Supervision of counselors working in college counseling centers whose clients are in the midst of an immediate mental health crisis is a complex process. This article reviews this neglected subject and makes specific suggestions for supervisors and their supervisees as they work together to provide quality counseling during a crisis episode.

As the college student culture and the pressures students experience become increasingly complex (Ottens & Black, 2000), the important role that college counseling centers play in the crisis intervention process becomes critical (France, 1996). Crisis intervention is especially important due to the reported increase in the number of student clients who present with severe pathology (Erdur-Baker, et al., 2006; Stone & Archer, 1990). University and college counseling centers also serve as training sites for counselors-in-training (Guinee & Ness, 2000). Consequently providing supervision is an essential senior staff function.

Supervising counselors-in-training who are actively and immediately involved with clients who are in the midst of an in-session crisis or mental health emergency is a
situation of critical importance. Crisis clients are often experiencing a multiplicity of problems and at times are overwhelmed by their personal situations. Clients such as these may require assistance that a counselor-in-training is not prepared to provide. It is in these situations that immediate supervision is essential.

The general process of supervision is an often written about topic from the theoretical as well as the implementation perspective. However, the specific issue of providing supervision for the counselor-in-training who is in the midst of providing service to a client fully involved in a mental health emergency is not addressed in the supervision or crisis intervention literature (Peake, Nussbaum, & Tindell, 2002).

One of the difficulties in supervisory crisis management is that clinical supervisors rarely have direct and detailed knowledge of their supervisees' clients (Falvey, 2002). While national standards recommend direct knowledge of clients (e.g., Association of State and Provincial Psychology Boards [ASPPB], 2005, Association for Counselor Education and Supervision [ACES], 1990) research suggests that this seldom occurs in the field (Borders, Cashwell, & Rotter, 1995; McCarthy, Kalakowski, & Kenfield, 1994; Navin, Beamish, & Johanson, 1995). McKenzie, Atkinson, Quinn, and Heath (1986) found that 61% of 550 supervisors based their supervision on only the written notes of the supervisee. Falvey (2002) noted that self-report by supervisees remain the major method of reviewing cases.

During a crisis situation, this lack of knowledge may present a serious liability issue (Falvey, 2002). When a crisis situation occurs, the traditional model of the supervisory hour which occurs at a leisurely pace sometime after a given counselor-client interchange is neither appropriate nor possible (Alonso & Shapiro, 1992). Yet virtually all of the supervision literature is written from the perspective that supervision is delivered after a given counseling session.

Clear guidelines of either how to deal with the client in crisis or how to supervise the crisis session are not described in professional standards of care and training (Bradley, Kottler, & Lehrman-Waterman, 2001; Engels & Dameron, 1990). Also, this dilemma has not been adequately addressed by ethical codes or standards of conduct.

Yet supervision has become a concern of state licensing boards. A summary of
disciplinary actions taken by the ASPPB reports that inadequate or improper supervision ranked fifth in frequency of violations (Reeves, 1998). One state licensing board of psychology found that the largest category of complaints filed (23%) dealt with supervision issues, including inadequate overview of supervisee's clinical performance (Montgomery, Cupit, & Wimberly, 1999).

Supervisors are legally responsible for the actions of their supervisees. This notion of vicarious liability is based on the concept of Respondeat superior. The legal responsibility of respondeat superior or "let the master answer" holds superiors liable because they are in a position of responsibility (Schutz, 1982).

Crisis and Psychological Emergency Definitions
For all involved (client, supervisee, supervisor) what is to be termed as a crisis or emergency is individually defined. A situation becomes a crisis when one's usual methods of coping or defending are no longer effective. An emergency exists when there is an element of danger to self and/or others. Callahan (1998) discussed in some detail the need for definitional clarity. To be sitting with a client who is actively suicidal or a client who is hallucinating in the midst of an acute regression might be a crisis for the supervisee but not for the supervisor. But a crisis is a crisis and the client must be responded to in a constructive manner in spite of the chaotic situation.

Supervisees may face two categories of crisis clients (Birk & Birk, 1984). Probably the most challenging situation is one in which a client presents during the initial interview in a state of high psychological stress. The supervisee's task is to bring some sort of resolution to the chaotic crisis situation without having much, if any, client background information. The second crisis category occurs sometime during a regular series of counseling contacts. Triggers for the two categories of crisis may be similar but in the second the supervisee has much more background data and the power of the helping relationship to bring to bear in the resolution process.

