■ Major Contribution

Supervision:
A Conceptual Model

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SECTION ONE: INTRODUCTION

Clinical supervision is one of the central activities of our profession. According to a 1978 survey of counseling psychology programs conducted by the Council of Counseling Psychology Training Programs, supervision is an essential element and central training method in counseling psychology (Banikiotes, 1977). Virtually all programs responding listed supervised practicum as a built-in component. The Criteria for Accreditation of the American Psychological Association (1980) specifies that supervised practicum and internship are required components of all programs in professional psychology. Yet professionals who wish to assume this central role of supervisor often find themselves without formal training in the practice of supervision. Leddick and Bernard (1980) note that models and research on training for supervisors before engaging in the activity of supervision are largely omitted in the literature. Others have called specifically for training and practice in the area of supervision (Hansen & Stevic, 1967). Many articles and books have been written about various aspects of supervision, but there is little in terms of models for training and practice.

This monograph offers a model of supervision which focuses on the dual processes of assessment and intervention, and includes material on the training of supervisors.

It represents our attempt to develop a comprehensive conceptual model of practice which can be used by professionals with diverse theoretical outlooks and varied supervisory styles.

The monograph is organized into five sections. The first section provides a definition of supervision and a discussion of the functions it serves. In addition, it presents an explanation of supervision's place within a general program of training in counseling psychology. The second section provides an overview of the background and theoretical base of supervision. It includes a comprehensive review of the literature which encompasses four major areas of literature: Social work, psychoanalytically oriented therapy, counselor education, and counseling and clinical psychology. This review offers a content summary as well as a critical analysis of the previous work in the area. The latter portion of this section focuses on the area of developmental psychology and specifically stage theory which serves as the primary theoretical base for the model.

The third and fourth sections of the monograph are the primary focus of our work, and are devoted to a description of the process of supervision. Section three presents the assessment phase. This includes a description of the application of developmental stage theory to certain critical issues in supervision. This section also presents the four elements of the supervisory situation: the supervisee, the supervisor, the relationship between the supervisor and supervisee, and the environmental context. In describing assessment of the supervisee we outline eight developmental issues in supervision. Section four describes the action phase of supervision and includes a presentation and description of five primary types of interventions which the supervisor may use after the assessment is well under way. The concluding section elaborates further on the process of training supervisors.

The model is intended to be of use to two groups of individuals. For beginning supervisors, this explicitly stated model should give the concrete concepts and processes which are needed to begin to understand the very complex process of supervision. For experienced supervisors, the model should provide labels for processes and activities in which experienced supervisors are already competent. A more clearcut understanding of a less conscious process can expand and enhance their ability to supervise.

We see the model as a generic one, useful in all aspects of supervision and training. However, we would like to emphasize that the model has been developed to serve as a basic comprehensive framework with which to organize further contributions and material. Certain aspects of the model need further elaboration. Within the critical issues section, the needs of specific populations (e.g., women, ethnic minorities) deserve a full and comprehensive discussion that is beyond the space limitations of this monograph. Similarily, the factors which are relevant to specific agency settings (e.g., counseling centers, medical settings) can be addressed further within the section of the model which deals with the assessment of the environment. We view the elaboration of these within the framework presented as a vital next step in the development of the model.

A supervisor's model should be based on an appropriate definition of supervision, and the place of the supervisory process in training in counseling psychology. The remainder of this section addresses those issues.

Definition and Function of Supervision

Definitions of supervision vary widely from article to article and from specialty to specialty within the field. The term *supervision* has been used to refer to such widely divergent activities as pure technical administrative supervision (Kaslow, 1977), to beginning skill training (Egan, 1975; Ivey, 1971), to a more intensive clinical therapeutic process (Kell & Mueller, 1972; Ekstein & Wallerstein, 1972). At other times authors who write about supervision may even fail to clarify the type of process to which they are referring. This causes confusion within the area of research because empirical findings appear to present contradictory results, while in reality these studies may be exploring entirely unrelated processes.

In this model we define supervision as 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.*

This definition is sometimes referred to as the "master-apprentice" approach. Clarification of this definition requires focus on three essential components.

1. The phrase "one-to-one" speaks to our belief that supervision requires highly individualized personal attention which is designed to attend to the unique personal and professional attributes of the trainee. A central characteristic of supervision is integration. The individual attention facilitates this integration between trainee's knowledge of theoretical concepts, repertoire of concrete skills, and the trainee's own highly personal reactions to the client.

2. Counseling or therapy is essentially an interpersonal process (Abroms, 1977). That is, the beneficial changes which occur for the client are brought about through processes which are largely interpersonal. According to this definition, the relationship between the counselor and client is central. It is our assumption that this holds true as well for the process of supervision.

3. Administrative authority must be lodged in a senior person who by definition can hold the trainee accountable. One individual in the pair is designated to serve the goal of facilitating the development of the other. Thus, the vesting of authority in one individual is essential. By contrast, when this authority dimension is lacking and the power dymanics are real, then the process is not supervision but rather is considered to be consultation (Kaslow, 1977).

This definition incorporates what we view as four basic functions of the supervisory process. Although these functions will not be fully explicated until Sections Three and Four of the monograph, we believe an introduction to them here will aid the reader in better following the focus of our model.

One of the four primary functions of supervision focuses upon the client, and the other three focus upon the supervisee. The first function attends to the supervisor's ethical imperative to insure the welfare of the client, the second function deals with the enhancement of the supervisee's growth within each stage of development, the third deals with promoting the transition of the supervisee from stage to stage within the course of his or her development, and the fourth presents the evaluative function of supervision. Except for the first, we do not present the functions in any particular order of priority.

It is our belief that the first function of supervision maintains the most immediate baseline priority. The supervisor has the ethical prerogative to insure that the client receives appropriate service. Once this consideration is assured, then the supervisor's main priority is to insure the development of the supervisee. This is often a difficult task since the supervisor may be tempted to offer treatment to the client through the person of the supervisee.

Supervisory Function One: Monitoring Client Welfare

Consistent with the APA Code of Ethics (1977), the welfare of the client must at all times be assured. This must remain the primary ethical responsibility of the supervisor. Acting on behalf of the other functions of supervision, the supervisor tries to focus his or her interventions for the purpose of facilitating learning for the supervisee. Unfortunately, the focus of these functions may on occasion be opposed to this first function. That is, an intervention which prioritizes the welfare of the client may not be the intervention which would be the most facilitative for the development of the supervisee. In some cases the service which is offered to the client may be impaired due to the speed at which the trainee can work or the effectiveness with which the particular service can be offered. The supervisor must monitor this continuously. With beginning supervisees this may involve live observation or constant monitoring of audio and videotapes of client interviews. With more experienced supervisees this may involve a much less rigorous monitoring of each client session.

Supervisory Function Two: Enhancing Growth Within Stages

The central focus of a developmental model of supervision is the stage process. As indicated later in the monograph, the supervisee goes through three stages. It is the supervisor's task to deepen and enrich the experiencing of each of the stages to the greatest possible extent. This supervisory function points up the fact that it is the supervisor's task to guard against the premature movement of the supervisee from stage to stage. Developmental theorists have long believed that just as in early childhood when infants learn to crawl before they learn to walk, though the ultimate goal is not to crawl well, it is a very necessary step and advantageous for the child to go through this process very thoroughly before moving on to the walking stage. So it is with the supervisee. Although some of the stages and processes may be very painful, it is developmentally important for the supervisee to experience them fully. At times the supervisor may be tempted to move the supervisee along too quickly or to "rescue" the

supervisee from certain painful situations inherent in some supervisory issues. Sometimes it is more growth enhancing to let supervisees experience issues fully for a period of time.

The fourth section of this monograph describes two intervention strategies in particular that might be used in the service of this function: facilitative interventions and catalytic interventions.

Supervisory Function Three: Promoting Transition from Stage to Stage

The supervisor must be able to enhance the growth of the supervisee within stages. However, at some point, if this is successful, the supervisee will be ready to move on to the next stage. There are two distinct points at which the supervisor may intervene in order to promote transition from stage to stage. The first occurs at that point between stage one and stage two, and the second occurs at that point between stage two and stage three. These will be more fully explained in Section Four on intervention.

These transition points may occur naturally without the intervention of the supervisor. Natural events and the natural movement of the supervisee can promote this transition. The transition may be characteristically abrupt and sudden, or it may occur gradually and slowly. This model outlines two types of supervisory interventions which can aid in this transition from stage to stage; confrontive interventions and conceptual interventions.

Supervisory Function Four: Evaluating the Supervisee

According to our definition of supervision, one major component of the supervisory relationship is the authoritative nature of supervision. By definition, one individual of the supervisory pair is held accountable for his or her performance by the other individual. This factor is one of the main elements which makes the relationship between a supervisor and supervisee considerably different from the therapy relationship between the client and the therapist. The latter relationship carries with it no evaluative connotations. The supervisor is often unaware of the influence of the evaluative component, since much of his or her experience is likely to have been in the latter context. Problems in supervision may arise given the fact that the definition alone does not insure that the skill level, maturity, or overall competence of the supervisor is greater than that of the supervisee. When the individual who is administratively designated as the supervisor has a higher competence, maturity, and experience level than the supervisee, there is likely to be much greater acceptance of the authoritative nature of the relationship. When the competence, maturity, and experience differential between the two individuals is narrow or even in some cases reversed, the situation becomes much more awkward for both parties and the supervisee is much more likely to feel a non-acceptance of the defined relationship.

This evaluation may be directed primarily to outside sources and may take on several technical components. The supervisor may be expected to designate a letter grade in the case of a practicum course, or a pass/fail decision. In the case of state licensure requirements, the supervisor is held responsible for assessment of the skill level of the supervisee, and must offer written verification to the licensure board. Other types of evaluation include letters of recommendation or written reports to administrators.

This type of evaluation is to be differentiated from evaluation that is internally directed for use by the supervisee rather than outside sources. In such cases the evaluation could be more appropriately called feedback, and the supervisor may choose to give only that feedback which would be most facilitative to the supervisee. In cases where an outside party is asking for the evaluation, the supervisor may not always be able to provide only that feedback which is facilitative to the supervisee.

It has been pointed out that this evaluative function may work in opposition to the first two functions of supervision which are directed at the facilitation of growth of the supervisee rather than the evaluative judgments of his or her actions. As was pointed out, the first two functions depend upon the trust and caring of the supervisor, and critical evaluation may not necessarily be conducive to these conditions. This represents a central dilemma in the supervisory situation, one in which no easy solution is apparent. Supervisors have attempted to deal with it in several ways. One common tendency is for the supervisor to deny the reality of the evaluation component in the hopes of facilitating trust in the supervisee. The supervisee, however, may remain aware at a conscious or subconscious level, in which case the supervisor's denial then makes it difficult to deal with the issue.

Another common pattern is for both parties to sweep aside any discussion of the evaluation component until it rears its head when the grade or written report is due. It may then become a major issue which has not been considered until that point.

An alternate way of dealing with the evaluation component of supervision, rather than denying it temporarily or setting it aside, is to encourage an ongoing dialogue involving the effects of the evaluation upon the relationship in order to monitor continually its influence upon the trust level of the relationship.

It should be noted that since evaluation is a fact of life in many situations, this dilemma should not necessarily be viewed as an obstacle to progress, but perhaps as an opportunity for further learning. The supervisee can learn the important task of coping with and identifying the effects of evaluation upon his or her attitudes and behavior.

Our definition of supervision and presentation of supervisory functions make it obvious that there are many components other than supervision within a comprehensive training program. Often these other components are referred to in the literature as "supervision." Clarity may replace confusion if these other components are described. The following section will outline a model of training for the counseling psychologist in which the activity of supervision is a central component.

Training in Counseling Psychology

There are three identifiable sets of learning tasks in any comprehensive training program for mental health professionals, including counseling psychologists. These are:

Factual knowledge and theoretical concepts. This includes personality theory, theories of change, demographic statistics on client populations, patterns and characteristics of pathology, and theories of crisis intervention. For counseling psychologists this area also includes vocational psychology.

Skills. This includes such helping skills as empathy, concreteness, and immediacy, as well as skills in areas such as crisis intervention.

Personal self-knowledge. Knowledge of oneself is extremely important in becoming a counselor. Awareness of one's own experiencing and internal processes are the goals here.

These learning tasks are met, hopefully, through involvement in a systematic and sequential program which is comprised of the following four components:

1. Didactic coursework

2. Skill training: Pre-practicum and related experiences

3. Auxiliary methods

4. Individual supervision

A total training program sequence generally begins with more impersonal methods which can be taught in larger groups, such as lectures or assigned readings. This is usually followed by work combining didactic and experiential methods and also can be provided to trainees in a group format. The final stage is more intensive personalized clinical supervision.

Didactic Coursework

Content. This component includes psychological theory and basic principles of human behavior.

Method. It can be taught very economically by impersonal methods to very large groups of trainees. Coursework, lectures, and assigned readings are the basic methods.

Skill Training

Content. Skill training involves both a didactic and an experiential component. Within basic skill training programs the process of counseling is broken down into well-defined discrete skills and then explained to the trainee. The trainee is expected to be able to define and differentiate these skills from one another. The experiential component involves the trainee practicing these skills in response to a simulated counseling situation, or within a role-playing situation with a fellow trainee.

Method. Basic skill training can be economically imparted to trainees in larger groups, though individualized experiential practice and feedback are also needed. The particular skills necessary to establish effective therapeutic relationships have been fairly well identified, and there is considerable agreement as to the universality of these specific skills (Rogers, 1957; Gordon, 1970). A number of good, systematic training programs have been developed to transmit these skills

to trainees (Egan, 1975; Danish & Haur, 1973; Ivey, 1971; Carkhuff, 1969). Some of the skills which have been identified are attending behavior, questions, self-disclosure, empathy, warmth, immediacy, concreteness, confrontation, and summarization. In addition, specific skills needed for crisis intervention, interpretation of psychological tests, and the use of vocational materials are included in this component.

Auxiliary Methods

These methods include a wide range of training interventions that are not included in the other three components. The methods vary widely in goals and purposes and according to the nature of these goals, may appear at any point in the sequence. Counselor trainers have demonstrated much resourcefulness and creativity in devising innovative methods of facilitating growth in the counselor. A partial listing of these methods is as follows:

a. Simulation techniques, videotape, role playing

b. Peer supervision

c. Co-supervision

d. Group supervision

One-to-One Supervision

The fourth and final component in training is the "master-apprentice" supervision which was defined in the earlier section. It is this component to which the model delineated in this paper applies.

As noted regarding auxiliary methods, there is no rigid sequence in these components. Clearly, students will continue to take didactic coursework after they have experienced one-to-one supervision in practicum. Nevertheless, the order outlined presents a *general* sequence of learning which assumes an integrative function for component four. For most counseling psychologists, this more comprehensive integration is achieved in the intensive and focused supervision in the internship experience.

Adjunct to Training: Personal Therapy

In addition to these components, there is one adjunct to training that needs to be mentioned. We believe that personal therapy can be an effective means of assisting the young professional in the process of becoming therapeutic. Perhaps more than for any other professionals, it is vital that fully functioning psychotherapists and supervisors know themselves well and be able to use themselves. This view reflects the general thrust of this model which, instead of being aimed at training a therapist with a myriad of skills and techniques to "do therapy," is aimed at helping the supervisee to *become therapeutic* with others.

Sometimes an introspective nature, coupled with significant relationships with others, will eventually result in the maturity and personal depth necessary to be therapeutic with others. Often this natural process is too slow or inadequate for some supervisees. In these cases, the process of personal therapy can eliminate some remedial blockages in this process for certain developing therapists,

and can significantly deepen and accelerate this process for others.

It is our belief that people who are really effective generally go through a process of letting go of the belief that everything is all right with them. As Robinson (1978) states, what happens is that individuals must "become conscious of conflict within themselves as the very basis for helping others" (p. 287).

The process of experiencing personal therapy gives the potential or practicing therapist a better grasp of what the change process is all about. Furthermore, an experience of being on the "other side of the desk" most likely will increase the empathy that the therapist has with the client. The therapist knows the process is often excruciatingly painful and also knows the joy that can accompany growth. Tact, timing, separation, transference, and dependence--all take on new and deeper meanings after being experienced in one's own therapy. Therapists also have a better sense of what they themselves mean to their own clients after having experienced a similar alliance. Finally, and perhaps most importantly, therapists who are cognizant of the intricacies of their own personal issues are in a better position to distinguish between what is happening with the client and what is happening within themselves. If therapy is largely a process of learning to differentiate, then this can only make the therapist far more effective in interpreting the client's behavior toward the therapist. This awareness of one's own personal issues hopefully will avoid distortion and acting out of one's own sexual/narcissistic/aggressive needs with the client. For these reasons, we conclude that personal therapy should be encouraged and regarded as enriching and desirable within counseling psychology programs. Wampler and Strupp (1976) report the results of a survey of APA-approved clinical psychology programs in which 67% of the responding programs indicated that a personal therapy experience was given "active encouragement." Another 4% of the programs required some type of therapy experience. Wampler and Strupp assert that, "If intensive and prolonged individual psychotherapy has any place, it is in the preparation of the psychotherapist for first-rate professional work" (p. 200).

The components and sequence described above speak only to the professional or practitioner role of the counseling psychologist. Training for the scientist role is not included explicitly, although it is our view that solid training in the scientist role requires similar components and sequencing, culminating in an integrated, well-supervised dissertation experience.

Our model, then, focuses on the fourth component, one-to-one supervision, and elucidates two parts in this process: assessment and intervention. A model such as this one, which is designed to deal comprehensively with an activity as large and complex as supervision, is not created in a vacuum. The following section will provide a background and overview which forms the base of the model. The two important components of this base are a summarization and critical review of the existing literature regarding supervision, and a presentation of the theoretical foundation upon which this model is based.

The section will begin with a content summary and

critical analysis of the work in supervision which is encompassed in four major areas: social work, psychoanalytically oriented theory, counselor education, and counseling and clinical psychology.

The remainder of the section offers a description of the developmental theories which strongly influenced the formulation of this model, and the assumptions which we believe underlie the work of the supervisor.

SECTION TWO: BACKGROUND AND THEORETICAL BASE

Review of the Literature in Supervision

The literature review which follows includes both a content summary and a critique of the literature on supervision in social work, psychotherapy, psychoanalysis, psychiatry, counselor education, and psychology. The decision concerning assignment of writings to a particular orientation can be quite an arbitrary one (i.e., the determination as to whether an author is writing as a psychotherapist or as a psychologist). In this review, we decided to generally assign writings according to the journals in which they were published. Consequently, there will be overlap among all of the areas. Included in the psychoanalytically oriented psychotherapy area will be literature in psychotherapy, psychoanalysis, and psychiatry.

We need to turn to the literature on supervision in a variety of professional fields, primarily because we have attempted in this model to integrate the strengths of various approaches to supervision. The difference to be found in this model is that these are all integrated into a singular model, and that it is presented as a model for training potential supervisors as well as promoting the development of experienced supervisors. The literature is replete with strong support for the importance of the functions of the supervisor, type of relationship, issues to be dealt with, and interventions as they are presented here.

In much the same way that we, as counseling psychologists, seek a balance between the scientist and practitioner role, supervision also must seek a balance between science and art. There are aspects of supervision -- such as the essence of the relationship--which we may need to accept as art and not attempt to quantify. The psychoanalytic and social work literature will best exemplify these aspects. While stringent research design is now accepted as a sine qua non in psychology, much of the earlier research in psychology and counselor education was based on vaguely defined variables and was not put to such a stringent test. In addition, the research has been, quite frankly, scattered and scarce. Yet, for all of these disadvantages, it still provides us with a conceptual base, an understanding of where we have been and implications for where we need to move.

