REVIEW PAPER

Models of supervision in therapy, brief defining features

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Abstract

Supervision models describe the systematic manner in which supervision techniques, interventions, and strategies are applied. They emerged as supervision became more purposeful in the 1920s. Initially, models were closely bound to psychotherapy/ psychoanalysis theory and slowly shifted towards different counselling/ psychotherapy orientations. As supervision started to focus on supervisees' clinical work, a major shift in supervision practice, a shift that separated supervision from counselling, the Developmental and Social Role models emerged. More recently, as competency based training became a revolution across disciplines, supervision became more competency based, and the Competency-Based models emerged. This article gives a brief overview of supervision models, each with their brief characteristic features.

Keywords: *Supervision models, supervision competence, Clinical Supervisor, Psychotherapy/ counselling Theory-based Models, Developmental and Social Role models, Competency Based Models*

Abstrait

Les modèles de supervision décrivent la manière systématique dans laquelle les techniques de supervision, les interventions et les stratégies sont appliquées. Ils sont apparus car la supervision a été plus déterminée dans les années 1920. Initialement, les modèles étaient étroitement liés à la théorie de la psychothérapie / psychanalyse et se déplacent lentement vers différentes orientations de counseling / psychothérapie. À mesure que la supervision a commencé à se concentrer sur le travail clinique des superviseurs, un changement majeur dans la pratique de supervision, un changement qui a séparé la supervision des conseils, les modèles Développement et Social Rôle a émergé. Plus récemment, comme la formation axée sur les compétences est devenue une révolution dans toutes les disciplines, la supervision est de plus en plus basée sur les compétences et les modèles basés sur les compétences ont émergé. Cet article donne un bref aperçu des modèles de supervision, chacun avec leurs caractéristiques caractéristiques brèves.

Mots clés: *Modèles de supervision, compétences de supervision, Superviseur clinique, Psychothérapie / conseil Modèles basés sur la théorie, modèles de développement et de rôle social, modèles basés sur les compétences*

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Funding

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest in respect to their authorship or the publication of this paper.

Acknowledgments

A 'Supervision Model' is defined as the systematic manner in which supervision is applied (Borders et al., 1991). A great number of models have been developed and clustered into four categories (Gonsalvez & Calvert, 2014). This article will provide a brief introduction to the main models.

Supervision Models

The Psychoanalytic/Psychotherapy model emerged in the 1920's, rigidly tied to

psychotherapy/psychoanalysis theory, with the fundamental belief that supervisees learn best if they experience the qualities of therapy in the supervisory relationship (Bernard & Goodyear, 1992). In the 1950's, as more counselling/psychotherapy orientations were introduced, the Counselling/Psychotherapy based models emerged with counselling bound techniques and interventions (Bernard & Goodyear, 1992). Some examples are: Psychodynamic Approach to Supervision, Cognitive-Behavioural Supervision, Person-Centered Supervision, Solution-focused supervision, Narrative approaches to supervision (Carroll, 1996). Some terms from the Psychodynamic Approach to Supervision are still used across current models. For example, affective reactions, defence mechanisms, parallel processes, and transference and countertransference (Bernard & Goodyear, 2009)

From the 1970s, supervision models moved away from counselling and psychotherapy theories and moved towards emphasising education and the developmental stages of supervisee by cantering on supervisee's clinical work. A 'reflection on practice' aspect of the clinical work was a major shift in the practice of supervision, a shift that separated supervision from counselling. As a result, Developmental and Social Role frameworks/models have emerged (Carroll, 1996).

The Developmental Models emphasise different stages of supervisees' development (novice to expert), suggesting that each stage of supervisees' development consists of specific supervisees characteristics and skills that require supervisor interventions appropriate to each level. For example, during the beginning/ novice stage, supervisees are expected to have limited skills and lack confidence. Supervisees during the middle stage acquired more skills and confidence but have conflicting feelings about how they perceive their independence/dependence on their supervisor. At the expert end of supervisees' developmental stage, they use good problem-solving skills and reflect on their counselling and supervision processes well (Haynes, Corey & Moulton, 2003).

The Lifespan Developmental Models work with principles that therapists develop across their lifespan instead of just in their first few years of their professional life. For example, the Ronnestad and Skovholt Model (see Skovholt, & Ronnestad, 1992; 1995) emphasise six stages with each stage articulating the different supervisees' needs (Bernard & Goodyear, 2009).

Integrated Development Model (IDM) is the most researched developmental model of supervision. It describes three developmental levels over eight dimensions. Supervisors utilise skills and approaches that correspond to the developmental level of the supervisee. (Stoltenberg, McNeill & Delworth, 1998).

Task-Focused Developmental Models use the premise that supervision can be broken down into manageable tasks. For example, Carroll (1996) integrative/social role model, suggests seven central tasks of clinical supervision: creating the learning relationship, teaching, counselling, monitoring, evaluation, consultation and administration.

The Process Developmental Models focus on the processes of supervisee's work. For example, the Reflective Models of practice where reflection is used to improve practice (Bernard & Goodyear, 2009). Supervisors who use developmental approaches are advised to first accurately identify the supervisee's stage of development and then provide feedback and support appropriate to that developmental stage, while simultaneously facilitate supervisee's progression to the next stage (Stoltenberg & Delworth, 1987).

The Social Role Models focus on the roles, tasks, foci, the process, and the functions of clinical supervision (Bernard & Goodyear, 2009).

The Discrimination Model (Bernard, 1979) conceptualises supervision as both, an educational and a relationship process where the supervisor has two functions: assessing the supervisee's three skills areas/foci (intervention, conceptualization, personalization) and then choosing an appropriate supervisor role (teacher, consultant, counsellor) to address the supervisee's needs and goals. Supervisors are able to respond at any time in nine different ways (Bernard & Goodyear, 2009).

