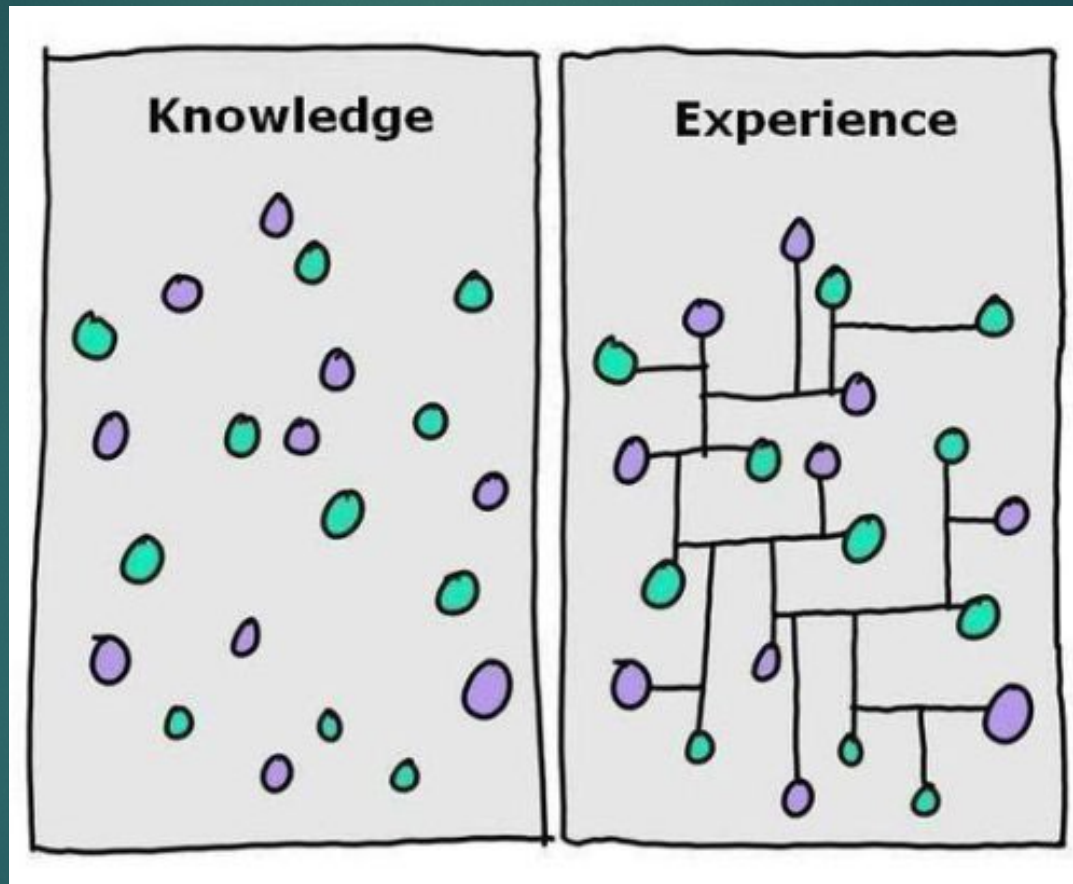# *Supervision Theory to Practice: An Introduction*

STEPHENS COLLEGE COUNSELING PROGRAM

SITE SUPERVISOR MEETING

FALL 2024

What is Supervision?

"Supervision is a separate skill similar to teaching-but different; similar to counseling-but different; and similar to consulting-but different" (Douce, 1989, as cited in Bernard & Goodyear, 2009).

Supervision

Consider agency/organizational culture for both elements

Clinical Supervision

- ▶ …an intervention provided by a more senior member of a profession to a more junior member or members of that same profession.

- ▶ The relationship is…
  - ▶ Evaluative
  - ▶ Hierarchical
  - ▶ Longitudinal
  - ▶ Simultaneous purposes of:
    - ▶ enhancing professional functioning of jr. member.
    - ▶ monitor quality of services offered to clients
    - ▶ gatekeeper to profession

Administrative Supervision

- ▶ The inherent managerial elements/competence of supervision. ("organizational/managerial")

- ▶ Supervisors must effectively blend the managerial & clinical.