Social Work Literature

Writings on supervision in social work, while voluminous and solidly based theoretically, require careful

examination to determine which are of use and which are inapplicable to clinical supervision in psychology. Many of the writings which refer to one-to-one supervision over individual casework, however, are profound and tend to parallel the model presented in this monograph in two primary ways. First of all, there is a distinct emphasis on the goal of the increasing autonomy and the fostering of personal growth in the supervisee. Supervision is seen as the vehicle to promote these types of development (Robinson, 1978; Munson, 1976). The second parallel rests in the role of the supervisor. He or she is defined as someone who is overseeing the work of the therapist, and someone with whom final authority for the client's welfare rests. The writing concerning these functions, and the role of the supervisor in general, is particularly rich because of the strong psychoanalytic influence in many schools of social work. This has led to a keen emphasis on knowledge concerning family relationships, a valuing of past experiences, and a recognition of the vital connection between needs and behavior. While this psychoanalytic influence in the social work literature has been focused primarily on work with clients, it may also be seen in the complexity of dynamic understanding described by a number of the writers concerning supervision. This is particularly true of the pioneering works of such writers as Virginia Robinson (1936, 1949), Margaret Williamson (1961), and Charlotte Towle (1954, 1962). An excellent compilation of Robinson's almost forty years of writings can be found in the book, *The Development of a professional self* (1978). Alfred Kadushin (1976) has published another fine work, *Supervision in social work*. His application of specified learning principles to supervision, suggestions for helping developing professionals become more at ease with themselves in their work, and his examination of the evaluation process are particularly appropriate to psychology.

The primary weakness of the writings in supervision in the social work field, as they apply to psychology, lies in the basic difference between the two professions. Supervision in social work is broader in scope, and places greater emphasis upon the teaching and administrative function. It often includes a number of agency models (e.g., case consultations, tutorial groups, peer groups, and various other teams) (Watson, 1973). A fine book, *Supervision, consultation, and staff training in the helping professions*, reflecting the breadth of such work, has been written by Kaslow and Associates (1977). Additionally, often because of the differences in bureaucratic structure of public casework, the clients are somewhat "captive" (Robinson, 1978). Unlike many psychological agencies or private practice, where less than effective work by the therapist is often accompanied by termination by the client, there is sometimes a greater need for the monitoring and evaluative function of the supervisor. A further weakness in the literature is a dearth of research concerning supervision. A number of studies (Kadushin, 1974; Cherniss & Egnatios, 1978; Henry, Simms, & Spray, 1971), however, have emphasized the importance of clinical supervision in job satisfaction and the preference for "professionally oriented supervisors," who encourage autonomy yet are available when the therapist needs help.

Psychoanalytically Oriented Psychotherapy

Almost by definition, and certainly in actuality, the psychoanalytic writers provide us with the most complex understanding of the dynamics involved within the various aspects of the supervisory relationship. Perhaps in no other corner of the profession is therapy so regarded as *art* as it is in psychoanalytic and psychoanalytically oriented psychotherapy. Meerlo (1952) adds that this view of therapy as a work of art is accompanied by "all the individual implications of an art, with all its blockings, and with all its narcissism" (p. 467). This has, perhaps, led to an understanding of the intricacies of the supervisory relationship and process which is unexcelled in richness and accuracy. Meerlo (1952) further states that, while facts can be taught and examined, "psychological *art* has to be experienced in close relationship with a chosen guide" (p. 467). This adds to the perspective of supervisor as a master, accompanying the therapist on a "rite of passage." By far the most exceptional book in this area is the classic by Ekstein and Wallerstein (1972), *The teaching and learning of psychotherapy*. The authors describe the complexities of a process which assists students in self-discovery, in critically evaluating their own work and that which is taught to them, and assists them in making the "inner commitments" needed to be effective with the techniques in psychotherapy. Ekstein and Wallerstein describe both the richness and the constant struggle within and between both the student and the teacher that results in a psychotherapist who is able to work well and independently.

Perhaps the single best review of the psychoanalytic supervision literature can be found in DeBell's (1963) critical digest. He provides a succinct yet quite careful discussion of such topics as the purpose and function of supervision, the best methods and procedures for conducting the supervisory process, controversial issues, and special problems and dangers of supervision. Schlessinger (1966) has reviewed the literature from the perspective of a psychiatrist. He has focused on the following four issues: (1) supervisory data (process notes vs. mechanical recordings); (2) the supervisory experience (teaching vs. therapy); (3) the nature of parallel process; and (4) countertransference problems. Cohen and DeBetz (1977) also reviewed the literature, and argue that psychoanalytic interpretation within the supervisory relationship may be counterproductive. Schuster, Sandt, and Thaler (1972) include a critical review of the philosophy of supervision in their book, *Clinical supervision of the psychiatric resident*.

The following articles have been divided into four primary areas--those dealing with the purpose of supervision, the role of the supervisor, methods and processes, and difficulties with the supervisory relationship--and most may be regarded as classics reflecting the psychoanalytically oriented psychotherapy viewpoint.

Purpose of supervision. Hora (1957) identified the purpose of supervision as one which would "enable a less experienced psychotherapist to become effective in his task of benefiting his patient" (p. 769). He viewed the means of this "enabling" as teaching, learning, and promoting growth. Gardner (1953) posited five aims of supervision: (1) establishing positive relationships between supervisors and students; (2) enabling students to understand and deal with transference and countertransference; (3) helping students to make the most accurate and complete application of their theoretical knowledge; and (4) helping students to formulate accurate and workable

diagnoses of the cases with which they are working.

Role of the supervisor. Eckstein (1964) proposed a "new kind of identity" for the supervisor, one which could be equidistant from the three separate roles of a supervisor-- therapist, administrator, and didactic teacher--and one which would shift only tentatively among the three facets. His paradigm for this was an equilateral triangle, with effective supervisors finding their place somewhere equi- distant from the three, sometimes opposing, sides. Berlin (1960) emphasized the importance of "vigilance," (i.e., attending to details in the therapist's work). He strongly felt that the therapist's self-concept and self-image as a professional was enhanced by the supervisor's close moni- toring of the therapist's work and case management.

Wagner (1957), while describing the supervisor as "expectant and tolerant," specifically lists detailed notes from each therapy hour as one expectation he holds for therapists. Ekstein and Wallerstein (1972), however, urge "maximum freedom" in allowing therapists to choose their own manner of recording the process of their therapy sessions, and believe that process notes are far more beneficial than verbatim accounts.

Haigh (1965) describes a dilemma common to the supervisory situation: a dilemma caused by the fact that supervisors are administrators of the agency at the same time that they are involved in a personal relationship with the therapist. The dilemma involves making a choice between allowing the autonomy of the growing profes- sional or using.didactic measures to accomplish the goals of the agency more quickly. Haigh stresses that his own choice is generally to permit decision making by the student whenever possible, and explains his belief that this enhances both the profession in general and the individual student's growth in authenticity.

Method and process. It is within this component of the psychoanalytic literature that we find the strongest base for the developmental theory of supervision offered in this model.

Fleming (1953) proposes three types of learning experi- ences which are of significance in supervision: (1) imitative (identification with the supervisor); (2) corrective (aware- ness of mistakes and handicaps); and (3) creative (increase in dynamic understanding of relationships and ability to construct a therapeutic relationship with the patient). Gaoni and Neumann (1974) describe a four-stage develop- mental model of the relationship between the supervisor and the therapist. They proposed that the first stage is similar to the teacher/pupil relationship, with the thera- pist as novice. Second, they describe an apprenticeship, with the focus being placed on the patient's diagnosis and psychopathology. The third stage, regarded as distinctly the most important by Gaoni, is focused on developing the therapeutic personality of the young supervisee, and encouraging his/her self-awareness and self-analysis. The fourth stage, that of mutual consultation, evolves when the therapist has reached a certain maturity of personality and experience.

Wagner (1957), instead of seeing these foci as separate levels, describes the interlacing of the three (patient; therapist; and interaction between the patient, therapist, and supervisor).

Hogan (1964), placing emphasis upon the interpersonal interaction between the therapist and supervisor, described a four-stage model of therapist development. For each stage, he described characteristics (e.g., dependency, dependency-autonomy conflict, increased self-confidence, creativity) and appropriate methods of supervision (tui- tion, support, confrontation, peer supervision). Fleming and Benedict (1964), in a model of supervision as a teaching method, delineated the following three learning objectives for the supervisee: (1) gathering information; (2) diagnosing; and (3) making an integrative, responsive intervention.

Hora (1957) articulates the phenomenon known as "parallel process," wherein therapists identify with the patient, and elicit emotions in the supervisor which they themselves have experienced with the patient. An excep- tionally well conducted research project has been described by Doehrman (1976) in which she examined the recurring and multi-faceted aspects of parallel process as they presented themselves in a series of intensive case studies.

Arlow (1963), who adds to our understanding of the accounting of therapy sessions given by the therapist, terms it an "artistic" account, one in which the supervisor must fill in the gaps. He views supervision as an opportu- nity for the therapist to confront reality.

Research by Muslin, Burstein, Gedo, and Sadow (1967) indicates that the data given by therapists in supervision, at least in the early stages, reflects therapist needs rather than patient difficulties. They found that supervisors were unable to conceptualize difficulties of patients from the information given by therapists.

Beier (1964), whose process involves teaching the thera- pist "to respect each single message and its response and their meaning in the therapeutic hour" (p. 94), has identified three questions which he hopes the therapist will internalize and automatically ask regarding each patient. First, "Where does the patient hurt?" The thera- pist's answers should be gleaned not from the patient's words, but from the therapist's own emotional responses to the patient. Second, "What is the evidence for my hypothesis?" In this answer lies an evaluation of the specific ways the patient evidences and maintains his/her maladaptive behavior. Third, "What is the therapeutic objective, and what experience do I want the patient to have now?" With this, Beier extolls the value of antithetical experiences, and accentuates the importance of the thera- pist's determination of how he/she wants to *be* with the patient.

Barnat (1974) has written a rich, personal, and concep- tual account of identification with the supervisor, and of the increase in spontaneity and ability to be oneself that evolves in effective supervision.

Hassenfeld and Sarris (1978), after disclosing the diffi- culties that they encountered when they failed to include an examination of their own relationship within the supervisory process, propose a "meta-education" model wherein transference and countertransference issues are examined. They believe that this enhances the therapist's self-concept by allowing him/her to move from disciple to colleague and also assists in making the transition from supervisee to supervisor as well as the transition to self-supervision.

Van Atta (1969) describes a "participant-observer" method in which the supervisor is a co-therapist with the student, and specifies various occasions in which the

supervisor will likely choose to intervene. Other writers (Haigh & Kell, 1950; Kell & Burrow, 1970; Rosenberg, Rubin, & Finzi, 1968) have emphasized the supervisory and training value of "multiple therapy."

Difficulties within the relationship. Meerlo (1952) lists nine difficult issues that must be dealt with within supervision. These are: (1) the meaning of control and authority to the therapist; (2) the interplay of mutual anxiety and hostility; (3) the fact that the supervisor never sees the patients; (4) the submissive qualities within the relationship; (5) learning blocks; (6) conflicts between the old master and the new professional; (7) the imprint of former analyst's, supervisor's, and teacher's skill and insight; (8) timing and the importance of intellectual zest and patience, and (9) the tapping of "hidden complexes" within the therapist. Ornstein (1967) examines problems in learning how to analyze as an attempt to determine how people learn within supervision.

Gustin (1958) enumerates eighteen forms of resistance (e.g., over-enthusiasm, undue diffidence, argumentativeness, concealment, compulsive talking) that supervisees may use in protecting themselves. Grinberg (1970) deals with more general difficulties within supervision such as problems with philosophy, recording method, the supervisor's personality, and countertransference. Book (1973) delineates defensive maneuvers used by supervisees to cope with the anxiety induced in supervision.

While the preceding can only be regarded as strong philosophical and conceptual contributions, the limitations of psychoanalytic supervision as a primary model for psychology are twofold. Primarily, the model is not sufficiently adaptable to the various theoretical orientations, models of training, and levels of experience which will be found throughout psychology. It fails to employ a. variety of applications of learning theory, and hence does not allow for individual variabilities in learning style nor in developmental level. As a general model, it is insufficient for application to the variety of settings in which psychologists are found. Second, as with other fields, research in supervision is exceedingly sparse, due in part to the view of supervision as art rather than science.

Counselor Education. While counselor educators have superbly added to our knowledge of training counselors, counseling supervision within their field continues to show a lack of refinement and has been poorly researched. Until recently, most of the research has been descriptive and has not utilized experimental design. In addition, the research has not built on prior knowledge or studies. As Boyd (1978) stated, the information concerning counseling supervision has to be synthesized from "scattered articles." Furthermore, most of the writing and investigations concern beginning practicum students or the organization of practicum training, and provides no help in understanding the development of the more fully functioning counselor. Many of the models or practices in supervising counselors are primarily adaptations to particular counseling theories. While the literature is contradictory, it is important for us to understand from both an historical and basic conceptual viewpoint. One problem is that the type of counseling and counselor activities desired is at least as diverse as the types of agencies in which counselor educators work.

There exist two quite helpful reviews of research on practicum supervision (Hansen & Warner, 1971; Hansen, Pound, & Petro, 1976). In addition, Leddick and Bernard (1980) review the history of supervision, focusing on dynamic, facilitative, and behavioral approaches to supervision.

Seligman and Baldwin (1972) edited a book which contains many of the early readings in theory, practice and research, and is of historical and philosophical interest. The most comprehensive book on counselor supervision, by far, is that by Boyd (1978), which is endorsed by the Association of Counselor Education and Supervision. Boyd's persistence and conceptual skills allow him to present both a review of various approaches to supervision and a synthesis for a comprehensive supervision program. Boyd views supervision as a set of activities which include consultation, training and instruction, counseling, and evaluation, in an attempt to oversee all of the various aspects of the counselors' work. In this sense, counseling supervision is only one aspect of the material covered in his book.

Role functioning of the supervisor. Early in the history of counselor supervision, a number of descriptive studies were conducted which pointed out confusion and contradictions regarding the role of the supervisor. In their simplest form, these can be viewed as differences of perception over whether the supervisor should act as an instructor or as a counselor. This debate has evolved into one concerned not only with the dichotomy of didactic supervision vs. experiential supervision, but with the execution of elements of these as specific activities within supervision.

Walz and Roeber (1962), in an early investigation, came to a disturbing conclusion that there existed, in general, no underlying supervisory rationale in most of the responses that supervisors made to a typescript. Additionally, they found that the focus was generally on counselor, not client behavior and that 73% of the supervisor's comments were either instructive or questioning.

Hansen (1965) conducted a survey which accentuated the general lack of understanding concerning the nature of supervision. Using the Barrett-Lennard Relationship Inventory, he found that trainees, prior to supervision, had not expected to find a supervisory relationship as good (in terms of genuineness, empathy, and unconditional positive regard) as the one which they experienced. Further indications that supervisors and practicum students disagreed about the role of the supervisor were found by Gysbers and Johnston (1965). Supervisors in their study were in agreement that the teaching of specific techniques was inappropriate in supervision, yet this was precisely what the beginning practicum students requested. Delaney and Moore (1966) called for refinement of the definition of the supervisor's role, as well as the instituting of experiences early in counselor education programs which would bring beginning trainees' perceptions more in line with the realities they would encounter in supervision. This came as a result of their finding that pre-practicum students perceived the role of the supervisor as primarily that of an instructor, a role that included such aspects as planning of duties and tasks, evaluation, and selection. Further evidence of these opposing perceptions was found by Johnston and Gysbers (1966), wherein supervisors viewed their role as more similar to counseling

than to teaching.

In beginning to look at the theoretical orientation of the supervisor, Demos and Zuwaylif (1962) used the Porter Attitude Test to measure the results of a six-week NDEA training session for counselors. The client-centered group was significantly less probing and more understanding on the post-test than either the eclectic or directive group, yet all three groups showed significant positive changes. In a later study of the effects of different types of supervision, Payne, Winter, and Bell (1972) found that techniques-oriented supervision and audio modeling of empathy resulted in higher levels of empathic responses by trainees to recorded client statements than did counselor-oriented supervision.

While there has been extensive discussion concerning the relative merits of the various types of supervision, Karr and Geist (1977) assert that the "more relevant determinant of change is the presence of facilitative conditions" (p. 267). Lambert (1974), in a study of supervisors, found that the levels of empathy and specificity were significantly lower in their supervision activity than in their counseling with clients. At the same time, the level of respect and genuineness were equivalent in the two situations. Lambert asserted that, while the didactic approach may enhance the day-to-day functioning of the counselor, it may well evolve that it is the level of conditions within the relationship that is more significant in long term effectiveness. Sundblad and Feinberg (1972) found that positive expectations about a supervisee, accompanied with the supervisor's experience in years, resulted in high interpersonal functioning in terms of the core conditions. Yet, a set of negative expectations yielded differential functioning--lower functioning for the experienced supervisors than for the inexperienced supervisors. They conclude that it may be type of experience, rather than amount, which is the more significant indicator of supervisor functioning. This has significant implications for the possibilities of training more effective supervisors.

Blane (1968), in measuring the impact of positive and negative supervisory experiences upon counselor candidates, found indications of significant increases in empathic understanding following positive experiences. Those receiving negative experiences, or no supervision at all, showed no change in empathic understanding. In a comparison of supportive and nonsupportive supervisor behavior, Davidson and Emmer (1966) reported that students receiving nonsupportive supervision (i.e., didactic, evaluative) had less positive feelings about the concept of "supervisor," and experienced a shift of concern towards themselves and away from concern towards the client.

Patterson (1964) described supervision as an "influencing process," and further defined it by what it is not (neither teaching, nor therapy, nor counseling) than by what it is. Patterson did emphasize the importance of supervisors working in a manner which is congruent to their natural style and theoretical orientation. He felt that conditions which were facilitative to client growth in counseling, were likewise facilitative to counselor growth in supervision.

Arbuckle (1963) emphasizes the importance of supervisors' forming the same type of process (rather than content) oriented nonevaluative relationship with students

as they have with clients.

Miller and Oetting (1966), using projective statements made by students in supervision, attempted to identify aspects of supervision designated as "good" or "poor" by students. They pinpointed three things which seemingly characterized "good" supervision. First, criticisms and recommendations are presented in a clear and specific manner. Second, instead of threat of rejection, understanding, support, and reassurance set the tone for the relationship. And third, the students have an opportunity to express their thoughts, feelings, and ideas prior to receiving the supervisor's feedback and comments.

Supervision models. Danish (1971) clearly describes both didactic and experiential methods of supervision, and formulates an approach using Kagan's Interpersonal Process Recall, which not only integrates the two methods, but allows them to be presented simultaneously. This approach is designed to increase interpersonal effectiveness, including not only sensitivity to feelings, but an ability to "act on hunches" and "follow through with behavior" (Danish, 1971, p. 32).

Hackney (1971) believes that certain skills (e.g., listening, using silence, identifying feelings) should be taught prior to the practicum experience, so that supervision could then be on a "consultation-professional" model.

Delaney (1972) conceptualized a rather clear-cut behavioral model of supervision in which the following five stages are identified within the supervisory process: (1) initial session; (2) development of a facilitative relationship; (3) goal identification and determination of supervisory strategies; (4) supervisory strategies--instruction, modeling, reinforcement; and (5) termination and follow-up. For each stage, Delaney specified desirable supervisor behaviors and goals.

In a model of supervision which is applicable not only for practicum but on a continuing in-service basis, Spice and Spice (1976) describe a "triadic" method in which the trainees learn to assume three differing roles: supervisee, facilitator, and commentator. Four basic processes are taught: (1) presentation of counseling work; (2) art of critical commentary; (3) engagement in meaningful self-dialogue; and (4) deepening of the here and now. Their model appears to include not only the dynamic process dimensions of supervision, but also a quite functional approach to learning which might be utilized best as an adjunct to individual supervision.

Littrell, Lee-Borden, and Lorenz (1979) describe the process of supervision in developing counselors as they move towards increased professionalization. Stage I involves establishing the relationship--goal setting, and contracting. In Stage II, the integration of the counseling and teaching models occurs. In Stage III, counselors can engage in a consultatory relationship. The final move is to Stage IV, where self-supervision serves a maintenance and growth-producing function.

Self-supervision and maintenance of skill level were addressed by Meyer (1978). He applies behavioral self-control tactics to distinguishable behaviors which counselors can observe by listening to their own tapes.

Gurk and Wicas (1979) describe a "meta-model" of supervision based on process consultation in an attempt to organize and subsume other models.

Bernier (1980) also presents an integrated didactic,

experiential, and practical general approach to counselor education. In light of the complexity of the supervisory process, he recommends focusing on developmental stages of the learner along with performance skills.

