CERTIFICATE IN SUPERVISION

COURSE HANDBOOK

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INTRODUCTION

What is supervision?

The word has many meanings. It means “to oversee” and holds some connotations of authority and a hierarchical form of learning. It is used in Counselling, Psychotherapy and Coaching.

Supervision is also used in the medical fields, in social work, and in aspects of teaching and general care of others.

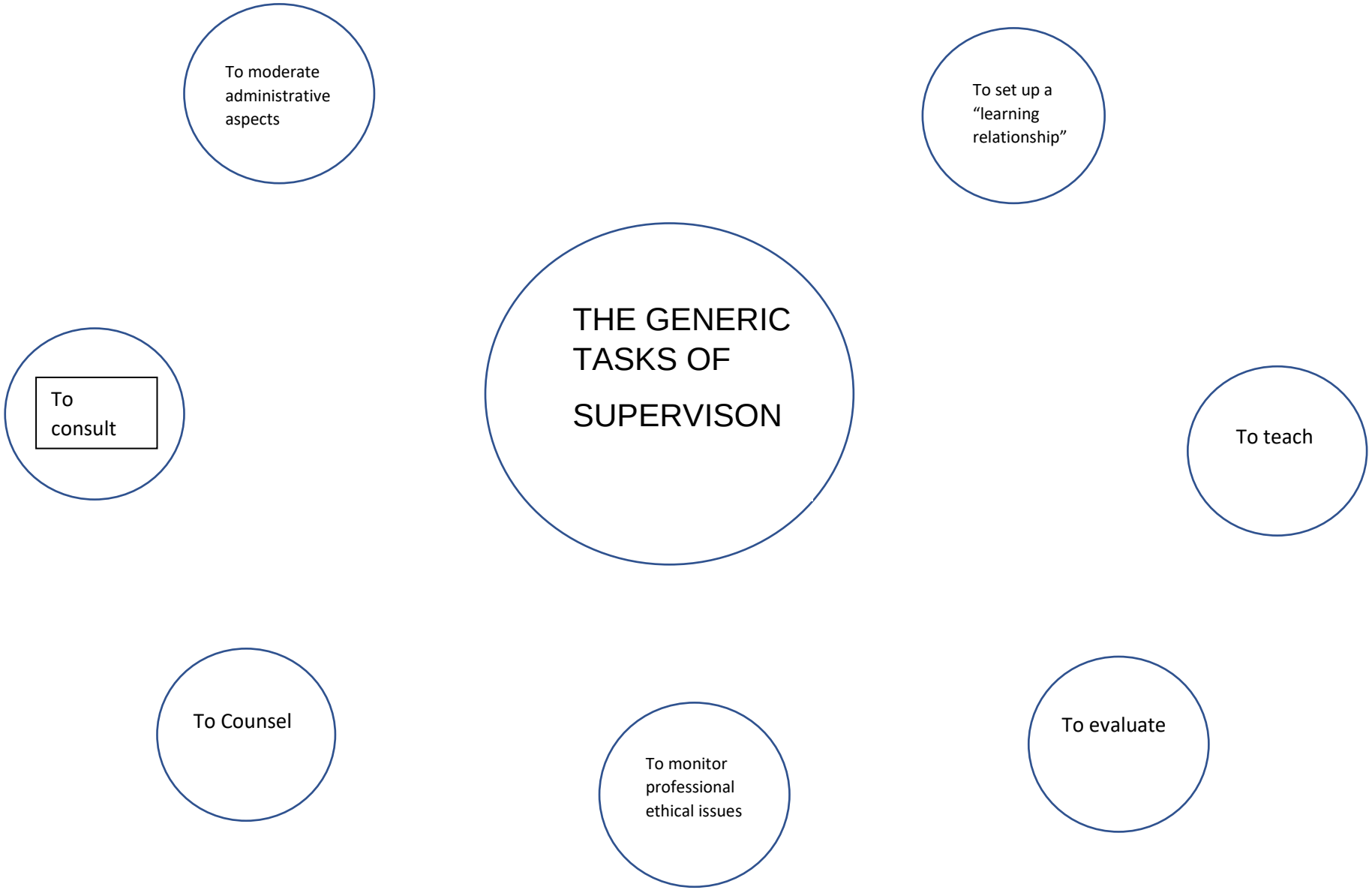
It implies a code of conduct and carries an element of Protection and Safety in its original application.

Hollaway 1992 says that Supervision provides opportunity for the student to capture the essence of the psychotherapeutic process as it is articulated, and modelled by the supervisor. Thus creating it in the Counselling relationship.

Lambert 1980 describes Supervision as part of an overall training of mental health professionals that deal with modifying their actual in-therapy behaviours.

In general, Supervision may be seen as either training supervision, or consultative supervision. Supervision is part of the overall training and educational needs of the health professionals and indeed there are may supervision models and styles that we can explore and look at in depth.

THE SEVEN TASKS OF SUPERVISION



Definitions of supervision:

1. “Supervision is a regular, protected time for facilitated, in-depth reflection on clinical practice”.

   (Bond and Holland, 1998)

2. “Supervision is a working alliance between two professionals where supervisees offer an account of their work, reflect on it, receive feedback, and receive guidance if appropriate. The object of this alliance is to enable the worker to gain in ethical competency, confidence and creativity so as to give the best possible service to clients.”

   (Inskipp and Proctor, 2001)

3. “Supervision is the construction of individualised learning plans for supervisees working with clients.”

   (McNulty, 2003)

4. “Supervision is a place of trust where a healthy relationship gives me a safe place to acknowledge and work with my clinical concerns, stresses, fears and joys.”

   (Johnson, 2003)

Supervision:

"A working relationship facilitating professional growth and self awareness between supervisor and supervisee. Time is allocated to this relationship on a regular basis for the sharing of ideas, development of skills and reviewing of mental health nursing practices. Feedback, guidance and sometimes assessment are elements in this relationship, but ultimately supervision is for the protection of clients."

Supervision is set against the UKCC's Code of Conduct and Mental Health policies and procedures at an organisational level

DEFINITIONS OF SUPERVISION

"Supervision is regarded as an interpersonally based process where one experienced person (the supervisor) assists a less experienced person (supervisee) develop the personal integration of a counselling style and the acquisition of professional values, attitudes concerning the conduct of the profession; and in undertaking this the supervisor bears more than equal responsibility for outcomes including minimizing the danger of harm to clients, "

John M. Urban 1984 — Paper presented at the Annual Conference of the British Association for Counselling, held at University of Manchester, 14 -15th Sept. 1984.

"A relationship where one or more person's skills in conducting psychotherapy or mental health services are intentionally and potentially enhanced by the interaction with another person" .

Allen Hess 1980 — Psychotherapy Supervision: Theory, Research and Practice, P. 528

„. . . a teaching process in which a more experienced participant, the supervisor, observes the work of the less experienced participant, the supervisee, with the aim of helping the supervisee acquire certain essential therapeutic skills through better understanding of the dynamics involved in mental illness and through resolution of personality factors that block performance of effective psychotherapy. Supervision embraces a sharing of experiences: not only those gathered in the relations between therapist and patient, but also those occurring in the relationship between supervisor and supervisee"

J. Wolberg 1954 — The Technique of Psychotherapy, New York , Grune and Straton.

"Supervision is that part of the overall training of mental health professionals that deals with modifying their actual in therapy behaviours".

M. Lambert 1980 — Research and the Supervisory Process in Hess, A. Psychotherapy Supervision, N. Y. John Wiley

"Supervision as "those training activities, either group or individual, wherein the supervisor arranges experiences that are aimed at helping the student therapist to modify specific behaviours with particular clients"

Lambert, 1980:425.

"The clinical supervisor has been described as an agent of social influence whose goal is to enhance the trainee's therapeutic competence within the context of an intensive interpersonal relationship."

Ward, Friendlander,Schoent Klein: Strategic Self Presentation in Supervision (Journal of Counselling Psy.) P.111 1985, 32, (1) .

" Supervision is a quintessential interpersonal interaction with the general goal that one person, the supervisor, meets with another, the supervisee, in an effort to make the latter more effective in helping people in psychotherapy."

A. Hess . Psychotherapy Supervision (1980) p.25.

"Counsellor supervision is an occasion of psychological treatment in which it can be observed that one person, a counsellor supervisor, attempts to bring about change in the knowledge and behaviour of another person, a counsellor trainee, so as to make the trainee more productive in the supervisor's view"

Pepinsky and Patton, 1971 The Psychological Experiment (New York)

"Supervision is a process where an individual or group of counsellors commit themselves to a thorough going and regular review of the work he/she or they are doing with a client or clients … Individual supervision is typically where a counsellor spends an agreed amount of time reviewing the way she or he is working with a client with a supervisor who is skilled in facilitating therapeutic relationships and is able to give support, point out significant omissions and generally act as a guide and check. Group supervision is where a number of counsellors gather together for an agreed time with a supervisor and they take turns to present their work with clients and receive the benefit of the supervisor's and the group's wisdom. Peer supervision is where a number of counsellor colleagues make a contract between themselves to meet regularly and share the time so that each person is able to use the resources of the group for consultative support. "

Bernard Ratigan "Counselling" April 1981 , No. , 36. pages 6 - 8 .

"Our supervisory paradigm consists of a unique set of goals, processes, and relationships which interlock to define supervision and differentiate it from other interpersonal endeavours. The complimentary goals of supervision — to learn to be therapeutic with clients and alternatively to assist a therapist in training to be therapeutic — are complex. To be therapeutic, the therapist must learn to encounter and cope with the conflicts and anxieties of his clients. As he does so conflict is generated in him. As the conflicts aroused in his relationship with his clients begin to emerge and find their way into supervision, additional conflict is generated in that relationship as therapist and supervisor search for the dynamic meaning of those conflicts.

The way in which the supervisor interacts with the therapist and assists

Brammer and Wassmer (1977 : 44).

"Supervision is a special type of learning process based upon the joint examination of the record of a therapeutic interaction between a patient and his therapist.

Arlow (1963L 577)

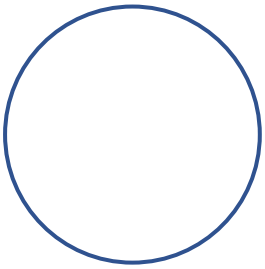
"I define the supervisor as a person assigned by the training committee to work with the novice psychotherapist in order to somehow facilitate the transition from novice to trained therapist".

Chessick (1971 : 273)

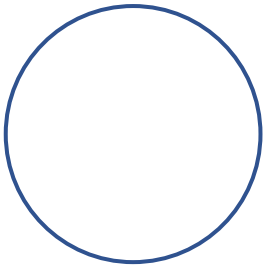
"What is clinical supervision? It is first of all a relationship, a complex and contradictory one, in which a competent and seasoned clinician enables a beginner to establish, maintain and end effective psychotherapeutic relationships with clients."

Goguen (1986: 71)

PEOPLE INVOLVED IN THE SUPERVISION PROCESS



- SUPERVISOR



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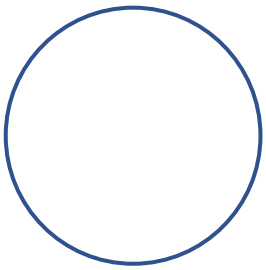
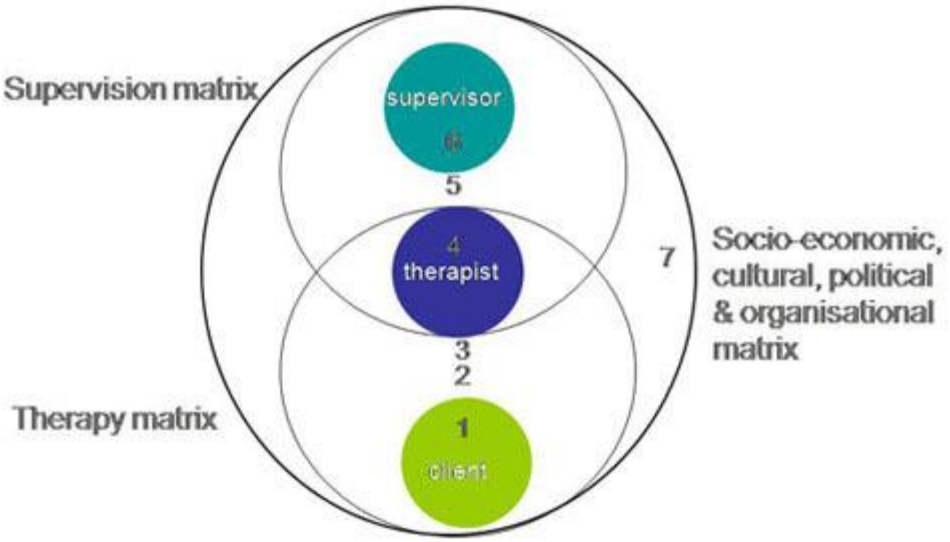


- CLIENT

Process Model - Hawkins & Shohet, 1993
'Seven-eyed supervisor'



Seven-eyed supervision: A process model

Critiques of the model

The model is hierarchic

The model is claiming to be integrative but is biased to one specific orientation

Mode 7 is of a different order and needs to be contained in the other six modes Conclusion

Introduction

This chapter was originally written especially for those who supervise counsellors or psychotherapists, but over the last 20 years, we have found that it has been a useful model for those supervising right across the range of people professions from teachers to coaches; from general practitioners to management consultants. So we have now developed the model and changed some of the terminology to make it more available to the many different people professions.