- ▶ Myths about Administrative Supervision
  - ▶ Administrative aspects are tiresome. (supported by research)
  - ▶ Clinical perceptiveness & administrative acumen are mutually exclusive.
  - ▶ There is no distinction between clinical & administrative roles in the agency/institution.

Supervision (Cont.)

Clinical Supervisor

▶ "…dual investment in the quality of services offered to clients and the professional development of the supervisee."

Bernard & Goodyear, 2009, p. 193

Administrative Supervisor

▶ In addition to concerns of service delivery, AS must also focus on:

  ▶ Communication protocol

  ▶ Personnel concerns

  ▶ Fiscal issues

  ▶ Need to view supervision in terms of INSTITUTIONAL EXPEDIENCY.

Why Have a Theory?

- Professionals make decisions under conditions of uncertainty---theory provides a foundation for such decisions.

- Theory provides a "lens" to help focus attention on particular factors, including:

  - Behaviors

  - Attitudes

  - Feelings

    - **Of the CLIENT, SUPERVISEE, SUPERVISOR, & INTERACTIONS AMONG THEM ALL.**

A Foundation in Theory

A Starting Point

"The supervisor who is learning to venture out on his or her own has, in the core model, a safe and certain "parent" to return to and look back upon when a steadying presence is needed. Beginning supervisors will inevitably lose their footing on occasion and need to know that when this happens they can fall back on and be guided by a tried and trusted model."

(Woskett & Page, 2001, p. 14, as cited in Bernard & Goodyear, 2009)

Certain Realities

▶ Beginning supervisors, given their training in clinical theory, quite naturally tend to apply them to the supervision paradigm.

  ▶ *Not inherently a mistake, but must build/understand personal supervision theoretical orientation & it's relation to counseling theory.*

Supervision: Historical Context

▶ **Supervision recognized as central to preparing professionals**. (i.e., referenced in Hippocratic Oath).

▶ "Professionals" rely on specific knowledge base that is "sufficiently specialized that the average person would have difficulty grasping it and its implications" (Bernard & Goodyear, 2009, p. 3)

Erroneous Assumptions Regarding Supervision

1. *I've been a supervisee; Being a supervisor is no problem!*
2. *I'm an effective counselor; I will be an effective supervisor.*

Factors Related to Formal Preparation of Supervisors

1. *#1 & 2 above*
2. *Circumstance: many mental health professionals inherit the supervisory role after practicing regardless/without formal training*
3. *Accessibility of formal training*

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

- Prior to offering supervision services, counselors are trained in supervision methods and techniques.

- Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.

Supervision vs. Counseling & Consulting

Supervision vs Counseling

▶ Therapeutic work w/ s-ee must be only to increase effectiveness w/ clients.

▶ **Supervision has evaluative elements**; Counseling does not.

▶ Clients have greater choice w/counselors than supervisors (although changing)

Supervision vs Teaching

▶ *Supervision* driven by needs of particular client/trainee.

▶ *Teaching* driven by particular curriculum (ie, CACREP) or protocol.

How to Fail as a Supervisor

▶ Fail to inspect s-ee's previous supervision experiences.

▶ Fail to address the s-ee's expectations of therapeutic & supervisory processes

▶ Fail to prepare s-ee for the variety of emotions that conducting therapy can inspire.

▶ Fail to understand and enhance the s-ee's expectations of success.

▶ Fail to understand how the supervisor's assumptions about the s-ee can influence supervision and therapeutic & supervisory relationship and outcomes.

Supervision Models

Psychotherapy-Based Supervision Models

1. Psychodynamic
2. Person-Centered
3. Cognitive-Behavioral
4. Systemic
5. Constructivist (Narrative & Solution Focused)

Developmental Supervision Models

- **Stage Models**
  - Integrated Developmental Model (Stoltenberg, McNeil, & Delworth)

- **Process Models**
  - Reflective Practice Models
  - Events-Based (Ladany, Freidlander, & Nelson)

- **Life-Span Models**
  - Skovholt & Ronnestad

Social Role Models

- Discrimination Model (Bernard)

- Hawkins & Shohet

- SAS Model (Systems Approach to Supervision, Holloway)

Supervisory Working Alliance

Supervisory Alliance (Bordin, 1983)

Process

▶ Psychodynamic origins;

▶ Pantheoretical

▶ Dynamic process.