Methods. Counselor educators, perhaps more than any other group, have helped in integrating successful teaching methods into counselor training and practicum. As an early example, Delaney, (1969) described the effective use of simulation techniques in which concepts from programmed instruction were added to audio-visual simulation to help school counselors learn effective response leads. The advent of economical recording devices has led to a number of improvements and innovations in both monitoring client progress and facilitating counselor growth.

In addition, much of the thinking of counselor educators has centered around the organization of the practicum experience. For example, Fraleigh and Buchheimer (1969) proposed that peer groups be used as an adjunct to work in individual counseling supervision. They perceived supervision as an art--a work in which individual counselors must begin to develop their own style. Not only does the group provide additional modeling, information, and experience, but they note that it is an opportunity for the supervisee to become less dependent upon the individual supervisor. Silverman and Quinn (1974) used a co-counseling method which serves both the facilitating and modeling functions of the supervisor. Their research indicated that significant increases in counselor facilitative functioning occurred when the supervisor was actually in the room with the counselor during the session with the client. They compared this method, wherein the supervisor actually interceded at times during the session, with more traditional feedback and discussion immediately after the counseling session.

Dreikurs and Stonstegard (1966) point to the benefits of supervising (on an individual, one-to-one basis) within a group. They link this to Adlerian psychology, seeing maladjustment as an expression of wrong ideas/goals rather than intrapsychic conflicts. In this method, demonstration and observation purportedly results in generalization to the counselor's own work.

Guttman (1973) was successful in reducing defensive behavior of counselors during supervision through the use of a structured procedure in teaching nondefensive communication.

A number of investigations in counselor supervision have also focused on the ratings of counselor effectiveness. Dilley (1964) found that peer and academic instructor ratings were in agreement with ratings given counselors by off-campus supervisors. Bishop (1971), in looking at ratings of counselor effectiveness, found a significant positive correlation between the self-ratings of counselors and the ratings they received from their supervisors. Yet the client's ratings of effectiveness were significantly higher than both. Bishop points to our lack of understanding about how supervision influences the counselors' self-perception concerning their own effectiveness. Friesen and Dunning (1973), again in a study rating effectiveness of practicum students, found high interrater reliability among peers, lay people, and professional counselors/supervisors. Unfortunately, more work has been done in correlating various ratings than in developing increasingly

effective instruments and other means of measurement.

Summary. This review of the literature in counselor education has revealed the thinking and practical application of the work of many distinguished psychologists and counselor educators. In substantial ways, it forms the base of our day-to-day supervisory activities and reveals much about the structure and design of our programs, particularly those for the neophyte in counseling practicum.

Yet the work we find in the foregoing review is disappointing, particularly in its extensive focus on the initial phases of counseling and supervision and the absence of attention to the more complex, relationship-oriented aspects of supervision. Furthermore, much of the existing research and intent has focused on *training* programs, significant in and of themselves, but not immediately applicable to the complexity and dynamic significance of individual supervision.

Clinical and Counseling Psychology

We come now to the area of our own publications, those in clinical and counseling psychology. The literature in this area warrants particularly close attention for a reason beyond that of the other reviews. This is the strongly felt need for an articulation of an identity for our subspecialty (Fretz, 1977). It is a central assumption of this model that the professional role of supervisor is a strong component of that identity and that a clear articulation of this role would serve to sharpen and clarify our overall identity as counseling psychologists.

This is the only area, of the four which we review, in which the scientist/practitioner model is both emphasized and sought after. This scientist/practitioner model is our strong and unique contribution as psychologists, and our publications should reflect this dual emphasis. In our zest for stringent empirical data, however, the part of supervision that might be considered art has not received the opportunity for similar articulation in our professional publications. This has left the practitioner part of our professional selves with little outlet for our thinking and creativity. This is particularly highlighted in the current review, where an arbitrary decision has been made to assign articles according to the journal in which they were published. Consequently, it has become clear that, except for this current issue of *The Counseling Psychologist*, supervision publications have had to find a place in psychotherapy-oriented or counselor education journals. The resulting situation is that some of our finest colleagues have little opportunity to publish within our own specialty area.

Another problem in the field of clinical and counseling psychology literature is that much of it is quite fragmented in nature. Contributions to the area of supervision often come in the form of a potpourri of ideas that are thrown together like a tossed salad. Quite often we seek to provide information through symposiums or edited books. As a result, individuals are often assigned "topics," which in and of themselves, contain very good ideas but in which the total product remains unintegrated into a unified whole. Some of the current thinking in the area is directed toward a philosophy of separating out various theoretical models of supervision (e.g., behavioral model, systems model, psychotherapeutic model) (Boyd, 1978; Hess, 1980).

If supervision constitutes a central role in our identity, there should exist a more central core than an approach which attempts to fragment the models would suggest. In addition, it is questionable whether such a philosophy actually matches with reality. It is our experience that in actual practice, few supervisors ever operate from a single "pure" theoretical model. The present issue is an attempt to rectify the "fragmented topics" approach to the field. This monograph seeks to find a more unified and integrated perspective by identifying the core components of supervision. Yet it attempts to do this in a way which seeks to respect the uniqueness of the theoretical leanings of the individual supervisor. The present model is based upon the assumption that a central core exists which characterizes supervision regardless of the particular theoretical orientation of the individual supervisor.

It is important in reading the following review to keep in mind that those psychologists who deal with supervision as an art, or who explore the more philosophical angles tend not to publish at all or tend to publish in psychotherapy or psychoanalytic journals. Except for the three primary books noted, the summary will include primarily these empirical studies which have been productive and which have raised the empirical sophistication to a level which is clearly superior to that of the other fields we have examined.

Two rich volumes which convey the complexities and maximum use of the relationship between the supervisor and supervisee are *Impact and change: A study of counseling relationships* (Kell & Mueller, 1966), and *Coping with conflict: Supervising counselors and psychotherapists* (Mueller & Kell, 1972). These have served as classics in supervision and remain timeless and virtually untouched in their ability to transmit an understanding of the potential for individual growth within supervision.

Hess (1980) has published a comprehensive book, *Psychotherapy supervision: Theory, research and practice*. It has both advantages and disadvantages of an edited book, for while it serves as a virtual compendium of information, there is less in-depth coverage than would be desired in some areas, and it fails to serve an integrative need. Among the more excellent chapters in Hess's book are "The transition from supervisee to supervisor," (Styczynski); "Psychotherapy supervision and the duality of experience" (Barnat); and "Legal issues in psychotherapy supervision" (Slovenko). Also included are definitive chapters on supervision according to various theoretical orientations (e.g., client-centered, rational-emotive, and communications analytic.)

Models and methods. Matarazzo (1978) notes that there are five methods of teaching and supervising. These are: (1) didactic instruction; (2) supervisor modeling; (3) direct observation of the trainee's interviews, either actual or role-play; (4) "in-process" supervisor interventions; and (5) feedback on audio- or videotape after the session. Combinations of all or some of these methods have been combined to form various models of supervision.

With the greater availability of taping procedures, Anderson and Brown (1955) described a method for utilizing tapes during the supervisory session. Their "model" involved first having supervisees present the tape from their own viewpoint and play portions of it. Then the supervisor would evaluate it in terms of facilitating or inhibiting factors, with a goal of increased understanding of the supervisee's work in the session.

A number of variations of the "in-process" supervision of which Matarazzo (1978) speaks can be found. Harmatz (1975) describes a process whereby a two-channel recording is used, allowing the supervisor's processing of the session to be recorded over the actual taping of the session. Ward (1960) describes an intermittently popular technique of the "bug-in-the-ear" type which allows the supervisor to speak directly to the supervisee during the session through a hearing aid type speaker.

Truax, Carkhuff, and Douds (1964) urged that supervision include an integration of the didactic and experiential approaches, and described supervision as "a learning process which takes place in a particular kind of relationship leading to self-exploration" (p. 240).

Wolpe (1972, 1973) has published a series of transcripts from behavioral therapy supervision dealing with such topics as "problems of a novice," "neglecting the case history and other elementary errors," and "planning therapeutic tactics."

A behavior modification approach to supervision was espoused and outlined by Levine and Tilker (1974), including stages of supervision reflective of the trainee's level of development, as developed by Hogan (1964). Levine and Tilker emphasize means of helping the trainee increase incrementally in "theoretical sophistication and technical skill." They note the "seducing" effect that strictly didactic supervision can have, by lulling the trainee into believing that clients can change solely through the use of techniques and with no regard for the interpersonal aspects, and by allowing the trainee to be far more advanced verbally than practically. They also advocate having the supervisee sit in during some of the supervisor's session with clients.

Schmidt (1979) has proposed a structured, issue oriented, cognitive-behavioral model for supervision which focuses on the cognitive activity of the therapist. Schmidt prescribes the following sequence which should be followed in each supervisory session: (a) presentation of a difficult or troublesome issue by the trainee; (b) mutual development of theoretical hypotheses; (c) attention to the emotional responses of the trainee; (d) discussion of therapeutic approaches; and (e) summarization by the supervisee.

Role and relationship. Two of the more philosophical articles deal with the use of the supervisory relationship. Altucher (1967) asserts that, while becoming a counselor requires both emotional and intellectual learning, it is the emotional part which is most "crucial." He also discusses the multitude of learning difficulties which often must be encountered and dealt with in supervision. Barnat (1977) speaks of internalizing personal, spontaneous metaphors from one's supervisor-mentors, and their value in overcoming self-doubt and in developing one's own style and identity as a therapist.

In quite an interesting study, Worthington and Roehlke (1979) had beginning practicum students, at the end of their first semester, rate their supervision on three dimensions: satisfaction, supervisor competence, and effect on their ability. These practicum students tended to rate supervision as "good," if (a) their relationship was both personal and pleasant; (b) the sessions were structured, especially in the early phases; and (c) if they received direct teaching and encouragement from their supervisors. The supervisors, when asked to rate their perception of the

importance of forty-two supervisor behaviors, however, perceived supervision as primarily providing feedback.

Individual variables. Almost all of the studies which have examined individual variables in supervision have focused on the supervisor. A number of these (Lambert, 1974; Sunblad & Feinberg, 1972; Pierce & Schauble, 1970) have evaluated the level of functioning of the supervisor according to Carkhuff's (1969) core facilitative conditions. Pierce and Schauble's (1970) results emphasize the potency and impact of the individual supervisor and also encourage us to look at the effects of modeling. In their study, the interpersonal skills of supervisees of only those high-level (in terms of facilitative functioning) supervisors showed positive change. In a nine-month follow-up study, Pierce and Schauble (1971) found that this high-functioning group maintained its superiority on all dimensions of the core conditions. It is important to note that the level of functioning here was measured in client, not supervisory, sessions and that the trainees were not randomly assigned.

Hester, Wertz, Anchor, and Roback (1976), in an analogue study, found that supervisor skillfulness was a primary determinant of attraction held by the supervisee for the supervisor, and indeed was a far more influential determinant than similarity of attitude.

In an attempt to determine the implications of the self-actualization of the supervisor for their students' growth in self-actualization, Deming (1980) found that counseling students grew in this dimension regardless of the self-actualization level of their supervisor, even when they were not enrolled in practicum.

Stone's (1980) results suggest that experienced supervisors generate a greater number of planning statements, and that these statements were more often focused on the supervisee than were statements made in supervision by inexperienced or graduate student supervisors. He suggests that using inexperienced supervisors has the possibility of leading to "impoverished" supervision in which the developmental needs of the beginning practicum students are given insufficient attention.

In an investigation into a supervisee variable, Bernstein and Lecomte (1979) found that, in terms of psychological differentiation, field-independent trainees distorted less of the feedback they received, and evaluated the feedback content more positively than did their field-dependent counterparts. They point to the importance of evaluating the expectancies that trainees have concerning feedback.

Structure of Supervision

Berenson, Carkhuff, and Myrus (1966) found support for the integration of the didactic and experiential approaches to supervision in a study in which they added an experiential, quasi-therapeutic group to a regular training program in interpersonal functioning. Lanning (1971) examined the supervisees' perception of their supervisory relationship, their expectations for relationships with their clients, and the actual clients' perceptions of relationships with the supervisees. He found little indication of differences between those supervisees receiving group or individual counseling. It did seem, however, that the type of relationship that trainees expected to achieve with their clients was quite similar to the way in which they perceived their own relationship with their supervisor.

Silverman (1972) found some evidence that trainees who underwent an experiential/introspective experience in practicum were slightly more successful in forming an affective relationship with their clients in the initial counseling session.

Birk (1972) asked supervisees to note their preferred approach to supervision (didactic or experiential), and reported findings that the learning of empathy, at least in the early stages, is not contingent upon being supervised in the supervisee's preferred mode. When the focus is on learning to respond empathically, her results somewhat favor the didactic approach.

In developing this model we have relied on the literature in supervision, attempting to incorporate what we judged best in both the more conceptual writings and the empirical work. In addition, we have depended on thinking and research in the field of developmental psychology. Our thinking and assumptions regarding the developmental basis of the model are delineated as follows in the closing portion of this section.

The Theoretical Base of the Model: Development Stage Theory

This model is heavily influenced by the theories and assumptions of developmental psychology. Particularly influential are the works of Erik Erikson and Margaret Mahler, who offer a rich conceptual understanding of human development. Though these authors focus primarily on the growth of the young child and adolescent, we feel that the same essential developmental processes also apply to the supervisee who is developing personally and professionally as a counselor and therapist.

Also influential in the theoretical underpinnings of the model is the work of Arthur Chickering in his conceptualization of developmental themes for the young adult. As noted by Widick, Parker and Knefelkamp (1978), Chickering used Erikson's identity stage as an orienting point for his work and enhanced and refined Erikson's description.

Erikson's and Mahler's views have strengthened or aided in the development of this model in two major ways. The first permeates the model and involves their profound respect for and belief in the individual's own inner capabilities. Erikson's optimism and trust in the adaptive capacities of human beings comes across clearly and profoundly in his writings. As Widick, Parker and Knefelkamp (1978) have stated, Erikson "focuses on qualities such as competence, identity, love, and wisdom, and highlights factors which encourage their emergence" (p. 2). It is such belief and optimism which maintains and enhances our ability to facilitate growth and change in our clients and supervisees. Erikson, in his writings, speaks directly to conditions which facilitate healthy development, and thus provides us with general ideas concerning appropriate, timely, and effective interventions. In line with his focus on opportunity and optimism, Erikson (1968) defines the "potential crises" which occur with each successive step in the developmental process as connoting "not a threat of catastrophe but a turning point, a crucial period of increased vulnerability and heightened potential ... " (p. 210). Such thinking allows

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us not only to use, but to welcome, conflict and confusion as an opportunity for growth, and to make significant interventions with faith in the resiliency, adaptability, and infinite capacities of our supervisees.

In the present model of supervision, Erikson's philosophy of conflict as a healthy agent in change can be seen through our conceptualization of Stage Two Confusion as a time when the supervisor's timely intervention can result in positive growth.

The second way in which Erikson's views have added to this model lie in his perspective of the formation of identity as central in overall development. This model was based on the process of forming identity in the supervisor (as a training model) and in the supervisee. We have previously stated that the development of a counselor is more than an incremental build-up of skills, and is, in fact, the integrated formulation of a therapist with an identity. Consequently, in the assessment section of this model, primary emphasis will be placed on assessing the supervisee's level of development within a number of areas, all concerned with personal or professional identity.

In addition, Mahler's (1979) work on identity is reflected particularly in the section dealing with the development of autonomy. Mahler, who wrote from a similar vantage point as Erikson, described intrapsychic development as running along two parallel but different tracks. The first involves separation--an internal structuring of one's own boundaries, a differentiation from others, and a disengagement from those upon whom one has depended intensely. The second track is that of individuation--involving autonomy of thought and action. In the developing counselor or therapist, this may take the specific form of learning to stand alone without the mentor, or of differentiating one's own responses from those of another person. It will become clear that these and other developmental issues on the road to achieving identity which are age-appropriate and necessary in the young child are also those which likely will be experienced by the developing counselor or therapist. Mahler states that, as with any intrapsychic process, we find that it "reverberates throughout the life cycle. It is never finished; it can always become reactivated; new phases of the life cycle witness new derivatives of the earliest process still at work" (p. 120). The link, then, between the process of childhood development and the later development of the supervisee is made particularly clear by Mahler in her description of growth as involving almost a recapitulation of the individual's early growth and development. In such a form the individual again moves from dependency to autonomous functioning, from a hazy, undifferentiated position to one of clarity and separateness.

In viewing supervision as a complex developmental process, we make a number of key assumptions. These form the base for our model.

Assumption #1. Core concepts in developmental theory apply to the development of the counselor/therapist. Learning the professional role is a complex cognitive/effective/behavioral task which assumes use of one's whole personality as a "tool of the trade."

Assumption #2. Distinct stages in the development of the counselor/therapist exist. While the definition of all aspects of these stages is not as specific and detailed as we would like, they are discernible enough to be of value to the practicing supervisor and they appear to be useful for the beginning supervisor.

Assumption #3. These developmental stages exist in a definite sequential order, but different "contents" may be at different developmental stages. In stating this, we agree with Harvey, Hunt, and Schroeder (1961). We also heed Widick's (1975) admonition that "in order to effectively implement and assess differential developmental approaches, one needs an extensive knowledge of position characteristics" (p. 37). These characteristics, or qualities inherent in each stage, are not yet fully developed in our model, but a solid beginning has been made.

Assumption #4. Growth within and between developmental stages assumes a careful sequence of experience and reflection. Such experience must be grounded in careful assessment of present functioning.

We are striving, in this model, toward the integration of theory and practice of which developmental theorists speak. Rest (1974) pointed out the great need for: (1) more precise statements of developmental sequences; (2) curriculum developmental; and (3) identification of the clinical skills involved in facilitating developmental processes. Our model draws upon the work of Hogan (1964) and Chickering (1969) in articulating the developmental stages and issues. A number of thinkers in development (notably Erikson, 1968) and therapy have provided us with a framework for identification of clinical skills and for curriculum development.

The general sequence of our work is to present our basic model of development first, focusing on assessment issues. We follow this with a schema for intervention, delineating principles and specific methods to facilitate trainee movement from one stage to another in various content areas.

SECTION THREE: ASSESSMENT

The following two sections deal with the overall process of supervision itself. We have divided this process into two parts: assessment and intervention. In so doing, we realize that the distinction between assessment and intervention is not so clear-cut and separate as the model might imply. In practice, a supervisor goes through quite an interactive process of assessment and intervention. This model respects the fact that supervision is a flowing, naturally occurring process without such overly abrupt dividing points. However, the formalization and explicitness which is offered in this model is done for several purposes: (1) it provides instructive value for training the beginning supervisor who may feel a need to get some concrete handles on this natural process; (2) it can contribute to professional interaction of experienced supervisors by offering a common ground of terms and labels which could enrich the language and basic communications by which professionals interact with one another; and (3) by clearly differentiating the various processes of supervision, experienced supervisors may gain greater awareness of their own supervisory process and intervention style which might previously have occurred on a more subconscious level. This greater insight and clarity can add to the supervisor's general level of functioning. This section describes the assessment phase of supervision, and Section Four follows with a description of the intervention phase.

The Four Elements of the Supervisory Context

Each component of the supervisory context must be assessed by the supervisor in order to get a complete, unified view of the activity ahead.

