MODELS OF SUPERVISION

Theories and models serve to help us make sense of and organize information. Operating within a model grounds our practice and helps practitioners with intentionality and consistency.

Supervisors should outline their model of supervision, discuss how decisions regarding the focus of supervision are generally determined, discuss their expectations of the supervisee, and how the process will be evaluated for effectiveness. Often this information is included in an Informed Consent that is presented to the supervisee.

Supervisees should take the opportunity to discuss their general preferences for receiving feedback, their methods of learning, their expectations of support and critical feedback, and question what to do if they perceive that something is not going effectively in supervision.

This discussion, at the beginning and throughout the course of the relationship, may aid in facilitating a positive relationship that leads to counselor development.

Training in theory and models of supervision increases supervisor knowledge, and provides guidance for how to direct student learning, as well as how to understand the supervisee experience and development. In general there are four types of clinical supervision models:

1. Developmental models
2. Process models
3. Eclectic or Integrationist models/Supervisor's Model in Practice
4. Psychotherapy-based models

While it is acknowledged that there are models of supervision that are based on theories of psychotherapy, Bernard and Goodyear (1998) state that an indicator that supervision is coming into its own is that there is an increase in models that were developed independent of psychotherapy. Therefore, this section will focus on the developmental and social role models of supervision.

DEVELOPMENTAL APPROACHES TO SUPERVISION

Developmental models of supervision have dominated supervision thinking and research since the 1980s. Developmental conceptions of supervision are based on two basic assumptions:

1. In the process of moving toward competence, supervisors move through a series of stages that are qualitatively different from one another.

2. Each supervisee stage requires a qualitatively different supervision environment if optimal supervisee satisfaction and growth are to occur (Chagon and Russell (1995).

Three influential models reflecting the developmental perspective are presented (see Bernard & Goodyear, 1998).

Littrell, Lee-Borden, & Lorenz Model (1979)

This model attempts to match supervisor behavior to the developmental needs of the supervisee. Briefly summarized, there are four stages to this model:

Stage 1: Characterized by relationship building, goal setting, and contracting.

Stage 2: The supervisor vacillates between the role of counselor and teacher as the trainee is faced with affective issues and skill deficits.

Stage 3: The supervisor adopts a more collegial role of consultant as the trainee gains confidence and expertise.

Stage 4: The supervisor's role becomes "distant" and he or she serves as a consultant. At this stage the supervisee takes responsibility for his or her learning and development as a counselor.

The Stoltenberg and Delworth Model (1987)

Stoltenberg and Delworth revised the earlier contribution of Stoltenberg (1981) and included aspects of the Loganbill, Hardy, and Delworth model (1982).

Stoltenberg and Delworth described three developmental levels of the supervisee and eight dimensions;
1. intervention skills
2. assessment techniques
3. interpersonal differences
4. client conceptualization
5. individual differences
6. theoretical orientation
7. treatment goals and plans
8. professional ethics

The 3 structures proposed to trace the progress of trainees through the levels on each dimension are:

1. the trainee's awareness of self and others
2. motivation toward the developmental process
3. the amount of dependency or autonomy displayed by the trainee

The Skovholt and Ronnestad Model (1992)

This model, one of few that is grounded in research, went beyond focus on trainee development and recognized that therapist development continues throughout the lifespan. A brief description of the stages follows.

Stage 1: Competence

Persons at this stage, although possibly having some experience with clients, are untrained. They may stay at this level for many years. The central task at this stage is to use what one already knows; the conceptual system is based upon "common sense."

Stage 2: Transition to Professional Training (First year of graduate school)

The central task at this level is for the trainee to assimilate information from a number of sources and apply this information to practice. The conceptual system is driven by the urgency to learn conceptual ideas and techniques.

Stage 3: Imitation of Experts (Middle years of graduate school)

The trainee's central task is to imitate experts at the practical level, while maintaining openness to a diversity of ideas and positions; the trainee is developing a conceptual map of some sort, though typically, it is not complex.

Stage 4: Conditional Autonomy (Internship)

Trainees have the central task of functioning as professionals; they have begun to develop a refined mastery of conceptual ideas and techniques.

Stage 5: Exploration (Graduation---2-5 years)

There is a move to explore beyond what is known. There will be rejecting of some previously held ideas and models.