Having presented, in Chapter 6, many of the maps and models of supervision that are currently available, we now turn to our own model of the supervision process. Our double matrix model, which we first presented in 1985 (Hawkins 1985), differs significantly from the other ways of looking at supervision. In this model we turn the focus away from the context and the wider organizational issues (discussed in the models in Chapter 6) to look more closely at the process of the supervisory relationship. This model has since been referred to as the 'Seven-eyed model of supervision' (Inskipp and Proctor 1995), a name we have since adopted.

The double-matrix or the seven-eyed supervisor model

Our interest in this dimension began when we were trying to understand the significant differences in the way each member of our own peer group supervised and the different styles of supervision that we had encountered elsewhere. These differences could not be explained by developmental stages, our primary tasks, or our intervention styles. From further exploration came the realization that the differences were connected to the constant choices we were making, as supervisors, as to that which we focused on.

At any time in supervision there are many levels operating. At a minimum all supervision situations involve at least four elements:

* a supervisor
* a supervisee
* a client
* a work context

Of these four, normally only the supervisor and the supervisee are directly present in the supervision session, except in live supervision. However, the client and the context of the work are carried into the session in both the conscious awareness and the unconscious sensing of the supervisee. They may also, at times, be brought indirectly into the session in the form of audio and videotapes or written verbatims of sessions or through role-play. Thus the supervision process involves two interlocking systems or matrices:

* The client/supervisee matrix;
* The supervisee/supervisor matrix.

The task of the supervisory matrix is to pay attention to the supervisee/client matrix, and it is in how this attention is given that supervisory styles differ.

Our model divides supervision styles into two main categories:

* supervision that pays attention directly to the supervisee/client matrix, by reflecting on the reports, written notes or tape recordings of the client sessions;
* supervision that pays attention to the supervisee/client matrix through how that system is reflected in the here-and-now experiences of the supervision process.

Each of these two major styles of managing the supervision process can be further subdivided into three categories, depending on the emphasis of the focus of attention. This gives us six modes of supervision, plus a seventh mode that focuses on the wider context in which supervision and the client work happens.

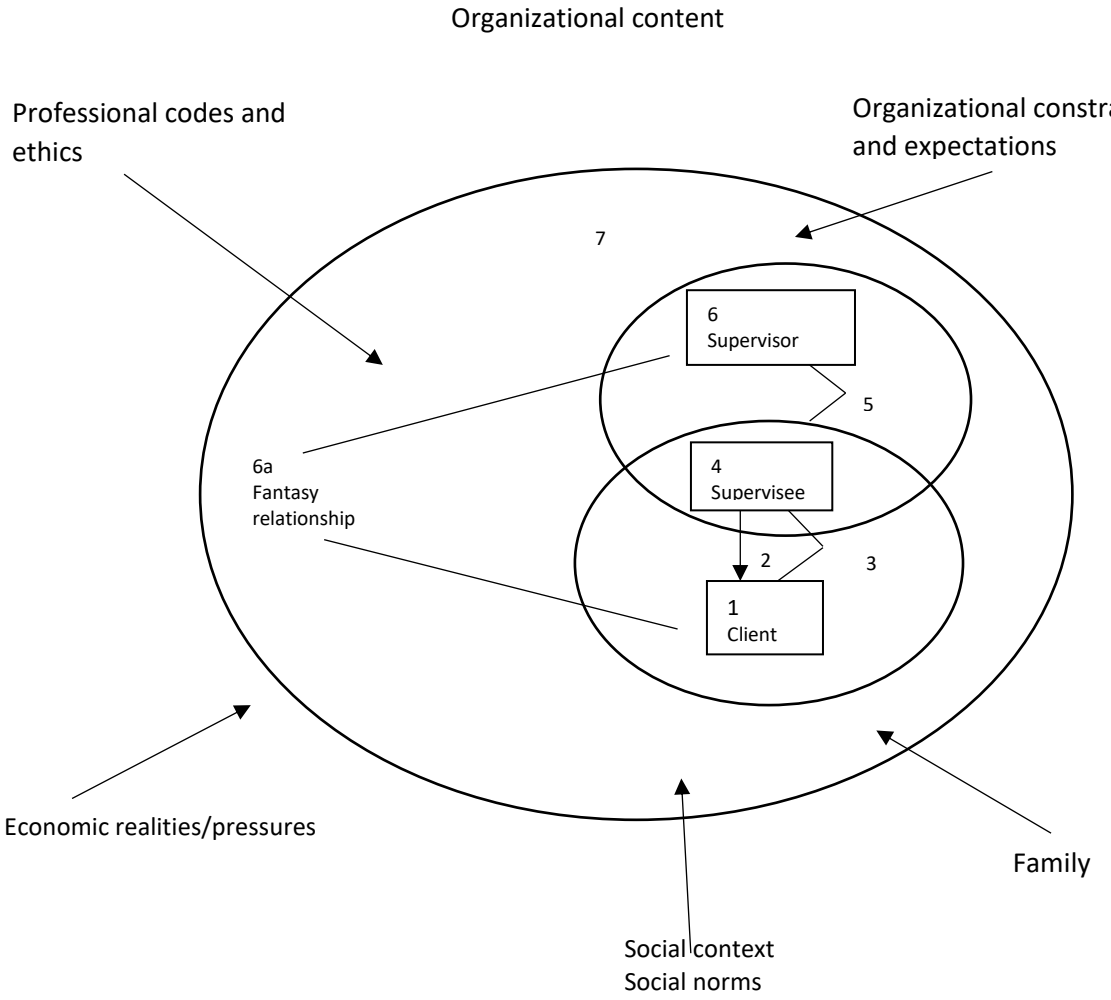


Figure 7.1 The seven-eyed model of supervision

Focus on the client and what and how they present

Attention is concentrated on the actual phenomena of the session, how the clients presented themselves, what they chose to share, which area of their life they wanted to explore, and how this session's content might relate to content from previous sessions. The aim and goal of this form of supervision are to help the supervisee pay attention to the client, the choices the client is making and the connections between the various aspects of the client's life.

Exploration of the strategies and interventions used by the supervisee
The focus here is on the choices of intervention made by the supervisee; not only what interventions were used but also when and why they were used. Alternative strategies and interventions might then be developed and their consequences anticipated. The main goal of this form of supervision would be to increase the supervisee's choices and skills in intervention.

Exploration of the relationship between the client and the supervisee

Here the supervisor will pay particular attention to what was happening consciously and unconsciously in the relationship between the supervisee and their client. This will include: how the session started and finished; what happened around the edges

of the sessions; metaphors and images that emerged; and changes in voice and posture of both parties. The main goal of this form of supervision will be to help the supervisee to step out of their own perspective and develop a greater insight and understanding of the dynamics of the working relationship with a particular client.

Focus on the supervisee

Here the supervisor concentrates on how the supervisee is consciously and unconsciously affected by the work with their clients. It includes focusing on the supervisee's development and how they resource themselves (see Chapters 3 and 6). The main goal of this form of supervision is to increase the capacity of the supervisee to engage with their clients and more effectively to use their responses to the clients.

Focus on the supervisory relationship

Here the supervisor focuses on the relationship in the supervision session. This is essential in two ways: firstly to ensure that regular attention is given to the quality of the working alliance between the two parties; and secondly in order to explore how the relationship night be unconsciously playing out or paralleling the hidden dynamics of the work with clients (Mattinson 1975; Searles 1955). Thus, if the client was covertly acting in a passive aggressive way to the supervisee, this might emerge in the supervision by the supervisee's becoming unconsciously passive-aggressive to the supervisor as they discuss that particular client. The goal is to enable the supervisee to surface unaware dynamics.

The supervisor focusing on their own process

Here the supervisor primarily pays attention to their own here-and-now experience in the supervision; what feelings, thoughts and images are emerging for them both in working with this supervisee and in response to the material that is shared about the work. The supervisor uses these responses to provide another source of information about what might be happening in the supervisory or client relationship. The unconscious material of the supervisee/client session which has been unheard at the conscious level by the supervisee may emerge in the thoughts, feelings and images of the supervisor.

Focus on the wider contexts in which the work happens

Although the six modes of focus are inclusive in so far as they include all the processes within both the client and supervisory matrices, the supervisory and client relationships also exist within a wider context which impinges upon and colours the processes within it. The supervisor cannot afford to act as if the client-supervisee-supervisor threesome exists on an island without a context. There are professional codes and ethics, organizational requirements and constrictions, relationships with other involved agencies as well as social, cultural, political and economic contexts. All of these need to be attended to and taken into consideration.

In Chapter 8 we explore how the organizational roles, power dynamics and issues of culture may affect the supervisory process and in the final section of the book (Chapters 13 and 14) we explore the wider organizational context in which supervision takes place and how to work with it.

It would be very unusual to find a supervisor who remained entirely in one of these seven modes of supervision and we would hold that good supervision must inevitably involve the movement between mode. However, distinguishing between the modes in their pure form has many advantages. It allows supervisors to be clearer about their own style, its strengths and weaknesses and which possible modes of supervision they might be avoiding out of habit or lack of familiarity and practice.

Not only does the model provide a way of increasing the options for the supervisor, it also can be used by the supervisee as a language within which to negotiate changes in supervision style and can be used as a tool in a regular two-way review and appraisal of the supervision.

The model is also useful in training supervisors to work with various elements of the supervision process, learning the refinements of each focus separately. so that they can then develop their own style and method of putting the different processes together (see Chapter 9). We liken this to musicians learning to play scales before performing concert pieces. We now look at each of the processes in more detail.

Mode 1: Focus on the client and what and how they present

It is the task of the supervisor to enable the supervisees to become more aware of what actually takes place in the session.
(Shainberg 1983)

To a supervisor, focusing on what actually happened in the client session may sound deceptively easy. But as Shainberg points out in her excellent paper, 'Teaching therapists how to be with their clients' (Shainberg 1983), the difficulty for therapists in staying with their 'not knowing' causes them to fear their powerlessness and rush to try and make sense too quickly. This can lead on to premature theorizing and over early interpretation. Supervisors can both collude with and intensify this process through their own anxiety, their need to be potent, and their need to have answers for their supervisees.

Shainherg is not the first to point out this phenomenon. Freud relates how a store of ideas is created, born from a man's need to make his helplessness tolerable (Freud 1927: 18) and Bion in his writings on therapy constantly entreats us to stay empty and unknowing, uncluttered by premature judgement, theory and interpretation. 'In every consulting room there ought to be two rather frightened people' (Bion 1974). 'True knowing,' Shainberg writes, comes from 'being able to observe and describe what is going on in the present in accurate, concrete, and complete detail. This is different from wanting to change or get rid of or compare or assume a fixed meaning about what is happening' (Shainberg 1983: 164).

Often the first task in every supervisory exploration is to ask the supervisee to accurately describe their clients; how they came to be having sessions; their physical appearance; how they move and hold themselves; how they breathe, speak, look, gesture, etc; their language, metaphors and images and the story of their life as they told it. It is almost impossible to do quality supervision on a particular client until the client has metaphorically 'fully entered the room'.

The task requires the clear focus of a portrait painter or Zen archer and the supervisor's job is to help the supervisees to stay with this difficult task. This involves challenging the assumptions that the supervisees make and asking them to return to what they said or what the client said, rather than their interpretations. It also entails watching for the supervisees' 'ideological editor' or belief system that edits what information the supervisees are relating to and forms the frame in which they present the clients.

Shainberg shows, in her paper, how often new therapists have a fixed notion of how the work with the client should go. They are anxious to apply the theory that they have learnt about personality types and pathology to the patients they see before them. This leads them to stop seeing the actuality of the unique human being that they are with and can lead to 'objectification': the seeing of the patient as a challenge to their therapeutic prowess. In the second of her two illustrations, Shainberg describes the 'objectification process' in one of her supervisees:

She then said she did not experience the patient in the same way as she would 'a fellow human being'. She could not feel other than that the patient was 'so far a test of my being a therapist'. I said she had turned the patient into an object 'to be worked on' at this point. She said she felt the gist of it was that 'if it is a person you can feel free, but if it is a patient you have to do something to change things. Otherwise what are you doing there?' I did not comment on the use of her word it but heard it as how remote she experienced the patient at this point from herself, as though the patient were not her fellow being sharing the human condition of suffering, daily conflict, having a mother and a father, being in fear, facing the inevitability of death.