Thus the first step in approaching supervision is to identify the elements of which it is composed. The following diagram illustrates the total supervisory context and is based partially upon the work of Ekstein and Wallerstein (1972).
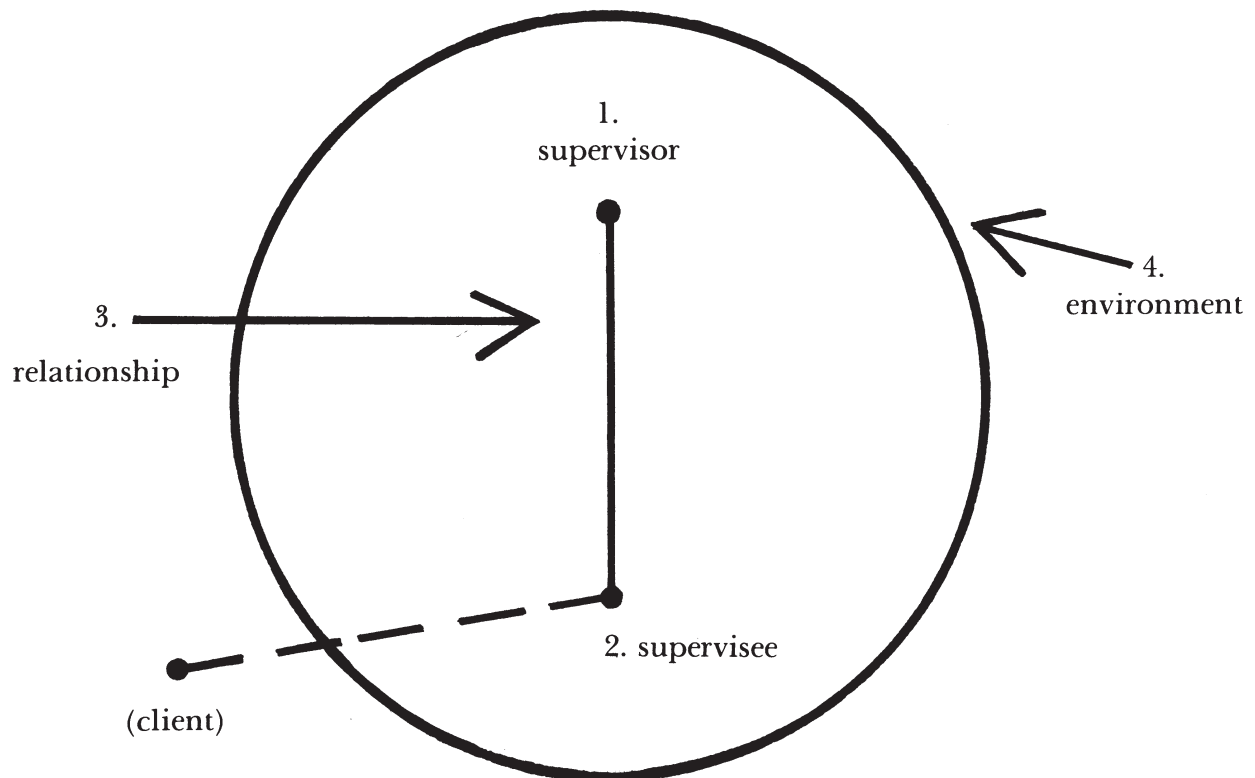
As the diagram indicates, there are four essential elements. The first two represent the individuals involved-- the supervisee, around whom all activity revolves, and the supervisor. The third element is a process, and consists of the actual relationship between the supervisor and the supervisee. Because of the definition of supervision in the first section which emphasizes the interpersonal nature of supervision, this process variable is listed as a separate and very important element within the supervisory context. As noted in the diagram, there exists another relevant relationship, the relationship between the supervisee and the client. This relationship will not be considered as an immediate factor in the supervisory context, but it is important because of its parallels with the supervisory relationship. The parallel process that often exists between these two relationships will be discussed in a later section. The fourth element serves as the background for all of the previous elements and is the total environmental context. This often ignored element is included because, as Ekstein and Wallerstein (1972) point out, supervision does not occur in a vacuum and the context within which the supervision occurs must be considered. A supervisor approaching the task of supervision must have an awareness of the impact that each of these elements will exert upon the process with which he or she is engaged.

Assessment: Supervisee Variables

The major portion of this monograph is devoted to the assessment of the supervisee, but the assessment process surrounding each of these elements will be described in the following section.

Supervisee Development: Overview

The present model of supervision hypothesizes three stages of supervisee development. The identification of these stages is based upon the theoretical assumptions which were outlined in the previous section. It is also based upon the work of authors who have written in the general area of developmental stages (i.e., Loevinger, 1970; Perry, 1970; Kohlberg, 1969; Harvey, Hunt, & Schroeder, 1961) and upon the work of others who have written about developmental stage theory as applied more specifically to supervision (Hogan, 1964; Littrell, Lee-Borden, & Lorenz, 1979). These stages form the basis of the developmental model. However, experience would suggest that a trainee's development as a counselor/therapist is more intricate and complex than a simple three-stage model would suggest. Supervisees have differential areas of strength and weakness rather than a constant level of performance across all issues in supervision. The model takes this differential functioning into consideration. Eight key issues in supervision have been identified and the supervisee is hypothesized to be in one stage of functioning for each of the eight issues at a given time. That is, a supervisee can be in Stage One with regard to a few of the issues, in Stage Two with regard to certain other issues, and in Stage Three with regard to the remaining issues. The model thus adheres to a basic three-stage model while at the same time respecting the complexity and unique growth patterns of the individual supervisee.

A summary of the stages and the issues are listed below and will be defined and described in this section.

Stage One: Stagnation

Stage Two: Confusion

Stage Three: Integration

Supervisory Issues:

1. *Issues of Competence*

2. *Issues of Emotional Awareness*

3. *Issues of Autonomy*

4. *Issues of Theoretical Identity*

5. *Issues of Respect for Individual Differences*

6. *Issues of Purpose and Direction*

7. *Issues of Personal Motivation*

8. *Issues of Professional Ethics*

Supervisee Development: Stages

The model flows from the assumption that counselor development is continuous and ongoing throughout one's professional life span. Therefore, an important characteristic of this stage model is that a counselor may cycle and recycle through these various stages at increasingly deeper levels. This recycling can be understood in terms of the metaphor first offered by Shutz (1966) of changing a tire. One tightens the bolts, one after another, just enough so that the wheel is in place; then the process is repeated. Each bolt is tightened in turn until the wheel is entirely secure. In a similar way, stages of the process can be gone through again and again with each issue receiving greater thoroughness. It is the supervisor's task during the assessment phase of supervision to determine which stage of development the supervisee is in with regard to each of the important issues. Each of the three basic stages have slightly unique characteristics when they are applied to different issues, but the following section will describe the general common characteristics of each stage. Each stage will first of all be defined and general qualities described. Attitudes and perspectives toward the world, the self, and the supervisor will be addressed in each case, and finally, the value of the stage and the implications for practice will be discussed.

1. Stage One: Stagnation

Descriptive characteristics. This stage has two major characteristics, stagnation and unawareness. For the beginning supervisee the stage is characterized by a naive unawareness of any difficulty or deficiency in a specific area or in regard to any of the important issues in supervision. He or she is unlikely to realize that the issue even exists as an issue. For the more experienced supervisee, the stage is characterized, not so much as naive unawareness, but as "stuckness" or stagnation. The supervisee may be experiencing a blind spot with regard to his or her functioning surrounding one of the supervisory issues. Along with this unawareness or stagnation comes a naive

sense of security and a deceptive stability. The stage is also characterized by simplistic black and white thinking. The supervisee may be particularly uninsightful regarding the impact of his or her actions upon the client or the supervisor. The supervisee may have a vague awareness that something is generally wrong because things aren't going as smoothly as possible. There is a pattern of mental or emotional blocking and avoidance which prevents the further development of the supervisee.

To a supervisee in this stage the activity of counseling may lack intensity or interest. Kurt Lewin (1948) has described change using the analogy of the "freezing" and "refreezing" of existing patterns. In terms of this schema, the supervisee in stage one is "frozen" in old patterns of thought and behavior.

Attitudes toward the world. This stage is characterized by some very narrow and rigid thought patterns. With the beginning supervisee this may be rather pervasive throughout the person's functioning. With the more experienced supervisee the narrow and rigid thinking may be compartmentalized into a specific area or with regard to a specific issue. In either case, there is a limited constricted view of the world and a tendency toward black and white thinking. The supervisee tends to think in terms of a problem-solution format which is linear in nature, and allows no room for creative solutions. There is only one narrow way to define the problem and only one possible format for the solution. The difficulty in this perspective lies in the fact that the supervisee often has developed a definition for the problem whereby the sought-after solution is so narrowly defined that it is impossible to come by. The perspective of the supervisee in this stage in terms of theory in conceptual development (Harvey, Hunt, & Schroeder, 1961) might typically be categorized as lower conceptual level.

Attitudes toward the self. The supervisee's attitude toward him or herself within this stage may take on one of two characteristics. First the supervisee may have a rather low self-concept. There is often a very strong dependency on the supervisor in this stage which reflects the supervisee's attitude that any new learning must come from an outside source rather than from within him or herself. Thus the supervisee devalues his or her own innate capacities and must rely unduly upon the supervisor. Secondly, supervisees may think that they are functioning perfectly well due to the lack of awareness which is so characteristic of this stage. This feeling of well-being may therefore be vaguely positive, but not solidly based. The supervisee may characterize his or her own actions as mechanical in nature.

Attitude toward the supervisor. The supervisee's attitude toward the supervisor may take on two tones in this stage. He or she may exhibit extreme dependence on the supervisor for guidance and direction. In this case the supervisor is idealized and viewed as a wise, all-knowing, omnipotent figure. A second possible pattern for the supervisee is that, although the supervisor may be viewed as omnipotent in general, he or she may also be viewed as unnecessary, or as somewhat irrelevant with regard to the issue with which the student is dealing. The tone of this disregard in Stage One is more of unawareness or neutrality rather than the defensiveness or hostility which is more characteristic of Stage Two.

Value of the stage. This stage is one in which the supervisee may remain for a long period of time. Though in some ways it seems negative, it is important to realize its contribution to the growth process. It can be conceived of as a period of latency or rest. The supervisee is not experiencing any emotional drain or conflict, and is therefore contributing in some ways to a regeneration process. The supervisee is not working through these issues and can direct emotional energy elsewhere. The relative stability of Stage One along some issues can provide security when the supervisee is engaged in Stage Two turbulence with regard to a number of other issues.

Another important implication is that Stage One emphasizes the unawareness of the supervisee along some issues. This has some very direct implications for the beginning of the supervisory process. Many supervisors engage in a joint goal setting process with the supervisee at the beginning of the supervision, and advocate that the supervisee have a strong degree of input in the setting of goals. This is a very worthwhile practice. However, it can be dangerous if the supervisee is given total control in this situation. The discussion of Stage One would caution the supervisor to evaluate carefully the extent to which the supervisee can grasp and understand all areas in which development is needed.

2. Stage Two: Confusion

Description characteristics. A marked shift occurs between the first and second stage of development. This shift may present itself gradually or may occur abruptly and suddenly. It may appear spontaneously through natural interaction with a client, or it may occur as a result of a deliberate intervention on the part of the supervisor. Whatever marks the transition from Stage One to Stage Two, the key characteristics of this stage are instability, disorganization, erratic fluctuations, disruption, confusion, and conflict. The supervisee also experiences a desperate seeking of equilibrium, ambivalence, and random movement. This stage, in terms of the Lewinian conceptualization of change, is the "unfreezing" of supervisee attitudes, emotions, or behaviors. It involves a process by which the supervisee becomes liberated from a rigid belief system and from traditional ways of viewing the self and behaving toward others.

Attitude toward the world. The supervisee has previously, in Stage One, viewed the world from a simple, black and white, problem-solution type of orientation. This view of the world continues for the supervisee within Stage Two but no longer seems adequate under the present circumstances. The supervisee may be troubled because for the first time he or she realizes that something is amiss and that the solution package is nowhere on the immediate horizon. In contrast to the naive unawareness or the more stagnated unawareness which is characteristic of Stage One, the supervisee knows quite vividly that something is wrong.

Attitude toward the self. The supervisee's attitude toward him or herself reflects the general confusion, ambivalence, and erratic fluctuation which is so generally characteristic of this stage. The supervisee in this stage is likely to fluctuate between feelings of failure and incompetence to feelings of great expertise and ability. The supervisee may know that he or she possesses certain

valuable skills or competencies but remains very confused and unsure of how these are perceived by the outside world or how useful they will be within the therapeutic context.

Attitude toward the supervisor. Since the supervisee is still operating from a black and white conception of the world--a problem-solution orientation--he or she may continue to look to the supervisor for the answer and is very heavily dependent. However, within Stage Two it becomes apparent to the supervisee that the golden answer is not going to come from the supervisor after all, so disappointment and anger can quickly replace the positively toned dependency. The supervisor is thought to be alternately the magical, all-knowing figure of Stage One who is simply withholding his or her knowledge, or is thought to be an incompetent or inadequate figure who has failed to come through when he or she was so badly needed. It is important to note that this can be a very frightening stage for the supervisor as well as the supervisee. It is crucial, therefore, that the supervisor anticipate and understand the developmental nature of this stage rather than taking personally the attitudes which the supervisee may have at some points.

Value of the stage. For all the disorganization which is apparent, this stage has very positive aspects. Old ways of behaving and thinking have been shaken and shattered leaving open the opportunity to be replaced by a new and fresh perspective. The tendency of an inexperienced supervisor in response to the turbulence of this stage is often to join in on the surface panic and flurry of nonproductive behaviors which occur as a reaction to the entrance into this stage. Therefore, it is particularly important for the supervisor to be aware of this stage, to respect its value, and to view it as a sign of growth rather than as a sign of impending failure. It is a very optimistic growth-producing stage since the old but very strong existing patterns of behavior have been shattered and are now out of the way, leaving room for new learning to occur.

3. Stage Three: Integration

Descriptive characteristics. The transition from Stage Two to Stage Three is often a very welcome one on the parts of both the supervisor and the supervisee. This transition can occur gradually or abruptly and may be prompted by either natural events or direct supervisory intervention. This stage may be described as the calm after the storm. Stage Three is characterized by reorganization, integration, a new cognitive understanding, flexibility, personal security based on awareness of insecurity and an ongoing continual monitoring of the important issues of supervision. In terms of the Lewinian schema, it is related to the period of "refreezing" which follows the period of "unfreezing," in which a new integrated set of learning takes on a new, unique form. Stage Three represents the opportunity to assimilate the intense emotional factors which were churned up during Stage Two, and integrate them with a cognitive conceptual understanding which comes about during the transition.

Attitudes toward the world. In this stage, characteristically, a new world view becomes apparent. Supervisees begin to realize that the problems and conflicts which have become so vivid as a result of Stage Two will not necessarily be eradicated in exactly the manner that they

had hoped but these problems and conflicts could be coped with nonetheless from perhaps a new and more creative angle. There is a more cognitive understanding of the world which is contrasted to the raw affective view which is more characteristic of Stage Two. Yet this cognitive understanding is solidly based because it takes into account the emotional awareness which became apparent in Stage Two. The supervisee for the first time is able to look ahead. There is a sense of direction and future. The world is no longer perceived as ready to end or as completely unpredictable and unknown. There is an acceptance of the bad as well as the good parts.

Attitudes toward the self. The supervisee has a solid, realistic view of him or herself and of the competencies which he or she possesses. There is a basic acceptance and awareness of both the stronger and weaker aspects of functioning. The supervisee is neither frightened by, nor feels guilty for, the weaker undeveloped areas. There is a sense of confidence that these areas can and will develop more fully. The supervisee knows him or herself and has developed a process which insures ongoing feedback from the environment and ongoing introspection and growth as a result of that feedback.

Attitude toward the supervisor. A clear, reasonable view of the supervisor becomes apparent during this stage. The supervisor is seen as neither a magical omnipotent figure with all the answers, nor as irrelevant and incompetent. He or she is seen more realistically as a whole person with stronger and weaker areas. The supervisee is able to take active responsibility for the content and process of the supervisory sessions, and has learned how to make the best use of the supervisor's time, competence, experience, and skill. Expectations for supervision are more in line with what is possible to obtain.

Value of the stage. This stage is stable, but the stability is much less rigid than the stability of Stage One and it is a stability within which there is much flexibility and allowance for continued growth. This stage can be an ongoing stage for a counselor therapist who has reached a level of personal and professional maturity. It involves a continuous stage of growth. It is an ongoing process in which values are never fixed or rigid, but experiences are being accurately symbolized and continually and freshly valued in terms of the satisfactions.

Supervisee Development: Issues

As a supervisor gains experience in dealing with specific circumstances that arise in supervision, he or she may begin to notice the recurrence of a particular issue again and again in different supervisees. There seem to be a number of common basic issues which each student inevitably encounters during the course of development as a counselor. This is analagous to the historical pattern of classic literature; though the characters and settings may change, certain story lines tend to be counted again and again through the ages. Within supervision certain themes are encountered again and again. This model offers the suggestion that it is advantageous for a supervisor to develop a sense of those issues which he or she repeatedly encounters within the supervisory context. Such a collection of issues is beneficial in several ways. First, with an articulated sense of issues, the supervisor can more quickly identify the core theme in a given conflicted or

confused situation, without being distracted by the mechanical details of the situation. Secondly, identification of these issues could help the supervisor anticipate or even encourage the emergence of certain themes which need to be addressed from a developmental perspective. And finally, such a list could help the supervisor to focus and reflect upon his or her own functioning, in that he or she could conceptually tie together a number of otherwise unrelated incidents and reach some generalizations regarding how they might be dealt with.

Each supervisor will need to reflect upon the types of issues he/she repeatedly encounters in the course of supervision and to develop a personal list of issues which fits best for them. However, beginning supervisors do not have an experience base upon which they might determine these common issues. Through this model, we would like to suggest a common base for that list. Since supervision is essentially a developmental process, it follows that developmental theory could offer an appropriate foundation for our needs. Arthur Chickering (1969) has identified seven vectors of development for the young adult which are useful in understanding the general development of this age group. This model is based upon the assumption that these developmental issues in some ways have a very immediate parallel to the development of an individual becoming a new professional, and that therefore these principles have application to the development of the counselor in supervision.

The following material offers an adaptation of Chickering's seven developmental themes, and suggests ways in which they may apply specifically to the supervisory context in each stage.

1. *Issues of Competence*

Issues of competence, as they are referred to in this document, indicate the ability to use skills and techniques in order to carry through the treatment plan. It is the ability to take the action necessary. Examples of competence issues are as follows: (a) the supervisee's ability to conduct a program of desensitization for test anxiety for an anxious student; (b) the ability to execute a paradoxical intervention for an overweight client; (c) the ability to assign a communication exercise as a homework assignment to a couple; or (d) the ability to give an empathic response to a client who has just experienced the loss of a friend. For purposes of clarity and differentiation, we will consider separately issues of competence from issues of purpose and direction. Those are issues involved in the formulation of a goal oriented treatment plan. Thus competence refers not to the *thinking* portion, but to the *doing* portion of counseling. Many trainees enter graduate programs with excellent cognitive abilities and an advanced level of general intelligence. Typically, this is the portion of their functioning that is emphasized within their academic coursework. But with the actual practice of counseling this intellectual ability by itself is not enough. The student must have the basic tools or competence to execute those actions which the intellect has deemed appropriate. The issues reflected in this dimension refer to the counselor's ability to translate his or her intellectual knowledge into effective actions which will promote growth in the client.

It is appropriate that this particular theme be listed first

in that it often commands the immediate awareness of both the supervisor and the supervisee. It is one set of issues that is somewhat more salient to both parties involved and is not likely to lie secluded in a "blind spot." It represents the "meat" or many of the concrete aspects of counseling. A counselor must have a basic repertoire of tools to employ. These skills can be mastered through a number of skill training models listed in the previous section. However, in the discussion of this theme, though it is easy to focus primary attention on the more concrete specific skills, it is important not to simplify this theme to an extreme. Chickering's original discussion of this developmental variable for the young adult stresses the more complex interactive aspects of competence which integrates core skills with other areas of the student's development. Other authors have also described competence in terms of more complex integration of knowledge, attitudes, and skill (Delworth & Yarris, 1978).

The basic theme of competence is one that is returned to in a recycling process again and again as the counselor develops throughout the professional life span. If the counselor persistently pursues development along this theme, a wider range of skills becomes available and more choices arise, thus increasing the level of competence and the ability to carry through the conceptual plan. Issues of competence thus become important underlying ones for all others. Basic as it is, it is a theme that can encompass a wide variety of theoretical approaches and is not limited to only one theoretical view of the world.