▶ Conflict is inevitable and provides crucial opportunity for growth and stronger alliance or stagnation.

Structure

▶ The working alliance is a "collaboration to change" (Bordin, 1979, p. 73) comprised of three (3) elements:

1. Clinician & Client (i.e., supervisor & supervisee) **agreement on goals**.

2. Clinician & Client **agreement on tasks** required to reach goals.

3. **Relational bond** between Clinician & Client (based on mutual liking, caring, and trust) resulting from collaboration on tasks or shared emotional experience.

Factors Predicting Supervisory Alliance

Supervisor

1. Supervisory Style
2. Use of Expert & Referent Power
3. Use of Self-Disclosure
4. Attachment Style
5. Evaluative Practices
6. Ethical Behavior….
   - **> frequency of s/ee reported violations, < s/ee reported bond & agreement on tasks/goals**

Supervisee

1. Attachment Style
   (Renfro-Michel, 2006)

2. Experience of negative supervision
   (Ramos-Sanchez, 2002)

"O" with respect to the Supervisory Alliance

You are a site supervisor and have been supervising "O" for 3 months. O is a 40-year-old Hispanic male practicum student in clinical mental health who has returned to school after a 10-year career as a successful trial lawyer w/experience as both a prosecutor and defense attorney. When developing a supervision contract with O, he was directive and condescending to you and repeatedly highlighted his legal training as "better" and "more pragmatic". In addition, O has consistently been late for sessions, is generally unreceptive to supervisor feedback, expresses frustration with the lack of motivation of clients, and continues to use "legalese" with clients.

During your last session, O remarked that he finally understands his job. Specifically, he reports, "this counseling thing is easy-I'm just telling her (his client) what to do because it's so obvious my legal training can help this single mother make better decisions regarding what's best for her kid". O's response to your gentle confrontation about the role of a counselor vs that of a lawyer is to insinuate that he is already prepared to deal with all client issues and that you should recognize the benefits of his legal background before questioning his methods. It's now time for his mid-semester academic evaluation and, after 3 straight supervision sessions with similar interactions, you are feeling increasingly frustrated and unsure how to proceed.

Supervisor Methods of Intervention

- **Prescriptive**…Directiveness, instructions, demonstrations

- **Facilitative**…Supportive, warm, normalizing.

- **Challenging**…highlights contrasts/similarities

- **Conceptual**…Apply theory to understanding clients

- **Catalytic**…promote s-ee insight/new awareness

Discrimination Model:

A "Social Role" Model of Supervision

Discrimination Model (Bernard, 1979)

▶ Implies that supervisors will tailor responses to the unique needs of the supervisee.

▶ Originally designed as a teaching tool.

▶ Based on "technical eclecticism", with the added merits of parsimony & versatility.

▶ Atheoretical & SITUATION SPECIFIC.

▶ Addresses specific interactions within the supervisory session as they relate to the needs of the SUPERVISEE.

Keys of the Discrimination Model

► Addresses the supervisee in the activity of conducting counseling instead of concentrating on the internal reality of the supervisee as the central focus.

► Model attends to three (3) distinct supervision **foci** & three (3) distinct supervision **roles**.

► Foci & Roles can change **across** & **within** sessions!

Discrimination Model: Foci

1. **Intervention Skills**
   - What the supervisee is doing in the session that is **<u>observable</u>** by the supervisor.

2. **Conceptualization Skills**
   - How the supervisee understands what is occurring in the session;
   - How the supervisee identifies patterns;
   - How the supervisee chooses interventions;

3. **Personalization Skills**
   - Supervisee's personal style
   - How supervisee utilizes own experiences in counseling
   - Supervisee's personal issues/worldview related to clients.

Discrimination Model: Roles

1. **Teacher**
   - Used for instructional & experiential purposes.
   - Supervisor takes responsibility for determining what is necessary for S-ee to learn in order to increase competence.
   - Has an evaluative component (i.e., that was an excellent use of .....)

2. **Counselor**
   - Typically involves addressing the interpersonal reality of the trainee.
   - Supervisor asks trainee to reflect on the meaning of an event for him/her in much the same way counselors ask client to do.