(Shainberg 1983: 168)

Shainberg gradually helps supervisees become aware of the internal dialogue inside their own heads, the judgements, expectations, self-doubt, etc., so that they can return to the actuality of the experience of being with the patient prior to 'loins.

Focus all your attention on seeing as clearly as you can the way this person behaves and what you think and feel being with her. Do not try to find meanings, make connections, or understand. Observe what takes place and your responses.

(Shainberg 1983: 169)

There is a place for theorizing and using theory to understand what is happening in work with clients, but it must always come after direct encounter with the client in the fullness of their unique being. Between the stage of concentrating on the direct observation and the content of what the client said and turning to theoretical consideration, there are several further steps that need to be taken:

- an exploration of the connections between the content of one part of the session with material from elsewhere in the session;

- listening for the connecting pattern that is contained within each of the parts;

- the tentative linking of material from one session to material and sequences from previous sessions. Supervisees who are new to the work so often treat each session as if it was a closed system, rather than part of an ongoing process.

- an exploration of the links between the content of sessions and the life of the client, both outside and prior to these sessions. In this we can look at the content in the supervisee/client session as a microcosm of the macrocosm of the client's life and relationships as a whole.

We have found two techniques particularly useful when exploring Mode l. One is to attend to the opening moments of the session, even before you think the session has started; to see how the clients first presented and revealed themselves before the conversation got fully underway.

The other useful approach is to use video or audio recordings of sessions. Here one can move between the phenomenon of the material and the feelings of the therapist (see Chapter 9, and Kagan 1980).

Mode 2: Exploration of the strategies and interventions used by the supervisee

In this mode the supervisor focuses on what interventions the supervisees made in their work with the clients, how and why they made them and interventions they would rather have made. One psychotherapy trainer that we interviewed uses this approach as the main focus of her supervision:

I ask them what interventions they have made; what reasons they had for making them; where their interventions were leading them; how they made their interventions and when and then I ask what they want to do with this client now?

(Davies 1987)

It is useful to bear in mind Abraham Maslow's aphorism: 'If the only tool you have is a hammer, you will tend to treat everything as if it is a nail' and it is important to make sure that your supervisees not only have a wide range of interventions in their tool box, but so that they use the tools appropriately and are not blunting their chisels by using them to turn screws!

We have often found that when supervisees bring to supervision their concerns about what intervention to use they can get stuck in dualistic thinking. They will make statements which we term 'either-or-isms' such as:

* I either have to confront his controlling behaviour or put up with it.

* I didn't know whether to wait a bit longer, or interpret his silence as his aggression towards me.
* I don't know whether to continue working with him.

As you can see they do not always contain the words 'either or', but they are always based on the supervisees seeing two opposing options. The job of the supervisor is to avoid the risk of helping the supervisees evaluate between these two choices, and point out that they have reduced numerous possibilities to only two. Once the supervisees have realized that they are operating under a restrictive assumption, the supervisor can help them generate new options for intervening.

Generating new options can be undertaken by using a simple brainstorming approach. The basic rules of brainstorming are:

* Say whatever comes into your head.

* Get the ideas out. Don't evaluate or judge them.

* Use the other person's ideas as springboards.

* Include the wildest options you can invent.

Brainstorming is helped by setting a high target for the number of options, as it is only when we have exhausted all the obvious rational choices that the creative mind starts to get going. Often it is the craziest idea that contains the kernel of a creative way forward. In a group supervision you could try brainstorming 20 ways of dealing with a supervisee's impasse: in individual supervision you could ask the supervisee to invent six or seven different ways of handling the situation with which they are supposedly stuck.

Group supervision offers a great number of creative possibilities. The group contains a greater variety of styles and can avoid the potential dualism between the supervisor's or supervisee's approach.

Group supervision also offers a greater range of active role-playing possibilities. Different group members can choose one possible approach they would like to try out from the list of brainstormed possibilities. Then, with supervisees playing the client, several different possible strategies can be tried and evaluated (see Chapter 10). Even in individual supervision the supervisees can try out different options. It is possible to use an empty chair or the supervisor to represent the client. If necessary, after trying the intervention they can role-reverse and respond from within the role of the client.

Many supervisors, when focusing in Mode 2, offer their own intervention. There are dangers in doing this. It is easy as supervisor to want to show off your intervention skill without fully acknowledging how much easier it is to be skilful in the relative ease of the supervisory setting than when face to face with the client. The other danger is that the

approach of the supervisor will be introjected (swallowed whole) by the supervisees rather than helping them to develop their own improved interventions.

In Chapter 9 we describe John Heron's classification of six categories of interventions. We point out that one intervention is not better than another, but that all can be used, *appropriately, degenerately or perversely.* We explore these different types of interventions in order that supervisors may look at which forms they compulsively use and which they mostly avoid using. From this they can discover some aspects of the strength and weakness of their style, and how they might want to change the balance in the sort of interventions they are using. We find that monitoring our own interventions in such a way sharpens our awareness of the interventions of our supervisees.

Focusing on strategy should not be confused with 'strategic' approaches to therapy, for all those who work enabling others, use some form of strategy, be it interpretation reflection, silence or the active facilitation of bodywork.

Mode 3: Focusing on the relationship between the client and the supervisee

In this mode the focus is neither on the client, the supervisee, nor their interventions, but on the system that the two parties create together. In this mode the supervisor focuses on the conscious and unconscious interaction between supervisee and client. To start with the supervisor might say one or more of the following:

* How did you meet?
* How and why did this client choose you?
* What did you first notice about the nature of your contact with this client?
* Tell me the story of the history of your relationship.

These interventions must clearly be requesting something different from a case history and must help the practitioner to stand outside the client relationship in which they might be enmeshed or submerged and see its pattern and dynamic.

Other techniques and questions that encourage this distancing and detachment are:

* Find an image or metaphor to represent the relationship.
* Imagine what sort of relationship you would have, if you and the client met in other circumstances, or if you were both cast away on a desert island.
* Become a fly on the wall in your last session; what do you notice about the relationship?

These are all techniques that help the supervisee to see the relationship as a whole rather than just their own perspective from within the relationship. The supervisor can be listening to the relationship even when the supervisee is talking about the client out of relationship. In this way, the supervisor acts like a couple counsellor, in so far as he or she must hold the interests of both parties in balance, and at the same time attend to the space and relationship between the two parties.

The supervisor listens to the relationship in a variety of different ways. All approaches involve listening with the 'third ear' to the images, metaphors and 'Freudian slips' that collect around the supervisee's description of this particular client. Through this form of listening the supervisor is trying to discover the picture that the unconscious of the supervisee is painting of the relationship.

Attending to the client's transference

The supervisor is also interested in the transference of the client. By this we mean feelings or attitudes that may have been transferred from an earlier relationship or situation. In Mode 4 we look at how the supervisee might be doing something similar, transferring attitudes and feelings from another relationship. This is called counter-transference and in many ways it is necessary to move between these two modes and consider the transference and counter-transference together. However, for the time being, we will separate the focus and look only at the client's transference.

Many of the questions used above, and paying attention to the images and metaphors, will give important clues to the transference that is happening. If, for instance, the supervisee said that the relationship was like that of two sparring partners in a boxing ring, the transference would be very different from that of a supervisee who answered that their relationship was like a frightened rabbit wanting to cuddle up to its mother.

Learning from the patient

When attending to the process between the client and supervisee it is important to recognize that somewhere both parties probably know what is going on at a deeper and conscious level and what is getting in the way of their healthy open meeting. This knowing is most likely unconscious, otherwise the case would not have been brought to supervision. The job of the supervisor is to listen to how the unconscious of the client is informing the supervisee about the client's needs and how the supervisee is helping or getting in the way. Robert Langs (1978, 1985) has developed a complex and very detailed system for attending to and then decoding the latent and unconscious communication of the client and then relating this to the interactions of the supervisee and how they were unconsciously received by the client.

A simple way to use this approach is to listen to all the reported content of the client, (such as stories they told, feelings they have about other people, asides and throw-away comments), as all relating to how the client experiences the work and the practitioner, especially recent interventions.

Langs (1985: 17, 20) gives a good example of this process.

The final session with a 45-year-old woman who was seen in once weekly psychotherapy for episodes of depression. She begins this last hour as follows:

Patient: One of the boys in the class that I teach at religious school is leaving town. I don't know if I will ever see him again. I wanted to hug him goodbye. My son is leaving for an out-of-town college. I thought of the time my father left us when I was a child. Yesterday, at religious school, I thought of having an affair with the principal.

The patient has largely made use of displacement and symbolization in the allusion to the external danger situation. Rather than alluding directly to the therapist's abandonment … the patient mentions the loss of a boy in her class, of her son, and of her father in childhood. Each involves an aspect of loss and termination and each expresses in some disguised form a meaning of the ending of the patient's psychotherapy.

Patrick Casement has written about a very similar approach to Langs in a more easily readable book called Leaming From the Patient (1985). Here he writes about 'the patient's unconscious search for the therapeutic experience that is most needed'. He gives a number of examples of how the client or patient's unconscious is constantly informing the therapist about its need *for structure*, *responsiveness and the appropriate space*. However, he cautions us to distinguish between patients' growth needs and their wants: 'l am here making a distinction between needs that need to be met and wants …. The therapist should … try and distinguish between libidinal demands, which need to be frustrated and growth needs that need to be met' (Casement 1985: 171-2).

Here is an example illustrating the difference between these wants and growth needs drawn from the work of a psychotherapist that one of us supervises:

The therapist was a female worker who looked and acted in a motherly fashion. The client was also a female whose own mother had been very depressed, often not leaving the house for weeks at a time. The client went through periods of wanting the therapist to hug and cuddle her and of trying every way possible for the sessions to overrun the ending time. The libidinal demand was for unboundaried symbiotic mothering, whereas the unconscious growth need was for a therapist who would provide the clear boundaries that her own mother was unable to give her. Once this had been realised in the supervision, the therapist’s anxiety with this client lessened considerably and she was able to set clear boundaries for the client, in a way that the client was able to accept.

Mode 4: Focusing on the supervisee

In this mode the focus of the supervision is on the internal processes of the supervisee and how these are affecting and being affected by the work and the relationship. This includes the emotional reactions and resonances of the supervisee, often called countertransference. We would like to distinguish between five different types of countertransference:

* Transference feelings of the supervisee stirred up by this particular client. These can be either the transferring of feelings about past relationships or situations or, to the relationship with this client; or the projection of part of the supervisee on to the client.

* The feelings and thoughts of the supervisee that arise out of playing the role transferred onto you as if you were her mother, you may find yourself feeling alternatively protective and angry, in the way her mother did).

* The supervisee's feelings, thoughts and actions used to counter the transference of the client. The client treats you as a mother figure and you find yourself becoming very masculine and business-like to avoid the mother transference.

* Projected material of the clients that the supervisee has taken in somatically, psychically or mentally.

* Finally, we would like to mention a particular form of counter-transference that can very easily creep into the modern pressurized world. It is what Rowan calls aim attachment counter-transference where we want the client to change for our sake, not theirs. This could be because we want to see ourselves as successful, seeing the client's cure or otherwise as a reflection of our own well-being as a professional. This can also be fuelled by professional demands to produce results.

What all forms of counter-transference have in common is that they involve some form of predominantly unaware reaction to the client by the supervisee. It is essential for the supervisee to explore all forms of counter-transference in order to have greater space to respond to, rather than react, to the client. Counter-transference used to be thought of as something that had to be made conscious and removed as it formed a negative barrier. Now many professionals realize that in the counter-transference can be found the clues to understanding their work and their clients better.

It is clear from what we have said above that it would be hard to work with the countertransference without reference to the client's transference and so Modes 3 and 4 most often work together. However, there is a difference in focusing predominantly on trying to understand the client 'out there', or on concentrating on the supervisee's own process.

The simplest way to focus on the counter-transference is for the supervisor just to pose the question 'What is your countertransference to this client? '; but, as we suggested above, most counter-transference is outside awareness and predominantly unconscious, so this question has only very limited effectiveness.

Another slightly more sophisticated technique is 'Checks for identity' which we have adapted from 'Co-counselling' (see Heron 1974). In this technique the supervisor takes the supervisee through five stages in order to elicit their counter-transference:

Stage I: The supervisee is encouraged to share their first spontaneous responses to the question: 'Who does this person remind you of?' The supervisor keeps repeating the question until the supervisee discovers an answer, which could be a person from their past, a well-known personality, a historical or mythic figure or part of themselves.

