

Clinical Supervision: A Conceptual Model

Loganbill, C., Hardy, E. & Delworth, U. (1983) Supervision: A Conceptual Model. The Counseling Psychologist, 10.1, 3-42.

I. Definition

A. 'supervision is an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person'

1. facilitates the integration between a trainee's knowledge of theories, concrete skills, and own personal reactions to the client
2. the vesting of authority in one individual is essential (when authority is lacking, the process is then considered 'consultation')

II. Basic functions of the supervisory process

A. insuring client welfare

1. it is the ethical imperative to insure the welfare of the client
2. note that this may conflict with the following functions

B. enhancing supervisee growth within stages

1. a stage process of development
2. three stages: stagnation - confusion - integration
3. task is to deepen and enrich the experience of each stage

C. promoting transition from stage to stage

1. there are two distinct points to promote such transitions
 - a. between stagnation and confusion stage
 - b. between confusion and integration stage
2. such transitions may occur without supervisory intervention

D. evaluating the supervisee

1. one individual of the supervisory pair is held accountable for his or her performance by the other individual (this is one of the main differences between supervision and psychotherapy)
2. such evaluation may be directed to outside sources, be technical in nature
3. it may be internally directed, only for the use of the supervisee ("feedback")
4. note how this opposes the other functions: suggest that both parties maintain an on-going dialogue about the effects of the evaluation on the relationship, to keep monitoring its influence

III. Theoretical base of this model: development stage theory

A. see Erik Erickson re: development of child/adolescent

1. focusing on qualities such as competence, identity, love, wisdom, and the factors that encourage their emergence
2. ideas about appropriate, timely, effective interventions

B. see Margaret Mahler re: the development of autonomy

1. focusing on the intrapsychic effort involving separation: the structuring of one's own boundaries, differentiating from others, disengaging from those we depend on
2. focusing on the development of autonomy of thought and action

C. note several assumptions about linking development of children/adolescents with the development of a supervisee

1. core concepts in developmental theory do apply
2. distinct stages in the development of the counselor/therapist exist
3. these stages exist in a sequential order

growth with stages assumes a careful sequence of experience and reflection; such experience must be grounded in assessment of present functioning

IV. Issues of assessment

- A. elements in the supervisory context must be assessed
 - 1. the supervisor
 - 2. the supervisee
 - 3. the relationship between the two, the process of it
 - 4. the environment
 - 5. the client involved
- B. supervisee developmental stages must be assessed
 - 1. stagnation or a 'stuck-ness'
 - a. a naive unawareness of any difficulty
 - b. a sense of security and a deceptive stability
 - c. attitudes toward the world
 - (1) narrow, rigid thinking
 - (2) seeing the world in black/white views
 - (3) thinking in linear, problem-solution formats
 - d. attitudes toward the self
 - (1) low self-concept, high dependency on supervisor
 - (2) a vaguely positive feeling of well-being, but mechanistic
 - e. attitudes toward the supervisor
 - (1) extreme dependence for guidance and direction
 - (2) seen as unnecessary, irrelevant
 - 2. confusion
 - a. desperate seeking of equilibrium, ambivalence, randomness
 - b. instability, disorganization, erratic fluctuations, conflict
 - c. attitudes toward the world
 - (1) black/white problem solving style seems inadequate
 - (2) an understanding in vivid terms that something is wrong
 - d. attitudes toward the self
 - (1) likely fluctuations between feelings of failure and incompetence to feelings of great expertise and ability
 - (2) understanding that they have skills; unsure how to employ
 - e. attitudes toward the supervisor
 - (1) dependent on the supervisor, seeking 'the right answer'
 - (2) it becomes apparent that the supervisor doesn't know it
 - (3) disappointment, anger; seen as incompetent or inadequate
 - f. the value of this stage: (represents the 'unfreezing' of previously held attitudes; supervisor must resist panicky responses, leave room for new learning to occur)
 - 3. integration
 - a. a calmness occurs: a reorganization, a new understanding
 - b. intense emotional factors, stirred during confusion, are assimilated
 - c. attitudes toward the world
 - (1) a new world view becomes apparent
 - (2) a more cognitive understanding contrasts with the previous, raw affective view
 - d. attitudes toward the self
 - (1) supervisee has a solid, realistic view of him or herself
 - (2) an awareness, acceptance of one's strengths and weaknesses
- C. Supervisee developmental issues must be assessed
 - 1. issues of competence: the ability to use skills and techniques to carry out the treatment plan