3. **Consultant**
   - More useful for counselors once basic skills are integrated into their personal style.
   - Here, supervisor becomes a resource for the trainee, but encourages trainee to trust his/her own thoughts, insights, & feelings about the work with client(s).
   - Role allows supervisee to share the responsibility of learning.

Discrimination Model: Procedure

1. Entry into the model based on the perceived **SUPERVISION FOCUS** area.

   ▶ Employ focus areas appropriately-be sensitive to foreclosing on one particular area due to personal comfort or discomfort with other focus areas or potential roles (i.e., self-reflective clinician applies!)

   ▶ Focus on one area can diminish supervisee development given their needs are more salient in another area that supervisor is not addressing.

   ▶ Consider authority/power inherent in this decision and it's implications for the supervision relationship & process!

1. Once a judgment has been made about the trainee's abilities within each focus area, a **SUPERVISION ROLE** is chosen to accomplish supervision goals.

Consider "O" relative to the SWA & Discrimination Models

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Developmental Models

Developmental Models

▶ Types of Developmental Models

  ▶ *Models based on psychosocial development* (Holloway, 1987; Blocher, 1983; Loganbill et al, 1982; Stoltenberg, 1981)

  ▶ *Models not based on psychosocial development* (Hogan, 1964; Litrell et al., 1979)

  ▶ *Models within Eriksonian tradition….offering clear linear developmental stages* (Litrell et al., 1979; Stoltenberg, 1981)

  ▶ *Models with a step-by-step process for conflict resolution/skill mastery that repeats as supervisee encounters more complicated issues* (Ekstein & Wallerstein, 1972)

Integrated Developmental Model (IDM)

Conceptual Domains of IDM

1. **Intervention Skills Competence**
   - *Counseling interventions and skills*
   - *Can be at different levels for different skills*

2. **Assessment Techniques**
   - *Psychological assessments*

3. **Interpersonal Assessment**
   - *Supervisee's assessment of a client over time*

4. **Client Conceptualization**
   - *History of client, life circumstances, diagnosis, characteristics*

5. **Individual Differences**
   - *Incorporating client's ethnicity, gender, and other diversity issues in the understanding of a client*

6. **Theoretical Orientation**
   - *Theory of choice as well as all counseling theories*

7. **Treatment Plans and Goals**
   - *Long & short-term goals for clients*
   - *Formulate plan, implement, assess, make changes*

8. **Professional Ethics**
   - *Merging of professional and personal ethics*
   - *Counselors at higher levels of development have more experience handling ethical dilemmas*

(Stoltenberg, McNeill, & Delworth, 1998)

The IDM Perspective

▶ Focus is on how supervisees change as they gain training & supervised experience.

▶ Addresses students based on developmental level (practicum/internship)

▶ Looks at the following (individually/combined) on 8 domains:

   ▶ Supervisee Motivation

   ▶ Self-Other Awareness

   ▶ Dependency/Autonomy

Integrated Developmental Model
(Stoltenberg, 1981; Stoltenberg, McNeil, & Delworth, 1998)

- Developmental model of supervision that describes supervisee developmental level and supervisory environment.

- Is both **descriptive** & **prescriptive**

- Development of supervisee occurs through four stages (*Level 1, 2, 3, 3i)*

  - *Each stage includes changes "on three overriding structures that provide markers assessing professional growth* (Stoltenberg et al., 1998, p. 16)

    - ▶ **Self/other awareness**…………**Motivation**…………………..**Autonomy**

- Do not develop in a linear fashion, can be at different levels across the different domains (Stoltenberg, McNeill, & Delworth, 1998)

IDM Levels for Trainees

Level	Motivation	Self/Other Awareness	Autonomy
1	High	Low	Low
2	Variable	Medium	Variable
3	High	Medium/High	Medium/High
3i	High	High	High

IDM 101

- Level I
  - Disoriented
  - Creating Structure
  - Deciphering Expectations
  - Reinforcement

- Level II
  - Increased comfort w/ structure
  - Basic Trust of supervisee
  - Begins to challenge supervisee

- Level III
  - Begin to be more challenging
  - Reassess & increase expectations of s-ee
  - Process

- Level 3i
  - Allows for greater autonomy
  - Supervisor/Consultant

Integrated Developmental Model

- Also evidence to support the notion of a "Sub-Level 1" supervisee:

  - Counselors-in-training that do not develop at level of other students

  - May have difficulty learning skills or may have personal issues that need to be addressed

  - Increase supervision or have repeat clinical course

(Eichenfield & Stoltenberg, 1996)

<u>Motivation</u>

Level I: High motivation/anxiety; interested in the best/correct way to deal with clients.