Stage 6: Integration (lasts 2-5 years)

Professionals work toward developing authenticity. Their conceptual system has become individualized, thus enabling them to act in natural and productive ways. They are most likely integrative or eclectic in their approach to working with clients.

Stage 7: Individuation (lasts 10-30 years)

Its central task is a highly individualized and personalized conceptual system. There is a move toward an even deeper authenticity.

Stage 8: Integrity (lasts 1-10 years)

The task is to become oneself and prepare for retirement. At this point, the conceptual system is highly individualized and integrated.

Conclusion

Bernard and Goodyear (1998) recognize that “a developmental approach to supervision is intuitively appealing, for most of us believe we have [or will] become better with experience and training” (p. 26). It is also important to keep in mind that most empirical investigations of developmental modes report “partial” or “some” support. See Worthington (1987) and Stoltenberg, McNeill, and Crethar (1994) for reviews of developmental models of supervision.

PROCESS SUPERVISION MODELS

As differentiated from the premise of the developmental models, social role models focus on the roles in which the supervisor engages, and the focus of supervision. Two models will be presented.

The Discrimination Model (Bernard, 1979)

The discrimination model attends to three separate foci for supervision:

1. Intervention Skills: What the trainee is doing in the session that is observable by the supervisor (interventions, skills, techniques, etc.)

2. Conceptualization Skills: How the trainee understands what is occurring in the session, identifies patterns, or chooses interventions—all covert processes

3. Personalization Skills: How the trainee interfaces with a personal style with therapy at the same time he or she attempts to keep therapy uncontaminated by personal issues and countertransference responses

It is noted that others have suggested a fourth category as a focus of supervision but is not in Bernard's original model.

4. Professional Behaviors: How the trainee "acts" and attends to professional issues such as ethics, dress, paperwork, etc.

Once a supervisor has made a judgment about the trainee's abilities within each focus area, a role is chosen to accomplish the supervision goals. Within the supervision process (or session), three roles may be assumed by the supervisor:

1. Teacher
Supervisor takes responsibility for determining what is necessary for the supervisee to learn. Evaluative comments are also part of this role.

2. Counselor
Supervisor addresses the interpersonal or intrapersonal reality of the supervisee. In this way, the supervisee reflects on the meaning of an event for him- or herself.

3. Consultant
Supervisor allows the supervisee to share the responsibility for learning. Supervisor becomes a resource for the supervisee but encourages the supervisee to trust his or her own thoughts, insights, and feelings about the work with the client.

The Hawkins and Shohet Model (1989)

The supervisor's role is to offer support and reassurance, but also to contain any overwhelming affective responses that a supervisee might have. There are six foci that are addressed in this model.

Focus 1: Reflection on the content of the therapy session (therapist narrative)
Focus 2: Exploration of the strategies and interventions used by the therapist (therapist activity)
Focus 3: Exploration of the therapy process and relationship (therapy process)
Focus 4: Focus on the therapist's countertransference (supervisee's state)
Focus 5: Focus on here-and-now process as a mirror or parallel of the there-and-then (supervision process). What has been discussed by others as parallel processes.
Focus 6: Focus on the supervisor's countertransference (supervisor experience)

ECLECTIC OR INTEGRATIONIST MODELS / SUPERVISOR MODEL IN PRACTICE

Interactional Supervision

Lawrence Schulman's Book: Interactional Supervision, 3rd Edition is an excellent tool for utilizing this model, comprehensive and has many case examples. Five Core assumptions of Interaction Supervision

1. Interaction process between supervisor and supervisee is critical and determines the outcome
2. There are common elements to all supervision
3. There are universal dynamics and skills that apply.
4. There are parallels between supervision and other helping relationships.
5. The supervisor-supervisee working relationship is pivotal, it is through the relationship work occurs.

Schulman describes three stages of work:

1. Preparatory and Beginning Stage
2. Working Stage

Supervisory Ending and Transitions Stage

Supervisory Alliance Model

The model focuses on three roles of the supervisor:

1. Normative or managerial – Administrative tasks like adherence to policies and ethical codes.
2. Formative or educative – Teaching by determining supervisee's strengths and weaknesses and then forming lesson plans.