Stage 2: The supervisee is asked to describe all the ways their client is like this person.

Stage 3: The supervisee is then asked what they want to say to the person that they discovered in stage l, particularly what is unfinished in their relationship with that person. This can be done in role-play by putting the person on an empty chair and expressing their feelings to them.

Stage 4: 'The supervisee is asked to describe all the ways their client is different from this person.

Stage 5: The supervisee is then asked what they want to say to their client. If the previous stages have been completed satisfactorily then the supervisee will be able to address the client differently.

This exercise can lead to surprising discoveries about the most unlikely connections and unfinished thoughts and feelings, which are getting in the way of seeing the client.

The more unconscious material is often found at the edges of the supervisee's communication. It can be in their images, metaphors or Freudian slips of the tongue; or it may be in their non-verbal communication. The supervisor can elicit this material by getting them to free-associate to images or 'slip' words; or by getting them to repeat and exaggerate a movement or gesture that carries a charge. From these interventions can emerge strong feelings that then need to be related back to the work with the client.

Also when looking at the supervisee's counter-transference it is important to include an exploration of what Frank Kevlin (1987) calls 'the ideological editor'. This is the way the supervisees view the client through their own belief-and-value system. This includes conscious prejudice, racism, sexism and other assumptions that colour the way we mis-see, mis-hear or mis-relate to the client. This is explored more fully in Chapter 8.

One way of eliciting this ideological editor is through awareness of the supervisee's use of comparatives or associations. If a supervisee says about a client: 'She is a very obliging client', the supervisor can ask. 'How is she obliging?' 'She is very obliging compared to whom?', ‘Well me how you think clients should oblige you?' Thus the supervisor is seeking to discover the assumptions about how clients should be that are hidden in this comparative term 'very obliging'. Construct theorists (Kelly 1955) might describe supervisees as having a bipolar construct obliging/non-obliging.

Here is another example which shows the eliciting of counter-transference through spontaneous association. It is taken from a supervision session where Robin is supervising a senior manager in a social services department. whom we will call John:

Robin: Why are you allowing this staff member to drift and not confronting him?
John: Well, I do not want to be a punitive boss.
Robin: What would that be like?
John: As you asked that, I got the image of a little boy outside a headmaster's office.
Robin: So there is a link for you between confronting and being a punitive head teacher. If you were this staff member's head teacher, how would you want to punish him and what would you be punishing him for?

Having explored this together, Robin then encouraged John to try out other ways of confronting the staff member, which were less polluted by the punitive countertransference. Thus having started with Mode 4 he then moved back into Mode 2.

Mode 4 also includes attending to the general well-being (resourcing aspect) and development (developmental aspect) of the supervisee's needs. Unless time is given to these aspects, there is a danger that supervision will become overly reactive, always responding to the impact of the latest difficult client, rather than proactively helping to build the capacity of the supervisee over time.

We have often noticed that supervisees can be less stressed by the difficulties with their client group, than by the response or lack of it from their organization (Morrison 1993; Scaife et al. 2001: 31). They may also have as their central concern their difficult relationships with colleagues. When collegial relationships are brought to individual supervision it is important to ask why they have not been addressed directly instead; and to view the issue from a systemic perspective. It is also essential to remember that the only part of the system that you can help to shift is the part that is present with you in the room. In later chapters we explore how collegial relationship and organizational politics with a small 'p' can also be explored in teams, networks and organizations. One reason it may have been brought to individual supervision is the lack of suitable team or organizational supervision processes.

Mode 5: Focusing on the supervisory relationship

In the previous modes the supervisor has been focusing outside him - or herself. In Mode 1 the focus has been on the client and then increasingly in Modes 2 to 4, on the supervisee. Increasingly the supervisor has been encouraging the supervisee to look less for the answers out in the client and to pay more attention to what is happening inside themselves. But the supervisor has so far not started to look inside him or herself for what is happening. In the final two modes the supervisor practises what he or she preaches, and attends to how the work with the clients enter and change the supervisory relationship, and then in Mode 6 how these dynamics affect the supervisor. Without the use of Modes 5 and 6 the supervisors would lack congruence between what they were asking the supervisee to do and what they were modelling, that is, to look inside themselves.

Harold Searles, an American neo-Freudian, has contributed a great deal to the understanding of this supervision mode in his discovery and exploration of the paralleling phenomenon (Searles 1955):

My experience in hearing numerous therapists present cases before groups has caused me to become slow in forming an unfavourable opinion of any therapist on the basis of his presentation of a case. With convincing frequency, I have seen that a therapist who during occasional presentations appears to be lamentably anxious, compulsive, confused in his thinking, actually is a basically capable colleague who, as it were, is trying unconsciously by his demeanour during the presentation, to show us a major problem area in the therapy with his patient. .The problem area is one which he cannot perceive objectively and describe to us effectively in words; rather,

he is unconsciously identifying with it and is in effect trying to describe it by way of his behaviour during the presentation.

In the mode of paralleling, the processes at work currently in the relationship between client and supervisee are uncovered through the way they are reflected in the relationship between supervisee and supervisor. For example, if I have a client who is very withholding (who had a mother or father who was very withholding, etc.), when I present them to my supervisor, I may well do this in a very withholding way. In effect I become my client and attempt to turn my supervisor into me as therapist. This function, which is rarely done consciously, serves two purposes for the supervisee. One is that it is a form of discharge - I will do to you what has been done to me and see how you like it; and the second is that it is an attempt to solve the problem through re-enacting it within the here-and-now relationship. The job of the supervisor is to tentatively name the process and thereby make it available to conscious exploration and learning. If it remains unconscious the supervisor is likely to be submerged in the enactment of the process, by becoming angry with the withholding supervisee, in the same way that the supervisee was angry with the withholding client.

The important skill involved in working with paralleling is to be able to notice one's reactions and feed them back to the supervisee in a non-judgemental way (for example, 'I experience the way you are telling me about this client as quite withholding and I am beginning to feel angry. I wonder if that is how you felt with your client'). The process is quite difficult as we are working with the paradox of the supervisee both wanting to deskill the supervisor and at the same time work through and understand the difficult process in which they are ensnared.

Here is a clear example of paralleling written by our colleague Joan Wilmot:

I was supervising a social work student on placement to our therapeutic community who was counselling a resident with whom she was having difficulty. He was a man in his forties who had been in the rehabilitation programme in the house for about seven months and was now to move on to the next stage which was finding himself some voluntary work. He was well able to do this but despite the student making many helpful and supportive suggestions, he 'yes but' everything she said. In her supervision with me, despite her being a very able student, her response to all my interventions was 'yes but'. I took this issue to my supervisor, in order as I thought, to obtain some useful suggestions with which to help the student. However, despite the fact that I was usually very receptive to supervision, I responded to every suggestion my supervisor made with a 'yes but'. He then commented on how resistant I was sounding and how like the resident in question I was being. This insight immediately rang so true that we were both able to enjoy the unconscious paralleling I had been engaged in and I no longer needed to engage in a resistance game with my supervisor. I shared this with my student who no longer needed to resist me but was able to go back to her client and explore his need to resist. His issues around needing to feel his power by resisting could then be worked on separately from his finding voluntary work and he was able to arrange some voluntary work within the week.

(Wilmot and Shohet 1985)

Margery Doehrman (1976) has done one of the very few pieces of research on paralleling that exist, in which she studied both the therapy sessions and the supervision on the therapy of twelve different people. In the introduction to her study Mayman writes:

> What is strongly suggested by Dr Doehrman's study, a result that she herself admits took her by surprise, was the fact that powerful parallel processes were present in every patient—therapist—supervisor relationship she studied.
>
> (in Doehrman 1976: 4)

Doehrman discovered that paralleling also went in both directions; not only did the unconscious processes from the therapy relationship get mirrored in the supervision process, but also the unconscious processes in the supervisory relationship could get played out within the therapy process. Mayman concludes by saying:

> I believe parallel processing ... is a universal phenomenon in treatment, and that the failure to observe its presence in supervision may signal only a natural resistance on the part of the supervisor and/or therapist against facing the full impact of those forces which they are asking the patient to face in himself.
>
> (in Doehrman 1976)

Mode 6: The supervisor focusing on their own process

In Mode 5 we explored how the relationship between the supervisee and their client can invade and be mirrored in the supervisory relationship. In this mode we focus on how that relationship can enter into the internal experience of the supervisor and how to use that.

Often as supervisors we find that sudden changes 'come over us'. We might suddenly feel very tired, but become very alert again when the supervisee moves on to discuss another client. Images, rationally unrelated to the material, may spontaneously erupt in our consciousness. We may find ourselves sexually excited by our image of the client or shuddering incomprehensibly with fear.

Over the years, we have begun to trust these interruptions as being important messages from our unconscious receptors about what is happening both here and now in the room, and also out there in the work with the client. In order to trust these eruptions supervisors must know their own process well. I must know when I am normally tired, bored, fidgety, fearful, sexually aroused, tensing my stomach, etc., in order to ascertain that this eruption is not entirely my own inner process bubbling away, but is a received import.

In this process the unconscious material of the supervisee is being received by the unconscious receptor of the supervisor, and the supervisor is tentatively bringing this material into consciousness for the supervisee to explore.

Supervisors need to be clear about their feelings towards the supervisee: 'What are my basic feelings towards this supervisee?' 'Do I generally feel threatened, challenged, critical, bored etc?' All that has been said above about transference and counter- transference is relevant to supervisors when they relate to their

supervisees. Unless supervisors are relatively clear about their basic feelings to the supervisees, they cannot notice how these feelings are changed by the import of unconscious material from the supervisee and their clients.

In order to use this mode supervisors must not only be aware of their own processes, but must also be able to attend to their own shifts in sensation, and peripheral thoughts and fantasies, while still attending to the content and process of the session. This may sound a difficult task, but it is also a key skill in being effective in any of the helping professions and it is, therefore, important that supervisors can model its use to those that they supervise.

Supervisors might use their awareness of their own changing sensations and feelings by making statements like:

- While you have been describing your work with X. I have been getting more and more impatient. Having examined this impatience it does not seem to be to do with you, or something I am bringing into the session from outside, so I wonder if I am picking up your impatience with your client?
-
- I notice that I keep getting images of wolves with their teeth bared, as you describe your relationship with this client. Does that image resonate with your feelings about the relationship?
-
- I am getting very sleepy as you ‘go on’ about this client. Often when that happens to me it seems to indicate that some feeling is being shut off either to do with the client or right here in the supervision. Perhaps you can check what you might be holding back from saying?

Mode 6A: Supervisor—client relationship

So far this model explores the interplay between two relationships: that of the client/ supervisee and that of the supervisee/supervisor; but it ignores the third side of the triangle - namely the fantasy relationship between the client and the supervisor. Supervisors may have all sorts of fantasies about their supervisees' clients, even though they have never met them. The client may also have fantasies about the supervisor of the person who works with them, and we have known some clients to direct a lot of their attention at the unknown supervisor and their fantasies about what happens in their supervision! These fantasy relationships complete the triangle and like all triangular processes are laden with conflict and complexity. 'Any pairing ousts the third party, and may at an unconscious level, even revive the first rivalrous oedipal threesome’ (Mattinson, quoted in Dearnley 1985).

The thoughts and feelings that the supervisor has about the client can be useful. especially in Modes I and 6, as described above. Where the feelings of the supervisor are at odds with the experience of the supervisee, it can be that some aspect of the client/supervisee relationship is being denied and experienced by the supervisor.

Mode 7: Focusing on the wider contexts in which the work happens

Here the supervisor moves the specific client relationships that are figural in the session to the contextual in which both the client work and the supervision work takes place.

The contexts surround all aspects of the supervisory process. We have gradually become aware that it is useful to sub-divide Mode 7 into various aspects.

7.1 Focusing on the context of the client

For many who are psychologically trained it is all too easy to fall into the trap of seeing how the client presents as deriving solely from their psychological patterns. This is only one aspect of the client. In Mode 7.1 it is important to also ask some of the following questions.

* Tell me about the client's background/their work/their culture etc?
* What resources do they have that they are not utilizing or could utilize more?
* What is the client carrying for their family or team or organization?
* Why have they come for help now? Why you?
* When and where else have they had these difficulties?

7.2 Focusing on supervisee's interventions in the context of their profession and organization

The interventions and strategies that a supervisee utilizes will not just be the result of personal choices, but framed by the context of the tradition they work within and the policies, culture and practice of their organization. Even when the supervisee is an independent practitioner, they will still be part of a professional community with its standards, ethics and professional mores.

In this mode the supervisor may well ask, 'How does your handling of this situation fit with the expectations of your professional body?' Although the supervisor has some responsibility for ensuring ethical and professional work, the focus should not be just on compliance, but also helping the supervisee question how they may be over-constraining their practice because of their assumptions about 'expected practice standards' or fear of judgement.