Stage One. There are two different patterns for supervisees in Stage One for this issue. A beginning supervisee who is in this stage in terms of competence simply has a limited number of skills to employ in the execution of a treatment plan. A more experienced supervisee, on the other hand, may have several skills which are adequate in a number of situations but is stagnated in his or her expansion of their use. Characteristically, the style of execution may be rigid and inflexible. The supervisee may apply these skills uniformly in differing situations where more adaptation to the uniqueness of the client or the uniqueness of the situation would further improve the intervention.

Stage Two. A student makes the transition into Stage Two when the supervisee encounters more and more difficult clients who are experiencing a great deal of emotional pain and are slow in showing therapeutic progress. The supervisee may acutely feel the frustration of not being able to help these clients. Supervisees then realize that the skills they have are inadequate to deal with every situation which arises. A characteristic Stage Two reaction may be to seek additional skills desperately from the supervisor or through the mechanism of attending various skill training workshops or seminars. Another reactive response is exemplified by the supervisee who begins executing new and unfamiliar techniques without really understanding their value or without a sense of internal ownership.

Stage Three. Supervisees move into Stage Three when they feel they have acquired an integrated understanding of a number of skills and techniques adequate to cope with most clients' problems. In addition, the supervisee feels a sense of ownership with the new skills and can adapt their usage in response to a number of varying situations. At this level the supervisee maintains a con-

tinuous process of obtaining new skills and competencies as well as adapting and experimenting with the old competencies to fit new situations.

2. *Issues of Emotional Awareness*

This extremely important theme refers to the supervisee's ability to be aware of and effectively use his or her own feelings within the therapeutic and supervisory dyad. A supervisee will naturally have a personal reaction to a client. When these feelings are positive in nature, such as those of warmth, affection, caring, or helpfulness, the supervisee will generally have little trouble recognizing, accepting, and using them therapeutically in the counseling situation.

Unfortunately, not all clients consistently engender positive feelings in individuals with whom they come into contact. Many clients have come to counseling because they exhibit some maladaptive interpersonal characteristics in their interactions with others. Consequently, they find that people are reacting negatively to them. It is not only to be expected that these negative reactions will be experienced by the therapist; it is to be desired because it provides salient material for the therapist in helping clients understand and change their own maladaptive patterns.

Thus, one of the richest sources of diagnostic information is one's own personal reactions or feelings toward the client. These feelings can be used for data in the formulation of diagnostic impressions and in choosing intervention strategies. In order to do this one must have a finely-tuned differentiation of feelings as well as an acceptance of them. This involves the awareness that feelings can be trusted to provide useful information about the client's personality and interpersonal impact upon others.

Stage One. Supervisees in Stage One with regard to issues of emotional awareness will typically be unaware of feelings that they are having towards the client or towards themselves. The Stage One supervisee may reject or deny these emotional feelings for any number of reasons. Frequently, we find beginning counselors who accede to the prevailing stereotype of counselors as "nice" and "warm," and who are unable to acknowledge or accept a full range of feelings within themselves because it seems incongruous with the counselor role as they know it.

There are three types of emotional states which are acutely and particularly vulnerable to denial by the supervisee: (1) feelings of frustration and anger; (2) feelings of inadequacy and powerlessness; and (3) feelings of intimacy, closeness, or sexual attraction towards the client.

The first category of emotions, frustration and anger, is often generated by clients who feel a need to protect themselves by keeping others at a distance. By exhibiting some socially offensive behavior, they are able to make the other person angry or frustrated, thus effectively avoiding the intimacy. Another example of clients who may provoke anger in the therapist are individuals who manifest symptoms of paranoia or extreme sensitivity, and who react quite critically to others in interpersonal situations. As these behaviors are manifested, feelings of frustration, anger, distance, dislike, or even more extreme feelings of disgust may be perfectly natural reactions to the stimulus. When these reactions can be brought within

the realm of the counselor's awareness, they provide invaluable information regarding the client's interpersonal style.

Feelings of inadequacy and powerlessness comprise the second category of often-denied feelings. For example, certain manipulative clients may exhibit an arrogant, pompous, interpersonal stance which is designed as a defense against a badly damaged self-concept. Such a stance often induces feelings of powerlessness in the therapist. If the counselor continues to focus upon only his or her warmer feelings, remaining unaware of those inner feelings of inadequacy, the result may be a misconceptualization and inappropriate treatment plan.

The third area of feelings which may be denied are those of intimacy, closeness, and sexual attraction towards the client. A supervisee's fear of being engulfed or trapped by these feelings, or a fear of responding inappropriately, may prevent the awareness of these feelings.

Stage Two. A supervisee makes the transition from Stage One to Stage Two when these feelings are either gradually or suddenly raised into consciousness. This can happen as a result of natural occurrences within the supervisory process, or as a result of specific supervisory intervention as described in the preceding section. Stage Two is fraught with confusion. Supervisees are startled and alarmed by the appearance of these previously unaccepted and unacceptable feelings. Often they are afraid they will lose control of their emotions and be destructive and damaging to the client. Supervisees become terrified that they will be overwhelmed by these feelings, that they will become dysfunctional and useless as a result of the feelings of inadequacy, or that they will furiously ventilate their feelings of anger. This results in supervisees reactively attempting to rid themselves of the feelings entirely; or when this fails, trying to avoid further interactions with particular clients altogether. There may be attempts to terminate the relationship or to refer the client to another counselor.

Stage Three. Stage Three comes as a welcome relief to both the supervisor and the supervisee. A key conceptual understanding comes about in which denial and confusion is replaced by a welcoming acceptance and mature control of the emotion. The supervisee very importantly comes to realize that *feeling* a certain way is distinctly different from *behaving* in a certain way, and that he or she can experience a feeling, yet still maintain control over its expression. The supervisee comes to value the full awareness of feelings because of the information it provides. Counselors in Stage Three are able to maintain a continuous process of being sensitive to feedback in the form of their own reactions, and then using themselves and their emotions productively in the therapeutic dyad.

3. *Issues of Autonomy*

A true sense of one's own choices and decisions in a situation is important to the identity of the beginning counselor. Issues of autonomy are some of the most common ones that arise in a supervisory situation. The supervisee enters the supervisory relationship with a long history of being under the influence of classroom teachers, college instructors, parents, and other authority figures. To the supervisee, the supervisor may seem to be a very influential and powerful figure whose goal might possibly

be to gain control of his or her actions. The supervisee may feel that the supervisor is an intrusion or a threat to his or her autonomy. He or she may have the impression that the supervisor wants to control him or her and may have a need to do much testing in order to truly experience autonomy.

These issues often get played out within the relationship between the supervisor and the supervisee. Such issues arise from the idea that often supervisees have a sense that they are not acting autonomously and are a mere reflection of all the books they have read, all the lectures they have heard, or all the theories that they have studied. The supervisee consequently may have the sense that the supervisor is actually the agent who is counseling the client and that the supervisee is merely the middle-person in the arrangement. At the other end of the spectrum, in an effort to avoid the painfulness of responsibility, or in light of a shaky self-concept and belief in their own actions, supervisees may actually prefer to conceive of the supervisor as the responsible agent.

Stage One. There are two types of patterns that are typically found among students who are in Stage One with regard to issues of autonomy. The first set of patterns are those in which the supervisee is experiencing Stage One stagnation at the more dependent end of the spectrum. This is exemplified by the beginning supervisee who is dependent and unduly reliant upon the supervisor for direction and guidance. He or she views the supervisor as an omnipotent figure who has all the right answers at his or her disposal. The more experienced supervisee who is recycling through this issue may have a more differential pattern. He or she may be appropriately autonomous in certain areas but exceedingly dependent in other specified areas. These areas of dependency may be in working with particular types of clients, such as those with a greater degree of pathology, or in working with clients who are experiencing problems in specific content areas such as sexual dysfunction, grief or loss, or relationship problems. The supervisee in this stage typically wants a prescriptive intervention from the supervisor and wants a direct "how-to" intervention. He or she may continually ask for advice or the "right way" to handle a client.

On the other hand, some supervisees may be experiencing Stage One stagnation, stressing the more counter-dependent end of the spectrum. The beginning supervisee may be overwhelmed and threatened by the seeming omnipotence of the supervisor and therefore countering or avoiding the influence of the supervisor. The more experienced supervisee who is recycling through this stage may have overgeneralized the extent of his or her competence and be exhibiting signs of counter-dependency and autonomy in inappropriate areas.

Stage Two. Stage Two with regard to issues of autonomy may be one of the most turbulent for the supervisor and the supervisee. With the transition to Stage Two, the supervisee may begin a wildly fluctuating alternation of dependency and counterdependency actions which are played out within the supervisory relationship. The supervisee becomes confused about what he or she can or can not do. To add to the confusion, this theme may very well mask itself as other content issues. Issues of autonomy may arise and may not immediately be apparent as such. Often there is a very intense content issue which serves as a battleground for the autonomy issue and the supervisor

may fall into the trap of taking the content issue at face value rather than identifying the core underlying autonomy conflict. An example of this is that a supervisee may openly counter a supervisor's suggestions or point of view by offering rationalizations or alternative theoretical viewpoints. If overt rebellion is too frightening, the counter-dependence and rebellion may be manifested in more passive ways, such as in the case of the supervisee who has continual problems with the tape recorder breaking down, making it impossible to present the supervisor with audio-taped recordings of the counseling sessions.

Other, more humorous, situations may arise as in the case of the supervisee who rejects a supervisor's suggestion one week, only to show up the next week articulating the very same idea, but owning it as a fresh new insight of his or her own. At any rate, the supervisee may struggle with the painful issues of autonomy at varying levels of conscious and unconscious awareness.

Stage Three. The supervisee may enter Stage Three with a new cognitive understanding of his or her own actions and conflicting feelings. In addition, the supervisee has gained a more differential understanding of the areas in which he or she might need to be more dependent, and the areas in which he or she might appropriately act as an autonomous agent. The supervisee feels a solid nonthreatened belief in his or her own autonomy, yet is equally nonthreatened by his or her own occasional yet appropriate dependency. In addition, the supervisor is viewed more realistically as a consultative figure whose function is to help the supervisee grow and gain independence, rather than a person who may try to inhibit that autonomy.

4. *Issues of Identity*

A well-integrated theoretical identity is necessary for the supervisee in order to be a fully-functioning professional. This theme is viewed in a somewhat narrow sense which focuses primarily upon identity as a counselor or therapist with heavy emphasis upon the sense of theoretical identity. Identity as Chickering refers to it is a very complex concept and involves many more aspects than simply the conceptualization of theoretical aspects. However, within the context of supervision issues of theoretical identity are generally the most salient to the developing professional or to the practicum student who is at the same time taking a theory course or attending a practicum seminar. The typical trainee is beset during the course of graduate work by so many different theories that he or she is left with a very important developmental task of integrating all of these varied inputs into a unified theoretical base. It is not difficult to understand how trainees often indicate lack of identity in this area by jumping from theory to theory without indicating a basic theoretical stance in approaching clients. The mature counselor must somehow, from the myriad of theories, develop a synthesized theoretical identity which will serve him or her practically with a counseling caseload. This theme refers to a sense of wholeness or oneness that can indeed be eclectic in nature, but must have the sense of core unity.

Stage One. The beginning supervisee in Stage One is unaware of the need for an integrated sense of theoretical identity. He or she may view theory in a way analagous to

trying on a new shirt. It can be tried on for the occasion, then exchanged for another one. There is no awareness of a need for integration. The supervisee in Stage One, with regard to this issue, not only lacks a sense of integrated theoretical identity, but does not fully comprehend the need for one. The theoretical identity may be undeveloped, it may be scattered and fragmented, or it may be a naive intellectual adherence to a specific theoretical orientation. The supervisee in Stage One experiences a lack of consistency and wholeness in his or her counseling. There is difficulty in expressing and articulating to colleagues exactly what is being done with a client. As this becomes increasingly more apparent to the beginning student, he or she makes the transition from Stage One to Stage Two.

A different pattern is noted with the more experienced supervisee who has recycled back into Stage One with regard to this issue. This supervisee may have a categorical theoretical identity which works in certain more defined but limited situations. There may be certain situations which lie outside of this identity. The theoretical identity is not sufficiently flexible to encompass all situations or clients that the supervisee may encounter. When this becomes apparent, the transition from Stage One to Stage Two occurs.

Stage Two. The difference between Stage One and Stage Two may be intensity or directness. The supervisee becomes confused and feels the need for the first time for a consistent theoretical identity. This need may drive him or her to desperately make some theories "fit." It may be reflected in the fact that supervisees try a lot of theories on in Stage One. However, in Stage One there was not the awareness of seeking to "own" a theory as one's personal belief. The shifting from theory to theory without ownership seems like a normal process. The process of "trying out" new theoretical approaches without an underlying sense of integration and ownership is an entirely normal process in the beginning and is an important aspect of the learning process. A student must assume roles or theories, segments of the total, in order to judge how the pieces fit. Just as a child will imitate his or her father, a supervisee will find him or herself imitating his or her supervisor or implementing a theory without real ownership. Through the natural process, the supervisee integrates, assimilates, and comes to own his or her own unique theoretical identity. A supervisee struggling in Stage Two with this theme may attend workshops desperately or attach to every pop psychology fad that comes up on the market. Stage Two in this issue can be experienced by the supervisee with emotional intensity or with a more calm, interested approach.

Stage Three. As time passes and the counselor gains more experience, a common thread of identity should begin to emerge. This common thread becomes stronger and each new technique grows out of this stronger identity. The theoretical identity may adhere quite succinctly to one particular theory or may be very eclectic in nature. However, in Stage Three the supervisee has a common thread of understanding which runs consistently from client to client and from counseling session to counseling session. The supervisee's growth into a theoretical identity will take into consideration cognitive and intellectual styles and beliefs of the supervisee and will also be consistent with the emotional make-up of the person.

As Chickering indicates, identity is a "mid" variable which evolves from some level of accomplishment in the first three thematic areas and facilitates development on the remaining themes. One cannot have a core sense of identity as a counselor without a degree of competence, emotional awareness, and autonomy. And one cannot continue with growth on the remaining themes without developing some consistency in this one.

5. *Issues of Respect for Individual Differences*

This theme involves the ability to view the client as a person, and to appreciate differences in backgrounds, values, and physical appearance. Since it is related to the ability of the counselor to show empathy and caring, it therefore incorporates both Carl Rogers' concept of unconditional positive regard and Chickering's vector of freeing interpersonal relationships. The application of this theme constitutes much more than a simplistic adherence to the creed of love and kindness. It consists of a deep and basic respect for the essential core of the other person. This may require a directed and dedicated effort to understand another person's perspectives, rather than simple passive acceptance.

Issues of respect for individual difference may be contrasted to the sixth theme of issues of purpose which stresses the idea that certain changes might occur and that certain goals might be reached in treatment. On one hand, the process of counseling implies the taking of a firm stand in opposition to certain maladaptive aspects of a client's functioning. This involves the necessity to make choices and view negatively certain responses or behaviors on the part of the client. While this is true, the present set of issues stresses the fact that certain aspects of the client's functioning need to be respected regardless of the circumstance. To separate out those basic human qualities that are to be unconditionally accepted from those behaviors of the client which are ultimately damaging is often a difficult task for the beginning supervisee.

Stage One. A supervisee who is experiencing problems surrounding this set of issues is illustrated when the counselor becomes negative or critical of the client. This is the most obvious manifestation of this theme. However, the more common way in which issues such as this arise are not so blatant. Racism and sexism are likely to be much more subtle. The supervisee may be entirely unaware that he or she is acting in a fashion which indicates disrespect for some underlying values of the client.

Stage Two. In Stage Two, the supervisee may genuinely not want to disrespect another individual intentionally, but through natural circumstance or direct supervisory intervention may come to realize his or her behaviors are not reflecting that intention. Several patterns may be exhibited by supervisees in Stage Two. First, the supervisee may vehemently deny any prejudice or non-tolerance toward other individuals. Second, if the supervisee realizes that the nontolerance or prejudice has occurred, he or she may feel extremely guilty and may inhibit *all* behavior. Thus, the supervisee loses an inherent trust in him or herself to prevent the occurrence of such prejudice in other situations. Third, the supervisee may fluctuate back and forth between these two possibilities.

Stage Three. There are three characteristics of an individual who has moved into Stage Three with regard to

these issues: First, he or she is aware of his/her limitations. The reality is that we must operate in a society in which bias and prejudice are ingrained to some extent. Of course, the ultimate goal of the individual is to be bias-free; however, the mature individual knows that this is an ideal which is rarely, if ever, completely achieved. While striving to attain that goal, he or she must always be aware of the limitations and areas in which the understanding of another group of individuals is incomplete. Second, the supervisee in Stage Three, with regard to this issue, seeks to educate him or herself in order to become familiar with differing cultural and ethnic patterns as well as different value systems. This again may require a very directed and conscious process of self-education. Third, the supervisee in Stage Three has developed a carefully honed process of constantly guarding against and checking out the possibility of inadvertent bias against other individuals. This involves a sensitivity and desire for feedback from clients, supervisors, and other sources.

Because of the fact that Stage One and Stage Two behavior along this theme can be quite damaging to a client, it is recommended that a supervisor award top priority to the supervisee's development in this area.

6. Issues of Purpose and Direction

This theme represents the goal setting function of counseling. Operationally, this involves the establishment of a treatment plan. The counselor must set concrete directions and maintain a cognitive map of what can be accomplished with a particular client. This set of issues is related to several of the other sets of issues. The first set of issues (issues of competence) represented the *action* component and described ways in which treatment goals can be implemented, while issues of purpose and direction represent the *thinking* component of the counseling process. Two types of goals may be pursued. The goals may be in terms of concrete operational end points, or they may be phrased more in terms of goals which emphasize a process in which the client can engage. This theme does not contradict the previous set of issues, but emphasizes the other side of the coin; that aspect of functioning in which the counselor more firmly takes responsibility for the changes which must occur in the attitude or behavior of the client.

Stage One. A supervisee in Stage One with regard to this issue will most typically exhibit a counseling style which suggests no direction or goals. The supervisee may simply be following the client's lead and entering into a circular rumination about the problem. Or the counselor may be letting the client ramble without facilitating movement toward more depth of feeling. In Stage One, the supervisee remains unaware of the need for direction. Another possible pattern within Stage One is exemplified by the supervisee who develops a similar treatment plan for all clients regardless of their concern.

Stage Two. In Stage Two the supervisee gains the awareness that progress is not being made or that the client is getting worse rather than better. The supervisee's confusion may be compounded by the fact that he or she does not have a clear or accurate picture of what kinds of goals are practically possible for that client. The supervisee may reactively scramble to lead the client toward a dozen different goals at one time, or may develop a treatment plan and set of outcome goals that are far too grandiose and beyond the capacity of the client to obtain. The goals may seem reasonable in and of themselves; however, they may not fit the condition of the client. The supervisee constantly grapples with issues surrounding the appropriateness of goals. In addition, the supervisee is unable to differentiate between pathological processes in which the client is beyond change and processes within the client which remain more amenable to therapeutic intervention.

Stage Three. As a result of the oscillations in Stage Two, the supervisee gradually learns more and more about the human capacity to change and the appropriateness of goals. The counselor also feels comfortable in accepting the fact that some maladaptive processes in the client are not immediately changeable. The counselor has an ability to let go of this possibility and to accept what is unchangeable, and respectfully convey this to the client.

There are two additional issues which supervisees typically encounter at various and recurring points throughout their training. These common issues stem from Chickering's seventh vector, that which deals with developing integrity. In this monograph, Chickering's global concept will be split into two components, and discussed in the much more specific context of supervision. These components will deal with issues of personal motivation and issues of professional ethics.

7. Issues of Personal Motivation

Not only do individuals vary widely in their reasons for entering and remaining in the counseling and psychotherapy profession, but these reasons may be conflicting and changing even within the individual counselor. Beginning counselors must examine and begin to develop a full working understanding of their own personal motivations within the profession. Additionally, each supervisee must come to grips with the complex and evolving nature of these personal motivations.

Possible motivations for individuals entering the profession range from those labeled healthy, constructive, unselfish, and therapeutic, to those at the other end of the spectrum which are unhealthy, destructive, selfish, and neurotic. Six general areas of motivating factors, each of which have both positive and negative aspects, will be discussed.