Restorative or supportive – reviews and explores client cases and the supervisee's response.

Eclectic or Integrationist Models and the Supervisor's own model in practice

In truth, it is likely that most supervisors behave as integrationists or eclectics. Indeed, supervisors who operate within the social role models also attend to the developmental levels of the supervisee. Norcross and Halgin (1997) suggested that supervisors should attend to the "cardinal principles of integrative supervision." Among these principles are to:

- conduct a needs assessment;
- consider the therapy approach (method of supervision should parallel the content of supervision);
- blend supervision methods;
- operate from a coherent framework;
- customize supervision to the individual student;
- match supervision to trainee variables;
- consider the developmental level of the trainee, and the trainee's personal idiom;

- assess the trainee's therapeutic skills;
- address with trainees their "relationships of choice";
- construct explicit contracts;
- and evaluate the outcomes.

Because most supervisors develop their own, unique, integrationist perspective, it is important that the supervisor and supervisee engage in a discussion about the processes and model of supervision that will be used.

Orientation Specific Models

Orientation specific models use the same theoretic models used to treat clients to work with supervisees, such as:

1. Behavioral supervision
2. Rogerian supervision
3. Systemic supervision

Cognitive-Behavioral Model

The cognitive-behavioral model is based upon the assumption that our thoughts and beliefs influence our behavior, emotions, and physiology. In the supervisory relationship, a cognitive-behavioral supervisor would attempt to correction faulty thinking or misconceptions of the supervisee's conceptualization of a case. Supervision sessions are structured, focused, and educational in nature. Both the supervisor and the supervisee assume responsibility for the flow and content of the supervision session. The goal of supervision is to assist the supervisee in examining cognitions related to his or her skills and to understand how those cognitions influence the work with the client. As the supervisee participated in cognitive-behavioral supervision, he or she is also learning how to utilize the model with clients. There are distinct steps in a cognitive behavioral session as detailed by Liese and Beck (1997).

1. Check-in: greeting and getting an assessment of how the supervisee is feeling
2. Agenda setting: determining what will be accomplished in the session. This also encourages the supervisee to come to the session prepared to work.
3. Bridge for previous session: a review of what was learned or accomplished in the last supervision session
4. Inquiry about previously supervised therapy cases: update on the progress of cases
5. Review of homework since previous supervision session: discussion of any assigned readings or research, utilization of newly learned techniques, etc.
6. Prioritization and discussion of agenda items: Review of taped-recorded sessions, role-playing or teaching of new techniques
7. Assignment of new homework: assign activities to further develop knowledge and skills
8. Supervisor's capsule summaries: reflection on the work of the session with emphasis on important elements

9. Elicit feedback from supervisee: elicit feedback from supervisee on the session and what was learned

In **Rogerian Supervision or Person Centered**, the therapist models the three primary Rogerian interventions

1. Empathy
2. Genuineness
3. Unconditional Positive Regard.

The person-centered model is based upon Rogers' Person-centered theory of counseling. It assumes that individuals are capable of directing their own lives and have the capacity to resolve problems on their own. The goal of the supervisor would be to establish a relationship based upon unconditional positive regard, warmth, safety, and trust. This model is based upon the assumption that the supervisee has the resources for personal and professional growth and assumes an active role in the professional development process. The supervisor is not an expert who imparts knowledge and wisdom, but works from a collaborative perspective to encourage thinking and conceptualization of their cases. Just as in the counseling model, the supervision model relies on the supervisory relationship to determine the quality of the developmental outcomes. The supervisory relationship is based upon trust, empathy, warmth, and genuineness. The supervisee directs the sessions and presents issues to be explored during the supervision time. The supervisor is not an evaluator or gatekeeper, but a facilitator of development. Lambers (2000) purports the person-centered supervisor "has no other concern, no other agenda than to facilitate the therapist's ability to be open to her experience so that she can become fully present and engaged in a relationship with the client. The person-centered supervisor accepts the supervisee as a person *in process* and trusts the supervisee's potential for growth" (p. 197).