If the supervisor gets trapped into seeing themselves as the channel of the current wisdom of the profession to the supervisee, then the danger is that the profession stops learning. Where supervision is an active inquiry process between supervisor and supervisee, it can become an important seedbed for the profession, where new learning and practice are germinated (see Chapter 12).

7.3 Focusing on the context of the supervisee—client relationship

Not only do the client and the supervisee bring aspects of their separate contexts into their working relationship, the relationship itself has a context and a pre-history. In this sub-mode it is important to ask questions such as:

- How did the client come to see the supervisee?
- Did they choose to come themselves, or were they sent or recommended to come by somebody else?
- If so what is the power relationship with that person or organization.'
- How do they see this helping relationship and how does this relate to their experience of other helping relationships?
- How are such relationships viewed in their culture?'
-

7.4 Focusing on the wider world of the supervisee

In Mode 4 we focus not only on the aspects of the supervisee that are triggered by the work with the particular client, but also their overall development and their general patterns of working. This has its own context, for it will be affected by, among other things:

- their stage of professional development (see Chapter 6).
- their personality and personal history,
- their role and history in the organization in which they work.

7.5 Focusing on the context of the supervisory relationship

The supervisory relationship, like that of the client and the supervisee, has its own context and pre-history. A key element of this context will be the nature of the supervisory contract. Is this supervision: training, managerial, tutorial or consultancy' (Chapter 5). If the supervisee is still in training it may be necessary to focus on the nature of that training and any role the supervisor has in an assessment process. Other elements of this sub-mode include:

- the previous experience of both parties in both giving and receiving supervision;
- the race, gender and cultural differences between both parties (see Chapter 8);
- different theoretical orientations;
- how both parties hold power and authority and respond to the power and authority of other.

7.6 Focusing on the context of the supervisor

In order to reflect skilfully on sub-mode 7.5, the supervisor needs to be able to reflect on their own context and how it enters the supervisory relationship. This requires an advanced form of self-reflexive practice (Schon 1983). It necessitates a high awareness of one's own racial, cultural and gender biases and prejudices (see Chapter 8) as well as the strengths and weaknesses of one's own personality style,

leaming style and patterns of reactivity. This awareness is not to exclude these from the relationship, but to be aware of the lenses through which one is experiencing the supervisee and the system they are presenting.

INTEGRATED DEVELOPMENTAL MODEL

Integrated Developmental Model - Stoltenberg and Delworth 2002

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

INTEGRATED DEVELOPMENTAL MODEL (Stoltenberg & Delworth 2002)

Although developmental models of supervision have probably been the most influential in recent years and have generated considerable research, critics have argued that the theory has not readily translated into concrete applications. As we have noted, providing more details regarding the application of the IDM is one of the reasons for this book. Nevertheless, sometimes simple cook-book solutions and directions are not possible, or at least may be misleading. Also, simple models are easier to understand, while more complex ones require more time and effort to grasp and integrate – but the more elegant the model, the more supervisory issues are addressed.

We have noted that some researchers and practitioners tend to use earlier, and simpler, presentations of our developmental model for their research and practice. Although these earlier models may be more easily comprehended, they lack the breadth to guide the supervision process fully. Related areas of inquiry have faced similar problems. Clinical intuition has suggested that flexibly applying therapeutic interventions is supervisor to rigidly adhering to treatment approaches set out in manuals. Evidence now indicates that this notion ha merit.

Therefore, to meet the needs of the specifics supervisee adequately, the supervisor must be well versed in the model of supervision and able to adapt to changing needs within and across sessions.

Our task here is to introduce the IDM briefly, with only limited attention paid to elaborations and specific applications; those will come later. Just as a good novel requires time for character and plot development, a good model requires an adequate framework on which one can hang the specifics of therapist trainees, their development, and the supervision process across contexts.

OVERARCHING STRUCTURES AND SPECIFIC DOMAINS

Other earlier models of psychotherapist development have suggested that growth occurs in broad stages, with supervisees labelled as Level 1, Level 2, and so on. Clinical practice, and now research, however, suggests that view is too simplistic and does not reflect reality. Professional practice consists of a diverse collection of responsibilities and activities requiring a wide range of skills, knowledge, and experience. It is simply not useful to categorize a trainee this broadly, although a general “level” designation may prove efficient in considering the degree of expertise and capacity for assuming responsibilities within a particular context.

In practice, we all tend to function at different levels of professional development across areas of mental health service delivery. For example, a supervisee may function with a relatively high degree of confidence and autonomy when conducting individual psychotherapy with a depressed client but, due to little experience and training, may lack this confidence and autonomy when working with childhood sexual abuse. This effect was demonstrated in a recent study two of us conducted with other colleagues. Similarly, Tracey and colleagues found that supervisees desired different types of

supervision, varying in degree of structure provided by the supervisor, depending on their experience with particular client present problems.
This perspective on trainee development complicates life for supervisors. We not only need to know how to provide optimal supervision for different levels of supervises, we also need to be able to assess their level of development across the professional activities in which they are engaged while they are under our supervision. Furthermore, we need to move from supervision appropriate for a particular level of development in one domain, to supervision appropriate for a different level of development in another domain, and often within the same supervision session.

Before we discuss how to provide this differential supervision, we explore how to identify the level of trainee development in general. We then move on to discussing how this plays itself out in specific domains.

OVERRIDNG STRUCTURES IN LEVELS 1, 2 AND 3

We have found it useful to monitor trainee development by attending closely to three overriding structures that provide markers in assessing professional growth. Within any given area of clinical practice, these structures reflect the level of development at which the trainee is currently functioning. We consider three distinct levels of development and how these structures differ for each level.

SELF AND OTHER AWARENESS. This structure has both cognitive and affective components and indicates where the individual is in terms of self-preoccupation, awareness of the client's world, and enlightened self-awareness. The cognitive component describes the content of the thought processes characteristic across levels, and the affective component accounts for changes in emotions such as anxiety.

MOTIVATION. This structure reflects the supervisee's interest, investment, and effort expended in clinical training and practice. Changes over time tend to go from early high levels through a vacillation from day to day, and client to client, and culminating in a stable degree of motivation over time.

AUTOMONY. Changes in the degree of independence demonstrated by trainees over time accompany the other structural changes. Beginners tend to be rather dependent on supervisors or other authority figures and eventually grow into a dependency-autonomy conflict, or professional adolescence. Clinical experience and supervision allows therapists to become conditionally autonomously functioning professionals. This awareness of strengths and weaknesses allows the individual to assess accurately the need for additional supervision or consultation regarding professional issues.

SPECIFIC DOMAINS

Before we go into detail in examining the role of the overriding structures, it may be helpful to look at some of the specific domains of clinical practice for which these structures provide guidance in assessing developmental level. The degree of specificity with which we can approach the discussion of domains varies a great deal. As a starting point, we consider eight specific domains of clinical activity.

INTERVENTION SKILLS COMPETENCE. This domain addresses the therapist's confidence in and ability to carry out therapeutic interventions. The developmental level

in this domain will differ depending on the therapist's familiarity with a given modality (for example, individual, group, marital or family therapy) and the theoretical orientation used.

ASSESSMENT TECHNIQUES. This domain addresses the therapist's confidence in and ability to conduct psychological assessments. Of course, numerous assessment devices and protocols exist, and the developmental level of the therapist will vary depending on experience and training across approaches (for example, personality, vocational, neuropsychological). Our discussion of this domain shares some commonalities with other recent work in the area of assessment.

INTERPERSONAL ASSESSMENT. Some professionals may consider this domain a subset of assessment techniques in, for example, considering the test-taking behaviour of a client across the assessment period and integration of clinical interview data with formal assessment data. We tend to consider it separately because the nature of interpersonal assessment may extend well beyond a formal assessment period and incorporate the use of self in conceptualizing a client's interpersonal dynamics. Again, the nature of this domain differs depending on the theoretical orientation of the therapist.

CLIENT CONCEPTUALIZATION. This domain includes, but is not limited to, diagnosis. The inadequacy of current diagnostic criteria for guiding treatment is well documented. This domain goes beyond an axis of V-code diagnosis and includes the therapist's understanding of how the client's characteristics, history, and life circumstances blend to affect adjustment. The nature of this conceptualization varies depending on the therapist's worldview or theoretical orientation.

INDIVIDUAL DIFFERENCES. This domain includes an understanding of ethnic, racial, and cultural influences on individuals, as well as the idiosyncrasies that form the person's personality. Various elements of this domain will surface or submerge across time depending on the themes addressed in theory, assessment, or other enterprises.

THEORETICAL ORIENTATION. This domain includes formal theories of psychology and psychotherapy, as well as eclectic approaches and personal integrations. A therapist may vary in rather significant degrees of complexity of understanding across orientations used in clinical practice.

TREATMENT PLANS AND GOALS. This domain addresses how the therapist plans to organize his or her efforts in working with clients in the psychotherapeutic context. The sequencing of issues and interventions leading to achievement of therapeutic goals and objectives will vary depending on the therapeutic orientation, the therapist's skill level, and situational resources and constraints.

PROFESSIONAL ETHICS. Different mental health professions are guided by their own professional ethics, which in turn are affected by their professional practice. This domain addresses how professional ethics and standards of practice intertwine with personal ethics in the development of the therapist

STRUCTURES ACROSS LEVELS OF THERAPIST DEVELOPMENT

Now that we have summarized our overriding structures and presented some domains for consideration, we examine how these structures vary across levels of therapist development. Later, we expand this discussion by considering how these structures define the levels across domains.

LEVEL 1

Supervisees who are functioning at the early Level 1 stage for a particular domain display some common characteristics. If they are new to the field in the initial phases of education and training in psychotherapy, they often have limited directly relevant experience, although they may have considerable indirectly related experience such as general interpersonal skills. Their background knowledge will usually be limited to an introduction to theories and techniques. The supervisor can choose various approaches to take, but typically a focus on relationship skills and simple intervention strategies is predominant.

Supervisees who may have had considerable experience in other domains of clinical activity (for example, other therapy orientations, other modalities, or related mental health experience) nevertheless will be functioning at Level 1 if these experiences are significantly different from the primary training focus in supervision. For example, it is common to encounter supervisees with significant training and experience in individual counselling or psychotherapy, within one or two orientations, but little or no knowledge or experience in other orientation or another therapeutic modality (for example, marital, family, or group therapy). Similarly, supervisees may have engaged in significant training in assessment but little in psychotherapy, or vice versa.

Level 1 trainees will have limited background in the particular domain of focus in at least part of what occurs in supervision. New trainees will be Level 1 across most or all domains; advanced supervisees, sometimes even relatively seasoned professionals, will have limited background in certain domains of the clinical experience under supervision. In Chapter Three we discuss in more detail how to deal with this variety of Level 1 therapist, but for now we generally examine the characteristics of the overriding structures for this level.

SELF AND OTHER AWARENESS. Learning new skills, theories, strategies, and so on tends to result in considerable confusion and anxiety in Level 1 supervisees. At this level, their evaluation of self-performance is often guided by a perception of accuracy in faithfully performing a given technique or following a particular strategy with a client. This self-focus leaves little attentional capacity for considering the client's perspective or even processing the therapist's own affective or cognitive reactions to the client. Research has confirmed that this self-focus tends to elicit significant anxiety in the supervisee, which can complicate effective performance.

In considering the awareness structure, supervisors need to monitor both *cognitive* and *affective* components. The confusion, lack of certainty, or loss of a sense of what to do is characteristic of the interference on therapist cognitions at this level. Due to the need to reflect constantly on the rules, skills, theories and other didactic material being learned, it is different for trainees to carefully listen to and process information provided by the client in session. It is also difficult for them to recall relevant information from

memory immediately in the session when they are struggling to understand the client's perspective. The trainee's schema related to this aspect of practice within this clinical situation is not sufficiently developed and integrated to allow for quick and easy access. Add to this the trainee's concern with evaluation by the client and the supervisor, and it is easy to see how confusion can reign. We recently heard a university football coach refer to this effect as "analysis paralysis" in bemoaning the hesitation and mistakes his young charges made.

The *affective* component in self-awareness accompanies the cognitive confusion. Developmentally, we know that the state of disequilibrium caused by a perception of insufficient understanding often elicits conflict or discomfort in a given situation. Add to this the fear and anxiety often associated with the anticipation of a negative evaluation by others (client and supervisor), and it is easy to understand the range of negative emotions that Level 1 therapists potentially experience.

Level 1 supervisees are characterized by a focus on the self, and it is often a negative focus rather than an insightful self-understanding. Whereas it is typical for trainees at this level of be excited about learning how to engage in professional practice, even the more mature and personally developed trainees tend to experience the confusion and anxiety associated with this stage.