Being Prepared for Potential Crises
The major thrust of the following sections of this article centers on the intent to integrate what little has been written in the professional literature regarding the supervision of crises experienced by supervisees with the authors' practical clinical and supervisory experience. Each section
includes suggestions as to how supervisors can facilitate the process of crisis intervention.

**Competency of the Supervisee**

The first step in managing a crisis is for the supervisee and supervisor to discuss what skill and training the supervisee has in regard to crisis intervention. The experience level of the supervisee will impact what might constitute a crisis. The inexperienced supervisee could well react with uneasiness to almost any difficult in-session occurrence. In contrast, the more experienced supervisee might feel comfortable with almost any client presentation. The experience factor of the counselor-in-training could also determine the urgency of supervisory contact when there is an imminent crisis. Some supervisors might allow the supervisee a great deal of flexibility in how and when the supervisor should be notified. For a less experienced supervisee, the expectation might be that the supervisor would be informed at once. Some crisis situations could require the supervisor to be brought into the counseling session; while other situations might only warrant supervisor notification during the next working day. Knowledge of the supervisee can help guide the supervisor in knowing what type and how much supervision is needed. Screening clients to match the supervisee's level of competence can also aid in this process.

General guidelines have been established for supervisors to screen their supervisees' clients based on their level of competency (Falvey, 2002). However, assigning clients based on knowledge of supervisee skills is often overlooked (Bernard & Goodyear, 1998; Huber, 1994; Knapp & VandeCreek, 1996; Welfel, 1998; Whitman & Jacobs, 1998). Freeman and McHenry (1996) surveyed a national sample of counseling supervisees and found that only 3% identified client screening as part of their supervisory practice. Knowledge of supervisee's competence can also assist in knowing the best and safest form of supervision for crisis situations. This knowledge can help supervisors provide adequate training, information, and supervision to unskilled supervisees (Haas & Hall, 1991).

**Formalized Emergency Procedures**

It is critical to make the implicit explicit. College counseling centers are responsible for formalizing crisis policies and procedures and communication between supervisors and supervisees. Prest, Schindler-Zimmerman, and Sporakowski (1992) developed the Initial
Supervision Checklist for use in early supervisory sessions that delineate emergency and back-up procedures for the center and with the supervisee, including issues such as supervisor accessibility. Osborn and Davis (1996) developed a supervision contract that spells out that the supervisee must consult with the supervisor or the designated contact person in crisis situations. If emergency policies and procedures are not written, this is a task supervisors at counseling centers must undertake.

A number of recommendations have been made about what should be included in written procedures: provisions for qualified supervision and for preserving evidence about the decision-making process used in resolving a crisis (Crawford, 1994; Ellis, 1991); addressing staff safety in terms of office arrangements and incident reports (Munson, 1993; Pozgar, 1996); and, explaining emergency procedures in detail so that trainees know exactly what to do and when (Neufeldt, 1999). Supervisors are responsible for communicating these policies to their supervisees (Falvey, 2002).

Knowledge of State Regulations and Community Resources

Whether to manage the crisis client on an outpatient basis or to seek respite or inpatient services is a difficult decision. From a practical standpoint, advanced preparation must include an examination of what institutional as well as community resources are available to be called upon in a crisis. This requires a general working knowledge of the involuntary commitment laws of the state and the counseling center's means of instituting this process. Consequently it is important for the supervisee and supervisor to be well versed in the vagaries of the legal system in their catchment area. It is not unusual to have one intervention system in place Monday through Friday when the counseling center is open for business and another system utilized after normal working hours and on weekends. Nothing can be more disturbing to clients as well as professional staff than to have massive and unnecessary amounts of confusion during a crisis episode.

Assessment of Risk Factors

Supervisors have the duty to protect the welfare of clients of their supervisees. The supervisee and supervisor need to discuss what client behaviors are thought
to be critical and consequently meriting immediate counselor and supervisor attention. Typically, behaviors such as danger to self or others or the inability to care for oneself would be defined as critical. Of these three most critical situations, in college counseling centers, suicidal clients are seen the most frequently.