- a. examples
 - (1) ability to conduct a program of desensitization
 - (2) ability to execute a paradoxical intervention
 - (3) ability to assign a communication exercise to a couple
 - (4) ability to confront an adolescent about her drug dependence
- b. these are issues of 'doing,' not of 'thinking'
- c. competence issues are recycled again and again in professional life
- d. stages in developing competence
 - (1) beginning: a limited number of skills
 - (2) more experience: several skills but stagnated in their use
 - (3) even more experience: realizing one's skills are inadequate
 - (4) more: desperately seeking new skills: workshops, supervision
 - (5) more yet: acquired and integrated more skills/techniques
- 2. issues of emotional awareness: ability to be aware of and effectively use one's own feelings in the therapeutic and supervisory dyad
 - a. examples
 - (1) warm, affectionate, caring
 - (2) hostile, angry, negative
 - (3) frightened, anxious
 - b. one of the richest sources of diagnostic information is one's own personal reactions or feelings toward the client
 - c. use demands a finely tuned differentiation and acceptance of feelings
 - d. stages in emotional awareness
 - (1) an unawareness of feelings toward a client
 - (2) stereotyped responses: warm and caring
 - (3) likely denied feelings in response to a client
 - (a) frustration and anger
 - (b) inadequacy and powerlessness
 - (c) intimacy, sexual attraction
 - (4) when feelings are gradually or suddenly raised into consciousness, confusion, fear are likely to ensue
 - (5) gradually, 'contacting' feeling is differentiated from 'acting on' feelings
- 3. issues of autonomy: a true sense of one's own choices and decisions
 - a. phases of the supervisee
 - (1) dependent, seeking the right answer
 - (2) counter-dependent, threatened by the seeming omnipotence of the supervisor
 - (3) a clarified sense of one's actual actions and conflicts
- 4. issues of identity: a well-integrated theoretical identity is necessary
 - a. graduate schools present different theories
 - b. supervisee moves from overwhelm, to unawareness of a need to integrate these, to shifting from theory to theory, into arriving at a theoretical framework
- 5. issues of respect for individual differences
 - a. involves the ability to view the client as a person, appreciate differences in backgrounds, values, physical appearance
 - b. involves the separating out of basic human qualities that are to be unconditionally accepted, from those behaviors of the client which are ultimately damaging
 - c. phases of the supervisee
 - (1) negative, critical toward the client (racism, sexism)
 - (2) not wanting to disrespect, but behaving that way

- (3) aware of one's own limitations, educated to differing cultural, ethnic and value systems; on-going monitoring for one's own bias
- 6. issues of purpose and direction
 - a. the goal setting function of counseling: a treatment plan
 - b. two types of goals: operational end points; or a process for the client
 - c. phases of the supervisee
 - (1) a style with no goals: simply following the client's lead without facilitating movement toward more depth of feeling
 - (2) gaining awareness that progress is not being made
 - (3) gaining awareness that set goals are grandiose
 - (4) a clarified sense of what maladaptive client behaviors are changeable, and what are not at this time
- 7. issues of personal motivation
 - a. individuals vary widely in motivation for entering this profession
 - b. motivations range from healthy, constructive to selfish, destructive
 - c. six areas of motivating factors are identified
 - (1) intimacy: the privilege of being at the core of another person
 - (2) power: the feeling of mastery, potency, and control
 - (3) financial: a way to earn a living
 - (4) personal growth: be an active participant in one's own work
 - (5) intellectual: a creative process of discovery, integration
 - (6) altruism: a deep, sincere concern for others
 - d. note how each of these factors has a shadow, darker side
 - e. stages of the supervisee
 - (1) no addressing of motivations: 'it was natural' or 'fell into it'
 - (2) awareness of healthy and unhealthy motivations
 - (3) awareness of and directing motivations constructively for the welfare of the client
- 8. issues of professional ethics
 - a. ethical standards of professional groups must be integrated into the day-to-day functioning of the psychotherapist
 - b. supervisor can model and convey the intricacies involved
 - c. supervisor needs a comprehensive understanding of legal issues
- D. supervisor variables must be assessed
 - 1. genuineness: coming without pretense; meeting others with a realness
 - 2. potency: the ability to be effective with others; growing oneself
 - 3. optimism: faith in clients and in change; beyond maladaptive exteriors
 - 4. courage: to confront, take risks, to share themselves, "to mistrust the tendency to understand everything"
 - 5. sense of time as a gift: an awareness of death and the importance of today; an awareness of the exquisite value of 'timing,' and the moment to act
 - 6. sense of humor: to laugh gently with oneself or others
 - 7. capacity for intimacy: to make contact with others at a deep level
 - 8. openness to fantasy and imagery: to hear what is expressed without words; to be aware of one's associations, pictures, images in response to client
 - 9. respect and consideration: a genuine regard and compassion for others
- E. the supervisory relationship must be assessed
 - 1. it serves as a vehicle through which essential knowledge can be given
 - 2. experiencing the relationship itself can be the significant learning experience
 - 3. conflict is an obstacle: but the conflict itself offers the learning material
 - 4. both parties bring a certain sense of expectations to consider
 - 5. stages of the supervisor-supervisee relationship