As Level 1 supervisees gain experience and are exposed to a facilitative supervision environment, their confidence and skills increase, and they begin to feel less of a need to focus so intently on their own performance. They then begin the transition to switching their focus more toward their clients and aware from monitoring their own skills, anxiety, and recall of clinical directives conveyed during the educational process. They are now more able to notice the impact of the therapeutic process on the client, as well as attend more carefully to the client's communications.

MOTIVATION. Level 1 supervisees are typically highly motivated. Some of this motivation is a function of their desire to become a fully functioning clinician. Often some "end-state" model of a professional based on personal acquaintances or depictions of therapists in books or film serves as a developmental goal for the beginning trainee. The desire to move quickly from neophyte to expert can be a strong motivator. In addition, some of this early motivation is a function of wanting to grow beyond the uncertainty, confusion and anxiety associated with this stage. This motivation to learn and grow is often reflected in a desire to learn "the best" or "the correct" approach to dealing with clinical problems. There is often a desire to share this understanding and experience with clients, and the perception of professional effectiveness can result in a measure of confidence and serve to reinforce the person's selection of career path.

Getting past the early perception of inadequacy and experiencing some measure of success begins the transition to Level 2. Here we may see a reduced desire to learning new approaches or techniques as the supervisee may prefer to enjoy a feeling of self-efficacy as a clinician.

AUTOMONY. Novice clinicians, whether across the board or in a specific domain, tend to show considerable dependency on the supervisor, an appropriate response to their lack of knowledge and experience and their scant understanding of the processes involved. They typically rely on the supervisor to provide structure in supervision and

their behavior in the focal domains. They are looking to the supervisor, other authority figures, or other sources to provide information (productions) they can elaborate on and integrate into an overall structure (scheme) from which to understand the clinical process and direct therapeutic behavior.

Again, early successes tend to decrease the supervisees' perception of the need to depend on the supervisor and lead to a desire for more autonomy in supervision and clinical practice. A rather simplistic understanding of a complex phenomenon may lead supervisees to desire more autonomy in practice than is warranted. Other supervisees will need to be encouraged to take risks beyond the point where skill deficiencies would be considered a hindrance.

A METAPHOR. In conveying the model to trainees and others, it has sometimes provided useful to use a simple metaphor to encapsulate the developmental process conceptualized by the IDM. One of us has had experience and training as a rock climber in his younger years. Let us imagine the client to be a novice climber who has slipped into a crevasse (a hole) and is calling to our supervisee for help. The Level 1 climber (supervisee) may stand at the edge of the crevasse, mountain climbing manual in hand, and yell down advice to the stranded climber. Or the supervisee may go off and seek guidance from you, the experienced expert team leader, concerning how to assist the stranded person (client). In either case, the supervisee is attempting to assist the client having had little or no experience with or personal understanding of the process. He or she is standing on the edge, sending interventions down to the client (reach for that rock, stretch for that hand-hold, you can do it!), hoping the client will find his or her way out. Sometimes this is sufficient, and the supervisee feels the power of therapy and begins to develop confidence.

LEVEL 2

Resolution of Level 1 issues allows the supervisee to move into Level 2. This transition can be facilitated, or hindered, by the supervision environment. Of course, we must not forget that this developmental sequence occurs within domains, so we may expect to find differential growth across domains. This differentiation may be a function of more of a focus on some domains rather than others during prior supervision, resulting in greater growth in these domains than others. Additional training opportunities may result in more development in certain domains. Also, the trainee's personal characteristics may be better suited to particular domains of practice, and there may be more rapid growth in those domains

SELF AND OTHER AWARENESS. The transition in switching away from a primary focus on the supervisee's own thoughts and performance toward more of a focus on the client enables movement into Level 2. With the freeing up of awareness from self-preoccupation, the trainee has more attention to be available to direct toward the client and can understand the client's world more fully, marking a structural shift in the area of *cognition.* This additional perspective may, however, confuse the supervisee. A trainee in late Level 1 may have a fairly naïve and simplistic view of the client and clinical processes; now these processes may seem complex, confusing and overwhelming to the Level 2 supervisee.

In the *affective* area, the opportunity to develop empathy more fully with the client now becomes possible. It is difficult to feel someone else's pain when you are preoccupied with your own anxiety. The supervisee's newly developed ability to focus on the client can yield a sensing of the emotional experience of the client. Rather than guessing what emotions the client may be experiencing at any given time, the Level 2 therapist can develop the ability to pick up on verbal and non-verbal cues that communicate the inner emotional experience of the client. This can add considerable depth to the supervisee's understanding of the client. It can also increase the likelihood of enmeshment, countertransference, or an "intervention paralysis" for the supervisee, who may now be nearly as emotionally overwhelmed as is the client.

For the Level 2 supervisee, the lifting of the veil of anxious self-awareness can result in a deeper and more accurate understanding of the client. Taken to the extreme, it can also lead to an inability to get beyond the confusion or intense emotion stimulated by a singular focus on the client. The transition beyond Level 2 to Level 3 consists of altering the focus to include more reactions of the therapist to the client and reflection on what is known by the supervisee regarding the clinical processes at work or tapping into relevant scheme while engaged in clinical activity.

Motivation. The confidence that accompanies perceptions of self-efficacy in clinical practice has been shaken by the increased knowledge of the complexity of the enterprise. The effects on motivation can be significant. Some supervisees react to this confusion by seeking additional support and guidance and display high levels of motivation to learn. For others, reacknowledging confusion and frustration can reduce motivation to learn, as well as engage in clinical activities. The confusion and, at times, despair contrasting with feelings of confidence and effectiveness can be reflected in vacillating motivation in this supervisee.

The transition issues for this level of trainee revolve around the goal of personalizing an orientation to professional practice. A self-understanding that can develop from learning how one's personal characteristics interact with clinical practice issues forms the basis for the work of Level 3.

AUTONOMY. The dependency of the early Level 1 trainee has given way to a sense of efficacy and a desire for some autonomy by the Level 2 supervisee. This will often take the shape of a dependency-autonomy conflict, not unlike what we all experienced in adolescence. At times, confidence will be high, and the supervisee will want to develop his or her own ideas assertively. A level of independent functioning may be possible with rather specific requests for help. At other times, when things are not going so well, the supervisee may become dependent or, on occasion, evasive. This person will show lowered confidence in clinical work and, sometimes, behaviour similar to early Level 1 trainees.

As the Level 2 therapist transitions to Level 3, a more consistent conditional autonomy will appear. This supervisee is better able to understand the parameters of his or her competence, and the dependency-autonomy conflict will face.

THE METAPHOR. Our mountain climber has moved from standing on the edge of the crevasse and sending down instructions, to climbing down into the hole with the stranded climber (client). The stranded climber now feels more understood, realizing that the supervisee can better see the problem from his or her perspective. The new

challenge is for someone to figure a way out. Our supervisee may become as stranded and fearful as the client. They may now both be crying up to the supervisor to help them out, or giving up on the possibility of rescue.

LEVEL 3

The turbulence and uncertainty associated with Level 2 give way to a more stable, autonomous, and reflective Level 3 therapist. The transitional phase to Level 3 brings about more of a focus on a personalized approach to clinical practice and a greater use and understanding of the self.

SELF AND OTHER AWARENESS. Some of the focus on the self that we saw in Level 1 returns in Level 3, although the quality of the self-focus is remarkably different now. Here the supervisee begins to be more accepting of himself or herself with all the professional strengths and weaknesses. The high empathy and understanding, an important developmental milestone in Level 2, remains. However, the therapist now is able to focus on the client and process the information provided, while being able to pull back and reflect on his or her own reactions to the client. This reflection can be fairly objective and include a memory search to identify relevant schemata and bring the information into awareness for use in decision-making. This therapist, though the self-knowledge that has developed, is better able to use himself or herself (personal characteristics, genuine responses) in sessions.

MOTIVATION. The fluctuating motivation we observed in Level 2 has been replaced with a more stable high level of motivation for professional development and practice. Periodic ups and downs will continue, but within a narrower range of motivation. Remaining doubts about one's clinical effectiveness are not disabling, and there is considerably more concern for the total professional identity and how the therapist role fits into it.

AUTONOMY. A commitment to retaining responsibility for one's clinical work is characteristic of this stage. While there is a solid sense of when consultation is necessary, the firm belief in one's autonomy and professional judgment is not easily shaken. The notion of independent practice is now less of a goal and more of a realization. Supervision is useful in solidifying gains and broadening one's perspectives, but tends to become more collegial at this point, with less of a difference in levels of expertise between supervisor and supervisee.

THE METAPHOR. Our mountain climbing guide in Level 3 is able to lower himself or herself down into the crevasse and effectively communicate to our stranded climber his or her understanding of the emotional, cognitive, and environmental aspects of the problem. With calm and confidence, our climber assists the stranded colleague in developing a plan to climb out, examining options and working from experience as well as a detailed understanding of rock climbing technique and the mountain. While success is not guaranteed, the likelihood of both climbers rising out of the crevasse is considerably increased.

LEVEL 3I (INTEGRATED)

Self and other awareness. The transition to Level 3i is characterized by a personalized understanding of clinical practice that crosses domains. The therapist is able to monitor

the impact of personal life changes on professional identity and performance. This self-understanding is apparent from the therapist's awareness of how his or her personal characteristics affect various clinical roles, as well as an integration and consistency of identity across these roles.

MOTIVATION. Relatively high and stable motivation will be evident across a number of domains. The therapist is likely to be aware of domains where this motivation is lacking and understand the reasons for it. Decisions concerning professional and personal goals will dictate which domains and professional roles will emerge as most important. A refocusing of one's practice to new areas may occur, necessitating a revising of Level 1 or Level 2 issues, depending on the similarity of the new domains to those in which professional development is high.

AUTONOMY. The therapist is able to move conceptually and behaviourally from one domain to another with a high degree of fluidity. The possibility of refocusing one's practice to new domains will bring about changes in autonomy consistent with the level of professional development of related domains. However, professional identity is solid across most domains relevant to the person's practice.

THE METAPHOR. Our Level 3 mountain climbing guide was able to help our stranded climber emerge from the crevasse. Perhaps we can extend our metaphor for the Level 3i guide to an ability to handle most types of emergencies and challenges confronted by his or her charges on the mountain. In addition, this individual may be particularly adept at training other guides to provide similar assistance to climbers who are attempting to scale everything from rocks to glacier covered peaks. Table 2.1 summarizes descriptions of the overriding structures by level of development, including transitions between levels.

INTERACTION OF STRUCTURES AND DOMAINS

We will leave a detailed discussion of the structures across domains or each level of professional development for the next three chapters. Some general discussion of this process here will help set the stage for subsequent details. It is important to keep in mind that supervisees commonly are functioning at different levels of development for various domains at any given point in time. The range of levels, of course, will tend to be less for very inexperienced versus experienced professionals. The novice therapist will be functioning largely at Level 1, while the therapist with considerable experience is to be expected to be functioning primarily in Level 3. It would be an error, however, to assume that all experienced clinicians function at Level 3 across domains. We know therapists who seem to be unable to progress beyond Level 2 or, at times, Level 1 structures for particular domains.

Level 1 Therapist

Across domains, the Level 1 therapist has skills to learn and needs opportunities to practice them. In the domain of intervention skills competence, the Level 1 therapist tends to focus on how the skills should be performed and when to use them. The therapist's evaluation of his or her effectiveness will be primarily based on self-perceptions of the adequacy of performing the techniques. Little awareness exists as to the effects of these interventions on the client.

The high motivation of the Level 1 therapist across relevant domains is at least partially a function of the fear and anxiety present. There is a strong desire to emulate experienced therapists, often the supervisor, as a means of developing skill and confidence and moving beyond the anxious neophyte role. The theoretical orientation beginners adopt is often directly tied into the perceived orientation of a role model. Often the more easily understood or unambiguous models are those to which these therapists are initially drawn. At other times rather complex theories are “abstracted” by the Level 1 therapist into some fairly simple and understandable constructs to make the information more digestible. Another common approach is to be attracted to a theory that fits most closely one’s own personal (often informal) theory of human behaviour. This has the advantage of allowing the beginners to fill the blanks in their knowledge of the theory with common sense, as they perceive it.

Typically, the Level 1 trainee is quite dependent on the supervisor or others in authority. This is of course, quite acceptable and usually imperative. The supervisor is the source of answers to the many puzzling questions with which beginners struggle. For example, producing a comprehensive, or even marginally inclusive, conceptualization or diagnosis of a client is often quite different for beginning therapists.