Counselors work with a high percentage of persons at risk for suicide. They report working with suicidal clients as one of the most stressful clinical situations they encounter (Bongar, 1991; Pope & Vasquez, 1998). It is logical to presume that suicidal clients are even more stressful for the supervisee. The odds of losing a client to suicide have been estimated at about 18% for psychology graduate students (Kleespies, Smith, & Becker, 1990). Among adolescents, suicide is the third leading cause of death (American Association of Suicidology, 2000). Supervisees at college counseling centers are likely to see an even greater number of clients who are suicidal than those in other counseling settings.

From the supervisory perspective, having a supervisee and client both in a state of crisis puts to the test the supervisor's ability to take charge. In what can be a highly emotionally charged and chaotic situation, the cool head of the supervisor can do much to calmly lead the supervisee in an appropriate assessment and intervention format which will provide a structure by which the client can come to terms with the situation. It is these critical situations in which Mead's (1990) comments regarding the essential requirement that the supervisor must be a highly skilled and experienced master clinician as well as an effective supervisor ring true. Solonim (1994) observed that it is probably better for supervisees and supervisors to over-react to clients in crisis than to under-react. It is much easier to back off from an over involved or protective approach than it is to make up for an error in the assessment of seriousness and have a client commit suicide or take some other dramatic and irreversible action.

Careful diagnosis and assessment of risk factors are crucial in working with all clients in crisis but especially true for those suicidal clients. An issue highly relevant to all supervision but especially that of crisis situations is the question of who holds the responsibility for assessment and intervention. From a legal and ethical position the responsibility for a suicide is in debate (Falvey, 2002). But responsibility for competent clinical service rests jointly upon the supervisee and supervisor. In the
professional supervision literature it is not uncommon for this to be overlooked or understated. Mead (1990) noted that "...the supervisor must keep in mind that it is the supervisee's responsibility to do the therapy and it is the supervisor's job to supervise" (p. 97). However, supervisors cannot presume that their supervisees have been well trained in suicide assessment and prevention. Even with training, the reality of a suicidal client sitting in front of them is quite different from a classroom learning experience.

**Responding to Crises**

**Basic Responses to Crises**

From a supervisory perspective very little has been written regarding the specific aspects of dealing with crises. Bradley, Kottler, & Lehrman-Waterman (2001) commented that counseling students report they are rarely informed as to the specifics of implementing crisis intervention actions. Herlihy and Sheeley (1988) summarized the minimum supervision expectations as being:

- Keep the client in therapy.
- Avoid over-reacting.
- Be willing to attempt environmental manipulation.
- Always attempt to get informed client consent before bringing in other individuals.

- Formulate contingency plans.
- Get competent consultation.
- Keep complete records of the events.
- Use involuntary commitment if necessary.
- Establish a follow-up plan.

Hanke (1984) suggested that the most critical task is to ensure the safety of the client, counselor, and all others on the scene. Safety is especially important for the erratic and impulsive individual. Hanke (1984) indicated that the client may need to be cleared medically depending on the nature of the crisis, highlighting the fact that medical consultation is often a necessity in a crisis situation. Kleespies (1998) believed that a mentor relationship based on the supervisee spending a great deal of time observing the supervisor's assessment and treatment of disturbed clients is an ideal format for learning the specifics of crisis response.

These suggestions provide some important benchmarks as a crisis intervention plan is developed. The extensiveness of the plan will depend upon many variables such as availability of formal and informal resources, the center's general crisis policy, and the nature of the crisis.

As all of these variables centering on client assessment and intervention are discussed and contingency plans
developed, the supervisor will begin to get a sense of how the supervisee might operate professionally and personally under fire. From a very subjective position, the supervisor may well be able to identify critical developmental topics for discussion during non-crisis oriented supervisory sessions.

Kottler and Hazler (1997), writing from the supervisee point of view, offered some specific suggestions about supervision. They encouraged counselors in supervision to ask for specific clinical examples, request demonstrations of clinical applications, and invite the supervisor into the counseling room. France (1996) and Schroll and Walton (1991) echoed the importance of supervisor modeling of interventions as well as discussing how important supervisor availability is to crisis resolution.