The following statements and questions would be examples of a person-centered supervisor's work with a supervisee:

- Talk to me about what it was like for you during your session with that client.
- I encourage you to trust your own thinking more.
- If you did know how to work with this client, what would that look like?
- What was really important to you in your session with your client today?
- Tell me about the type of relationship you are trying to establish with your client.
- How well do you think you understand your client?
- What would you like to accomplish in today's supervision session?

Davenport (1992) is critical of person-centered supervision and suggests that it does not meet the ethical and legal guidelines for counseling supervision. She suggests that this approach fails to put the needs of the client before the needs of the supervisee. As the supervisee is attempting to resolve their own training needs, the client may not be receiving the necessary therapeutic interventions. Davenport asserts that evaluation is a necessary supervisory responsibility in order to protect the welfare of the client.

With **Systemic Supervision** the supervision should closely follow the theory. For structural supervision, clear boundaries between supervisor and therapist must be maintained. For strategic supervisors, the supervisor manipulates the supervisee's behavior and once it is altered, the supervisor discusses it with the goal of the supervisee gaining insight.

The Developmental Model

Developmental models are based upon two assumptions. The first is that as one develops skills and competence as a counselor, you will move through a series of stages. The second assumption is that each stage requires different supervision skills and techniques. Consider any learning process. As the student becomes more proficient in the subject, less is needed from the instructor. This is similar to Vygotsky's developmental ideas regarding a sociocultural model of development. Two concepts from Vygotsky's theory are relevant here. The zone of proximal development is the area between what a child is able to achieve working independently and what he or she is able to do with assistance from a more skilled individual. The helper assists in structuring the task and collaboratively walking the child through to completion. This does not mean that the helper does the task for the child. Assistance is offered to guide the thinking of the child and offer support and encouragement. Scaffolding is a skill utilized by effective teachers in which only the amount of help necessary to complete the task is offered. In the early stages of learning, more assistance is needed. As the child becomes more proficient, a decreasing amount of help is offered until the child can complete the task independently. These concepts would apply in the developmental model of supervision.
Several developmental models have been published. We will focus on the Integrated Developmental Model because it is the most renowned and utilized of the developmental models. The model originated with the work of Stoltenberg in 1981 and focused on four stages of cognitive complexity that were adapted from two previous models developed by Hogan in 1964 and Harvey, Hunt, and Schroeder in 1961. Hogan's model suggested that trainees progress through stages. Harvey, Hunt, and Schroeder examined how as our cognitive development changes, so does our ability to think, reason, and understand. Stoltenberg combined these two models (Bernard & Goodyear, 2004). Stoltenberg continued to refine and expand his model over the next 18 years and added other contributors to his work. The current Integrated Developmental Model (IDM) was introduced in 1998 by Stoltenberg, McNeill, and Delworth. It is popular because it is both descriptive of the supervisee at each stage of development and prescriptive in appropriate supervisory interventions at each stage. The IDM presents four stages through which supervisees progress. It must be noted that when a supervisee is presented with a new challenge, he or she may revert back to an earlier stage as the skills are developed to approach the challenge. Each of the four stages is characterized by three structures: self-other awareness, motivation, and autonomy. Self-other awareness indicates the level of awareness the supervisee has related to their own counseling skills and behaviors, as well as the understanding of the client's world. Motivation refers to the interest and desire to engage in training and development. Autonomy is the degree of independence the supervisee exhibits. Within each of the levels, the supervisee functions within eight domains:

- interventions skills competence - confidence to engage in therapeutic interventions
- assessment techniques - administering psychological assessments
- interpersonal assessment - using personal skills in conceptualizing client issues
- client conceptualization - understanding how the client's environment, history, and personality influence functioning
- individual differences - competence in dealing with racial, ethnic, cultural, or other differences
- theoretical orientation - the depth of understanding related to theory
- treatment plans & goals - the ability to determine appropriate intervention strategies based upon identified goals
- professional ethics - the ability to integrate professional and personal ethics