Level 1

Motivation	High Motivation
	High levels of anxiety
	Skills acquisition focus
Autonomy	Dependent upon supervisor
	Needs structure from supervisor
	Positive feedback
	Minimal direct confrontation
Awareness	Self-awareness is limited
	Self-focus is high
	Evaluation apprehension
	Unaware of strengths/weaknesses

Transition to Level 2

Motivation	May decrease for new approaches/techniques
Autonomy	May desire more than is warranted
Awareness	Begins to move toward client, away from self

Level 2

Motivation	Fluctuating, sometimes highly confident
	Increased complexity shakes confidence
	Confusion, despair, vacillation
Autonomy	Dependency-autonomy conflict
	Can be quite assertive, pursue own agenda
	Functions more independently
	May only want requested, specific input
	Other times dependent or evasive
Awareness	Focuses more on client
	Empathy more possible
	Understanding client worldview more possible
	May become enmeshed, lose effectiveness
	May become confused, lose effectiveness
	Appropriate balance is an issue

Transition to Level 3

Motivation	Increased desire to personalize orientation
Autonomy	More conditionally autonomous
	Better understands limitations
Awareness	Focus begins to include self-reactions to client

Level 3

Motivation	Stable motivation
	Doubts remain, but not disabling
	Total professional identity is the focus
Autonomy	Firm belief in own autonomy
	Knows when to seek consultation
	Retains responsibility
Awareness	Accepts own strengths/weaknesses
	High empathy and understanding
	Focuses on client, process, and self
	Uses therapeutic self in sessions

Transition to 3i

Motivation	Strives for stable motivation across domains
Autonomy	Moves conceptually and behaviourally across domains
	Professional identity solid across relevant domains
Awareness	Personalized understanding across relevant domains
	Monitors impact of personal on professional life

Paging through a copy of the DSM-IC and trying to fit the client into appropriate categories can be at best a hit-or-miss enterprise. The supervisor can provide the necessary insights, mechanisms for data collection, and integration of information for the trainee. As the trainee develops this skill, the supervisor is still needed to validate or improve upon the initial versions.

In summary, across domains, the Level 1 therapist is characterized by a predominant self-preoccupation, a strong motivation for learning how to become as proficient as other professionals, and a desire to be instructed and nurtured by a more experienced clinician.

The Level 2 Therapist

The change in focus from the self to the client that occurs with Level 2 has many implications for practice across domains. In this stage, we can expect to see a considerable increase in the therapist's sensitivity to individual differences across clients. The increased empathic focus on the client allows the therapist to experience greater depth of emotional and cognitive understanding of the client, which increases the therapist's appreciation for the client's life circumstances. This greater depth and breadth of understanding of the client's world can be quite useful to the trainee in developing more adequate case conceptualizations. On the other hand, this wealth of information, with all of its idiosyncratic nuances, can present real problems for the therapist in wading through the data and reducing the information down to a concise conceptualization or diagnosis. At times, we may find a negative reaction to diagnosing or "labelling" a client because of the impersonal evaluation such processes can convey. This flood of information may also cause the therapist to freeze up in terms of making clinical decisions in treatment. By experiencing the client's emotions and thoughts, solutions that may have appeared quite workable at Level 1 may now appear overly simplistic and naïve. Indeed, in terms of specific therapist behaviors and client progress, our Level 2 therapist may sometimes be less effective than our naively confident late Level 1 therapist.

This increase in perceived complexity of clinical practice and confusion concerning one's ability to function as a professional can produce day-to-day (and sometimes hour to hour) fluctuations in motivation. While our early Level 1 therapists may lack sufficient clinical knowledge to make decisions, our level 2 therapist may perceive too many, or no adequate, options and become immobilized. The domain of individual differences often remains quite relevant and has implications across the other domains. The desire to know and understand the client's situation and view of the world if typically strong, except when the confusion or emotions get too strong, and the Level 2 therapist retreats to the relative safety of inactivity.

Regular reminders of professional ethics are important for Level 2 therapists. The dependency-autonomy conflict can create tension in the supervisory relationship that may limit the willingness of the therapist to share feelings and thoughts with the supervisor. Becoming too enmeshed with a client, or assuming too much responsibility for one's well-being, can result in unfortunate consequences.

The Level 3 Therapist

The Level 3 therapist is more able to use insightful self-awareness in addition to the awareness of the client's experience developed during Level 2. Both come into play in practice, giving a breadth of perspective to the therapist. His or her treatment goals and plans may reflect this integration of sources of information. Knowledge of a guiding theory, conceptualization of the client's difficulties, and confidence in one's own abilities will result in more adequate treatment plans. The Level 3 therapist is able to integrate information acquired through empathic listening to and skilful assessment of the client, monitor his or her own responses in the clinical situation, and be able to separate from the process in order to make more objective third-person observations. This results in an improved ability to plan and carry out effective treatments. In addition, we find little variation in how this individual functions across different professional roles in domains

where development has reached Level 3. In other words, the integration of personal characteristics with professional behaviour is high.

Motivation is stable and relatively high as the therapist makes great strikes toward developing an idiosyncratic therapeutic style. This personalization of clinical practice allows for considerable autonomy for the Level 3 therapist. The therapist's idiosyncratic understanding of theory and implementation of interventions makes supervision consultative rather than didactic. Recommendations for changes or observations of other effective therapists are sifted through the Level 3 therapist's understanding of self and how this translates into his or her therapeutic behavior. This will not appear as defensiveness in supervision but rather as a thoughtful translation of one person's strengths and understandings into another's repertoire.

The Level 3i Therapist

This therapist is fully functioning across domains relevant to her or his practice. Level 3 structures are in play, and a fluidity of movement among them is apparent. In our experience, Level 3i is not often fully achieved, but clinicians who reach this point are considered masters by their colleagues.

The growth experienced as movement into Level 3i is less vertical (moving up the levels) and more horizontal in spreading understanding across domains and linking relevant schemata. Piaget's notion of *horizontal d'ecalage*, the unfolding from within, characterizes this level. Development within each domain is utilized to generate new awareness through integration and linking of schemata, as well as learning in response to input from others. The Level 3i therapist is creative, able to integrate previously retained knowledge across areas, learn from others, and evolve strong and appropriate accommodations and assimilations throughout the lifecycle. Gilligan's notion of relational context of supervision is consistent with this stage. The ongoing work of this therapist is to re-establish networks of knowledge with self-understandings that change as the individual continues to mature.

CONTRACTING IN SUPERVISION

Example of a Two Way Supervision Contract

(Please note that this contract is taken from a counselling supervision arrangement and would need to be adapted to other professional contexts).

This is a supervision contract

Between _____ and _____

from _____ until its review (or ending) on _____

We both:
Are members of BACP (British Association for Counselling and Psychotherapy)
Abide by their Code of Ethics and |Practice
Have Indemnity Insurance for our work

What is supervision

We are agreed that supervision is a forum used by supervisees to reflect on all aspects of their clinical work, where they receive formal and informal feedback on that work and where the welfare of clients and the quality of the service they receive is central.

Practicalities:

We will meet for _____ hours every _____ at _____
at a time to be arranged at the end of each supervisory session. Ours is a non-smoking environment and we have agreed that each of us will ensure that there are no unnecessary interruptions (mobiles, phone, people).

(Add here anything about groups if group supervision, or fees, if necessary, or equipment, e.g. flip charts, overhead projectors, video, audio etc)

Procedure:

We have agreed that the following arrangements will take place in the following situations:

Cancellation of a session

_____

Non attendance at a supervision session

_____

We have agreed that as supervisee you will be responsible for:

Preparing for supervision
Presenting in supervision
Your learning (objectives); applying learning from supervision
Feedback to self and to supervisor
Keeping notes of supervisory sessions

Evaluation and Review

We have agreed that informal evaluation of:

Supervisee
Supervisor
Supervision

Will take place every sixth session. Formal evaluations will take place every year or as requested by either supervisor or supervisee.

The criteria against which evaluation of supervisees will take place are at the end of this contract.

Formal reports will be sent to _____

and can be viewed by _____

They will be kept at _____

The process for formal evaluation of supervisees (written) will be:

Self evaluation by supervisee
Evaluation by supervisor
Initial report by supervisor to be seen and commented on by supervisee
Final report written by supervisor with space for comments by supervisee
Report sent to agreed personnel (above)

Re-negotiation of Contract

At any time either party (supervisor and/or supervisee) can initiate discussion around re-negotiation of the contract or any part of it. This will be done in advance so that there is preparatory time available.

Signed _____ (Supervisor)

Signed _____(Supervisee/s)

Signed _____ (Others e.g., organisation or training institute)

Sample Supervision Contract Outline

The Sample Supervision Contract Outline is designed to illustrate dimensions that could be included in such a document. It is organised with sections to represent definition of supervisor roles, definition of supervisee roles, and definition of the relationship. Development of such a contract serves an important role in the development of the relationship and supervisory alliance. Furthermore, it serves a significant role in invocation of the role of the supervisee by clearly defining the expectations and parameters the supervisor requires. This document is intended to be an example. Individual programs will develop contracts to correspond to their specific settings and requirement. The contract was developed by Falender in 2003.

This is an agreement between _____ (Supervisee)

and _____ (Supervisor and Agency/Setting).

Effectives Dates: _____

The purpose of supervision is (e.g., to meet requirements for internship, to prepare the supervisee for licensure) _____

_____

* Clear definition of what the supervisor will provide to the setting (which will be included in a supervision contract during the first two weeks of the supervision period).
    * Frequency, length, duration, and type of supervision to be provided (specify individual or group) and attendance requirement.
    * Specific areas of supervisory competence (please definite), including educational and supervisory experience and multicultural competence.
    * Supervisor will be respectful of and address cultural and diversity differences in the supervisor-supervisee-client(s) triad.
* Supervision model(s) and theories, including the developmental model
* Theoretical orientation(s) directing interventions.
* How client assignments are made.
* Expectation that the supervisor will focus on professional development, learning and teaching, mentoring, and the personal development of the trainee.
    * Expectation that the relationship will include open communication and two-way feedback.
    * Expectation that the supervision will not include therapy.

    * Expectation that the supervision will include exploration of values, beliefs, interpersonal biases, and conflicts considered to be sources of counter transference in the context of case material
* Supervision format including role of the supervisor and expectations for the supervisor.
* Review of record keeping, including statement of deadlines for submission.
* Availability.
* Procedure for cancellation and rescheduling.
* Emergency contact procedures to follow in defined emergency situations.
* Requirement of adherence to agency, ethical, licensing and legal codes and principles.
* Evaluation, both formative and summative, the details of which are drawn from the supervision contract and which are clearly defined, measurable, and occur at designated intervals.
    * Evaluation measures to be provided at the onset of supervision
    * Self and peer-assessment forms.
* Professionalism.
    * Statement that the supervisor will model professionalism.
    * Informed consent for supervisee regarding evaluation, confidentiality, due process, and grievances about the supervisee.
    * Statement that the supervisor bears liability in supervision, and thus it is essential that supervisee share complete information regarding clients an files and abide by the supervisor's final decisis, as the welfare of the client is tantamount.
    * The supervisor expects the supervisee to express disagreements and differences in opinion with supervisor.
    * The supervisor expects the supervisee to discuss conflicts in the supervisory relationship.
* Attention will be addressed to personal factors such as values, belief systems, biases, conflicts and predispositions.
* Attention will be addressed to assessment of individual learning needs at the onset of and throughout the training sequence.
* Space and resources for trainee
* Clarification of financial arrangements.
* Malpractice insurance arrangement.

* Clear definition of what the supervisee if expected to provide in the supervisory setting and in setting in general.

    * Time commitments, including dates of traineeship, hours required, and attendance at supervision hours designated in advance.
    * Adherence to agency, ethical, licensing, regulatory and legal codes and principles
    * Adherence to specifics of codes in terms of respect for boundaries (or avoidance of multiple relationships, which could result in loss of objectivity or exploitation) with clients, staff and others in the setting.
    * Many contracts include the stipulation of no sex with clients. We believe that such a clause is redundant; however, it is an option.
    * Disclosure of previous experience, including areas of competency.
    * Record-keeping practices, including notes to be completed before supervisory sessions and given to the supervisor to review prior to

supervision. The notes are to be in compliance with APA record-keeping guidelines or other established standards.

* Audio and videotape requirements.
* Productivity expectations, with specific itemization of each area - eg groups, families, adult, child, diversity factors, developmental levels, empirically supported models, and consultation.
* Requirements and procedures for attendance, cancellations, and rescheduling.
* Expected preparation for supervision sessions.
* Attendance requirements for seminars, case conferences, and other meetings.
* On-call responsibilities.
* Expectation that the supervisee is to include the following in conceptualization: theoretical framework, multicultural conceptualization, empirical and research support and background, developmental considerations, and attention to differential diagnoses.
* Openness to learning as a continuous, developmental, life-long process.
* Openness and receptivity to feedback.
* Requirement that clients be informed of trainee's status as supervisee and be given the name and contact information of the supervisor.

