Models of Supervision

Carol A. Sommer, Ph.D., LPC, NCC, ACS
carol.sommer@eku.edu

Overview

Clinical supervision is a specialty that requires specific training. The fact that one is a good counselor does not always mean that one will automatically be a good supervisor in much the same way that a highly skilled athlete is not necessarily a good coach. This training will present the essentials of good clinical supervision. But first, a basic definition of supervision is in order.

Clinical Supervision: A Definition

Janine Bernard and Rodney Goodyear are two well-respected authors in the area of counselor education and supervision. Supervision in general might be seen as simply overseeing someone’s work, but according to Bernard and Goodyear (2009) clinical supervision is a distinct process that encompasses several criteria. These are noted below. Clinical supervision:

- Includes elements of teaching, counseling, and consultation;
- Is provided by a member of the same profession;
- Is evaluative and hierarchical;
- Extends over a period of time;
- Ensures client welfare; and
- Enhances the professional development of the counselor.

(Bernard & Goodyear, pp. 7 – 14)
The Discrimination Model

Bernard and Goodyear (2009) described the Discrimination Model as an eclectic multifaceted approach to supervision that is based on three supervisor roles including teacher, counselor, and consultant. Additionally, there are three foci for supervision including:

(1) intervention skills (what observable skills the supervisee is demonstrating in sessions);

(2) conceptualization skills (how the supervisee understands what is occurring in session and makes decisions accordingly); and

(3) personalization skills (how the supervisee brings a personal style to counseling without allowing personal issues to interfere).

A supervisor can therefore address any of the foci noted above through the role of teacher, counselor, or consultant depending on the supervisee’s developmental level, type of case, theoretical/technical applications, or any other criteria. The various combinations of foci and supervisor roles result in nine possible combinations. The value of this conceptual model is that it is both parsimonious and versatile leaving room for the supervisor to make decisions about what to attend to and in what manner. This means that the model is situation specific and allows the supervisor to tailor supervision to meet individual supervisee needs. This model represents the flexibility that is required of supervisors and reflects the multiple roles that skilled supervisors must play (Bernard & Goodyear, 2009, pp. 101-105).

The Integrated Developmental Model

The Integrated Developmental Model (IDM) of supervision, as described most recently by Stoltenberg and McNeill (2010), describes a useful framework for counselor development wherein counselors progress through four stages including Level 1, Level 2, Level 3, and Level 3i. The general idea is that counselors vary in three basic structures across these levels. The three overarching structures include autonomy, motivation, and self and other awareness.

Mastery of content areas include the following eight domains: intervention skills competence, assessment techniques, interpersonal assessment, client
conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics. Beginning counselors such as practicum and internship students usually remain at a Level 1 or a Level 2.

The following lengthy quote provides a nice summary of what a supervisor might expect from a supervisee at the various stages. Specific suggestions for supervision are also offered:

According to Stoltenberg and Delworth (1987) and Leach, Stoltenberg, McNeill, and Eichenfield (1997):

- **Level 1** trainees are more focused on themselves due to initial anxiety. They tend to be highly motivated, lack an understanding of counseling complexities, and tend to rely heavily on the supervisor for guidance.

- **Level 2** trainees are often conflicted over their desire for autonomy and their need for assistance from their supervisor. During this stage, the trainee usually shifts the focus from self to client, often over-identifying with the client’s situation. Motivation may decrease during Level 2 as counselors encounter increasingly difficult client cases and experience insecurity regarding their skills.

- **At Level 3**, supervisees begin to function at a more autonomous level. They are highly motivated again and are able to integrate client experiences with experiences of their own.

Stoltenberg and Delworth (1987) offered several suggestions to assist the supervisor in meeting the trainee’s needs at the three developmental levels. As noted earlier, Level 1 trainees are highly self-focused. Supervisees may benefit from tasks that focus on specific counseling skills, assigned in a structured format. Level 1 trainees have a strong need for positive feedback, a supportive environment, and attention to their initial anxiety.

At Level 2, the trainee has probably experienced some success in counseling and has identified some strengths and weakness (Stoltenberg & Delworth, pp. 70-71). Three hallmarks of this stage include: a dependency-autonomy conflict, a decrease in motivation, and a tendency to over-identify with the client. Level 2 trainees benefit from a less structured approach to supervision. At this level, “the supervisor should support, clarify ambivalence, provide modeling, and use less of a didactic approach”
 tasks relate to the development of autonomy.