- a. beginning: development of trust is central focus
- b. middle: unconscious, unarticulated expectations are played out
- c. end: an integrated working together, and a termination

F. the phenomena of "parallel process" must be assessed

- 1. certain vestiges of the client-therapist relationship are observed in the relationship between supervisor and supervisee
- 2. the supervisee 'unconsciously identifies with the client, involuntarily behaves in a manner to elicit in the supervisor those very emotions which she/he experienced in working with the client, but didn't convey verbally'
- 3. sometimes the identification is transient; other times, it may appear as a more chronic, neurotic, acting out by the therapist
- 4. this parallel process has been seen to occur when therapists identify with the supervisor, other therapists, various researchers, etc.
- 5. many writers have reported an immense and immediate value of having the supervisor and supervisee identify and work this through first

G. the environment must be assessed

- 1. supervision occurs in a setting with constraints, demands, opportunities
- 2. supervisor and trainee must assess the impact of several variables
 - a. time: the duration of the therapist and client availability
 - b. administrative matters: impact a trainee; discussion is important
 - c. client population: delimiting range determines other training needs
 - d. facilities: methods available to accelerate/enhance supervision
 - e. stressors: funding cutbacks, political infighting, staff dysfunction

V. Intervention strategies

A. categories of intervention

- 1. facilitative intervention
 - a. underlying attitudes, conditions, that nurture and support supervisee
 - b. reduce anxiety, convey trust; provide reflection, introspection
- 2. confrontational intervention
 - a. brings together two things for examination and comparison
 - b. can highlight discrepancies in supervisee's functioning
 - c. discrepancies can be observed in several areas
 - (1) the supervisee's feelings
 - (2) the supervisee's attitudes and beliefs
 - (3) the supervisee's behavior and actions
 - (4) the supervisor's observations and feelings
 - d. example: "you say that you believe in the resiliency of your client, but your behavior toward her is protective and overly cautious"
 - : "you maintain a belief that this client is cooperative, yet you feel frustrated and angry within the sessions"
 - : "you perceive the client is angry, but I perceive a sense of despair, hurt, sadness"
 - e. confrontations that contrast aspects of functioning within the supervisee contain the most chance for effecting behavior change
 - f. must be delivered about specific content and behavior, while conveying an acceptance of the supervisee's global professional identity

3. conceptual intervention
 - a. some authors express strongly the importance of having a conceptual framework for what one is experiencing
 - b. with this, the supervisor can offer theories, principles
 - c. the supervisee can internalize systematic or empirical findings
 - d. it promotes the application of accepted principles
 - e. it can be offered after the supervisee experiences an event (for more intuitively operating trainees) or before the event, depending on their learning style
4. prescriptive intervention
 - a. offer of a specific plan of action in a particular situation
 - b. advantageous in situations of monitoring client welfare
 - (1) offer of a treatment plan
 - (2) instruction to eliminate elements of a therapeutic style
 - c. may hinder supervisee's development
5. catalytic interventions
 - a. an effort to promote change and get things moving
 - b. by highlighting a process that is already occurring, one is promoting change while enhancing that process (but is not actively involved)
 - c. methods: questioning, probing, exploring, raising key issues
 - d. examples
 - (1) making therapist aware of incremental changes in client
 - (2) encourage therapist to try on various roles with client

VI. Training of clinical supervisors

- A. four key components
 1. conceptual
 - a. general training in counseling and psychotherapy
 - b. coursework about the conduct of clinical supervision
 2. experiential
 - a. exposure to supervision as a supervisee: being supervised
 - b. learning specific actions and skills
 3. personal self-knowledge
 - a. personal psychotherapy assists a supervisor to know and to employ oneself more effectively: "we believe that people who are really effective generally go through a process of letting go of the belief that everything is all right with them"
 4. integrative
 - a. formulating a response to the above components
 - b. the articulation, written or verbal, on the topic
 - c. interactions with colleagues about the topic
- B. various auxiliary methods can be helpful
 1. simulation techniques, structured exercises
 2. video- or audio-tape
 3. observed meetings
 4. peer supervision
 5. group supervision

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