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Level	Overview of Stage	Self-Other Awareness	Motivation	Autonomy
Level 1	Limited training or experience in the specific domain of supervision (i.e. treatment planning, case conceptualization, etc.)	High levels of self-focus, with little self-evaluation, anxiety related to evaluation by supervisor, concerned with "doing it right"	Motivation and anxiety are focused on acquisition of skills. Want to know the "correct" approach to working with clients	Very dependent upon supervisor, requires high levels of structure, positive reinforcement. Unable to tolerate direct confrontation
Level 2	Transitioning for high levels of dependence and imitative forms of counseling. Beginning to respond to the highly structured supervisory practices of Level 1. This usually occurs after two to three semesters of supervised work.	Increased ability to focus on client and exhibit empathy. Still struggles with balancing focus on self and client. May become confused and enmeshed with client	Fluctuates between high levels of confidence, feelings of incompetence, and confusion	Vacillates between autonomy and dependence. This may manifest in the form of resistance
Level 3	Beginning to develop a personalized approach to counseling. Understands and utilizes "self" in therapy.	A different type of self awareness emerges. Demonstrates the ability to stay focused on client while attending to personal reactions and responses to client. This ability is utilized in decision-making about the client	Consistent as confidence increases, may still exhibit some self-doubt, but the doubt has less impact on ability to proceed	Solid belief in own judgment, and skills. Supervision becomes more of a consultant and increase collegiality is exhibited
Level 3i (Integrated)	The supervisee has reached Level 3 across multiple domains. A personal style of counseling has emerged and the supervisee demonstrates high levels of awareness regarding personal competency.			

Step to Help You Define Your Supervision

Step 1: Identify personal philosophy of change that guides practice.

Question: How do people change? What factors should be considered?

Insight / Awareness ——— Action
There and Then (Past) ——— Here and Now (Present)
Focus on Personality ——— Focus on the Problem
Changing the Person ——— Solving Specific Problems
Heredity (Biological) ——— Environmental Factors
Feelings ——— Behavior ——— Thoughts
Importance of Feelings ——— Importance of Thoughts
Emotional Catharsis ——— Cognitive Restructuring
Therapist Centered ——— Client Centered
Therapist is the Expert ——— Client is the Expert
Individual ——— Systems
Universals ——— Situation Specific
Relationship Important ——— Techniques Important
Medical Model ——— Phenomenological Model

Step 2: Identify goals for supervision.

Question: Which competencies must an effective and ethical practitioner possess in a particular discipline and setting?

Step 3: Define specific content areas for supervision, and describe what supervisees must know and be able to demonstrate in each content area.

Question: What are supervisees expected to know to be competent professionals?

Step 4: Identify expectations for supervisees in each content area depending on developmental level.

Question: What are the expectations for supervisees at the beginning and at the end of their supervision experience?

Step 5: Assess developmental level of the supervisee.

Question: What is the developmental level of the supervisee? What are his or her skills and abilities? Does he or she possess a different level of knowledge, experience and expertise in each content area?

Step 6: Identify the developmental level of the supervisor, as well as his or her skill level and expertise in the various techniques and methods of supervision.

Question: What are the supervisor's skills and abilities? Is the supervisor just beginning to supervise or does he or she have considerable expertise in the field?

Step 7: Identify preferred style of supervision.

Question: How do multicultural issues, personality factors and learning style preferences influence supervisory style?

Step 8: Identify environmental and contextual factors that influence supervision: ethical and legal issues, multicultural issues, needs of clients, resources available.

Question: What are the environmental constraints and supports that will influence supervision?

Step 9: Identify the stage of development of the supervisory relationship.

Question: What is the stage of development of the supervisory relationship? Is it just begining, well developed, or close to termination?

- **Level one:** Trainees are highly anxious as they test their new skills and benefit from a high level of structure in supervision sessions. They need supervisors to provide specific direction on working with clients, assessment, case notes and case conceptualizations. Supervisors can assign trainees homework to practice their skills.
- **Level two:** As trainees gain confidence as a therapist, their focus shifts more to the client and understanding the client's worldview. Supervisors can allow trainees more autonomy and consider catalytic interventions, such as having trainees reflect on their experiences with a client and on client's reactions.
- **Level three:** Trainees increasingly empathize with the client and reflect on what they know about theory and research in a given situation. As the supervisory relationship becomes more collaborative, supervisors may introduce other perspectives to broaden their view and might be more willing to provide negative feedback.

Step 10: Identify relationship skills, roles, methods and techniques necessary to help the supervisee to grow and develop.

Question: How should supervisors proceed? What relationship factors should be considered?