At Level 3, motivation is more stable and the supervisee has developed a more professional sense of self that is less vulnerable to criticism. One task at this stage involves the supervisee’s ability to be with the client but “also pull back and process her or his own feelings and thoughts” (Stoltenberg & Delworth, p. 95). Based on Stoltenberg and McNeill’s (1997) views on increasing complexity, tasks at this level may focus on increasing insight and confidence. Great skill is required on the part of the supervisor to provide an environment that is flexible. A strong working alliance is necessary in order to correctly assess Level 3 trainee strengths and weaknesses, offer constructive confrontation, and address parallel processes. (Sommer, 2003, pp. 35-36)

Collaborative Models

Several forms of supervision fall into the category of collaborative supervision. Some examples include narrative, solution-focused, and strength-based supervision. One important characteristic of collaborative supervision is that it is a non-expert, mutual approach. Edwards and Chen (1999) suggested that “[s]trength-based models of supervision attempt to sidestep hierarchy in favor of co-constructing ideas with those supervised” (p. 351). Anderson and Swim (1995) referred to a “collaborative conversation” as the central supervision dynamic. One of the benefits of a collaborative approach is that supervisees are not turned out in a “cookie-cutter fashion” to resemble the supervisor, but rather they are given the space and encouragement to find their own way: their unique personal style and chosen theoretical orientation (Presbury, Echterling, & McKee, 1999).

Narrative Approaches. Narrative practices in supervision focus on the stories that supervisees bring into the supervision session. These stories may be personal narratives that reflect their experiences as developing counselors, their encounters with clients, the client’s story, or even the story of supervision (Sommer, 2003; Speedy, 2000). As noted earlier in the section on developmental models of supervision, counselors often experience various levels of motivation, autonomy/dependency, and self and other awareness (Stoltenberg, McNeill, & Delworth, 1998). The protagonists in many myths and fairy tales often encounter these same challenges. Dialogue about the ways in which characters from stories deal with conflicts related to autonomy and periods of stagnation may serve as a
springboard for counselors to review these challenges in their own stories as developing counselors (Sommer & Cox, 2003; Sommer, Ward, & Scofield, 2010).

**Solution-focused Approaches.** Solution-focused supervision builds on the practice of solution-focused brief therapy. In solution-focused supervision the significance is placed on creating solutions rather than focusing on problems. This process emphasizes collaboration in the relationship and encourages supervisees to be curious and discover their own potentials. Juhnke (1996) and Presbury, Echterling, and McKee (1999) offered some suggestions for solution-focused questions and techniques including:

- the use of miracle questions, fast-forwarding questions; and scaling questions;
- the use of open-ended, curious questions that help supervisees consider multiple perspectives;
- looking for exceptions to problems; and
- reinforcing what went right.

**Group Supervision**

Group supervision often gets confused with clinical staffing. Simply reviewing client rosters and assigning clients is more of an administrative function than clinical supervision. Case presentations are one method of group supervision with which most supervisors are familiar. Reflecting team supervision is a fresh approach to group supervision that draws on the collective experience of the supervision group. Reflecting team supervision can be seen as a “collaborative conversation that is generative and relational, through which supervisees create their own answers, and in doing so experience freedom and self-competence” (Anderson & Swim, 1995, p. 1). In describing the reflecting team format, Merl (1995) stated “[t]he supervisory task is to help supervisees recognize and develop their therapeutic abilities so they have a reliable guideline of their own for doing therapy in their own way” (p. 48).

*Characteristics of Reflecting Team Supervision:*
➢ provides a positive focus, is strength-based, and attends to what is useful, helpful, or already working;

➢ utilizes curious, open-ended, presuppositional questions;

➢ provides a multiplicity of viewpoints through the use of dialogue; and

➢ highlights future goals and the strengths.

What to Reflect:

➢ descriptions of strengths and successes;

➢ what supervisees did/are doing/might do to solve problems;

➢ positive exceptions to dominant stories or patterns of behaviors;

➢ future orientation and goal orientations;

➢ positively-oriented unanswered questions (things that seem like mysteries);

➢ words and phrases used by group members that are repeated, emotionally-charged, idiosyncratic, or unusual;

➢ positive alternatives to other team members’ reflections;

➢ double meanings that seem helpful and description metaphors (I feel lost. I’m on the right path).

How to Reflect:

Show respect for the parties involved and viewpoints expressed; there may be several different views on any topic and sharing these differences often enriches the interviewee’s options.

Use tentative, indirect statements (for example, “I wonder . . .” “Could it be . . .”) and use questions, especially process-oriented and hypothetical questions (for example, (How is he acting more . . .?”) “What will happen if . . .?” Use the client’s or supervisee’s words and values.
In an “appropriately unusual” way reflect on new ideas rather than offering what seems obvious or overdone. Try to use descriptions whenever possible.

Be mindful of entering into a conversation with other team members, try to share a few points then encourage someone else to pick up the thread. More than likely, you will have time to make additional points.

Try to be as concise as possible and speak from your own experience. Try to avoid giving advice, but rather offer reflections.

**NOTE**: Many of the ideas suggested in this section on reflecting team supervision may also be utilized in individual supervision.

**References**


“good” supervision events. Journal of Counseling Psychology, 43, 25-34.