The Process Models are the more recent models of supervision and provide a comprehensive, systemic view of the context and the process of supervision. There are 2-popular models: Holloway's Systems Approach to Supervision (SAS) Model (1995), and The Double-Matrix (or Seven Eyed Supervisor) Model (Bernard & Goodyear, 2009).

Holloway's Systems Approach to Supervision (SAS) Model (Holloway, 1995) looks at factors that affect supervision. Five intrinsic influences and relationships are taken into consideration: the supervisory relationship (phase, contract and structure); supervisor characteristics; organisational characteristics; client characteristics, and supervisee characteristics.

The task and function matrix for conceptualising the supervision process, denote five functions and five tasks, twenty-five task-function combinations, and are conceptualised to be built around the supervisory relationship, the 'heart' of supervision. The functions include: monitoring/evaluating, instructing/advising, modelling, consulting/exploring, and supporting/sharing. The

tasks are: counselling skills, case conceptualisation, professional role, emotional awareness, and self-evaluation (Holloway, 1995).

The Double-Matrix (or Seven Eyed) Model developed by Hawkins and Shohet (2006), highlights that supervisors use different roles and styles at different times and that these roles and styles can be heavily influenced by the focus of the work at the time. The model attends to the supervision processes within the supervisory and client-therapist relationships, focusing on 7-areas: reflection of the content of therapy session; exploration of supervisee's strategies and interventions with clients; exploration of the therapist-client relationship; the therapist's subjective experiences (e.g., countertransference; the supervisory relationship, the here-and-now process as a parallel of there-and-then/(parallel process); the supervisor's subjective experiences (e.g., countertransference response to the supervisee and to the supervisee-client relationship), and the wider context (e.g. organisational/professional influences), (see Hawkins and Shohet, 2006).

The Function Models can be broadly conceptualised in terms of 3 models: Kadushin (1976), Proctor (1986), and Hawkins and Shohet (2006) that describe three functions of supervision relating to the supervisor's and supervisee's roles (Hawkins & Shohet 2006):

1. **Kadushin (1976):** educational   supportive   managerial

2. **Proctor (1986):** formative   restorative   normative

3. **Hawkins and Shohet (2006):** developmental   resourcing   qualitative

The Educational/Formative/Developmental function focuses on learning, training and teaching. The Supportive/Restorative/Normative function provides support to supervisees' emotional responses. The Administrative/Normative/Qualitative function relates to accountability of supervisees' clinical performance and clinical outcomes to ensure ethical quality services.

The System Models emphasize the learning alliance in the supervisor-supervisee relationship.

The Inskipp and Proctor (1993) Supervision Alliance Model defines supervision as a working alliance between the supervisor and supervisee, and illustrate similar functions to the functions models: formative, restorative and normative (Hawkins & Shohet, 2006).

Integrative Models integrate more than one theory/techniques. The integration involves technical eclecticism and theoretical integration. For examples: Bernard's (1979) Discrimination Model or Holloway's (1995) systems approach to supervision, (Haynes, Corey, & Moulton, 2003).

Competency-Based Models centre around competencies (Falender & Shafranske, 2007), are transtheoretical, molecular, and start with the 'end in mind'/benchmarks (Gonsalvez & Calvert, 2014). Their approach is metatheoretical where clinical competencies are identified in terms of skills, knowledge, and attitudes; learning strategies and evaluation procedures are developed; and competency standards, as per criterion referenced competence consistent with evidence-based practices, and the requirements of the clinical setting, are met (Falender & Shafranske, 2007).

The Competency Cube Model, a 3-D model (Rodolfa, et al., 2005; Gonsalvez & Calvert, 2014), include foundational competencies and functional competencies, over 5-6 Developmental stages.

The Objectives-Based Approach (OBAS), a 3-D model (Gonsalvez, Oades & Freestone, 2002), include competency domains and competency types, over 5-6 developmental stages. Examples of models can be found in literatures of Hatcher and associates (2013), Rodolfa and associates (2013), Falender and Shafranske (2004), Gonsalvez and associates (2002), Gonsalvez, (2014) and Gonsalvez and Calvert (2014).

The revolutionary competency based approaches to training and supervision (Roberts et al., 2005) had a major global impact on psychology training and supervision across disciplines, including Australia.

Conclusion

This article summarized varies supervision models with the goal to describe how clinical supervision techniques, interventions and strategies have been evolving since the 1920's. The aim of this article is to encourage the readers to pursue further readings in supervision models and enhance their own knowledge of supervisory competence. ■

Biography

Veronika Basa is the managing director of Basa Education and Counselling Services (BECS) (www.becsonline.com.au) and the founder of the International Society of Counselling and Clinical Supervisors (ISOCCS) (www.isoccs.com). She is a recognized educator, counsellor, supervisor, trainer and assessor, VET course designer, facilitator, and speaker. Veronika has worked with a number of Government and Non-Government Organizations in the areas of Education: DEST – Commonwealth and State – Indigenous Unit – Monash University of Melbourne, Curtin University of Perth, Chisholm TAFE Institute, and Secondary Colleges; Counselling and Counselling Supervision: in Community settings and her private practice. She is the course designer, developer and course author of 1) the (69828) Certificate IV in Counselling Supervision (2007-2010), the first Nationally Recognized Accredited course in counselling supervision in Australia, and 2) the (69795) Graduate Diploma in Counselling Supervision (2010-2015), a Nationally Accredited Course at the highest AQF level in Australia.

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