Intimacy. The first type of motivation has to do with intimacy. On one hand, there is a feeling of closeness--an ability to "tune in" and experience the agony and the joy of the human condition with another person. The therapist is able to experience both the heights of elation and self-affirmation as well as the depths of confusion and madness felt by another. With true intimacy, the therapist is able to feel "with" another person, to be allowed to see the inner parts of that person, yet he or she is able also to remain a separate individual. The therapist is in a privileged position of being able to witness the core of another person, and this privilege carries with it responsibilities regarding respect for the client, clarity of one's own issues and actions, and an accurate understanding of the counseling process.

When these responsibilities are neglected or when the privileges are abused, intimacy between the client and the counselor in the therapeutic dyad may be abused. Bugental (1973) speaks of a "one-way intimacy," a neurotic situation

initiated by a therapist who manifests a great hunger for closeness and a desire for emotional intimacy, with a concurrent fear of intimacy. Therapists, then, enjoy the safety of withholding on the basis of their role, while they inappropriately urge the client to further and deeper expressions of self-disclosures. Another way that therapists use their role to maintain safety occurs when men, who because of society's bias gainst expressions of tenderness and compassion, enter the counseling/psychotherapy profession because it is a place where they can express these emotions without ridicule. If this eventually leads to the therapist's being able to express tenderness and compassion in all areas of his life, then entering the profession may have been a helpful means to an end for him, and result in constructive action. If, however, the therapist continues to see such expressions as unmasculine, effeminate, or weak, then this is likely to result in damaging attitudes or behaviors toward his clients. In much the same manner, women can enter the profession because it fits a stereotypical role for them in society--that of kind, supportive, help-givers. Being this way helps them feel close and intimate. Such women may find it difficult to be therapeutic with their clients when the therapeutic action called for is that of withholding support to help someone become autonomous, or confronting in a rather directive, firm manner. In this case, intimacy has been confused with feeling "warm" towards someone, or with taking care of someone who is "weaker."

Power. A second motivation is one of power. On the healthy end of the spectrum for this motivation is the feeling of mastery, potency, and control one gets in helping a client to overcome negative and destructive behavior. This is potency, the sense of mastery, and the knowledge of making a difference in someone's life. Rozsnafsky (1979) describes supervisors and therapists who have achieved this mature use of power as those who reveal a "genuine understanding" of the needs of others, "a willingness to tell hard truths with respect," those with the "maturity to face the therapeutic relationship without sexualizing it," and those who have a "sense of their own limitations" (p. 198).

In the absence of this maturity, we can find a drive for omnipotence or for power over someone rather than potency with others. For example, counselors may feel impotent and frightened in their own lives, and may compensate by using the therapy situation as an opportunity to control another individual. Such misuse of power is, at best, destructive to the therapeutic relationship, and quite likely could have devastating results for the client. Continual awareness of and control of this need is crucial. Rozsnafsky (1979) speaks of the abuse of power needs in supervisors or therapists who lack integrity and maturity, an abuse which she feels leads to "psychonoxious" therapy or supervision. She details the ways in which supervisors and therapists use students and clients to meet their own needs. She describes men who continually have romantic crushes on their clients, or students who use their charisma to seduce their clients, and who use lewd comments or intrusive touching to maintain their sexual dominance. Rozsnafsky elaborates how women, too, can use maternal or sexual dominance, how they can push clients to achieve in ways which violate the clients' autonomy, and how they can use innocent seductiveness to meet their own needs.

Bugental (1973) also discusses how therapy is a safe place to be somewhat rebellious against society, to criticize society's needless sexual taboos, to reduce guilt about ambivalence towards parents, and to reduce shame about death wishes. In short, the safety of the therapeutic hour and relationship can result in feelings of omnipotence, inappropriate power over others, and self-righteousness toward the world in general.

Other power needs concerning status need to be addressed personally by each supervisee. These include feelings about having an advanced degree, being respected by others, and being viewed as an expert. Each of these has healthy as well as unhealthy components and are generally experienced differently in various situations.

Financial. Another component of personal motivation is the reality that for the counselor or psychotherapist, the therapeutic relationship is something for which they are paid and the way in which they earn a living. This must not be denied. Clients are aware of it and often bring it up in terms of "you only care because it's your job and you have to," or in terms of the fact that they are paying or not paying for it. While this is grist for the mill therapeutically, the fact is that the counselor is a person earning a living. Therapists who are paid by the client hour often have difficulty conceptualizing their worth in dollar terms, or in dealing with clients who fail to pay, or experience conflicts over charging clients who can ill afford to pay. Regardless of the setting or situation, the realities of life and of earning a living must be faced and dealt with.

Personal growth. Growth potential is infinite, and the therapist has an opportunity to be an active, authentic participant in his or her work, and an opportunity to reach his or her own potential. For many, this has been a strong motivating factor in choosing to become a counselor or therapist.

This is opposed to the more neurotic situation described by Bugental (1973), the client being "a guide dog to go through the mine fields." A therapist who misuses a client in this manner encourages the client to face that which is anxiety provoking to the therapist, so that the therapist can see the results without taking risks himself or herself.

Intellectual. For some, entering the counseling or psycho-therapy profession has been a means of satisfying an intellectual curiosity, a fascination with psychological processes. People in other fields experience this same satisfaction in working with mechanics, colors and forms in the arts, or with mathematics. It is a creative process of discovery and integration. In psychology, this can be experienced in endless detail and infinite variation with the exploration of learning, motivation, attitudes, emotions, attention, and perception. It is a blending of science and art into a creative, individual, and significant experience.

Yet, this motivation, too, can be misused. In its other form, we can find supervisees and therapists who lack respect for individuals and their functioning, and their unique experiencing. For them, the intellectual motivation results in a categorization of individuals into a mechanical and cold look at the human process.

Altruism. For some, entry into the field has been the culmination of a deep, sincere concern for others. It can be deeply meaningful to see someone else's life improve and to have been an intimate participant in this growth and change process.

Yet for others, egotistic and selfish reasons enter into

their work. They feel "good" and self-important. For them, it is difficult to "give the work to the client" as his or her own. Instead, their clients are likely to think some magical guru did the changing for them.

These situations and concerns may exemplify themselves in the following stages:

Stage One. Supervisees in Stage One sometimes have failed to even begin to address the idea of their own motivations. They sometimes just assume that they are there because it was natural or because they just fell into it. A second pattern involves supervisees who are aware of some of their motivations, but unaware of significant others. For example, the power motivation--even in its constructive form--is one that is often repressed or denied.

Stage Two. Here the supervisee becomes aware of unhealthy motivations and again may at times inhibit all behavior as a reaction to this realization. When a threatening or previously unknown motivation is brought into awareness, sometimes the supervisee will become frightened of what other unknowns may be lurking in his or her unconscious. Or the supervisee may experience shame for feeling "forbidden" things, or shame that he or she has been meeting his or her own needs through the client.

Stage Three. In Stage Three, the supervisee is aware of his or her motivations and channels them constructively and in a healthy manner for the client. Any unhealthy motivations are under the conscious control of the supervisee in Stage Three and regularly monitored for their possible effects. In short, Stage Three supervisees are aware of and accepting of both potentially destructive and constructive motivating factors with themselves, and able to control or utilize these in the best interests of the client.

8. *Issues of Professional Ethics*

The final area in which supervisees face relevant issues is one which must become a vital part of their functioning as a counselor or psychotherapist. This is the area of professional ethics. The American Psychological Association's *Ethical standards of psychologists* must be integrated into the day-to-day functioning of the counselor or psychotherapist. The supervisor can be especially impactful in helping supervisees to understand the multitude of implications that these standards of ethics have for their work with clients. Through modeling and through an acute understanding of the intricacies involved in protecting the client welfare, the supervisor can assure that adherence to these codes will run much deeper than simple rote memorization of these standardized guidelines. As part of his or her professional maturity, supervisees must grow to internalize these guidelines and to make them personally relevant to their own practice. While they may agree or understand intellectually when they are exposed to the guidelines, confronting these ethical issues in a real situation offers supervisees an opportunity to feel them at a deep experiential level and to make a deeper commitment to protecting the client welfare. In such a manner, the supervisor has an opportunity to help ethical principles "come alive" for supervisees in their own work.

In addition to the *Ethical standards of psychologists,* supervisors should work with supervisees in becoming aware of and integrating other appropriate standards of the APA, such as those regarding group work, educational and psychological tests, research, and the *Standards for providers of psychological services.*

Also, the supervisor needs a comprehensive understanding of the legal issues which arise in psychotherapy and supervision. These are described quite well by Slovenko (1980). His work includes a list of actions which can cause injury or damage to clients.

Stage One. Supervisees in Stage One with regard to this issue may be quite unaware of certain ethical concerns, or they may have a cognitive adherence to certain ethical principles but not have had an opportunity to operationalize them. Other supervisees may have a working understanding of most ethical issues, but be experiencing a "blind spot" in regard to ethical ramifications within a specific case.

Stage Two. The transition to Stage Two occurs generally when the student is confronted with an ethical dilemma or concern on an experiential level. The opportunity to feel the pull of an ethical dilemma, and to deal with it successfully, is an opportunity for the deepening of a commitment.

Stage Three. The supervisee in Stage Three reaches a greater understanding of the depth of the factors involved or the compromise which must be made and carries an inner sense of ethics and values which is flexible and applicable to any situation which may arise.

Assessment of Stage Levels Within Developmental Issues

It may be advantageous for a supervisor to conduct an assessment of the supervisee with regard to each of the relevant supervisory issues and the stages. The following six steps may serve as a useful guide for this process.

1. *Identification of supervisory issues*

First, it is necessary for the supervisor to develop an individualized listing which includes each of the issues which seem most important in supervision. Starting with the eight developmental issues based on the work of Chickering and listed in the previous section the supervisor may want to add additional issues which seem important based on personal previous experience.

2. *Determination of Stage Two issues*

The Stage Two issues are identified first since they tend to be the most immediately obvious. This can be done by reviewing the list of issues in order to determine which issues are the most salient at this point in time. In all probability, the most salient issues are those issues in which the supervisee is in Stage Two.

3. *Determination of Stage One issues*

The list should then be reviewed to determine those issues which seem to be relatively dormant at this point in time. This is a very necessary step since supervisors will often fall into the pattern of ignoring these issues in the same manner as the supervisee. In this way the two individuals may collude to impede the development in a certain area. These can be thought of as the

student's "blind spots" in his or her development. There is a danger that the supervisor may be drawn into the same blind spots. The identification of the dormant issues indicates that these are in all probability the issues in which the supervisee is in Stage One.

4. *Determination of Stage Three issues*

The remaining issues should be surveyed since these should be issues in which the student is in Stage Three. It involves a consciousness of the issue which then results in continuous monitoring and gradual development of the supervisee. The supervisee is neither intensely conflicted as in Stage Two nor unaware as in Stage One.

With this completed the student should have been placed in a particular stage for each issue. The following

Assessment of Supervisee Stage Level

Critical Issues in Supervision	STAGE ONE Stagnation	STAGE TWO Confusion	STAGE THREE Integration
1. *Issues of Competence.* Skills. Technique. Mastery.			
2. *Issues of Emotional Awareness.* Knowing oneself. Awareness of feelings.			
3. *Issues of Autonomy.* Sense of self. Independence. Self-directedness.			
4. *Issues of Identity.* Theoretical consistency. Synthesized theoretical identity. Conceptual integration.			
5. *Issues of Respect for Individual Differences.* Tolerance. Non-judgmentalness. Acceptance of others.			
6. *Issues of Purpose and Direction.* Setting goals. Direction in counseling. Appropriate long-term or short-term goals.			
7. *Issues of Personal Motivation.* Personal meaning. Reward satisfaction.			
8. *Issues of Professional Ethics.* Values.			

chart illustrates the process of stage assessment along these issues. The supervisor may then turn to the decision-making portion of the assessment phase which follows in the next few steps. This step involves the prioritization of the dimensions, which are the important ones for the supervisee to deal with, and several careful considerations.

5. *Movement from Stage One to Stage Two*

The supervisor must determine which of the Stage One issues the student needs to move into Stage Two. Since Stage Two issues tend to be very emotionally draining and intense, consideration must be given to the fact that a student may not be able to handle turbulence surrounding a number of issues at any given time. Those issues which are the most important to deal with may need to be prioritized above the others. The supervisor must therefore make some important decisions about which "blind spots" to address.

6. *Movement from Stage Two to Stage Three*

The supervisor must determine which of the Stage Two issues the student needs to move forward into Stage Three, and which the student could benefit more greatly by continuing to experience the conflict of Stage Two. While the supervisor must guard against the premature capping of the ambiguity and turbulence of Stage Two, he or she must also be sensitive to the need for movement to a higher level of functioning which is characteristic of Stage Three.

With the completion of these steps, the basic assessment of the supervisee has been completed. The issues and stages have all been identified and a decision has been made about which issues need to have the student move on to the next stage and which issues he or she needs to remain in that stage. After examination of the three other elements of the supervisory situation, the supervisor may begin the intervention process.

Asssessment: Supervisor Variables

The second element in the supervisory context is the supervisor him or herself. Supervisors vary on dimensions such as supervisory and therapeutic competence. In addition, the supervisor's values and cognitive and interpersonal styles all come into play within the complex environment of the supervisory relationship. While mood variables and assessment of supervisory development and needs will certainly play a vital part in supervisory choices of action, we view experienced supervisors as having traits or stylistic preferences that endure across supervisees and supervisory settings. One supervisor may be more patient with supervisees consistently, while another will tend toward a more confrontative manner. We believe that the supervisor who has a firm grasp of his or her particular style will be more effective as a supervisor. He or she will be better able to modify style as needed in working with a specific counselor, and also better able to describe this style to potential or new supervisees.

It is important that a supervisor honestly evaluate his or her level of competence and depth of experiencing in order to supervise only those students whose level of competence could be advanced with such exposure. Certain competencies within the supervisor apply to his or her skill as a therapist as well as his or her skill as a supervisor, but certain competencies of a supervisor differ from those involved in therapy. These two sets of competencies will be discussed separately. The following section will include those characteristics of the supervisor which are common both to therapy and supervision. However, it should be remembered that the goal of the supervisor is not therapy for the supervisee, although therapeutic benefit may result as a by-product of supervision.

Genuineness. Therapeutic supervisors come without pretense. They meet others with a realness which is readily apparent.

Potency. A therapeutic person is someone who has the ability to be effective with others. Within themselves, they have a capacity for growth, and are able to instill growth and development in others. They are able to make a difference in the lives of others. Few people come into their lives significantly and remain untouched or unchanged.

Optimism. Therapeutic individuals have an inherent faith in individuals and belief in the change process. If they have been impacted personally through their own life events or through therapy, they can understand this process more readily in others. They are able to see beyond the defensive or maladaptive exterior, and tap into the internal energy or richness of the person. Optimism also serves to help them "stick with" a client or with themselves during plateaus or times of crisis. They have a working appreciation of the resiliency of human beings.

Courage. Therapeutic individuals also have courage-- to confront, to take risks, to share themselves, and to explore the more difficult areas of personal and interpersonal functioning. Reik (1952) describes this courage as a willingness to "mistrust the temptation to understand everything" (p. 511) and to not always be content with just what seems apparent. He further speaks of the moral courage to stand alone, emphasizing that "He who is always going to others will never come to himself" (p. 507). Montgomery (1978) speaks of this courage in terms of assertiveness resulting in an ability to maximally use the material from the client.

Sense of time as a gift. There are a number of variations here, but generally there is a sense of experiencing and making special moments with oneself and with others. This sense of time as a gift includes an awareness of death and a sense that today is important because for themselves and others there may be no later time to take care of things. In essence this amounts to an acute sense of the uniqueness of time, and an increased valuing of both day-to-day and more special moments.

Sense of humor. Vital, too, is a sense of humor--an ability to laugh gently or heartily with oneself or others. This includes leaving the mundane to contact what is real and experiencing joy.

Capacity for intimacy. Therapeutic people have an ability to make contact with others at a deep, intimate level. Yet, while doing so, they can remain separate-- neither merged nor overly-involved. They are able to self-disclose and to hear on an intimate level what is being said by the other person.

Openness to fantasy and imagery. Individuals who are genuinely therapeutic have finely tuned sensors in regard to the fantasies and images that they experience, and are able to acknowledge, explore, and use these. Tied to this is Reik's (1952) assertion of the necessity of a therapist learning to "listen with the third ear." In this he includes an openness to hear what is expressed without words-- messages that may come to the therapist in terms or fantasies he has about and with the client. In a therapeutic person, this also includes an openness to explore others'

fantasies and images with them.

Respect and consideration. Finally, therapeutic persons exhibit consideration for others and respect their lives. This does not mean that they are perfect, nor that they fail to respect themselves. Rather, they operate consistently with a genuine regard and compassion for others. With therapists, this means that, in terms of respect and consideration they are consistent in their behavior in all areas of their life.*

In becoming a therapeutic force in the supervisee's life, however, the supervisor does not become the therapist for his or her supervisees. Though there are some obvious similarities, the process of supervision has some distinct differences from the process of therapy. Some of these differences are listed below:

1. The supervisor must have the capacity to step aside and let the supervisee handle the case autonomously as appropriate. Of course this same quality is necessary in allowing a client to handle certain problems within therapy. However, the process of allowing for this autonomy is often highlighted in the supervisory situation.

2. A supervisor must be willing to take a stand and to evaluate the supervisee according to some predetermined external standards which are set forth by an agency, a graduate program or licensure board. As noted in a previous section, this characteristic of supervision is one which does not occur with frequency within the counseling or therapy context.

3. A supervisor, in addition to other functions, also serves as a role model of a professional. Therefore it is important that the supervisor be enthused and invested in the professional role which he or she has chosen.

4. The supervisor must also have a sensitivity about the decision of when to explore more personal issues of the supervisee. The boundary between personal therapy and more task oriented activity is an issue which a supervisor does not need to address in his or her role as a counselor/therapist.

Assessment: The Relationship

The definition of supervision offered in the first section stresses the interpersonal nature of supervision as a central component. Thus the importance of the relationship between the supervisor and the counselor trainee is inherent within the supervisory context. Other writers in the area of supervision have also stressed the relationship as the important variable in supervision (Ekstein & Wallerstein, 1972; Mueller & Kell, 1973). More recently Moses and Hardin (1978) have stated that: "The immediate goal of the supervisory process becomes the establishment of such a therapeutic relationship with the supervisee, a relationship which will set in motion and facilitate the supervisee's continuing personal and professional growth" (p. 446).

Research evidence in the area of counseling and helping relationships has been accumulating and suggests that the most effective element in contributing to client growth is the nature of the therapeutic relationship established by the counselor.

The relationship must be viewed through two perspectives:

1. It serves as a *vehicle* through which essential knowledge can be given. The relationship is necessary so that the counselor can learn things about counseling and therapy. It is a channel which can allow the acceptance of information and growth from other sources.

2. Secondly, the experiencing of the *relationship itself* can be the significant learning experience. It can serve as a rich and valuable source of experience to facilitate the development of the supervisee. When considering the first use of the relationship it is important that an open, trusting bond be established in order to facilitate the passing of knowledge from the supervisor to the supervisee. Thus, conflict represents an obstacle to growth. But when considering the second use of the relationship, it is the conflict itself that offers the richness and the basic material for the learning experience. No significant human relationship progresses without conflict, without stress, without regression or stalemates. These conflicts within the relationship, rather than being seen as barriers, can themselves serve as a focus for promoting growth in the supervisee.

Expectations in the Relationship

Each member of any significant relationship and particularly one such as the supervisory relationship, enters with his/her own set of assumptions and expectations (Mueller and Kell, 1973).These are based upon past experiences with other authority figures, parent figures or others. The supervisee may be entirely unaware of these assumptions or of the appropriateness or inappropriateness of them. A primary focus for the supervisor is attention to these expectations. If the assumptions of the supervisor differ from those of the supervisee, turbulence in the relationship can ensue. It may present itself in a number of forms, including disappointment and anger on the part of the supervisee. Expectations of what is going to happen can certainly not be taken for granted, but on the other hand they are often not conscious enough for either side to articulate very clearly and therefore make themselves known only as the relationship progresses. The process of determining the appropriate and inappropriate patterns becomes a complex and involved task of supervision--one in which the supervisor can learn a great deal. It is in this way that the supervisory relationship differs from ordinary relationships, because the focus is not only on the activity of the supervisee but on the supervisee's feelings about that activity as well.