Level II: Vacillates between confidence/lack of & confusion.

Level III: Consistent, with occasional self-doubt but w/out being immobilized.

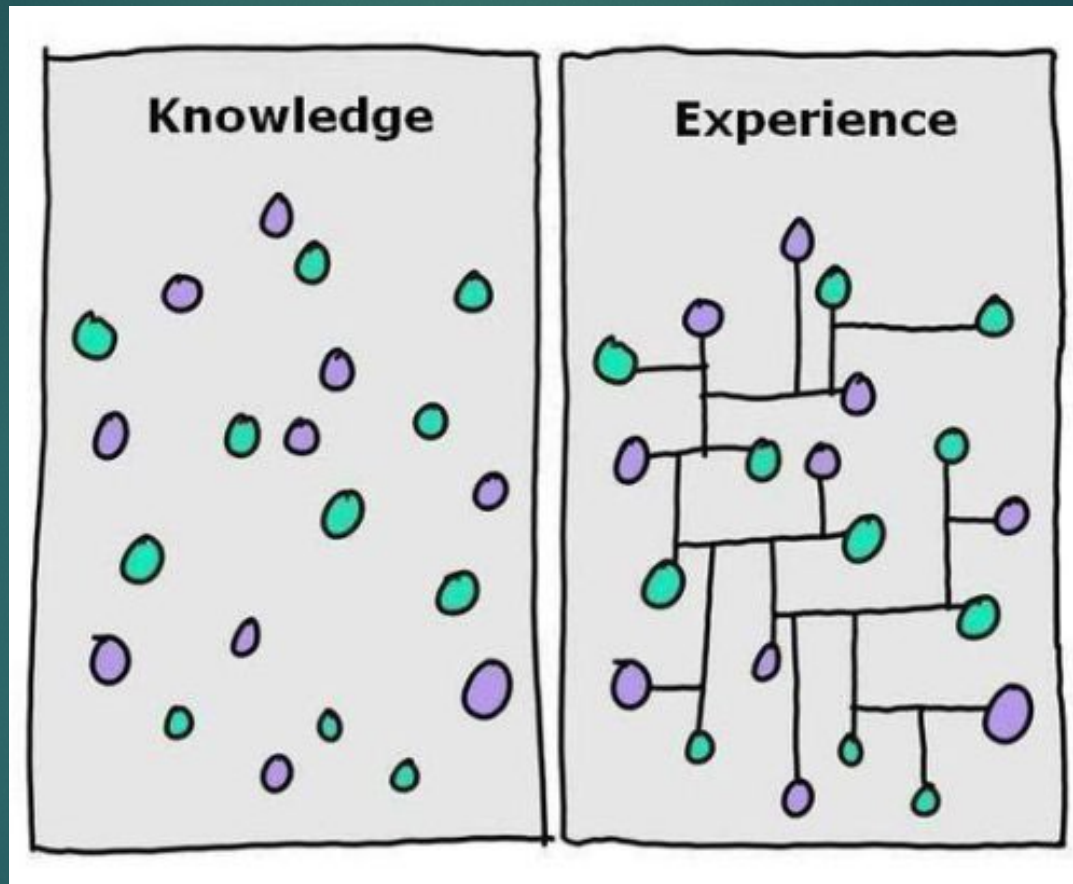(Stoltenberg, McNeill, & Delworth, 1998)

<u>Autonomy</u>

Level I: High dependence on s/or; Need + feedback & structure, with limited confrontation.

Level II: More independent, but vacillates between

dependency & autonomy (supervisor may experience "resistance" when this occurs).

Level III: + belief in professional judgment and move into independent practice; More collegial supervision.

"O" relative to the SWA, Discrimination Model…& IDM

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Questions/Suggestions

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Discussion/Reflection

▶ Did your view of "O" change as you gained insight into one or more of the models?

▶ If so, what made the difference and why?

Questions/Comments