**Supervisory Intervention**

Making the decision to seek immediate supervision can be a difficult therapeutic maneuver to accomplish. It is best done by having the supervisee discuss with the client - prior to seeking assistance - why the supervisee wants to talk with the supervisor. One explanation strategy is for the supervisee to inform the client that he or she is not clear on some counseling options and needs to discuss this with the supervisor. It may be that the supervisee has been instructed to seek immediate supervision in a crisis situation. Falvey (2002) recommended implementing this policy to assess suicide lethality by unlicensed supervisees when working with clients at risk for suicide. Avoiding surprises and confusing behavior on the part of the supervisee keeps the crisis from escalating.

**Supervision Outside the Counseling Office**

The supervisory intervention may take place in the counseling room with both the supervisee and client present or it may take place outside the room and involve just the supervisor and the supervisee. Supervisees can describe the scenario in detail and provide their perspective as to why this is an immediate crisis. The crisis in question may not be in fact a "true" psychotherapy crisis but a personal and/or professional crisis for the supervisee. It may just be that the supervisee does not know what to make of the client's current behavior or how to help the client cope with the present situation. The supervisor's task is to elicit information from the supervisee so that appropriate alternative diagnostic and/or intervention tactics can
be applied. In addition, the supervisor works towards bolstering the supervisee’s sense of competence and confidence. With this accomplished the supervisee returns to the client and attempts to assist the client resolve the current crisis. Situations such as these could require several trips in and out of the counseling room before the counseling session is brought to resolution.

For some centers there may be the routine use of interview rooms with audio and viewing capacity so the alerted supervisor can readily see and hear the actual counseling interchanges. Other sites may have bug-in-the-ear capability or telephone contact equipment so the supervisee can receive supervision without leaving the room. These technical aides should be used with care because they can add to the crisis client’s stress level.

After Hours Supervision

A variation of out of office supervision occurs when the supervisee gets an after hours crisis call from a client who is talking about suicide, homicide, or being in the midst of a psychotic episode. The life line provided by the telephone is tenuous at best. If the supervisee is lucky, he or she may be able to put the client on hold while another line is used to contact the supervisor for some advice. More commonly the supervisee has to help the client to achieve some sort of stability, terminate the call, make contact with the supervisor, and then recall the client to finalize any plans. From a supervision standpoint it is important for the supervisee to know the difference between doing crisis stabilization and doing therapy.

Supervision Inside The Counseling Office

In-office supervision takes place when the supervisee requests the supervisor to come into the session and take a face-to-face interactive stance. In these situations the balance of “power” between the supervisee and the supervisor can be a critical short and long term variable. In this three-way counseling session, the supervisee first introduces the supervisor to the client and the session proceeds. One tactic would be for the supervisee to ask the client to tell the supervisor the details of the crisis. As the story unfolds the supervisee and the supervisor might ask for additional data or respond in ways to show empathy.

In these situations the supervisor must exercise caution and refrain from moving into the role of counselor, instead, maintaining a consultant role. This is most
easily done by being more direct and less concerned with the development of a helping relationship. Supervisors must recognize that to create too good of a bond would only complicate the situation because the client would then be exposed to the loss of a personal relationship as the supervisor leaves the session.

The general thrust of the joint session is to continue to clarify what is going on, the diagnosis; and move into a constructive resolution of the crisis intervention. In an ideal setting, supervisee and supervisor operate from an equal power base, to whatever degree possible. This is critical because the supervisee will continue the counseling relationship after the supervisor leaves, requiring that the supervisee maintain a great deal of professional credibility.

The client takes an active part in the resolution process, if possible. Most assuredly, the regressed schizophrenic who is actively hallucinating or the individual who is well entrenched in a suicidal mode cannot take much responsibility for personal safety. It is important for the supervisee and the supervisor to be in agreement as to what actions must be initiated on behalf of these regressed clients.

Case Management and Client Advocacy

For all crisis clients, but especially those who are severely regressed and incapacitated, the importance of case management and client advocacy is great. In some centers, certain case management functions such as referral and contact of relatives and other supportive persons would be carried out by a social worker or a senior campus administrator. However, in these times of reduced staffing patterns and blurring of professional discipline functions, teaching supervisees the practical and philosophical aspects of case management and advocacy is a critical task.