Stages of the Relationship

The primary theoretical base of the model, the developmental stage concept, applies not only to the supervisee but to the relationship itself. The establishment of a clear, straightforward, maximally efficient relationship between the supervisor and the supervisee is something that cannot be accomplished immediately. Not only does the model assume that the supervisee grows and develops in stages, the model also assumes that the relationship grows and develops.

Both Ekstein and Wallerstein (1972) and Kell and Mueller (1966) list three stages of development in the relationship between the supervisor and the supervisee.

Kell and Mueller talk about: (1) beginning phase; (2) the developing phase; and (3) the terminating phase. Ekstein and Wallerstein (1972) speak of: (1) the beginning phase; (2) in using a chess analogy, what they term as the "middle game"; and (3) the end phase. It is important that a supervisor recognize and appreciate that the progression of the relationship involves a process which occurs over time and cannot be expected to be at an end point immediately.

Kell and Mueller characterize the beginning phase as one in which the development of trust between the two individuals is the central focus. One can tell when one has entered the second phase because the central issue is no longer trust but can be some other issue.

The beginning phase is characterized by Ekstein and Wallerstein as that phase in which the supervisee tries to make this new and unfamiliar experience a familiar one. One characteristic of the first stage is the idea that the more salient and conscious expectations of both parties are identified and defined. During the second stage, the more unconscious and unarticulated expectations are played out within the relationship and this can come into conscious awareness.

Not all relationships go through these stages. Kell and Mueller talk also of the truncated relationship. Many supervisory relationships never develop fully through all phases and therefore never reach the terminating stage.

Parallel Process

An understanding of the phenomenon of parallel process can provide the basis for some of the most potent interventions and conceptualizations within supervision.

In general, we are speaking of a process whereby we are able to ascertain in supervision certain vestiges of the relationship between the client and the supervisee. Hora (1957) describes this as a process in which the supervisee "unconsciously identifies with the patient and involuntarily behaves in such a manner as to elicit in the supervisor those very emotions which he himself experienced while working with the patient but was unable to convey verbally" (p. 770). Yet, identification with the client and subsequent assumption of the client tone and behavior while reporting the case to one's supervisor is but one form of parallel process.

Doehrman (1976) in a study satisfying stringent empirical demands while providing us with rich clinical sensitivity and insight, reports that the "parallel process phenomenon occurs and recurs in a remarkable multiplicity of forms" (p. 82). For example, in her study, not only did the therapists identify with the client, but the therapists also identified or counteridentified with their own supervisor, and somewhat acted out the supervisor's role with their clients. Further, she was able to see the parallel process phenomenon extending into the therapist's work with other supervisors, personal therapists, and even researchers in the study.

It is quite important for us, as supervisors, to recognize and help the supervisee become aware of parallel process in its various forms. The ability to do this requires a thorough working knowledge of ourselves and a practiced ability to differentiate our feelings.

In addition to the various forms of parallel process noted above (i.e., the multitude of relationships in which it may be acted out) we also need to attend to the type of emotions which are originally stirred up in the supervisee. Sometimes the client will elicit a rather brief identification process in the supervisee, at other times a more chronic, neurotic acting out or identification may occur (Schlessinger, 1966). Supervisees can be helped to recognize and differentiate this within themselves, and then to use the information to further their knowledge of both their own and the clients' dynamics.

Often, working through the distortions and concerns which this identification creates in the supervisory relationship will free supervisees to work more effectively with their clients. A number of writers (Doehrman, 1976; Hora, 1957; Searles, 1965) have reported the immense and immediate value for the clients of having the supervisor and supervisee work through the concern first. Working through in supervision, then, becomes sort of an enlightening form of practice in which supervisees increase their awareness of a situation, and are consequently able to work with their clients in a far less constricted manner.

We have seen, then, that parallel process is quite a complex phenomenon which is rich in dynamic indications. Consequently, its sensitive use by the supervisor can provide both the supervisor and the supervisee with a wealth of information and understanding.

Assessment: Environment

The processes of therapy and supervision do not take place in a vacuum; they exist in an environment which exercises demands, constraints, and opportunities. Most trainees are supervised in an agency context. This means that they, as well as their supervisors, must attend to a number of considerations. It is the supervisor's responsibility to assess these environmental components and to facilitate the work of the trainee within them.

Academic courses afford the luxury of considering cases purely in terms of psychological dynamics and rarely introduce the hard, cold realities of environmental constraints. The supervisor is often the first person to introduce these considerations, and to assess them with and for the supervisee.

Some of the more salient environmental considerations are the following:

Timing. We are accustomed to thinking of timing in terms of client readiness for interpretation, confrontation, and other interventions. In the "real world" of agency work, there are always additional environmental considerations to consider. One important constraint is availability of the client for treatment. In an inpatient setting, this availability may be severely limited by the duration of the client's stay in the setting, and the therapist may need to prioritize plans for transfer back to a treatment setting in the client's home community. In a college setting, the client's graduation, the end of the academic year or other natural cycles, will provide ending points that may be premature in a more ideal setting, and points that must be addressed in terms of therapy goals and issues (Loganbill, Hardy & Varvil-Weld, 1980). In some agencies, too, there is a policy regarding maximum number of sessions; this means that the supervisor will need to deal with supervisee behavior and feelings regarding this policy.

Another environmental factor concerns the meeting time scheduled for supervision. We believe that it is vital that the scheduled time be specified and adhered to whenever possible, and also that it be for a substantial length of time. Our experience has shown, for example, that meeting for one and one-half hours is qualitatively superior to and different from meeting for one hour. While this should not be taken as the final word in scheduling, it is vital that the supervisor attend to the importance of timing, and the effects of variations.

Supervision and/or consultation which takes place outside of the scheduled hours will depend upon the proximity of the supervisor and supervisee and their mutual schedules, and may need negotiation.

Administrative matters. Every agency has a number of policies and procedures, as well as norms, which directly and indirectly affect the trainee. It is the supervisor's responsibility to assess this impact on the trainee, and to help him/her understand the rationale for such policies. Too often supervisors are long-term staff members who have "settled" into the agency, and find it difficult to assess the impact of the agency environment, with its myriad of policies and procedures, on the entering supervisee. Many agency policies reflect larger institutional and governmental policies; many others have evolved in the agency over time. The sensitive supervisor assesses trainee discomfort and lack of knowledge, and gives clear explanations. The supervisor also needs to be alert for trainee questioning of policies and/or procedures which *don't* make sense, and must be able to feed this information back into the administrative system.

Client population. The range of demographic variation (e.g., age, race, sex) may be limited to skewed in various agencies, thus limiting the type of cases with which the supervisees are able to work. Delineating this range may help supervisees determine what types of experiences they want or need in the future to round out their professional preparation. Within these confines, the supervisor in many cases may work directly with the person in charge of client assignment, in asking for specific types of cases which supervisees either need to, or should not, be handling at a specific time in their development.

Facilities. In terms of the methods which are available to accelerate and enhance supervision, the existence of audio- and video-taping equipment, direct observation rooms, and adequate therapy rooms are also considerations. It is especially important that the supervisor work with the supervisee in determining how to maximize the use of desirable facilities.

Environmental stressors. In much the same way that we have viewed the effects of cycles and timing upon the therapy itself, we must look at the effects of these upon the supervisor and the supervisee. Semester or quarter endings, vacations, and personal or professional demands and concerns all are impactful upon the supervision process and need to be both recognized and dealt with.

All four elements of the supervisory context have been considered thus completing the supervisor's more formal assessment process. At this point the supervision has a solid base with which to move ahead into the intervention

phase of the supervisory process. The following section describes this activity.

SECTION FOUR: INTERVENTION STRATEGIES

The total pool of intervention strategies available to the supervisor is rich, varied, and like the total possible moves in a chess game, infinite in number. Some of these interventions can be described as skills and specific techniques and some may be described more as nurturant conditions or environments which the supervisor may set up. These may include attitudes and philosophies which prevail but which are difficult to pinpoint into discrete, definable interventions. The following section will describe several major categories of interventions which may be used by the supervisor in response to the assessment process which was outlined in the previous section. The model is designed to be sufficiently general to preserve the individual creativity and variety of supervisor options, yet sufficiently detailed to fulfill our two goals of training beginning supervisors and providing a more concrete conceptual framework for more experienced supervisors.

True to the theoretical underpinnings of the model, the intervention phase is tied very closely to the developmental stage theory and, in particular, the assumptions underlying the work of Erik Erikson. Other contributions to the intervention phase of the model come from the system of interventions for consultants which was outlined by Blake and Mouton (1978). Though the nature of the interventions for consultants differ considerably from that of supervisors, the categories of interventions can be considered very similar. Writers in the area of cognitive development have also contributed, particularly to the idea that a supervisor must provide a proper environment for the development of the supervisee. Hunt (1971) asserts that individuals are aided in their movement from level to level in cognitive development through exposure to the proper environments. It has been noted that this assertion may apply equally well to the development of supervisors (Stoltenberg, 1981). However, Stoltenberg (1981) also notes that "a more specific description of supervision techniques that can be used to create the appropriate environment for each counselor is necessary" (p. 64). The categories and specific interventions presented in this model are an attempt to respond to that need and to help supervisors create environments in which the purposes or function of supervision can be most fully realized.

Within this monograph, the assessment process is considered to be fairly distinct from the intervention process. However, it must be recognized that this distinction is much less vivid than the model would imply. After the initial phase, assessment continues in an ongoing way throughout the span of supervision, alternating with the supervisor's intervention plans.

As we described in a previous section, one of the most important aspects of the supervisory situation is the relationship between the supervisor and the supervisee.

Therefore the first step in any intervention plan is to clarify and define those aspects of the relationship which relate to the growth and development of the counselor. Without this clarification, particularly in cases where the relationship is not straightforward, virtually nothing else can occur. The supervisor must have a basic understanding of the framework from which the supervisee is viewing his or her interventions in order to know the value and the possible impact of those interventions. It should be stressed that rarely is the relationship completely clean and undistorted from the beginning, but that each party enters with a history of past relationships and a set of expectancies that make it necessary to clearly identify these components.

This understanding of the relationship should be communicated to, and discussed with the supervisee to the degree to which the supervisee is able to understand the dynamics involved. This process involves immediacy and discussion of the relationship as well as an ongoing observation of what seems to be occurring in the interaction between the two people. Self-disclosure is often very appropriate at this time. It is important to remember that the establishment of a good working relationship is certainly a goal, but that the process of gaining this relationship in itself can be a valuable learning experience for the supervisee.

Categories of Intervention

We see five categories of interventions which can be useful in supervision. These are:

1. Facilitative Interventions
2. Confrontive Interventions
3. Conceptual Interventions
4. Prescriptive Interventions
5. Catalytic Interventions

These interventions may be used in the service of any of the four functions of supervision listed in the first section. Prescriptive interventions can be used most notably to further goals related to the first function--that of monitoring the client's welfare. The other interventions may be used to further the development of the supervisee in enhancing development within the stages and, importantly, in promoting transition between stages as illustrated in the following diagram:

Stage 1: Stagnation	Stage 2: Confusion	Stage 3: Integration
Transition Points: Emotional	Conceptual	
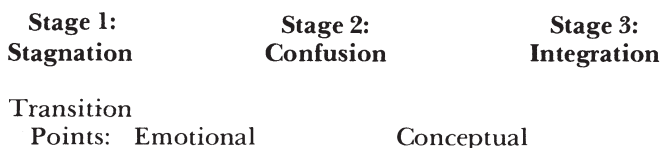
As the diagram indicates, there are two major transition points in the three-stage developmental model. The first transition occurs between Stages One and Two and is essentially emotional in nature. For this reason, a confrontive or catalytic intervention is often very effective. The transition between Stages Two and Three most generally is more cognitive in nature, so a conceptual intervention may be employed very appropriately.

Intervention One: Facilitative Interventions

A supportive, facilitative atmosphere should form the very base of the supervisory relationship. Therefore the first set of interventions to be discussed are the facilitative interventions. These might better be described as more underlying attitudes, conditions, or environments which exist in supervision rather than discrete, specific interventions. Facilitative interventions are directly related to Carl Rogers' concept of unconditional positive regard, and involve warmth, liking, respect, and empathy. The intention is to give the supervisee a sense of personal security so that he or she will feel free to express personal thoughts without fear of adverse judgments or rejection.

The purpose of the interventions is to nurture the natural development of the supervisee. Basic to the use of this category of interventions is Erikson's philosophy of natural optimism and belief in the supervisee. If the conditions are there, then the supervisee can draw upon them to grow in his or her own unique direction. We see two purposes which the use of this intervention strategy can fulfill. First, it can reduce anxiety and convey a basic sense of trust. Secondly, it can provide opportunity for reflection and introspection.

One of the key values of this intervention is the fact that it can serve to reduce anxiety. Supervision often is a situation that creates a great deal of anxiety for the supervisee, given the evaluative context and the fact that this is not only a very important professional process, but highly personal as well. Anxiety can inhibit very drastically the functioning of the supervisee. The goal of this category of intervention is to foster a basic sense of security which is necessary for growth and development to occur. This set of interventions is somewhat different from others which may have the goal of increasing anxiety in order to promote movement and action.

A second goal of this category of intervention is to provide time for reflection and introspection. The supervisee, as noted before, is very complex. He or she has several areas of functioning. Any or all of these may play into one another in any supervisory context : emotional/affective, sexual, intellectual, social, and spiritual/philosophical. Facilitative interventions on the part of the supervisor can be directed toward encouraging this reflection and integration.

There is value in coming to reflect upon how each of these aspects are interacting with one another within the actions of the counselor and this type of reflection can occur best under conditions of warmth and acceptance. Each of the eight issues listed in the previous section are issues that may require a good deal of reflection. To reach closure on such difficult issues as competence or autonomy, for example, requires the ample allotment of time for introspection.

Time spent in reflective activity may include some personal self-disclosures and other processes which are often associated with therapy. However the distinction between actual therapy and supervision must be clear in a supervisor's mind, and that boundary carefully monitored. As Ekstein and Wallerstein (1972) point out, the key distinction between therapy and supervision which occurs is the purpose of self-exploration. The goal of this self-exploration must always be related directly to enhancing the treatment of the client rather than the goal of clearing

up barriers within the supervisee's personal functioning which is unrelated to work with clients. However, this does not deny the fact that the increased emotional health of the supervisee may very well be a by-product of the central purpose.

Intervention Two: Confrontive Interventions

A second type of intervention that is very powerful for the supervisor is the confrontive intervention. A confrontive intervention brings together two things for examination and comparison. A confrontation can be used by the supervisor in two ways. First, it can be used to highlight discrepancies within areas of the supervisee's functioning; and second, to highlight discrepancies between factors external to the supervisee, and areas within the supervisee's functioning. These discrepancies can occur in the following areas: (1) the supervisee's feelings and emotions; (2) the supervisee's attitudes and beliefs; and (3) the supervisee's behaviors and actions.

Thus the supervisor who is using this intervention strategy can isolate specific feelings, attitudes, or behaviors and compare them with one another in order to point out any discrepancy which may be impairing the effective functioning of the supervisee. Such discrepancies, once apparent, will create a dissonance within the supervisee which may motivate change in one of the areas in order to maintain congruence.

The comparison can occur within any of the three areas. An example of a comparison between a supervisee's attitude and behavior would be the following: "You say you believe in the resiliency and strength of your client, yet your behavior toward her is protective and overly cautious."

A comparison between a supervisee's feelings and behaviors would involve a confrontation similar to the following: "You say you are feeling warmth and caring while your client is crying, yet your nonverbal behavior is rigid and cold."

A comparison between a supervisee's attitude and feeling would involve the following: "You maintain a belief that this client is straightforward and cooperative yet you feel frustrated and angry within the sessions."

The second type of confrontation occurs, not with feelings, attitudes, and behaviors solely within the client, but when one or more of these aspects is contrasted with a perception on the part of the supervisor. An example of this type of confrontation would involve the following: "You seem to be perceiving anger, destructiveness, and hostility from this client, but as I listen to the tape, I perceive a sense of despair, hurt and sadness," or, "You claim to be open and nondirective, yet when I observe your sessions, I get a sense of directiveness and judgmentalness within your questions and statements."

In general, the types of confrontations that contrast aspects of functioning *within* the supervisee contain the most chance for effecting behavior change since any change that occurs must occur within the supervisee. Contrasts that are made which involve the supervisor's perceptions may be very powerful. However, the supervisee can always maintain the belief that the discrepancy exists because of some distortion in the supervisor's functioning rather than his or her own.

The concept of confrontation often carries with it some negative connotations. Even the dictionary includes a description of confrontation as "to face with hostility" or "to oppose defiantly." While it is true that some confrontations may take on a negative, forceful tone, the use of this type of intervention can be essentially positive. A skillful supervisor can accentuate the very positive reinforcing qualities of confrontation in several ways. This can be done by attending to the content of what one is confronting. One of the primary purposes of confrontation is to bring out the unused strength of a supervisee. Egan (1975) describes a primary use of confrontation as helping the individual to understand modes of self-destructive behavior and unused resources, and to challenge the underdeveloped, undeveloped, unused, and misused potentials, skills, and resources of the client.

The supervisor can accentuate the positive aspects of confrontation further by attending to the tone and manner in which the confrontation is done. The supervisor must at all times convey a basic acceptance of the supervisee's basic worth and potential for development as a therapist. A very important component of the way this intervention is executed is the clarity about the specific content focus of the confrontation and the basic worth of the individual. The supervisor must insure that the supervisee understands that the confrontation is not focused on the basic worth of the person or on such things as his or her more global professional identity, but on a specific behavior, set of behaviors, or attitude that is separate from the person himself and that is interfering with his or her therapeutic effectiveness.

Intervention Three: Conceptual Interventions

Some authors have stressed very strongly the importance of having a conceptual framework from which to view the events that one experiences (Yalom, 1975). It is this category of intervention that allows the supervisor to offer substantive content in the form of theories and principles to the benefit of the supervisee.

The use of this intervention is designed to offer conceptual understanding pertinent to the situation. It should help the supervisee to internalize some systematic or empirical findings. It encourages the supervisee to think conceptually, cognitively, and analytically. It allows the supervisee to view his or her unique circumstances under the framework of some systematically organized knowledge, or apply a tested set of assumptions to the situation. It promotes the application of accepted principles and roles of procedure in explaining the experience of the supervisee.

This intervention, though it has wide application in a number of situations, is very adaptable to promoting the transition from Stage Two to Stage Three. As the description indicates, Stage Two is a highly emotional, affective stage for the supervisee, while Stage Three is a more integrative stage which incorporates both affective and cognitive components. Therefore, the intervention which promotes the transition of Stage Two to Stage Three is generally conceptual in nature. The supervisee is confused and disoriented in Stage Two, but through the transition, gains a framework for new understanding and emerges into the integrator of Stage Three.

The intervention may be one in which a single event is given conceptual meaning or, more importantly, it may

tie together a number of seemingly isolated events. Used in this manner, it can be a very useful intervention to enhance growth within stages. The supervisee may not be aware of the exact issue with which he or she is dealing and previously may have only perceived isolated events and not realized exactly how these events are tied together along a central theme, such as autonomy, identity, or ethics. The recognition of this unifying theme as an area of concern may be a crucial step in its resolution. The listing of the eight basic issues which were offered earlier constitute some of the most common themes upon which the supervisee can focus.

There are essentially two ways in which this intervention can be applied as shown by the following diagram:

1) Experience —————————⟶ Theory
2) Theory —————————⟶ Experience
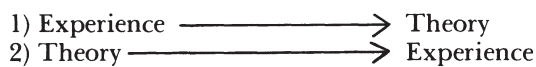
When using the first method, the supervisor can allow the supervisee to undergo the experience and then give the theoretical understanding to clarify the experience. By using the second method, the supervisor can give the theory and principle first and then encourage the supervisee to experience it. It is important to understand the use of both methods, since supervisees tend to differ in their response to one or the other method.