* R**elationship**

* Statement that the supervisory relationship is a two-way process through which growth is enhanced and mentoring is accomplished.
* Goals to be jointly developed for the supervisor and the trainee
* expectation that the supervisor will possess skills to facilitate a positive learning relationship that encompasses respect, encourages autonomy, and enhances the training experience.
* Expectation that the supervisee will be open to the facilitation of a positive learning relationship that encompasses respect, encourages autonomy, and enhances the training experience.
* Expectation that attention and respect will be accorded to diversity competency within the supervisory dyad and across the client-trainee-supervisor relationship.

Signature Supervisee …… Date …….

Signature Supervisor ……Date …….

GROUP SUPERVISION

USING THE SUPERVISION GROUP

Supervision in groups is a very common format in many professions. Groups provide a rich source of learning since you have the group members to draw from in addition to the supervisor.

Advantages Of Group Supervision

1. You can hear about the work of other group members, which may be very different from your own, and so you can gain knowledge by proxy;
2. Sometimes another group member will present an issue very similar to one you are dealing with and this will be of direct help to you;
3. You will get a sense of what your peers are struggling with and this provides a sense of twinship with others that can be very reassuring;
4. Interacting with others in a professional group like this where open communication is fostered provides a good model to draw upon in similar work contexts;
5. Other group members may well have knowledge and experience that you, the supervisor, or the rest of the group members do not possess and this can provide a rich source of collegial sharing;
6. In a well-functioning group, there is the benefit of learning "in vivo" from the process in the group about those factors that contribute to a healthy learning environment for you and others.

Potential Hazards In Group Supervision

1. Competitiveness for the attention of the supervisor or competition about time and who gets how much, may jeopardise the effectiveness of the group;
2. One member may end up dominating the group and unless this is confronted early on, could lead to dissatisfaction or even the dissolution of the group;
3. Group members may not voice their expectations clearly or deal openly with conflicts and disagreements so that the group 'gets stuck' in a murky process;
4. Unclear contracts about time and sharing time, whose turn it is to present in supervision, case presentation formats and the general parameters of the group can lead to problems;
5. If one or more members is regularly absent, the life of the group will be affected;
6. The task may take predominance over time to reflect, to discuss and to play with new ideas;
7. The group may become too unstructured for effective learning to take place and may end up being a pleasant 'tea party';
8. Finally, a group is a likely place for us to play out our familiar 'games', so it will be important to include in the contract a willingness to explore this process.

How To Make The Best Of Group Supervision

The advantage of group supervision is that on many occasions there is an issue, a problem or an area of work that all the members wish to spend time reflecting upon. For example, we may agree that next time we will focus on 'the narcissistic process in individuals and in organizations' referring to examples from our own experience. This potential for shared learning is one of the best aspects of group supervision and maximizes the benefit within the time constraints. Members of supervision groups are generally at a similar level of experience and professional development so that all are assured that other members are likely to be struggling with some similar problems. A group also provides us with an opportunity to share the work and experience of our peers in a confidential space that is not available elsewhere. This promotes an experience of 'twinship' that can be supportive to us as we learn and develop. In this way, being in a group supervision context provides an experience of collaborative learning and a working environment which can provide a model for the workplace. It gives us the opportunity to interact with people whose learning styles and interpersonal styles may differ vastly from our own, and where such differences can be celebrated as a source of richness in life.

There are some simple steps for ensuring that you get the most from your supervision group:

A group contract covering issues like: giving clear and honest feedback, an agreement not to hold on to 'bad feelings' but to air these in the group, and other aspects of emotional literacy is vital to the survival of a group. You are encouraged to raise this at the outset of the group so that all members are clear that this is an agreed norm.

Example Of A Group Contract

If you have supervision in a group then people usually agree an overall contract for the group which may involve agreements to give and receive honest feedback from all members of the group. All the group members may also want a particular focus like 'relating theoretical concepts to their practice' so this becomes an overall focus for the group. Then within the group, each person will contract session by session for what he/she wants from that session:

1. 1st person: Today I want to review my relationship with a colleague and find a more creative way of working with her.
2. 2nd person: I want to look at my work with a particular client and review my goals to see if they really fit the presenting problem.
3. 3rd person: I have agreed to do a workshop and I would like to run through the design I have drawn up and get some input and feedback from the group.

These contracts are then worked on within the context of the group, keeping in mind the overall focus of the group. You can see from this, that running a group is a balancing challenge for the supervisor!

1. A discussion of the time boundaries and how group members will be assured a fair share of the group time is essential. This agreement may differ from group to group in its details but what is vital is that everyone feels satisfied that there is a balance in the group over the life of the group so that everyone gets their supervisory needs met satisfactorily.
2. Agreement as to the extent to which personal material is brought to the group, how this is done, and for what purpose is also an important discussion point that will need to be clarified for participants to feel comfortable and safe in a group.
3, Decide which aspects of your work you will be bringing to the group and make this clear from the outset. Make clear too what forms of presenting the material you will use and perhaps new ways you intend to experiment within the group. Remember, a group is a safe environment in which to experiment with new ways of presenting material, geared to enhancing your learning, e.g., through using audio recordings or asking to use role-plays!

Conclusion

The best book we know on Group Supervision is Proctor (2000). In it, she outlines four types of group supervision (authoritative, co-operative, participative and peer) and provides pathways and contracts within each to show how they compare and differ. This is an excellent reference.

Case Example

How might you think about the following situation?

Your small supervision group is dealing with conflict. Two of the supervisees have formed an alliance and constantly defend each other and attack the third member of the group. The supervisor has tried to intervene to no immediate avail. Now, the two 'allies' have started to attack the supervisor for not managing the group process.

Review and Discussion

1. **Can you articulate the advantages and disadvantages of group supervision**
2. **What are the elements in group supervision that need to be considered if it is to be an effective as possible?**
3. **Could you draw up a group supervision contract?**

PROCEDURAL MODEL -
INITIAL CONTRACTING WHEN TAKING ON A SUPERVISEE

Procedural Model

* How long is the relationship likely to last?

* What is the frequency of the supervision meetings?

* Where will we meet?

* What notes will be kept - by whom - where will they be kept? Are they accessible to others?

* What is your procedure if one of the supervisees wished to cancel a session? How do we rearrange?

* Who are the gatekeepers and who takes messages or manages the diaries?

Psychological considerations (usually at time of assessment)

* What anxieties and concerns has the supervisee brought when considering working with yourself?

* Have we considered how either of us - supervisor or supervisee - might unwittingly sabotage the supervisory relationship?

* Have you planned how to resolve conflict/trust issues if something goes amiss in the supervisory relationship?

* Have you discussed the potential dependency issues - the possibility that the supervisee might feel overwhelmed or rebellious within the supervisory relationship.

* What space have we agreed between us in the supervisory sessions to discuss the process between supervisor and supervisee within the relationship.

INTERVIEWING A PROSPECTIVE SUPERVISOR

When you are meeting up with a prospective supervisor, it is a good idea to have some questions ready. We make suggestions here of some possible ones.

1. What are your qualifications and experience in supervision?

2. To which professional bodies are you affiliated?

3. What is the principal orientation in your work>

4. What is the central tenet of your supervision philosophy?

5. Do you have experience of organizational supervision? This question will pertain to supervision with an organisational context and not to all supervisors.

6. How will you expect me to prepare for supervision with you? What information will you need in advance? And what information do you want me to bring to each session?

7. Will we be able to vary our activities in supervision?

8. What are your current interests in the field?

9. Can I see an example of your supervision contract?

10. Will we have regular views of my progress and of our work together?

11. How do you give constructive feedback?

Questions for yourself after meeting a prospective supervisor

1. Did I feel relaxed and at ease with this person?

2. Did I have a sense that I could learn from this person?

3. Does this person possess a body of knowledge that is of interest and potential use to me?

4. Did I leave with a respect for this person's experience in the field/

5. Was I able to be honest and open with this person?

6. Did I feel satisfied with the answers to my questions?

7. Did this person have a sense of humour that I responded to positively?

8. Did I get a sense that I would receive honest feedback, both about my strengths and my areas of growth, in an atmosphere of acceptance?

9. Did the person answer my questions in an open, non-defensive manner?

Supervision Session Evaluation

What went particularly well in our supervision session?

What relationship challenges did we face?

Were we communicating effectively with each other?

Were we candid and open in our communication?

What did we not talk about (avoided)?

What learning challenges emerged:

Any external factors that impacted on our supervision session?

What three actions could improve the quality of our supervision arrangement?

(a) _____

(b) _____

c) _____

Date: _____

Evaluation Feedback Form for Supervisees (to their Supervisor)

Am I (your supervisor) providing sufficient support to facilitate your learning?

_____

Have we identified sufficient and varied opportunities for your learning?

_____

Is the supervision relationship productive? Anything we need to discuss/?

_____

Is the feedback I give thoughtful, candid and constructive

_____

Is there a good balance of support and challenge in our supervision?

_____

Are there areas we do not talk about that should be the focus of a conversation?:

_____

Is what we are discussing in supervision making impacts on your performance in life or work?What seems to you to be the next challenge in your development?

What is most helpful about our supervision arrangement? What least helpful?

Is there anything you would like me to stop doing? Start doing? Increase? Decrease?

Are we being accountable in our supervision? To clients? To relevant organisation? To our Profession?

_____

Date: _____

A Supervisory Note Taking Format

Supervision Session Report

Supervisor: _____

Supervisee _____ Date _____

Issues raised in supervision:

Client issues;

Intervention Issues:

Supervisee Issues

Supervisor issues:

Organisational Issues:

Training Issues:

Action Points:

Signed _____

Declaration of Supervisee Rights

As a supervisee, you have the right to:

1. Be respected for being a professional
2. Become the professional you can be and want to be (and not a clone of your supervisor)
3. A safe, protected supervision space
4. A healthy supervisory relationship
5. Fair and honest evaluations and reports
6. See your supervisor's reports on you with opportunity to comment on the contents
7. Know what your supervisor thinks of your work
8. Make good any areas of development outlined by your supervisor
9. Clear and focused constructive feedback
10. Give clear and focused feedback to your supervisor
11. Ongoing, regular and systematic reviews of the supervisory arrangement
12. Your own learning style
13. Negotiate the supervision contract (and being aware, in advance, what is non-negotiable in the contract)
14. Mediation should the supervision relationship break down
15. Appeal decisions made in supervision with which you have problems

Declaration of Supervisee responsibilities

As a supervisee you have responsibility for/to:

1. Your own learning
2. Preparing for supervision
3. Using supervision time effectively (managing time boundaries)
4. Presenting your work openly and honestly
5. Delivering the best service possible to your clients or client group
6. Creating learning partnerships with your supervisor and other supervisees if there is a group
7. Applying learning from your supervision to your work
8. Being aware of other stake holders in the supervisory arrangements e.g. the families of clients, clients themselves, taxpayers, your profession, training courses, organizations (where applicable)
9. Monitoring and evaluating your own work
10. Reflecting on your work
11. Feedback to yourself and to others (other supervisees and the supervisor)
12. Being aware of cultural, religious, racial, age, gender and sexual orientation differences between you and others
13. Creating ethical and professional environments for your work
14. Where appropriate, giving regular overviews of your work to your supervisor (the big picture)

Effective Supervisor Behaviours

1. Clarifies expectations and style of supervision
2. Maintains consistent and appropriate boundaries
3. Has knowledge of theory and current research
4. Teaches practical skills
5. Teaches case conceptualisation
6. Provides regular and scheduled supervision
7. Is accessible and available
8. Encourages the exploration of new ideas and techniques
9. Fosters autonomy
10. Models appropriate ethical behaviour
11. Is willing to act as a model
12. Is personally and professionally mature
13. Perceives growth as an ongoing model
14. Is willing to assess the learning needs of supervisees
15. Provides constructive criticism and feedback
16. Is invested in the development of the supervisee
17. Creates a relaxed learning environment
18. Cares about the well-being of others
19. Has the ability to be present and immediate
20. Has an awareness of personal power
21. Has the courage to expose vulnerabilities, make mistakes, and take risks
22. Is non-authoritarian and non-threatening
23. Accepts and celebrates diversity
24. Has the ability to communicate effectively
25. Is willing to engage in a number of learning formats (imagination etc)
26. Is aware of and accepts own limitations and strengths
27. Is willing to negotiate
28. Works collaboratively

Personal Qualities And Characteristics

1. Sense of humour
2. Integrity
3. People-oriented
4. Trustworthy
5. Honest
6. Tenacious
7. Open and flexible
8. Competent
9. Credible
10. Considerate
11. Respectful
12. Understanding
13. Sensitive