Marlowe, Marlowe, and Willetts (1983) described management functions in detail. In essence, crisis case management entails a willingness on the part of professionals to actively take a directive, guiding, and organizing approach to assist the client to bring supportive structure to the situation. Woodside and Legg (1990) outlined the features of client advocacy that include many management functions but also include a political feature. In some crisis situations supervisees must be willing to assist the client to reach out for support from such political/social entities as social security or supplemental security income.
Active case management and advocacy has both short and long term implications for all parties. At the time of the crisis, the immediacy of developing protective actions for the client is invaluable. In the long term, advocacy steps as clinical support during interactions with university units such as housing may need to be carried out by the supervisor because the supervisee may have completed the practicum or internship and even graduated. In centers having high numbers of students in supervision, the supervisor of record could well be responsible for many intervention details as the client continues at the university as a student.

In practical, real life terms, a crisis taking place during an initial interview probably can be adequately supervised by any senior staff member. It may be more complicated if the client crisis takes place later in the counseling session sequence. Supervision by senior staff other than the supervisor of record may then be more cumbersome to implement. The key to successful clinical work in these situations will depend upon a good communication link between the counselor and the two involved supervisors. Three way discussions are essential to continuity of care for the client.

Follow-up Supervision of the Crisis Client

From an intervention point of view, supervisee contacts with the client following the crisis resolution can be critical. A crisis situation provides a stepping stone to important personal learning for the client. By examining the precipitating factors, symptom display, constructive and destructive responses, and assistance from formal and informal helpers the client and the counselor can increase the odds that such an emergency situation will be less likely to occur in the future. Initiating a debriefing of the incident with the client can help foster this personal learning in clients. This may take
place quite soon—at the next scheduled appointment; or it may take place days or weeks later if hospitalization was required. Moving from the debriefing stage to a return to the now modified counseling plan in a smooth manner is important. Inexperienced supervisees often need higher levels of supervisory input at this point in the counseling effort.

Supervisory Debriefing of the Crisis Incident

Sometime after the crisis is resolved it is important for the supervisor and the supervisee to talk through the incident from a clinical and personal perspective. A crisis situation provides a learning opportunity for all the players in this complex drama. Because the welfare of the client is always the primary issue, discussing the client’s crisis presentation from a diagnostic and short and long term intervention position can be beneficial. Clinically it is helpful to re-examine the symptom presentation, precipitating events, short-term interventions, and long-term directions. At this time all crisis or emergency consultations are to be documented by both supervisee and the supervisor (Osborn & Davis, 1996). Falvey, Caldwell, and Cohen’s (2002) FoRMSS included forms to document supervisory information and activities including supervisory discussions and recommendations.

The debriefing also sets the stage for examining the general crisis intervention system and may point the way to improving future responses. It is in this stage where the supervisor has much to offer if the crisis has turned into a catastrophe such as a client committing suicide or homicide. In these highly charged situations there are many tasks to accomplish such as talking with the family, police, or attorneys. Many supervisees would be unable to handle all these issues on their own. Having the supervisor share in these tasks may take pressure off the supervisee, sets the stage for more efficient system intervention, and provides opportunities for modeling appropriate counselor behaviors.

Crisis situations also provide the supervisee and supervisor an opportunity to discuss their personal and subjective reactions. Emotions can run high in these situations and often this can lead to some personal insight (Talbot, Manton, & Dunn, 1992). Individual strengths and weaknesses are often highlighted by these charged and challenging episodes.

Timely and regular debriefing of the supervisee is probably the best supervisory intervention. Factual debriefing of the
supervisee's personal experience is slightly different from supervision which focuses on the client's needs. Figley (1995) placed special emphasis on assisting the supervisee to recognize the successes and positive aspects of the assessment and intervention process.

Summary

Crisis or emergency supervision is a dynamic process that often occurs in atypical times and places. Because of the nature of service delivery, not all counselor development can occur after the fact. Instead active supervision can be delivered as the counseling services are being delivered-in the here-and-now. Supervision of this nature may well require all participants to interact in creative and dynamic ways. With advanced planning, supervisors and supervisees can be prepared to deal with these unusual and demanding crisis situations. If an emotional crisis is quickly treated in a competent manner, follow-up counseling contacts are usually of a shorter duration (Werthman, 1997). Supervisors and their supervisees must have thought through the emergency intervention process. Who, what, when, where, and how questions are best answered before an actual crisis occurs.

References