The first method would seem to be better suited for the more intuitive or spontaneous therapists. These students perform well in an intuitive manner, but may be unlikely to realize in a cognitive way what they have just done, making it less likely for them to identify and repeat the intervention or to record it on paper in a manner that is useful to other professionals. With this type of intervention the supervisor allows the supervisee to have the experience and then intervenes to provide the theoretical framework for the experience. The supervisor may directly provide the conceptual interpretation of what has happened, or may simply encourage the supervisee to articulate the conceptual underpinnings.

On the other hand, some supervisees operate much better if they can conceptually understand the situation before experiencing it. In these cases the theory can be presented and the supervisee can then follow up with the appropriate actions.

It is important to identify which type of learning style is best for which student, and the supervisor can adapt his or her interventions accordingly. Examples of these two differing types of learning styles are listed below.

One supervisor found his supervisee spontaneously using a paradoxical intervention with a young adolescent client. The client rebelliously indicated that she did not want to return for the next session so the supervisee suggested that they *not* meet, to which the client promptly objected. The supervisee was only vaguely aware of any of the theory in this area. The supervisor's intervention consisted of providing a theoretical explanation for this technique using paradoxical intent. This allowed the supervisee to better conceptualize his style and to process more clearly the theoretical components of the situation. This contributed to the success of the technique and the supervisee's ability to utilize more clearly a similar intervention in another situation with another client.

A second supervisor explained to her supervisee some basic principles of using a paradoxical intervention. The supervisor and the supervisee discussed these conceptual principles and their specific application with a client who had a compulsive habit of hand washing. The supervisee was then able to execute this intervention. In this situation, the paradoxical intervention could not have occurred spontaneously and the theory was needed to precede the experience. In both cases the technique was successful and each supervisee was able to generalize the learning in future situations; however, the learning style was very different and each supervisor responded with the appropriate application of this intervention strategy.

Intervention Four: Prescriptive Interventions

In using the prescriptive intervention the supervisor provides the supervisee with a specific plan of action for use in a particular situation. Prescriptive interventions have wider application in a number of situations but they may be used most advantageously in situations where the monitoring of client welfare is necessary. The prescriptive intervention has a number of characteristic advantages and disadvantages. First, the advantage of a prescriptive intervention is the fact that it can potentially have a very immediate effect upon the situation. Thus in a situation where immediate action is needed, a prescriptive approach can be very useful. Second, it can temporarily satisfy the supervisee's dependency needs. It can convey to the supervisee a sense of security in the level of mastery and competence of the supervisor and lead to the assurance that there is an authority figure available who knows what they are doing and can handle a situation. A prescriptive intervention may involve very direct methods such as the following:

1. The supervisor gives the supervisee the treatment plan and goals for a particular client. This may be done particularly when the supervisee is working for the first time with a particular type of client who will need a treatment approach that is considerably different from the one in which the supervisee is accustomed to working.

2. The supervisor instructs the supervisee to eliminate certain actions from his or her counseling style, such as asking too many questions, or talking too much within the interview. The supervisor may prescribe that the supervisee eliminate that behavior for the duration of an interview.

On the other hand, the disadvantages of the prescriptive approach include the fact that it may hinder supervisees' development in terms of their need for self-directed action. It is not absolutely necessary for a supervisee to understand the reasons or basis for an action which has been prescribed for them to do. The supervisee may execute a behavior in a rote or mechanical fashion. The supervisee is consequently less in touch with his or her own actions and therefore may have difficulty in knowing how to generalize the use of a similar intervention in another situation. It is also possible, of course, that by performing an action, the supervisee may come to own it more fully

and integrate it into his or her natural functioning.

Haigh (1965), sums it up the best when he points out that if a supervisor prioritizes concern for the client and the institution, the prescriptive approach may well produce the most immediate concrete results. If a supervisor prioritizes a concern for maximal growth of the student and his authenticity, then a prescriptive approach is not the ideal method of intervention.

Intervention Five: Catalytic Interventions

The final category of interventions to be described is the catalytic intervention. A catalytic intervention is concerned with promoting change and is designed to get things moving. This intervention is less distinct than the others since in a certain sense, all interventions are catalytic interventions. There are certain natural processes or abilities which occur within a therapist which can be made more conscious and highlighted. Often this is the purpose of a catalytic intervention. The dictionary defines a catalyst as "one who precipitates a process or an event without being actually involved in the process." By highlighting a process that is already in existence in some form, the supervisor is not directly involved, yet is serving to promote change by enhancing that process. The catalytic category of interventions is one which can incorporate a number of types of interventions: questioning, probing, exploring, or raising issues in key areas. This intervention is distinguished from the third category of conceptual interventions in that outside content material is not necessarily given to the student and is distinguished from the fourth category in that, in general, no directive statements are given. It is distinct from, but can be used in conjunction with, facilitative conditions. These two make an excellent combination.

As previously noted, in a catalytic intervention, a particular process is often highlighted, defined, articulated, or given further meaning. The following section gives examples of the kinds of processes within the supervisee that might be made more explicit through the use of catalytic interventions. These are: (1) the process of identifying and setting appropriate goals and the accompanying ability to interpret progress toward those goals; and (2) the process of the supervisee feeling free to assume a variety of roles within the counseling context.

Process of identifying appropriate goals. One of the primary things that a supervisee may lack is a practical sense of how much change a client can be expected to make. The supervisee finds a great deal of difficulty in setting appropriate goals. This promotes a second difficulty in that the supervisee then has difficulty noting progress on those goals. Often he or she may feel that one displays a higher level of humanism when one "shoots for the sky" or sets utopian goals for the client. In addition, the counselor may be a very sensitive individual who feels the client's pain so keenly that he or she feels compelled to eradicate it immediately. As honorable as the intentions are which motivate these actions, it simply is not often in line with reality to set such far reaching goals within the time span of a semester practicum or internship rotation. The sophistication of psychology as a science is simply not able to offer the methods which make the attainment of these goals reasonable. So a supervisor who is working with a student who is experiencing difficulty in this area

may typically find his or her supervisee establishing treatment goals that are grossly beyond the limits of human capability for change. If the goals are out of reach, then the feeling of mastery is bound to be lost for the more appropriate goals that could be reached.

This problem is particularly alarming today because of the increasing awareness of counselor "burnout" in the work setting. The problem of burnout has been noted by several authors as a growing problem. It is the thesis of this model that greater attention to the offering of catalytic interventions in training programs and supervision can help to establish the attitudes within the profession which can greatly reduce the problem of burnout. This condition implies the need to actually train the beginning counselor in a coping skill. This intervention answers the question, What exactly *is* improvement in a given client? The supervisor, in offering a catalytic intervention, attempts to make the therapist aware of the small, incremental changes that are more characteristic of client progress. This invaluable quality can supply the counselor with an ongoing sense of how to intrinsically reward himself or herself. Many positive aspects of the therapist's functioning go completely unnoticed or unacknowledged by the therapist, the client, or the supervisor. The potential ability to perceive subtle signs of progress exists in the supervisee, but is in part an acquired ability that can be taught and enhanced rather than an innate trait that is in full strength from the beginning.

The supervisor can greatly facilitate the development of the supervisee as well as the therapy of the client by remaining alert to these more subtle signs of progress, pointing them out to the supervisee, thus suggesting the possibility of further incremental change, and the positive feelings of achievement associated with this accomplishment. Or the supervisor can simply aid the supervisee in obtaining this insight by asking appropriate questions which lead the supervisee to discover this on his or her own.

Process of assuming varied roles. Another process upon which a catalytic intervention may be focused is in encouraging the supervisee to experiment with varied roles. A good counselor must have a variety of behaviors available to him or her and therefore must feel comfortable in assuming a number of roles within the therapeutic context. The ability to do this may involve some encouragement from the supervisor for the initial experimentation and in the identification of additional roles which may be facilitative to the supervisee. The supervisor, through the use of catalytic interventions, can intervene to insure that the supervisee feels free and comfortable in doing this.

There are two examples of restrictive roles which are often stereotypically held by beginning counselors. Typically the first stereotype incorporates an image of a kindly, compassionate, warm person who tries to be totally understanding. While this may be a very appropriate role to assume, taken as the only role, it can prove to be very narrow and restrictive since it does not allow for confrontation or for direction on the part of the counselor. Another common stereotype might involve a parental, advice-giving type of figue. Whatever the particular idiosyncratic stereotype, the beginning therapist is constricted by it and may find it difficult to assume the varied range of roles necessary to treat a wide variety of clients.

Role experimentation will ultimately result in a counselor who has a rich set of behaviors upon which to draw. This allows for spontaneity within the interview. It can be accomplished by such catalytic interventions as permission, identifying roles, purpose with acceptance, and modeling.

In the final section of the monograph, which follows, we turn our attention to training for the supervisory role. We present some brief proposals regarding concepts and methods for the integration of assessment and intervention in a training format.

SECTION FIVE: THE TRAINING OF SUPERVISORS

The purpose of this section is to provide a discussion of issues pertaining to the preparation and training of supervisors. In reality the entire monograph was written with an acute awareness of the need for materials in the training of supervisors. However, this section in particular will present some ideas about the components of a program designed to attend to the training needs of both beginning and experienced supervisors.

Literature in the area of training for supervisors is somewhat sparse. This state of circumstances reflects accurately the status of this area as one of the more undeveloped within the field. This has been noted in the literature as early as 1967 when Hansen and Stevic highlighted the need for specific training for supervisors. They published a "proposal for action" for the development of a seminar and practicum devoted to the training of supervisors. Yet this unmet need has extended over the 20 year period as indicated by one of the most recent reviews of the literature by Leddick and Bernard (1980) who highlight the lack of training for supervisors as an omission in the field.

Existing Training

Training for supervisors has generally consisted of the following methods.

General Training in Counseling and Therapy

This is a rather indirect type of training and includes the regular coursework and training necessary for counseling and therapy. The philosophy underlying this method is that the competencies acquired for the practice of counseling are the competencies sufficient for the practice of supervision as well. The student is expected to generalize the skills learned for one activity and to use them in the service of the other activity. Because of the vacuum that exists in the more specific training methods, most professionals in the field have been trained for the role of supervisor under this philosophy. While there are marked similarities between the activities of supervision and therapy, they are uniquely separate processes. Ekstein and Wallerstein (1972) offer discussion surrounding their basic "difference in purpose" and, as noted elsewhere in this monograph, delineate distinct differences between the two.

Exposure to Supervision as a Supervisee

A second type of training has come from the fact that most supervisors have had the experience of being supervised. Therefore they have viewed supervision from this perspective and have been exposed to a number of role models in the form of previous supervisors. While this provides actual first hand experience with the process, it has recently been hypothesized (Hardy, 1981) that one of the key elements in the ability to supervise is the ability to assume the role and identity of supervisor. The experience of performing in the role of supervisee does not offer opportunity to act from the supervisee's frame of reference. This idea would imply the possibility of some negative transfer of training. The hypothesis, taken from social role-taking theory, is currently the subject of an empirical study by Hardy.

Academic Coursework

The third type of training for supervisors is coursework which is increasingly being developed within counseling psychology programs. These courses generally include didactic material, readings in the area, and discussion in seminar format. Dr. Jan Birk, of the University of Maryland, and Dr. Corrine Cope, of the University of Missouri, have devoted particular attention to the development of substantive coursework in the area.

Specific Training Methods

Several individuals have developed specific techniques for the purpose of training. Boyd (1978) has suggested the use of a workshop format for in-service training which would include the following five "overlapping steps": (1) psychological understanding of the supervisor-trainee; (2) situational analysis; (3) skill analysis and assessment; (4) synthesis of data gathered; and (5) preparation design (p. 222-223). The four instructional modalities which he has found most effective in preparing supervisors are: (1) didactic presentations; (2) modeling; (3) simulation exercises; and (4) supervised practice (p. 227-228).

Bernard (1979) has developed a comprehensive method of training for supervisors which she calls a "discrimination" model consisting of three counseling functions (process, conceptualization, personalization) and three supervisor roles (teacher, counselor, consultant). Her intent is for the supervisor to make active, conscious, and evolving decisions among the resulting nine choice points regarding the role which is most appropriate at the time. The three functions serve as dimensions of learning upon which the supervisor can focus. The first, process, deals with such behaviors as the ability to open, conduct, and close an interview in a facilitative manner. Conceptualization, as a competent counselor function, refers to more covert behaviors such as recognizing themes, identifying appropriate goals, comprehending the client's messages, and choosing strategies. The final dimension, personalization, includes a wide range of behaviors indicating that the counselor is at ease assuming authority, open to hearing challenges and feedback, evidencing respect for the client, and growing personally. These three dimensions serve as an outline for supervision, in helping "to delineate the abilities of a competent counselor" (p. 63).

Consequently, knowledge of the outline can help supervisors attend to areas they may have neglected.

Bernard further defines the three roles of supervisors, in terms of the goals of each. In the teacher role, the focus is on the supervisor as expert, sharing knowledge or skill with the supervisee. The personal needs of the supervisee are of foremost importance in the "counselor" role. Finally, the consultation role results in a focus on a relationship that is explorative in nature, and assumes that the counselor has the ability to express his/her supervision needs (p. 64).

Bernard refers to this as a "situation-specific" model, in which the supervisor's discrimination ability results in a choice of the most appropriate role and focus within the given situation. She describes how this model can be applied to "systematic" pairing of supervisor training with counselor training. In this process, counseling sessions are videotaped, presented, and discussed by practicum students in terms of the concepts and functions in the model. The students first identify counselor behaviors and functions, and then role play with attention to the three functions. Parallel activities in a lab section are provided for supervisors-in-training.

Spice and Spice (1976) describe a "triadic model," which can be used as a method to train supervisors by focusing on supervisory behavior and presenting work samples from supervision rather than from counseling. The method involves learning to assume three differing roles: supervisee, facilitator, and commentator. Four basic processes are taught: (1) presentation of counseling work; (2) art of critical commentary; (3) engagement in meaningful self dialogue; and (4) deepening of the here and now. Their method appears to include not only the dynamic process dimensions of supervision, but also a quite functional approach to learning which might be utilized best as an adjunct to individual supervision.

Davis and Arvey (1978) present an experiential model wherein a student supervisor alternates with a staff supervisor in working with a single practicum student. In this model, training in supervision is provided for by the experience of having a supervisee, and of receiving consultative supervision on one's supervision. This is presented as an alternative to the more traditional method of assigning two trainees to a student supervisor, who then meets weekly with a staff member.

A Proposal for Training

The need for training in the activity of supervision is focused upon two groups of individuals. The first consists of all students in psychology who are matriculating through training programs in psychology. The second group is professionals in the field who are already engaged in the activity or who wish to add this role to their already existing professional activities. Therefore the design for training should be directed toward fulfilling the needs of both groups.

Components of Training

Based upon the literature reviewed and our own clinical experience in the training of supervisors we would suggest a program for the comprehensive training of supervisors which includes three essential components: a conceptual component, an experiential component, and an integrative component. These will receive further elaboration in the remainder of the section.

Conceptual component. As demonstrated in the review of the literature, there exists a very diverse pool of resources which may be selected for use in the conceptual design of a training program. The present monograph was written in part to serve as conceptual material which could be of use in the training of supervisors. We would suggest that the basic organization of the present monograph could serve as an outline for conceptual material. It is important to convey the basic concept of an assessment process and an intervention process as central to the activity of supervision. Readings and lessons could be organized into this format. Within an academic course format, the conceptual material pertaining to the assessment process may include the texts by Ekstein and Wallerstein (1972) and Kell and Mueller (1966) who attend particularly well to relationship issues. Selected readings from the psychoanalytic literature could also add substantive contributions in this area. Developmental orientation to supervisee growth should be emphasized, along with the critical issues in supervision. In selecting materials for the presentation of critical issues instructors should select readings which highlight and emphasize the particular issues which are likely to be faced specifically by the supervisors they are training. The conceptual material within the intervention phase could include readings describing the various strategies possible within each of the major intervention categories which were presented. The perspective of various theoretical orientations could be presented at this point. Readings from Boyd's book (1978) which outline the various theoretical approaches could contribute much substance in this area. Conceptual material designed for the workshop format could include the same content but must be condensed into a short lecture or other presentation format.

Experiential component. Just as one does not learn how to counsel without having practicum exposure to actual clients, one does not learn to supervise without also having some type of actual experience in supervision. It is our belief that pure didactic input is not sufficient to train such a complex activity as supervision. There are several possible methods of providing the experiential component and of these methods, we recommend the simulation technique as the most ideally suited for the training of supervisors. First used by Delaney (1969) in a now classic study for counselors, it has been used widely in the field to provide experiences for trainees in a number of areas, though not specifically for supervisors (Ivey, 1971; Kagan, 1967; Carkhuff, 1969).

These simulation techniques involve the presentation of supervisory key critical incidents in the form of vignettes which can be conveyed in video, audio, or written form. The content of these vignettes can be constructed along the eight themes listed in the monograph. This method allows the supervisor in training to experience a wide range of these central issues in a very condensed period of time. We believe that the form of the construction of these vignettes is particularly important. To offer closer simulation of actual experience, the fictitious supervisee in the vignette is depicted as talking directly to the trainee as his or her supervisor in the situation. The trainee must then assume the role of

supervisee throughout the experience. This method allows the trainee to be more than a passive learner, but an active participant in the situation. It allows the supervisor to actually assume the role and identity of the supervisor. However, this experiential component is not in itself sufficient to insure a top quality learning experience. The integrative component which is described in the following section is needed to supplement the experience gained.

Integrative component. This component is designed to provide the opportunity for the participant to integrate three aspects of his/her performance as a supervisor. The conceptual and experiential components must be integrated with one another. This third component also includes the personal qualities of the supervisor. This integration allows conceptual material to become more than mere intellectual data, but meaningful input which can organize and make sense of the experiential.

This integration occurs with the aid of three steps. First, the trainee should come to formulate a response to the experiential stimulus. Second, the participant should articulate this in some form either verbally or in writing. Third, the trainee must engage in interaction with colleagues. Free and open discussion may be sufficient for this to occur. However, some trainees can benefit from a degree of structuring in order to focus attention on various components and aspects of the supervisory process. Structured exercises, worksheets and guided discussion questions can insure systematic and directed attention to the important parts of the process. These three steps coincide with the three benefits which the supervisor-in-training receives from a comprehensive training program. First, the supervisor gains the ability to take stands and to make decisions. Second, he or she also gains the ability to clarify his or her own style of supervision. One can gain a solid self-identity as a supervisor when one's ideas can be compared with and exposed to the ideas of others. Finally, the supervisor-in-training can gain feedback from peers.

CONCLUSION

In summarizing the contributions of the present monograph, we would like to emphasize the four aspects which we consider to be the most central. We hope that these can serve as an orienting point to which other professionals will contribute their own clinical impressions and empirical findings.

1. A *concrete definition of supervision* has been offered and some attention has been given to the overall sequence of training for counseling psychologists. Recommendations have been presented for using the theory base and literature of related professions in strengthening the conceptual foundations in the area.

2. Two phases consisting of *assessment* and *intervention* have been recognized as central to the supervisory process. To this framework can be added countless ideas and innovative techniques.

3. The existence of *key supervisory issues* has been identified and described. These issues may now receive further verification and elaboration. Supervisors can add much from their clinical experience to enrich and further define the parameters of these issues.

4. *Developmental stage theory* has been defined as essential to the understanding of the supervisory process. Three specific stages have been described and may now receive both empirical and clinical verification. In so doing, the richness and complexity of developmental psychology may now be woven into our view of supervision.

Perhaps the aspect of supervision which has become most clear to us involves the investment and integrity of those individuals who are serving as supervisors within counseling psychology. Throughout the process of our writing and talking with colleagues about supervision, it has continually been clear to us that supervisors devote incredible amounts of personal and professional energy to their work with supervisees. Their work most often transcends requirements and becomes a personal investment in the development of a particular supervisee. The spirit of generativity, of sharing oneself and passing along one's craft, is universally very evident. We believe that it is this investment and sharing that gives us perhaps the brightest outlook for the future of counseling psychology.

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Footnote

*The original conceptualization of the components of a therapeutic person came from the author's remembrances of a talk given by Sam Plyler at Michigan State University. This section has been strongly influenced by relationships wih Mary Ann Stehr and Ralph Kron, also of Michigan State University.