being put forward herein are intended to work on resolving the factors identified earlier in the paper as hindering the provision of effective supervision by the CHS program at the University of Botswana. The major solution is establishing accreditation mechanisms to govern the functions of the counselor education program in CHS section; and the licensing authority for the counseling profession in Botswana in general. Any other problems will automatically be subsumed under this major solution, as all the processes and procedures for executing the program will be laid down by this accrediting authority as seen with CACREP (2016).

Establishment of bodies of authority

The establishment of an accreditation authority for counselor education program will lay ground on the manner in which counsellor education the program needs to be executed, as exemplified by (CACREP, 2016). Certification and licensure for practicing in counseling in Botswana can minimize a multitude of factors hindering the provision of effective supervision by enforcing the requirements need for successful graduation. Generally programs that are not accredited usually experience difficulties in certifying their graduates for practice (CACREP, 2016). These two bodies are non-existent in Botswana and cause all the good intentions of counseling and its specialties to become extremely difficult to implement, as there is no framework to follow. These two bodies are inseparable; for a graduate to be licensed they have to meet the accreditation standards (CACREP 2016).

Counseling is a highly sensitive intervention which needs clear guidelines; these will assist in protecting the clients' welfare; ensuring growth and development of the novice; having the right people in the profession through the gate keeping function (Bernard & Goodyear, 2009), upholding the professional image of the counseling discipline. Licensing thus, is the mark of a professional and can ensure that competent and dedicated practitioners are kept within the profession. Licensure is a quality assurance model that ensures all counselors meet the rigorous education, training and institutional requirements (CACREP, 2016).

The licensing council is overdue in Botswana and is needed to ensure that client's welfare and interests are protected; the accrediting authority can ensure that the counselor education program provided by the CHS section offers a well-structured program, with intensive clinical supervision. This will ensure that the program graduates competent practitioners who can provide minimal safe practice to the public, and be able to compete internationally.

It may be proper to caution that, it will take a considerable time for Botswana to develop and sustain a well-functioning program such as those programs bound by the CACREP requirements. In the meantime, the ideas and insights that have been documented by CACREP and other accrediting bodies can be utilized by the CHS section as a framework to enhance execution of an appropriate and standardized counselor education program to attain the set professional standards. This can accord the CHS program proper recognition, nationally, regionally and indeed, internationally.

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